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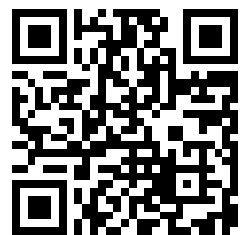
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Original Communications.

ABSTRACT OF
LECTURES ON MYOLOGY,
AT THE
ROYAL COLLEGE OF SURGEONS OF ENGLAND,
BY PROFESSOR HUMPHRY, F.R.S.
LECTURE II.

THE Professor began by observing that the upper and lower limbs are the produce of similar morphological impulses acting upon serially homological elements; yet that the one limb is not a modification of the other, nor are we certain that both are modifications of a simple common form, though there may be much probability in such a view. After reminding his audience of the statement made in the first lecture that the several muscles of the trunk are derivatives from the same elements as the lateral muscle of the fish, he proceeded to show that the muscles of the limbs are also to a considerable extent derivatives from the lateral muscle. The limb-girdles are ossifications in the transverse septa of the ventral part of that muscle; and as the limbs grow out from the girdles they carry before them ventro-appendicular expansions which become developed into skin, cellular tissue, muscle, &c. The muscular stratum envelopes both limbs to a variable extent, and at the base of each limb spreads out in a funnel-like manner upon the trunk. It is divisible into a superficial and a deep layer. The superficial layer in the upper limb is in three sectors: the *pectoralis*, the *latissimus dorsi*, and the *trapezius* and *deltoid*. These converge upon the humerus, and each, in its course, is connected with the girdle. The connection of the *trapezius* and *deltoid* is effected by the spine of the scapula and the clavicle growing into the septum between these two muscles. This septum is the serial continuation of the

septa of the lateral muscle; and the clavicle corresponds serially with the costal and epicostal bones which form in the abdominal parts of those septa in some animals. The connection of the pectoral sector with the girdle is formed by the *pectoralis minor*, and that of the *latissimus dorsi* by the scapular attachment of that muscle. Parts segmented from the *trapezius* form the *rhomboids*. The superficial ventro-appendicular sheet in the lower limb is still more intimately connected with the pelvis than that in the upper limb is with the shoulder-girdle; and it extends farther upon the limb. It is divided into three sectors: the *gracilis*, corresponding with the *pectoralis*, the *gluteus*, corresponding with the *latissimus dorsi*, and the *tensor vaginae femoris* and *sartorius*, corresponding with the scapular part of the *deltoid*. The external oblique fibres passing to the ilium correspond with the *trapezius*. The crural arch corresponds with the brachial arch; and an ossification in Poupart's ligament would correspond with the clavicle. The aponeurosis of the external oblique, above Poupart's ligament, corresponds with the *trapezius* and the *cleido-mastoid* above the clavicle; and the femoral fascia, below Poupart's ligament, corresponds with the parts of the *deltoid* and of the *pectoralis* below the clavicle.

With regard to the deep ventro-appendicular stratum, it forms a sheath covering the shoulder and hip-joints respectively, and is in each instance divided into four sectors. The dorsal sector forms the *infra-spinatus* and the *teres minor* in the upper limb; and the *gluteus medius* and *minimus* in the lower. The palmar sector is the *coraco-brachialis* and the *subscapularis*, answering to the *adductors* and the *obturators* in the lower limb. The anterior sector is the *iliacus* in the upper limb, and the *supra-spinatus* in the lower; and the posterior sector is the *teres major* in the upper limb, and the *pyriformis* in the lower. In making comparison of the muscles in the upper and lower limbs, and in the limbs of different animals, a very close correspondence must not be sought for the developmental processes in each are freely modified to suit the respective requirements. Thus, the attachments of corresponding muscles are often found to vary, the points of insertion varying as much as those of origin

so that the former are no surer guides to homological comparison than the latter.

Lastly, the Professor spoke of the deep muscles passing from the trunk to the girdles. These are the costo-clavicular, or *subclavius*, the costo-scapular or *serratus*, which is continued forward as the *levator scapulae*, and the *omohyoid*, which is a representative of a much more extensive connection of the hyoidean muscles with the scapula in fish and urodelaans. In the hind limb the *levator scapulae* is represented by the *quadratus lumborum*, the *omohyoid* by some fibres of the *internal oblique*, and the *subclavius* and *serratus* by the *ischio-coccygeus*, and the *ilio-caudalis*. The chief nerves and vessels to the limb pass between the two muscles last mentioned in tailed animals, as those of the upper limb pass between the costo-clavicular, and the costo-coracoid on the one side, and the costo-scapular on the other.

CLINICAL NOTES AND OBSERVATIONS.

BY HENRY LEE,

Surgeon to St. George's Hospital.

XI.—Decomposition of Blood in Living Vessels.

DECOMPOSITION may take place while the blood is yet in the living body. Decomposition once commenced may rapidly be communicated, either by contact, or by the removal of the decomposing blood to a distant part of the circulation.

If a very small piece of cotton wadding be soaked in a putrid fluid and introduced into a vein, in twenty-four hours the blood for many inches up the vein will have formed a dark gelatinous clot, and if left, will soon pass through the various stages of decomposition. The following experiments performed by M. Gaspard, illustrate the mode in which decomposition may go on in the yet circulating blood:—

Experiment.—"Two ounces and a-half of thick fetid fluid, derived from the maceration of cabbage leaves in an equal quantity of water, for two days, at a temperature of 77 Fahr., were injected into the right jugular vein of a moderate sized dog. During the operation, the animal made several efforts to swallow, and soon became faint, and vomited several times. Some hours afterwards there was great uneasiness and oppression, with recurrence of the vomiting, and continued faintness during the day. After nine hours, a most copious very fetid evacuation took place. The discharge was as black as soot, and composed of mucous with a little fæcal matter, and a large quantity of what appeared to be corrupted blood.

Sometime afterwards there was a second evacuation of bloody mucous, exactly resembling the first. On the following day, there was much loss of strength, the animal lay upon its side or staggered as it walked. There was great and insatiable thirst, with a small feverish pulse. But the most remarkable symptom, was the occurrence at intervals of palpitation of the heart, accompanied by extraordinary force and sound, resembling that produced by long continued hypertrophy of that organ in consequence of aneurism of one of the large arteries. On the third and fourth days the animal was better, but there were still great thirst, fever, and occasional rejection of fluids from the stomach. On the fifth day the symptoms became aggravated; there was extreme weakness, a tottering gait, excessive thirst, the eyes red and filled with gum; the nostrils were stuffed, swollen, and obstructed with mucous, and the lining membrane of the mouth was tumid and of a red violet colour. In the middle of the day, there was a liquid greyish white evacuation, resembling pus in its odour, consistence, and appearance, mixed with some clots of putrid blood. Death occurred during the following night.

Post-mortem Appearances.—The mucous membrane of the eyes, nose, and mouth, was red or violet, and covered by a very abundant thick mucous. The lungs were of a dark colour, with some black patches, but still crepitant.

The left ventricle of the heart presented several brown stains, resembling ecchymoses, which penetrated into its tissue. Its internal surface was of the colour of lees of wine, offering a singular contrast to that of the right side, which, however, contained a hard fibrinous concretion, two drachms and a-half in weight, of a light yellow colour, and resembling grease in appearance. This was of the same consistence throughout, every where free, with the exception of a portion of the size of a finger nail, which adhered to an irregular and apparently inflamed spot on the inner surface of the ventricle; no appearance of the injected fluid could be recognised in this clot. It was continued of the same colour and consistence into the pulmonary artery, and into the vena cava, the vena azagos, the axillary, and even the right jugular vein.

The intestinal mucous membrane, especially in the rectum, the duodenum, and a small portion of the small intestines, was of a violet red colour. It was inflamed in longitudinal strips and in patches, which gave a mottled appearance, even to the outer surface of the intestines, before they were opened. This discolouration was not accompanied by any thickening of the tissues, nor by ulceration, and appeared rather the result of ecchymosis or hæmorrhage. The lining membrane of the rectum was principally affected, and its mucous glands were swollen and very prominent. This intestine contained puriform fluid, resembling the matter evacuated before death. The other intestines contained a very thick greyish white mucous. The mesenteric glands were inflamed, and appeared as if infiltrated with blood. The gall bladder was mottled on its surface by brown and violet patches, and contained black, thick, ropy bile, resembling melted tar.

Experiment.—An ounce of putrid water, in which some beef had been macerated, was injected into the crucial artery of a middling-sized dog. The artery having been tied, the pulse ceased below the tendo-achilles; the limb, however, preserved its usual degree of heat.

A considerable degree of fever and restlessness followed the operation; this continued the whole day and the following night, without any vomiting or evacuations, which so constantly followed similar operations upon the veins. The next day the limb was very painful, but not swollen, there was great thirst, with the ordinary secretion of fæces and urine. On the third day the animal was evidently better; the appetite had become almost natural, and he could walk more easily, although the limb was still very painful. In the night there were some soft almost liquid evacuations.

The fourth day the animal was evidently recovering, when an ounce and a half of very fetid and very concentrated fluid (derived from the maceration of beef), was injected into the crucial artery of the opposite limb. The animal immediately evinced pain, accompanied by very violent and remarkable palpitation of the heart. It walked lame, keeping the leg raised, and soon became feverish and uneasy. The symptoms were exactly the same as after the first experiment. The leg became gradually more and more painful, extremely sensitive, but not infiltrated with serum. During the night, there was much expression of pain, and the animal was in continual motion. Death occurred nineteen hours after the second injection. The limb became swollen only within five or six hours before death.

Post-mortem Appearances.—The limb presented a very large quantity of bloody fluid infiltrated in all the tissues; the superficial muscles were black, and presented more or less the appearances of gangrene. The deep muscles existed as such no longer, but were entirely disorganised, and converted into a putrid pulp, resembling masses of the red lees of wine, extremely fetid, and disengaging a quantity of gas. The limb first injected was still swollen, and presented, in the interior of the adductor muscles, two or three cavities filled with a putrid bloody serum. In the chest the lungs were healthy, as were also the right cavities of the heart, but the left cavities presented several reddish black spots, scattered over their external surface. In the left auricle was a firm yellowish white coagulum, adhering

to an inflamed spot on its inner surface. The intestinal canal was filled with a brownish red fluid, resembling altered blood, which in the stomach and duodenum, was of the colour of soot. The mucous membrane of these organs, as well as of the jejunum and rectum were gorged with blood, of the colour of the lees of red wine, but without any inflammatory thickening of their coats.

Case.—A man, named Pettendrigh, 32 years of age, was run over on the 4th of September, 1853, and sustained a severe compound fracture of the leg, for which amputation was thought necessary, two hours after the operation a smart oozing of blood occurred.

September 5th.—Had been in much pain all night; slept a little in the morning; during the day he became somewhat delirious, and tried to get out of bed; the pulse rose to 156, and became intermittent.

September 6th.—Pulse 152; features pinched; skin cold and clammy, but little pain in stump; a dark livid blush ran up the inside of the thigh; on removing the dressing some hæmorrhage occurred, and a vessel was secured. 9 p.m.—Pulse steady and intermittent; profuse perspiration.

September 7th.—Pulse 136, very small; oozing of blood continued; the dark blush extended to the groin, it presented a dark livid, not very defined margin; the discoloration did not disappear upon pressure. 6 p.m.—great pain over the buttock and hip where air could be felt in the cellular tissue. 8 p.m.—Considerable swelling about the hip, which became very tense during the night.

September 8th.—Jaundiced; died at half-past nine a.m. 11 a.m.—Surface of body universally emphysematous, and skin yellow.

Post-mortem examination.—Stump gangrenous; cellular tissue between hamstring muscles and beneath the sartorius sloughing; the lining membrane of the femoral and external iliac vein decomposed and of a brown colour; liver of a dull brownish slate colour, mottled on its surface by air between its lobules; a section of the liver presented a honey combed appearance, as though its structure were expanded and torn apart by the development of gas; vesicles of gas beneath the pericardium on the heart; the areola and adipose tissue of the thigh had a pink appearance, which did not appear to depend upon effusion of blood, the glutei muscles of the left side, and other muscles round the left hip and upper part of the thigh were softened, and in parts presented a dark greenish brown colour, other portions were reduced to a reddish pulp.

On the 10th July, 1826, M. Cruveilhier injected ink into the crural artery of a dog. Great pain immediately followed; the limb hung motionless and insensible; in the evening the skin had become livid, as in ordinary mortification; on the morrow the mortification was confirmed; forty-eight hours afterwards the limb afforded a strong gangrenous odour; amputation was performed above the line of separation between the living and the dead parts; the muscles of the thigh were reduced to a red pulp; the periosteum of the bones, and the articular ligaments between the tibia, femur, and fibula, were detached from the bone, and the articular cartilages were loosened; the putrid alteration was much less at the tibio-tarsal articulation, and below that point, dry gangrene alone existed, and the ligaments were in a state of perfect preservation and the periosteum remained adherent to the bone.

Michael Hern, æt. 40, was operated upon for popliteal aneurism, in the year 1850. The wound healed and the aneurism was cured, the foot, however, became dusky, and five months afterwards, the toes of the affected limb mortified and were removed. This patient was seen on the 20th of October, 1856. The nutrition of the affected limb was then carried on satisfactorily.

In the first of the above cases, we find the body universally emphysematous; the stump gangrenous; the muscles in part reduced to a putrid pulp; the blood in the iliac veins decomposed; the liver of dull brownish slate colour and mottled on its surface by air between its lobules. The effects of decomposition manifested by the development of gas was visible even on the surface of the heart.

In cases where the blood is more or less decomposed in the living vessels, it is often not coagulated. This may depend upon the amount of ammonia generated in the process of decomposition.

Dr. Richardson has attempted to show us that when blood coagulates it parts with its ammonia, and by a well conceived experiment, he has supplied the blood again with ammonia which was deficient, and the blood has again become fluid.

This circumstance appears to afford an explanation of a fact observed some years ago by the author, but which he did not at that time understand.

Some blood, the circulation of which had been retarded in an inflamed vein, was received upon a sponge and placed in hot water. Almost immediately the fibrine of the blood floated in firm shreds in the water. Some of these were collected and placed in a bottle and corked up for further examination. On the following day, the whole of this fibrine had been again converted into a fluid condition. The explanation of this now appears to be, that the ammonia was suddenly driven off by the heat of the water, and that then the fibrine became firm; but when decomposition had sufficiently advanced to generate more ammonia, that then it again became fluid. This explanation, may possibly, in like manner, account for the blood undergoing decomposition in the living vessels without becoming coagulated, or if coagulated again in the process of decomposition, assuming its original fluid condition. If the quantity of ammonia generated in the blood during decomposition be as much as is given off, then it would appear that the blood will not coagulate, or if it has coagulated, it may again become more or less fluid.

Under these circumstances, the colouring matter of the blood will, however, be readily separated, and will stain any part with which it may be in contact, and leave an appearance on the lining membrane of the blood vessels, which has often been mistaken for inflammation.

From the cases and experiments above given, it appears that the action of decomposition commenced in one portion of the blood, may be propagated to any part of, or to the whole system, and unless the action were checked, this would be the usual result. It is remarkable that this does not occur oftener. The current of the circulation is in a peculiar manner open to the influence of portions of liquified fibrine or decomposing blood, after every injury that any vessels sustain, either from accident or disease. The mode in which the propagation of this fatal influence is stopped, is a beautiful instance of the inherent preservative power of the animal system.

One of the first steps towards decomposition is the evolution of ammonia, this also is one of the essential conditions of coagulation of the blood.

The same influence therefore that tends to set up a diseased action in the blood, tends at the same time to limit the disease by producing coagulation of that fluid. It is true that the coagula thus formed may in their turn undergo decomposition, and the products of that decomposition may be the means of infecting other parts.

But in other instances, the coagula remains firm, and prevent the extension of the disease along the blood vessels. The union of separated parts by a thin layer of blood, indicates what Hunter called the "intention," as much, when such a union is temporary only, as when it is permanent, and so the object of the coagulation of the blood in the veins, in cases where the process of decomposition has commenced, appears evident, although the remedial action is not always attained.

Some of the most striking cases of mortification from decomposition of the blood, are to be seen in the severer forms of puerperal fever. In this disease any organ may be attacked, and will run rapidly into decomposition. The tissues will appear to melt away before there is time for any regular inflammatory process to be set up. In reviewing the description of the *post-mortem* appearances in patients who have died under such circumstances, we find such expressions as the following:—"The ligamenta lata and ovaries appeared quite black." "The legs and thighs covered

by an eruption resembling purpura when it first appears," "ovaria disorganised, and in a semi-fluid state." "The uterus of a dark purple colour, its internal membrane soft, nearly black, easily peeling off." "The ovaries soft and pulpy," "a large gangrenous opening in the œsophagus," "all the external parts of generation of a dark livid colour, with numerous ulcerations from vesicles bursting, blood generally fluid, &c." Nor are cases wanting after surgical operations, in which a general contamination of the blood has occurred. In the first of these cases above mentioned, the blood was evidently decomposing in every part of the body, although its effects were naturally more evident in the veins and internal structure of parts, than in the arteries, for the obvious reason that in the first the blood moves more slowly, and is placed under more favourable circumstances for the development of morbid actions. It is remarkable in this case, that while the blood in the iliac veins was "decomposed and of a brown colour," that the glutei and other muscles were "reduced to a reddish pulp." Now this action appears at first sight to have been propagated from the iliac vein to its terminal branches contrary to the course of the circulation. The explanation of this circumstance appears to be, that there are two ways in which a septic agent may contaminate the blood. 1. In the ordinary course of circulation. 2. By the diseased action being propagated by contact to the adjacent parts.

The parts most affected in this case were probably subjected to contamination in both the above mentioned ways, when through the introduction of a septic agent, the stagnant blood begins to decompose, the whole of the constituents of the blood are then together involved in the changes which take place.

An interval, even in the most strongly marked cases, usually elapses between the development of the infecting cause, and the manifestation of constitutional symptoms. This is especially the case where diseased secretions enter the circulation through the nutritious vessels of bone. The morbid matter is detained for a certain time, during which the process of decomposition is established. The first infected portions of blood, together with the morbid matters which they contain, then pass on to infect the blood in adjacent vessels. The dissolved and putrifying fibrine from these, proceeds further towards the centre of the circulation, in its course, it will loosely coagulate fresh portions of blood, and then determine their decomposition. Every additional quantity of blood that is infected, will add to the amount of putrid dissolved fluid in the vessels, and thus the disease will propagate itself, quite independent of the original source, wherever the septic agent is derived.

STUDENTS' COLUMN.

SYNOPTICAL REVIEW OF THE OFFICIAL PREPARATIONS OF THE BRITISH PHARMACOPEIA.

By W. HANDSEL GRIFFITHS, Ph.D., L.R.C.P., L.R.C.S.E.,
Assistant-Librarian Royal College of Surgeons in Ireland.

ENEMATA (INJECTIONS, CLYSTERS).

THESE are substances in a liquid form intended for injection up the rectum either for the purpose of evacuating the bowel (when the quantity of liquid should be large), or for acting medicinally on the neighbouring parts or on the system (when the bulk of the vehicle should be small). There are six of them in the Pharmacopœia, viz.—

1. Enema Aloes.
2. " Assafoetida.
3. " Magnesia Sulphatis.
4. " Opil.
5. " Tabaci.
6. " Terebinthina.

Mucilage of starch forms the basis of all the enemata except *Enema Assafoetida* and *Enema Tabaci* in the former of which cold water is the basis, and in the latter boiling water.

The following are the formulæ:—

	Active Ingredient.	Basis.	Other Ingredients.
<i>E. Tabaci</i>	Tobacco leaf .. 20 grs.	8 ounces	
<i>E. Assafoetida</i>	Assafoetida .. 20 grs.	4 ounces	
<i>E. Aloes</i>	Aloes 40 grs.	10 ounces	Carbonate of Potash (15 grains.)
<i>E. Opil</i>	Tincture of opium ½ drms.	2 ounces	
<i>E. Magnesia Sulphatis</i>	Sulph. of magnesia 1 oz.	15 ounces	Olive oil 1 oz.
<i>E. Terebinthina</i>	Oil of turpentine .. 1 oz.	15 ounces	

ESSENTIÆ (ESSENCES).

Of these there are only two in the Pharmacopœia, viz:—

1. *Essentia Anisi.*
2. " *Menthae Pipentis.*

They are solutions of 1 part of the volatile oil in 4 parts of rectified spirit.

EXTRACTA (EXTRACTS).

These are preparations obtained by evaporating solutions of vegetable principles. They may be conveniently divided into classes according to their method of preparation.

CLASS I.—FRESH OR GREEN EXTRACTS.

Preparation.—The juice pressed out from 112 pounds of the bruised plant is heated to 130° F. to coagulate the green colouring matter; this is then filtered off, and the fluid is heated to 200° F. to coagulate the albumen, which is separated by filtration. The fluid is now evaporated at not above 140° to a thin syrupy consistence, the green colouring matter, which was separated in an early stage of the process, is added, and the whole evaporated down to the required consistence.

The following are the Extracts thus prepared, with the parts of the plant used:—

- E. Aconiti* (Fresh leaves and flowering tops).
- E. Belladonna* (Fresh leaves and young branches).
- E. Conii* (Fresh leaves and young branches).
- E. Hyosclami* (Fresh leaves and young branches).
- E. Lactucæ* (Flowering herb).

Another group of Extracts belonging to this Class are prepared by heating the juice at once to 212° F. to coagulate the albumen, filtering, and evaporating to a proper consistence at 160°.

The Extracts thus prepared are:—

- E. Colchici* (Fresh corns without coats).
- E. Colchici Aceticum.*
- E. Taraxici* (Fresh root).

In the preparation of *Extractum Colchici Aceticum* 7 pounds of the corns are heated with 6 ounces of acetic acid before the juice is pressed out. The quantity of taraxacum root used in *Extractum Taraxici* is 4 pounds.

CLASS II.—AQUEOUS EXTRACTS.

Prepared from drugs (1 pound is the quantity directed in each case) by the action of cold or boiling distilled water, and subsequent evaporation to a proper consistence (a).

1.—Prepared by digestion in boiling water.

- E. Aloes Barbadosensis.*
- E. Alges Socotrina.*
- E. Farcisæ.*

2.—Prepared by infusion in boiling water and subsequent boiling.

- E. Gentiana.*
- E. Haematoyli.*

3.—Prepared by decoction.

E. Anthemidis.

4.—Prepared by maceration in cold water.

- E. Calumbae.**
- E. Glycyrrhizae.**
- E. Krameriae.**
- E. Quassiae.**
- E. Opii.**

In all the foregoing Extracts, except those prepared by maceration in cold water, the quantity of water used is 1 gallon. In *Extractum Opii* the opium is macerated with 6 pints of water; in *Extractum Calumbae* and *Extractum Glycyrrhizae* the drug is macerated with 4 pints of water; while in *Extractum Krameriae* and *Extractum Quassiae* a sufficiency of water is directed. In *Extractum Anthemidis* 15 minims of oil of chamomile are directed to be added after the evaporation.

CLASS III.—ALCOHOLIC EXTRACTS.

Prepared from drugs (1 pound is the quantity ordered in each case, except in *Extractum Colocynthis Compositum*) by the action of rectified spirit, rectified spirit and water, or proof spirit, and subsequent evaporation to a proper consistence (a).

1.—Prepared with rectified spirit.

- E. Cannabis Indicae.**
- E. Physostigmatis.**
- E. Nucis Vomicae.**

In *Extractum Cannabis Indicae* and *Extractum Physostigmatis* the drug is treated with 4 pints of cold spirit; in the former Extract the process is one of maceration, and in the latter percolation is employed as well. In *Extractum Nucis Vomicae* the drug is steamed, rapidly dried, and pulverised, and then boiled with successive portions of spirit until the latter comes off free from bitterness.

2.—Prepared with rectified spirit and water.

- E. Jalapae.**
- E. Rhei.**
- E. Lupuli.**
- E. Papaveris.**

In the preparation of *Extractum Jalapae* the drug is macerated in 4 pints of spirit and 1 gallon of water successively, as the action of the water is facilitated when the resin is abstracted by the spirit. In *Extractum Rhei* the drug is macerated in a mixture of 10 ounces of spirit with 5 pints of water. In *Extractum Lupuli*, after maceration in 1½ pints of spirit, the residual hop is directed to be boiled with 1 gallon of water; and it must be remembered that in the preparation of *Extractum Papaveris* also boiling water is ordered.

3.—Prepared with proof spirit.

- E. Colocynthis Compositum.**
- E. Stramonii.**

The student should very carefully distinguish between the *Extractum Colocynthis Compositum* and the *Pilula Colocynthis Compositum*. The composition of the latter will hereafter be considered; the following are the ingredients of the former:—Colocynth pulp (6 ounces macerated in 1 gallon of proof spirit), Extract of Socotrine Aloes (12 ounces), Resin of Scammony (4 ounces), Hard Soap (3 ounces), and Cardamon Seeds (1 ounce). In the preparation of *Extractum Stramonii* the oil of the seeds is removed by the action of washed ether before percolation with the spirit.

CLASS IV.—ETHERIAL EXTRACTS.

E. Mezerii Etherium.

Prepared by maceration of 1 pound of the drug in 8 pints of rectified spirit and evaporating to form a spirit extract; the latter is then macerated in one pint of ether and again evaporated.

Ether is also employed in the preparation of *Extractum Stramonii*, *Extractum Ergotae Liquidum*, and *Extractum Filicis Liquidum*,—in the two former to free the preparation from oil, and in the latter as a solvent of the active matter.

CLASS V.—LIQUID EXTRACTS.

These are fluid preparations in which the solvent is water with rectified spirit added as a preservative (a).

They are:—

	STRENGTH.
E. Ergotae Liquidum	} 1 in 1.
E. Belse Liquidum	
E. Pareirae Liquidum	
E. Sarsae Liquidum	... .. 2 in 1.
E. Cinchonae Flavae Liquidum	... .. 4 in 1.
Opii Liquidum	... .. 1 in 20 (of [extract]), or 1 grain in 22 minims.

These liquid Extracts may, in general terms, be said to be prepared by maceration of the drug in water, evaporating the aqueous infusion, and adding spirit to prevent decomposition. The *Extractum Opii Liquidum* is prepared by digestion of the extract of opium in water, adding the spirit and filtering. Cold water is used in all cases except *Extractum Pareirae Liquidum* (boiling water) and *Extractum Sarsae Liquidum* (water at 160° F.). In the preparation of *Extractum Ergotae Liquidum*, as has been mentioned, the ergot before maceration is directed to be percolated with washed ether, the object of which is to remove all the poisonous oil. The ether is washed to ensure its freedom from alcohol, which is a solvent of the active principle.

The so called *Extractum Filicis Liquidum* is rather an Etherial Extract, and is simply made by percolating 8 pounds of the drug with 4 pints of ether.

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The Medical Press and Circular.

“SALUS POPULI SUPREMA LEX.”

WEDNESDAY, JULY 3, 1872.

CHOLERA.

WE received too late for notice in our last issue a paper by Mr. J. N. Radcliffe, which Mr. Simon thinks important enough to be brought under the notice of foreign Govern-

(a) For details of the preparation of these reference must be made to the “Pharmacopoeia.”

ments, as well as that of Great Britain, and which, therefore, demands a few words at our hands. It has been commonly supposed that the recent outbreaks of cholera in Russia were signs of a recrudescence of the epidemic of 1865. Even Dr. Pelikau, the eminent Director of the Imperial Medical Department of Russia, looked upon the recent diffusion of the disease in Europe in this light. On the other hand, able observers have thought that cholera is becoming naturalised in Persia, and will thus prove a new danger to Europe.

In the report before us Mr. Radcliffe remarks that the prevalence of cholera in Persia cannot be rightly studied without studying also the prevalence of the disease in India. In 1867 cholera had broken out with much fierceness among the multitude of pilgrims assembled at Hurdwar for the great annual religious Hindu fair; the disease followed in the track of the pilgrims returning northwards into Afghanistan, and towards the close of the year it was prevalent in Cabul. In 1869 it became epidemic over the whole of the Bombay Presidency and Northern India, and had a new spread into Afghanistan. The great trade route through Persia and India, through Afghanistan, by way of Herat to Meshed, has been the track chiefly followed in previous invasions of Persia by cholera migrating from Northern India; and Meshed, from its large commerce as the principal centre of trade between the two countries and Afghanistan, and also from its being the focus of a great pilgrimage from all parts of Persia, has always played a very influential part in the diffusion of cholera when the disease has been introduced there. Persia was probably infected from India in 1868-70 by re-importation from India along the lines of traffic just referred to, and not by a re-kindling of the embers of the old epidemic of 1865-67. The parallelism between the recurring activity and continuance of the disease in Persia and Russia is referred to in connexion with this, and a common mode of origin and spread for the two countries is suggested as probable. The disease reappeared in Russia in 1869 at the very time that it was epidemic in Northern Persia, but it could not be traced as an extension across the Russo-Persian frontier. Further, this outbreak occurred coincidentally with the development of a comparatively direct and more quickly traversed route of traffic between Persia and South Russia, viz., that which, traversing Trans-Caucasia from east to west, and having Tiflis at about its mid-point, brings the Black Sea into free relations with the Caspian and with Northern Persia; a route which within the last few weeks has had a railway opened for its western half, and of which the eastern half is in course of having the same accommodation provided for it. By the completion of the line of railway between Odessa and Kiev in 1869, continuous railway communication was established through Russia, between Northern Germany and the principal Russian port on the Black Sea; and, by the recent completion of a railway between Odessa and Jassy, the former place has been brought into connection, by way of Cernowitz, with the railway system of North Germany and Western Europe, and a direct railway route established between the coasts of the North Sea and of the Black Sea. In proportion as the projected line of railway between Poti, Tiflis, Elizabethpol, and Baku is carried out and brought into operation the present augmented speed of traffic between Persia and Russia will be further accelerated, and Persia be brought into closer connexion with Europe. With the completion of

the Trans-Caucasian Railway it may be anticipated that this will follow (to use a modification of Mr. Simon's own phrases applied to the relation of the Continent to this country in respect to infectious diseases), namely, contagions current in Persia will become current in Europe. From this point of view the internal state of Persia, and the recurring famines which afflict its population, will become a subject of nearer interest and greater moment to European nations than was apprehended even by the International Sanitary Conference of 1866.

The reader will at once perceive the great importance of the subject to which we have thus drawn attention. The fact that Mr. Simon thinks there is a real danger is sufficient to justify his suggestion that the report should be furnished to other Governments, and we presume the Foreign Office will lose no time in forwarding a copy.

SURGERY OF THE FRANCO-GERMAN WAR.

(Continued from page 563.)

VI.

A naval lieutenant was wounded by a fragment of a shell on 15th January, 1871, the tibia and fibula of the right leg fracture without a wound of the soft tissues. Both bones were reduced to fragments at the seat of injury, and one fragment having projected through the skin, was replaced. The limb was greatly swollen, there being also a violent contusion above the right knee. Extension and counter-extension were used, and the parts being got in position, the limb was immobilised in a *gouttiere*, and submitted to cold irrigation during three days. Beyond slight febrile disturbance for a few days the patient suffered from no complication, and the progress of the case was satisfactory in all respects.

A naval lieutenant was wounded on 19th January, a splinter of a shell fracturing both bones of the right leg at their lower third, inflicting at the same an extensive wound upon the soft tissues on the inner aspect of the limb. There was, however, an extensive contusion of the outer aspect of the right thigh. Extension and counter-extension were used to bring the fractured parts into position, the limb placed in a *gouttiere*, and irrigation with cold water applied during four days. There was no reaction till the 25th. On that day heat of skin occurred, the pulse was 90, an erysipelatous blush appeared around the wound, with swelling of the parts; the eschars were being detached from the surface. At this time aconite was administered internally, the wound dressed with a powder consisting of quinine, camphor, and charcoal. The erysipelatous blush soon disappeared, but on the 27th attention was drawn to the occurrence of suppuration in the left thigh; the pulse was still further increased in frequency, and the expression of the face altered. During the night the patient muttered in his sleep; he was seized with vomiting. Quinine and aconite were now administered to him. On the 30th suppuration had extended along the whole thigh as far as the hip; the patient had become very weak, and suffered much from vomiting. On the 31st two free incisions were made along the outer aspect of the left thigh, and a large quantity of sanguineous pus evacuated. The state of the bowels was that of obstinate constipation. On 1st February shiverings, followed by fever and bilious vomiting; pulse 110; frequent vomiting, tongue foul,

an additional incision was made into the left thigh, the tissues of which were much undermined by the suppuration. Meantime the progress of the wound itself is described as satisfactory. From this date, however, the patient rapidly became worse and worse, repeated shiverings occurred, succeeded by febrile attacks; weakness increased, and on the 7th of February he sank and died.

A sailor was wounded on 26th January by an exploded bomb, the right tibia being fractured comminutely by the fragment which traversed the soft parts *en seton*. Extension and counter-extension being used to bring the parts into position, the limb was placed in a *gouttiere* and immobilised, irrigation with cold water being used during the first nine days. The progress of the case was normal, except that obstinate constipation was present, requiring the use of lavements, and of sulphate of magnesia; it was observed, however, that the patient was restless, rendering it a matter of difficulty to maintain the limb in position. Suppuration was abundant. On the 6th of February the dressing of the wound gave rise to great pain, and in the course of that day the patient became attacked with tetanic stiffness in the muscles of the neck, and some difficulty in swallowing; at this time, however, the pulse was full, and there was nothing unusual in the aspect of the wound. The treatment employed consisted in the administration of chloral 4 grammes, and extract of opium 10 centigrammes alternately every three hours, portions of chloroform being applied to the temporal regions. On the 7th there was opisthotonos, severe pain in the gluteal regions and excessive perspiration; the pulse 110 and compressible. Infusion of Linden tree, chloral, 3 grammes every six hours; extract of opium 0.20 centigrammes in twenty-four hours alternated with the chloral were now administered. The condition of the patient, however, continued unrelieved, and on the 9th he died asphyxiated. The state of the wound all the while continued clean.

Foot.—A gunner sustained an extensive contusion of the right foot on 29th October, the member getting jammed between the breech and traverse of a gun, and two lacerations of great extent being produced, the one on the dorsum and outer aspect, the other on the inner, and deep. The foot was at once placed in a *gouttiere*, immobilised, and cold irrigation applied. These caused no constitutional disturbance, and by the 8th of December the eschars had begun to separate, and the surface of the wound to become clean. On the 12th swelling re-appeared, the wound on the sole of the foot became sphacelus, being treated then and for several days with coal-tar soap, powder of camphor, quinine and charcoal, tonics being administered to the patient. Under these measures the wound cleaned, normal suppuration took place, recovery rapidly progressed, and on 10th February the patient was sent out convalescent.

A sailor was wounded on 30th November, by a bullet, which entered the sole of the left foot in front of the heel and escaped between the great and second toe, destroying a portion of the second phalanx of the second toe. For eleven days the progress of the case was satisfactory. On the 19th December the patient complained of difficulty in swallowing, but there was no material increase of this for four days, the patient meantime complaining of feeling cold and being sleepless. On the 17th he was seized with severe headache with painful cramps in his

lower extremities and abdomen; afterwards with episthous. Chloral was administered freely, as also opium; frictions with chloroform liniment applied to the articulation of the lower jaw and to the neck, and hypodermic injections of morphia, sulphate of soda being given in the form of lavement. On the 22nd he died.

A gunner was wounded by a shell on 3rd December, a fragment destroying the three first toes, and injuring the first two metatarsal bones. A flap from the plantar region was as far as possible obtained, but there occurred a good deal of swelling of the injured part, although without fever. The subsequent applications consisted of simple dressings, lotions of carbolic acid, ointment of styrax; afterwards dressings with aromatic wine and powder of quinine and camphor. By the 10th of February recovery had far advanced, and the patient was discharged convalescent to a *succursalle* of the ambulance.

A fusilier of marines received a rifle bullet on 21st December, the first phalanx of the left great toe being fractured. The state of the patient was perfectly good till the 9th of January, when he had an attack of shivering followed by erysipelas of that foot, swelling of glands as far as the groin, with dry tongue and constipation. By the 20th an improvement in his state had taken place; the erysipelas had decreased, although followed by a certain degree of turgescence, and the limb free from pain. On the 31st he was seized again with shivering, succeeded by intense fever, with pain in the region of the liver, and bilious vomiting; on each of the two succeeding days he was similarly attacked with shivering. On 2nd February the skin had assumed a jaundiced tinge; it was evident that the patient was pyemic, and on the 3rd he died.

A quartermaster was wounded by a shell on 23rd January, the two first metatarsal lines of the left foot being fractured, and the great toe carried away, the neighbouring soft parts much lacerated. The report of the case states that its progress was favourable till the 12th of February, but the treatment followed is not recorded. On that date severe fever came on, without shivering; on the following day it returned, being preceded by shivering, and then the first indications of *pyæmia* became apparent. Quinine and aconite were given, but symptoms increased in severity, and on the 14th severe pain in the region of the liver declared itself. On the 15th the hepatic pain became still more severe; there was profuse perspiration, with frequent returns of bilious vomiting. On the 19th the surface was jaundiced, the hepatic pain still intense; the state of the bowels was normal, but weakness was extreme; the tongue clean and moist. In the course of the day the patient sank and died.

Multiple Injuries.—We learn that seventeen cases of wounds in more parts of the body than one were admitted; but the following will be sufficient as illustrations of the progress of the more important:—A gunner was wounded on 6th January by an exploded shell, one fragment of which inflicted a small wound on the left knee in advance of the patella, other two injuring both eyes—the right severely—with escape of the humors into the anterior chamber. Severe febrile reaction occurred in this case, and continued during twenty days, for which venesection to the extent of 250 grammes was practised, and the nape of the neck cupped; emollient lotions applied to the eyes, and cataplasms to the knees. The state of the bowels was regulated by calomel and castor oil. The left eye recovered

in about fifteen days, but at the end of the month of January the contents of the right were still being evacuated in the discharges from the conjunctiva, and the ball decreased in size. A free discharge set in from the wound of the knee; the pus serous, and the joint itself became the seat of great pain. An attempt was made to immobilise the limb, but the restlessness of the patient rendered this impracticable. On the 1st of February a severe accession of fever again came on, but without shivering; the discharge from the knee diminished, but continued abundant from the right eye; the patient became delirious, and this state of matters continued throughout a week, the discharge from the knee becoming sanious, the patient so low as to void his stools involuntarily. During this time he was treated with tonics and support; quinquina, iron and tincture of aconite. These symptoms improved after the 10th of the month. The pulse rose; diarrhoea, from which the patient had suffered, diminished; suppuration returned in the knee, modified in its quality. On the 12th fever had ceased; the powers of body and mind were being restored; the patient called for food. Suppuration of the knee now became phlegmonous and abundant; the expression of face improved, and from this time the patient progressed favourably in convalescence.

Notes on Current Topics.

Epithelioma Uteri removed by Galvano-Cautery.

The progress of electro-therapeutics is manifest in all directions. One of the more recent communications that has arrested our attention was made to the New York Obstetrical Society, and is reported in the *American Journal of Obstetrics*. We are told that—

“Dr. Jas. L. Brown presented a specimen, and related the following case:—The specimen presented is a cervix uteri, which was removed eight days ago. Dr. Brown first saw the patient from whom this was removed one year ago, when she consulted him on account of sterility. She was then twenty-two years of age, was in good health, and had been married fifteen months, and was anxious for children. Examination at that time showed that the uterus was retroverted, and that the os was in a condition of granular erosion. The position was rectified by the use of a pessary, and the erosion cured by the use of nitrate of silver. Four months after the menses became suppressed, and she believed herself to be pregnant. After four months of suppression she consulted Dr. Brown, who found the uterus of normal size, and no evident cause for the suppression. Two weeks ago she again consulted the doctor, and stated that she had not menstruated for nearly ten months, and had had no leucorrhœa. She visited the doctor to ask if he did not think a sea voyage would be beneficial to her. Dr. Brown re-examined the patient at this time, hardly expecting to get any additional clue to her state; but he now found a ring of roughened tissue around the os uteri, which was a commencing epithelioma. Dr. Thomas saw the case in consultation, and confirmed the diagnosis, and a few days after Dr. Brown removed the diseased portion of the cervix by the galvano-cautery. There was no hæmorrhage during the operation, and the patient did well until the fifth day, when a slight attack of pelvic peritonitis occurred, from which she soon recovered. Dr. Brown further remarked that in this case there had been no uterine symptoms to give suspicion of the developing disease, and had he not by accident examined the patient, but have allowed her to proceed on her voy-

age, she might not have returned alive, or, at least, the disease would have been developed beyond the reach of surgical aid.

“Dr. Noeggerath said he had examined Dr. Brown's specimen microscopically, and found it to be a most characteristic case of epithelioma developed in the epithelial cells of the papillæ.

“Dr. Byrne said the presence or absence of uterine symptoms give no good guide to the condition. Last Christmas he removed a part of the cervix under circumstances similar to the case of Dr. Brown, and the patient made a good recovery. A few days ago, however, the same patient came to him on account of pain in the bladder and neighbourhood, while she suffered deplorably from an intermittent pain, coming on at four in the morning and lasting until morning. She has severe backache and frequent desire to urinate. On examination, the remaining portion of the cervix was found indurated and very sensitive to touch, and pressure upon the indurated portion gave the pain of which the patient complained. The uterus was normal in size and position. Dr. Brown proposes to remove the remaining portion of the cervix. Within the last three weeks he has removed the cervix in two cases by the galvano-cautery; in one case on account of hypertrophic elongation inducing sterility, and in the other on account of epithelioma. No unpleasant symptoms followed either case.

“Dr. Noeggerath remarked that there are two classes of cases as regards the reaction following the use of the galvano-cautery: in one class there is much reaction, while in the other but little. In most cases of malignant disease there is no reaction. If the cervix is removed for induration or chronic congestion, inflammation sometimes results; in some cases the reaction is very severe. He once had a patient who was obliged to remain in bed for two months after its use. The inflammation usually begins at the supra-vaginal portion as a circumscribed cellulitis, and sometimes extends to the peritoneum. In regard to the pain, there is usually less suffering in the early stages of cancer than in other diseases, and there is no pain which can be said to be specific or characteristic of cancer.

“Dr. Budd remarked that the fœtid discharges which are so often spoken of as characteristic of cancer are not peculiar to that disease, for there are many cases in which there is neither pain nor fœtor. He has usually found absence of sensibility in malignant induration, whilst in inflammatory induration he usually finds much sensitiveness.

“Dr. Peaslee agreed with Dr. Budd in reference to fœtid discharges, which are no proof in themselves of cancer. We may have the peculiar discharge alluded to, occurring whenever we have blood or tissue undergoing decomposition. During the ulcerative stage we have odour, so also in cases of retained dead fœtus; and a similar odour is usual after removal of fibroids. Though the discharge is no proof of cancer, it should always arouse suspicion. With reference to pain,—usually there is no pain in epithelioma, and in many cases of scirrhus there is no pain, while in chronic metritis there is often a great amount of pain. The cachexia in these cases may also not exist.”

Mammary Tumours.

We learn from the *Transactions* of the New York Obstetrical Society that, at a meeting held in May last,—

“Dr. Noeggerath exhibited two mammary tumours from different patients. The smaller tumour was about the size of an English walnut, and was removed last November from a patient upon whom he had operated for a similar tumour eight years ago, which was about the size of a hen's egg, freely moveable, and occasioning but little pain, but as it began to enlarge it was thought best to remove it. The tumour exhibited was in the same breast as its predecessor.

“Last Saturday he removed the other tumour exhibited,

which was somewhat larger than a man's fist. The patient was thirty-three years of age. She first noticed a small tumour at the age of sixteen situated on the upper and left section of the right mamma, which gave her no pain, and developed slowly during a period of eight years. At the age of twenty-four she married, the tumour at that time being about the size of a walnut. During her first pregnancy the tumour grew more rapidly, so that at the end of gestation it was the size of a hen's egg. After delivery the whole breast developed to the size of a foetal head, and was in a state of sub-acute inflammation. During the subsequent gestations the tumour increased, but it was not until the fourth that she suffered any pain. Two and a half years ago, after the birth of her fifth child, the breast again swelled and became very painful. From that time until now there has been but little increase in size, though the pain increased to such an extent as to render her unable to attend to her household. At the time of removal of the tumour the patient looked well, but was suffering from lancinating pains in the breast. Palpitation showed the entire gland tissue to be the seat of a nodular tumour confined to the gland tissue itself; the sub-cellular, fatty, and muscular tissues were apparently not involved. The tumour presented two peculiarities in its history: first, its slow growth; second, the large amount of pain, which could not be explained by tension of the tissues, as that did not exist. On incising the tumour after its removal, it was found to consist of a number of separate tumours of a greyish white colour; these were confined to the gland itself. The two tumours exhibited were capsulated and microscopically found to be true adenoid sarcomata, a class of tumours on the edge between benign and malignant growths. It is impossible to tell whether such tumours will recur. Virchow and others have reported cases where such tumours reappeared after removal; usually, however, they do not recur. It has been observed that such tumours take origin in the epithelial cells of the gland. These tumours are usually isolated, but are locally infectious, invading the skin and giving symptoms of true cancer. Where the nature of the tumour is doubtful it should be removed."

Cimicifuga as a Preventive of Small-pox.

In an interesting report on the topography and diseases of Madison county (*Atlanta Med. Jour.*), Dr. G. D. Norris stated that "during the prevalence of small-pox in Huntsville, certain families, at the instance of some one unknown, had resorted to the free use of the tea of the *cimicifuga racemosa*, or black snake root of the Pharmacopœia (*cohoosh*), as a preventive of small-pox. In the families using the cimicifuga, there occurred no case of small-pox, though some were exposed to the disease. In the same families, Dr. Norris vaccinated the members, but without effect so long as they continued the use of the cohoosh; after ceasing to use the tea as a prophylactic, he again vaccinated them, when the specific effects of the vaccine virus were produced. He submitted the results in these cases as new.

Effects of Menstrual Disorders on the Eye.

Dr. REUBEN VANCE, *Boston Med. and Surg. Journal*, May 9th, says that the phenomena of menstruation may be associated with disordered vision, and it is possible that such visual disorders are due to the general commotion to which the female organisation is subjected at this time. He has seen a number of cases when photophobia and dimness of vision were complained of at the monthly period, in which the ophthalmoscope did not reveal any disorder of the intra-ocular structure, and others again

when hyperæmia of the disc and retina to a very marked degree, occurring at the same time was unattended by any defect of vision. A young woman who became the victim of morbid desires and vicious impulses at each menstrual period, but she was in perfect mental and physical health at all other times, gave no other evidence of cerebral disorder than such as was revealed by the ophthalmoscope. The vessels of the disc he says are enlarged, and their numbers increased in such cases and the disc may even assume a crimson hue.

Tracheotomy.

At a meeting of the St. Louis Medical Society on May 4th, Dr. Hodgen remarked on tracheotomy for croup and diphtheria, that he had operated on nineteen cases, three of which had proved successful. He described his mode of operating as follows: Pinch up the skin in a transverse line, passing half an inch below the cricoid cartilage, and transfix in a line with the middle of the neck, making a cut two inches long, through skin and areola tissue; now make the cricoid cartilage the objective point, and with two forceps tear the tissues covering the anterior part: this reached, extend the dissection with forceps as deep as the isthmus of the thyroid body, and an inch below the cricoid. Pass a grooved director or other blunt instrument between the isthmus of the thyroid body and the trachea, separating the connective tissue between them. With an artery forceps seize the isthmus of the thyroid body, by placing one blade under and the other in front of it, with the handle of the forceps towards the chin. Now turn the handle of the forceps towards the chest, thus inverting the isthmus of the thyroid body, and leaving the four or five upper rings of the trachea exposed. Fix a tenaculum in the cricoid cartilage, and give it into the hands of an assistant.

The step to which I wish to call attention particularly, is the manner of *introducing the tube*. Here I use an instrument made by bending a hair-pin at an obtuse angle about three-quarters of an inch, from the looped end, on a plane passing through the two limbs. This instrument is held in the left hand by the side of the blade of the knife, with the point of the knife projecting one-fourth of an inch beyond the loop of the hair-pin. The point of the knife is thrust through the trachea at the lowest end of the proposed incision, the hair-pin pressing on the flat surface of the knife, and as the cut is extended upward, the hair-pin is slipped into the trachea by the side of the blade, and when the knife is withdrawn, the hair-pin is turned with its point into the trachea and the limbs at right angles to the passage. With the little finger of the surgeon's left hand on the lowest part of the neck, the hooked hair-pin easily follows the movement of the wind-pipe. The trachea-tube is now passed along the upper surface of the two limbs of the hair-pin, which serves not only to hold the cut open, but is an admirable guide for the tube.

After Management.—Temperature of air in room should be about 70°, with the dew point at 68°. A sponge or piece of folded flannel should be wet in warm water and placed over the free end of the tube and changed every ten minutes. The inner tube should be removed and cleaned when mucus collects in it. If it be found that a crust has formed at the inner end of the outer tube, it should be replaced by another.

I am sure I have known several children die from neglecting the temperature and moisture of the air of the room, allowing dry crusts to form at the inner end of the outer tube. A dry feather may be used to remove soft secretions from the tube, being always cautious not to allow the feather to pass beyond the end of the tube into the trachea. A patient after the operation should never be left without some one competent to remove and replace the tube.

The Postman.

PROFESSIONAL and other friends have expressed "doubts" as to the very peculiar position in which our letter carriers are placed—with regard to work, pay, and pensions—as submitted to the public by means of our columns. To remove all further "doubts" on the subject, we append, *verb. et lit.*, the six "points" of the petition forwarded in March last by our adhesive friends to the Postmaster-General; and as, since that time, no reply has been received to the document, we feel confident, from facts that have come to our knowledge, that the appeal has not been wholly disregarded. Time brings changes, and surely changes with advancement must be the result in our friends' case.

1st.—That our annual holidays be assimilated to those of the inland and newspaper branches, viz., the first and last two months of the year be left optional.

2nd.—That the barrier by which a letter carrier has to be in the Post-office service twelve years before he can obtain 26s. per week be abolished, and that the annual increase be continuous until the maximum amount of pay be arrived at, and that the maximum be increased to 35s., rising by an annual increase of 1s. 6d. per week.

3rd.—That an immediate increase of 10 per cent. be granted.

4th.—That promotion to other branches of the minor establishment be open to letter carriers (by seniority), provided the candidate is competent to undergo the required examination, all such promotion to be made without any loss of pay.

5th.—That vacancies in other departments or branches of the minor establishment for which letter carriers are eligible be published in the *Official Circular*, as also a list of subjects in which the candidate will be examined.

6th.—That the present rates paid for extra duty when summoned officially be revised.

We certainly consider that the pay of our letter carriers should not commence at a less sum than 25s. per week, and receive an annual increase until a maximum of 40s. per week be reached. At present it commences at the munificent weekly stipend of 18s.; increases 1s. per annum until 25s. be reached, and then stops short for some years.

Blue Light as an Organic Stimulant.

THE May number of the *Medical Cosmos* which has just reached us, opens with an abstract of a paper on this subject. We are told that, at a recent meeting of the Philadelphia Agricultural Society, according to the *Philadelphia Inquirer*, "General Pleasanton read an interesting paper on the effects of sunlight on plants and animals when transmitted through blue glass. About one year since, Mr. Pleasanton read before the Society a similar paper, which has since given rise to so much discussion, that he proceeded now to communicate some facts in connection with the subject, very curious, instructive and interesting. After alluding to the hail storm which visited this city in the month of May, of last year, during which so much injury to hot houses had been inflicted, Mr. Pleasanton stated,

among the sufferers was Mr. Robert Buist, in his grape house near Darby, who at that time had a very large and valuable collection of geraniums which had become disordered; many had died, others were feeble and withering. It occurred to him that if he should paint, with a light blue colour, the inside surface of each pane of glass in one of his houses, leaving a margin of an inch and a quarter in width of the glass in its uncoloured condition all around the painted surface, and then place his sickly geraniums under it in the house, the vigour of his plants might be restored. The experiment was tried, and at the end of ten days their vigour was not only restored but their colour was greatly intensified. The experiment was also tried in various other portions of the country with equal success. A remarkable circumstance in these experiments was that the combination of the sunlight with blue light destroyed those noxious insects so destructive to vegetation.

"Mr. Pleasanton continued:—'For purposes of ventilation in the grapery I had caused to be removed from below the eaves, on the south eastern side of the house for the whole length, two panes of glass, and in their place introduced galvanized wire cloth, with meshes of about one-quarter of an inch square. The vines planted on the outside border had, when they reached this wire cloth on the inside, sent latent branches through its meshes, which had grown to varying lengths of ten to fourteen feet on the outside of the grapery. These latent branches were covered with foliage. The inside branches, from the same stems, extending to the ridge were likewise covered with the densest foliage, but the difference between the inside and the outside foliage was most distinctly marked. The inside leaves were fully six or eight inches in diameter, of the deepest green colour and perfectly healthy. Those on the outside were only two inches in diameter, and of a pale sickly yellowish colour, indicating a feeble vitality.' The opinion deduced was that this example furnished the most conclusive illustration of the influence of blue light on vegetation. By Professor Brainerd and others, it was thought to be one of the greatest discoveries of the present century."

The paper then alluded to the vitalizing influence of this discovery in the cure of human and other animal diseases. The case was cited of the wife of a physician of this city, who was suffering from a complication of disorders which had baffled the skill of some of the most eminent physicians. Mr. Pleasanton recommended the trial of blue light. The patient was found in a very miserable condition, unable to eat or sleep, and rapidly wasting away. The plan was tried. Every other pane of glass in one of the windows of the sitting room was removed, and blue glass substituted. The patient was then required to expose her back and spine to the action of the combined blue and white lights for thirty minutes, each day, at the same hour. At the end of ten days, the pains in her back were less, the hair had commenced growing thickly upon her head, and there was a general improvement in her condition. In three weeks she was almost entirely well. The physician remarked that from his observations of blue light he regarded it as one of the most powerful tonics, and as the greatest stimulant he knew of in medicine, and as valuable in cases of typhoid fever and debility.

ON Wednesday, the 26th ult., Dr. Arthur Farre, F.R.S., delivered the Harveian Oration, at the Royal College of Physicians of London.

The Supply of Food by the Importation of Preserved Meat.

THE Food Committee of the Society of Arts - a tribunal which has already done the best service in pursuing an intelligent and disinterested inquiry from year to year into one of the most important social subjects—has just issued to the parent society its annual report. The Committee have not yet examined any meat which, having been once thoroughly dried, can be recommended for general use in this country as an article of food. The meat becomes hard, and its juices either destroyed or permanently coagulated, so that no means hitherto adopted have been successful in restoring it to a palatable condition, or acquiring for it a nutritive value.

Various specimens of tinned meats from Australia and elsewhere have been tested by the Committee. There are still several points calling for improvement in the preparation of these meats, and the Committee is of opinion that much still remains to be done in the application of heat to prevent overcooking, and consequent insipidity and general deterioration as an article of food.

The Committee issued questions to various institutes, in order to obtain the result of the experience gained in such establishments. In fifty cases the meat, beef or mutton, has been more or less used, in one case to the extent of twenty tons; in only three cases had its use been discontinued. All agree in reporting that the meat was in good condition as to preservation, an exceedingly small percentage of the tins being defective. With only three exceptions, it is uniformly considered to be economical as compared with the use of fresh meat; in one case the saving is estimated at £30 weekly, it being used alternately with English meat. The general average of economy in its use is variously estimated, ranging between 45 and 12 per cent., with an average of 25 per cent. As to the great importance of this source of supply, it may be sufficient to note that, while in 1866 the total quantity imported into the country amounted only to 16,050 lbs., valued at £321, in 1871 this had so enormously increased as to amount to 22,000,000 lbs., at a value of £550,000.

The Central Criminal Asylum at Dundrum.

WE understand that, as might be anticipated, very many candidates are in the field for the office of resident Medical superintendent of the Dundrum Criminal Lunatic Asylum. If our information be correct, Dr. Joseph Hatchell, resident superintendent of the Maryboro' Asylum, Sir William Carroll, and Dr. McCabe, of Waterford, are active candidates. The appointment is an exceptionally desirable one, for a large proportion of the patients are only insane in the eye of the law, and are not to be classed with dangerous or troublesome lunatics. Moreover, the resident Medical superintendent is to a certain extent his own master, there being no board of control special to the institution. The salary commences, as the Irish Medical Directory informs us, at £240, increasing from year to year to £400. The collateral advantages, exclusive of residence, coals, light, and washing, are valued at £24 16s. 7d. a year, and as the asylum is nicely situated within easy reach of Dublin the office now vacant is regarded as a particularly good appointment. Out of 187 patients on the 30th December, 1870, 31 were sane and 25 more considered to be curable.

Meeting of Medical Editors in America.

THE Third Anniversary of the Medical Editors of the United States was held in Philadelphia on the 6th of May. The President, Dr. B. F. Dawson, occupied the chair. A resolution was passed offering a prize of \$100 for the best essay on some subject to be selected at each annual meeting, and competed for by all Medical editors. The President's Address was on the "Origin of Medical Science." The officers selected for the year: President, Dr. Theoph. Parvin, of the *American Practitioner*; Vice-President, Dr. Alexander J. Stone, *N. W. Medical and Surgical Reporter*; Secretary, Dr. F. H. Davis, *Medical Examiner*.

Conversazione of the Royal College of Physicians, London.

ON Saturday evening last a conversazione of a more than usually interesting character was held at the Royal College of Physicians. Dr. Burrows, the President, had the satisfaction of receiving a crowded gathering of the notabilities of the day. Amongst the distinguished visitors we noticed the Earl of Rosse, Lord Talbot de Malahide, the Lord Mayor, Sir E. Ryan, Archbishop Manning, Lord Borthwick, Sir C. Locock, Sir W. Gull, Sir W. Fergusson, &c. The handsome and spacious rooms of the College were covered with objects of interest and beauty, and the proceedings altogether were most satisfactory.

Penrith Guardians.

THE local Government Board has issued an order closing the west ward workhouse. This will, perhaps, bring the Board to their senses. It became impossible to tolerate any longer their feeble resistance and unjustifiable procrastination.

THE American Medical Association held its annual meeting in Philadelphia, commencing on May 7th, 1872. It was perhaps the largest, and certainly one of the most cordial and harmonious meetings that have been held since the first preliminary meeting in 1846. It is stated that over 700 delegates and members were present, representing very generally all parts of the Union, from the Atlantic to the Pacific, and from the great Lakes to the Gulf of Mexico. The grand Hall of the Horticultural Building on Broad Street was occupied, but proved a very bad one to hear or transact business in, and on the morning of the second day the general meeting of the Association was moved, as the *Chicago Medical Examiner* naively informs us, into a church near at hand, which proved so much more comfortable that it continued to be occupied until the close of the session. During the first morning session a large number of reports and papers were announced and referred to the appropriate sections, and the President, Dr. D. W. Yandell, of Kentucky, delivered his annual address.

THE Select Committee on Habitual Drunkards recommends—That sanatoria, or reformatories should be provided for those who, "notwithstanding the plainest considerations of health, interest, and duty, are given over to intemperance, so as to render them unable to control themselves, and incapable of managing their own affairs, or such as to render them in any way dangerous to themselves or others."

DR. JOSEPH R. BECK, in the *St. Louis Medical Journal*, gives a summary of all the cases he has read of in which hydrate of chloral was used in traumatic tetanus. The following table shows the results :—

No.	REPORTED BY	MODE OF TREATMENT.	Whole No.	Died.	Recovered.
1	W. B. Cluness ...	Chloral alone ...	1		1
2	M. Verneuil ...	Chloral alone ...	1		1
3	{ MM. Dubrenil, La- vaux, and Onimus.	Chloral and con- tinuous current }	2		2
4					
5	Dr. Dufour ...	Chloral alone ...	1		1
6	M. Guyon ...	Chloral alone ...	1	1	
7	M. Le Fort ...	Chloral alone ...	1	1	
8	Mr. Tay ...	Chloral alone ...	1	1	
9	E. R. Denton ...	Chloral, belladonna, and potas. bromid.	1		1
10	Thomas G. Duncan,	Chloral and Calabar bean ...	1		1
11	Preston, Peter ...	Chloral and Calabar bean ...	1	1	
12	John W. Ogle ...	Chloral, belladonna and ice to spine ...	1		1
13	Mr. Croft ...	Chloral alone ...	1		1
14	Mr. Paget ...	Chloral alone ...	1	1	
15	J. Suydam Knox ...	Chloral alone ...	1		1
16 to 22	C. Macnamara ...	Chloral alone ...	7	6	1
23					
24	M. Garnies ...	Chloral alone ...	2	2	
25 to 34	Dr. Widerhofer ...	Chloral alone ...	10	4	6
35					
36	F. Auchenthaler ...	Chloral alone ...	1		1
	My own case. ...	Chloral alone ...	1		1
Totals ...			36	15	21

7th. That chloroform, up to this time has yielded the largest percentage of cures in acute tetanus.

8th. The true test of a remedy for tetanus is its influence on the history of the disease. (a) Does it cure cases in which the disease has set in previous to the ninth day? (b) Does it fail in cases whose duration exceeds fourteen days?

9th. That no agent tried by these tests has yet established its claims as a true remedy for tetanus.

AN offer of £50 has been made by a gentleman through the medium of a contemporary, to any one who can find out a cure for "hydrophobia."

THE annual meeting of the Medico-Psychological Association will be held on Wednesday, July 31st, at Edinburgh, Sir James Coxe, M.D., presiding on the occasion.

AN examination of assistant-surgeons in the Royal Navy who are eligible and who may be desirous of qualifying themselves for the rank of surgeon, will be held at the Royal Naval Hospitals at Haslar and Plymouth on Tuesday, the 16th July.

At the Stafford police-court, last week, Joseph Chattoe, shoe manufacturer, was, in default of paying a fine of £6 11s., committed to gaol for five months, for refusing to have his children vaccinated. Small-pox is very prevalent at Stafford.

THE mortality in London and twenty other large towns during the week ending June 22nd was at the rate of 22 deaths annually to every 1,000 of the estimated population. The births and deaths were below the average for the corresponding period of the last ten years.

THE New Sydenham Society has purchased the copyright of Dr. Mayne's dictionary. A small staff of editors will be appointed to undertake the task of revision and supplement, and the Profession is invited to co-operate in furnishing suggestions, emendations, or additions.

THE Anniversary Session of the St. Andrew's Medical Graduates' Association will be held at Willis's Rooms on July 6th, at 4 p.m. The President, Insp.-Gen. Gordon, C.B., will deliver the Anniversary Address, "The Army Surgeon: his Work and Works," at 5 p.m. The dinner will be at 6.15 p.m.

WE are glad to understand that the progress of Dr. Rawdon MacNamara, of Dublin, towards health is decided, though slow. Dr. MacNamara has had several temporary checks in his recovery, and his progress has not been as rapid as was hoped for, but we have reason to feel a happy confidence that we shall shortly be able to record his complete convalescence.

In the *Berliner Wochenschrift* in 1870 Dr. O. Liebreich stated that while different surgeons had made trial of the curative value of the hydrate of chloral in cases of trismus, without any favourable result he had in some cases, by the use of 3.5 grammes of the article, succeeded in causing an entire relaxation of the affected muscles. Dr. Liebreich considered that chloral does not act by removing the cause of tetanus, but simply by counteracting its effects, and that its use must therefore be persisted in so long as the muscular spasm continues to recur.

Dr. D. W. Yandell, the president of the American Medical Association arrives at the following conclusions :—

1st. That traumatic tetanus occurs in males in the proportion of four to one, and tends to recovery oftener in females.

2nd. That tetanus is most fatal in persons under ten years of age; that it is least fatal between ten and twenty.

3rd. That traumatic tetanus usually supervenes between four and nine days after the injury, and these cases represent the largest mortality.

4th. Recoveries from traumatic tetanus have been usually in cases in which the disease occurs subsequent to nine days after the injury.

5th. When the symptoms last fourteen days recovery is the rule and death the exception, *apparently independent of the treatment.*

6th. Of all the forms of tetanus, that appearing in the puerperal state is the most fatal.

THE University of Durham, at the meeting of Convocation on June 25th, elected Dr. Philipson, of Newcastle-upon-Tyne, as the representative of medicine, and Dr. Heath, of Newcastle-upon-Tyne, as the representative of surgery, on the Committee of Reference under the proposed scheme for a Conjoint Examination for England.

SCOTLAND.

EDINBURGH.

MRS. BELL.—An appeal is being made on behalf of Mrs. Henrietta Mary Bell, widow of the late James Bell, Surgeon, formerly of Amoy, China, and latterly Physician and Justice of the Peace in Port Albert, New Zealand. Mrs. Bell has been left a widow with eight children, the eldest of whom is eleven years old, and their only means of support is £16 per annum, derived from property in New Zealand, left by her late husband. Mr. Bell was educated in Edinburgh, and during his College career associated much with the students of the Edinburgh Medical Missionary Society, was favourably known to many of its Directors, and was instrumental in promoting the interests of the dispensary connected with that Society. In 1857, after having taken his diploma, he assisted Dr. Hirschberg, Medical Missionary at Amoy. He was afterwards in practice in Devonshire, whence he emigrated to New Zealand, where he continued to reside till his death, in August, 1870, after two days' illness; and by the discharge of his duties as a Medical man, a magistrate, and coroner, he won the entire respect and affection of all those with whom he came in contact. Mrs. Bell, in consequence of depreciation in the value of lands and stock, was obliged to abandon her intention of remaining in New Zealand; and, after realizing her husband's estate, it was found that there would not be a larger sum at present than £16 a year for her own and her family's maintenance. It is hoped that at least £1,000 may be raised for Mrs. Bell and her children.

DR. ARTHUR GAMGEE, Examiner in Medical Jurisprudence, London University, Dr. P. A. Simpson, Lecturer on Medical Jurisprudence, Anderson's University, and Dr. St. Clair Gray, are candidates for the chair of Medical Jurisprudence in the University of Glasgow. The appointment is in the gift of the Crown.

Literature.

ON FOOD. (a)

THE first edition of Dr. Letheby's lectures has been out of print for a long time, and was moreover disfigured, and its value to a great extent destroyed, by a number of errata in the tables. In the meanwhile, if a student or a medical man in practice enquired for a trusty hand book on the subject of food, we could only refer our querist to "a deal of confused good feeding" on the subject of food and its preparations and adulterations, scattered about in physiological works, in reviews, and blue-books, and isolated papers and lectures in various Medical Journals, there being no compendious treatise in our own language to which we could refer him. The result has not unnaturally been, that a host of men, deterred from the investigation by the enormous loss of time involved in the search for knowledge, have gone into practice with the most meagre notions on the subject of diet. Indeed, the famous Mr.

Banting, whose case is given at some length in page 123 of the work before us), said that he had consulted a great number of Medical men without even getting a rational prescription, or the least benefit, before he was fortunate enough to get better advice.

There can be no excuse for this want of knowledge now. The present edition of Dr. Letheby's lectures is practically a new book, the tables have been all revised, and some of them re-calculated, and the whole book may be regarded as a very fair *résumé* of all that is known upon the subject.

Besides all the matter in the text, there are some thirty tables, of the nutritive value and constituents of various kinds of food, which contain many hundreds of figures, and our marvel is how the publishers can produce the book at the price, for it is very nicely printed, and neatly bound in cloth. Dr. Letheby in this matter, has inherited the mantle of his predecessor Pereira, but a very slight comparison of the two treatises will show how much real progress has been made since the days when the latter published his treatise on food. The London Hospital Medical College may indeed be congratulated, that it has thus twice taken a foremost place in practical physiology. Those who know Dr. Letheby as a lecturer, will not be surprised to find that the book, though treating much of *dry* nitrogenized and other diets, is far from being a dry book, in fact it is eminently readable.

We cannot resist making two or three extracts. Speaking of the supply of food in the metropolis, Dr. Letheby says (p. 45):—"At the present time over three millions of people have to be fed daily, and yet so regular is the supply, that no one considers even the possibility of its failing. On the other hand, there is no redundancy; and not only does this supply regularly reach the metropolis, but it is distributed to our very doors. About 300 tons of fish; over 4,000 sheep; nearly 700 oxen; about 90 calves; 400 pigs (including bacon and hams); not less than 5,000 fowls, and other kinds of poultry; besides a million or so of oysters; and eggs innumerable; with flour enough to make nearly a million quarter loaves; and vegetables, butter, and beer in proportion, are daily brought to this city."—P. 45. Again, in speaking of special dietaries, he says:—"As in training the object is to form muscular tissue, with great endurance of action, and at the same time to reduce the weight of the body, it is accomplished by the use of nitrogenous food, with but little fat or farinaceous matter, and as little fluid as possible, so that muscular tissue may take the place of fat and water, and by constant exercise the endurance and strength of the muscular tissue is increased, and the proportion of water in the tissues is diminished. King, in training, is said to have taken for his breakfast two lean mutton chops, and a single cup of tea, without sugar; for dinner, 1 lb. of beef or mutton, with toast or stale bread, and very little potato or other vegetable, and half a pint of old ale, or a glass or two of sherry; for tea, a single cup of unsweetened tea, with an egg and some dry toast; and for supper, half a pint of oatmeal porridge, or half a pint of old ale." After commenting on the ill effects of a prolonged use of such a system, he continues:—"Foremost among the foods for developing fatty tissue are fats, as fat of meat, butter, milk, cream, &c., next to these are sugar and all sweet substances, as honey, saccharine fruits, parsnips, &c., and after these are farinaceous matters, as arrowroot, bread, potato, pastry, farinaceous puddings, &c."—Pp. 120, 121.

Dr. Letheby attributes more tissue forming and invigorating effects to fermented liquors than total abstainers are willing to allow, whilst at the same time he is almost eloquent in the praise of tea and coffee, and their congeners.

The following, from pages 105-6, will give a fair idea of the scientific part of the book:—

"In a general way it may be said that a healthy vigorous man consumes from 700 to 750 pounds of solid food (dry) in a year. This amounts to about 2 lbs. of dry solid matter daily, and the quantity of water (free and combined) is about 5½ lbs. daily.

Pursuing the inquiry a little farther, we find that a man

(a) "On Food: its Varieties, Chemical Constitution, Nutritive Value, &c., &c. being the substance of Four Cator Lectures." By H. Letheby, M.B., M.A., Ph.D., &c., Professor of Chemistry in the College of the London Hospital, and Medical Officer of Health and Food Analyst for the City of London. Second edition, enlarged and improved. London: Baillière, Tindall, and Cox. 1872. Pp. 335.

cannot live on a punishment-prison diet of 1 lb. of bread a day with water, for in three days he will lose about 3 lbs. in weight, and will show signs of commencing starvation. This diet contains 1·3 ozs. of nitrogenous matter and 8·8 of carbonaceous (= 1·975 grains of carbon, and 88 of nitrogen). Even the poor needlewomen of London can only just exist in a state of feeble vitality, with an average diet of 1½ lbs. of bread a day, with about 1 oz. of dripping. This contains nearly 2 ozs. of nitrogenous matter, and 14·7 carbonaceous, calculated as starch (= 3·366 grains of carbon, and 132 of nitrogen). And in military prisons where as much as 3·8 ozs. of nitrogenous food, and 22·2 ozs. of carbonaceous (= 5,090 grains of carbon, and 256 of nitrogen) are supplied daily to prisoners for short terms of confinement, they frequently lose weight, and give evidence of decay; so that for longer periods of imprisonment it is found necessary to increase the diet to 4·7 ozs. of plastic matter, and 27·8 of respiratory (= 6,362 grains of carbon, and 317 of nitrogen); in fact, according to Dr. Christison, the men confined in the prison at Perth cannot even do the work of pumping the water for the prison on a daily diet of 6 ozs. of plastic matter, and 25 of respiratory (= 6,082 grains of carbon, and 404 of nitrogen).

During the siege of Paris, when provisions were almost exhausted, it is said that the daily rations were reduced to 300 grammes (4,629 grains of bread, and 30 grammes (436 grains) of meat per head daily—the bread being composed of 30 parts wheat, 30 rice, 20 rye, and 20 oats. This is in the proportion of only 1·44 ozs. of nitrogenous matter (= 94 grains of nitrogen), and 10·01 ozs. of dry carbonaceous matter, calculated as starch (= 2,234 grains of carbon) daily. It is not possible, however, to maintain life on such a diet. Earlier in the siege when the French Government became anxious about the food supply, they consulted the leading physicians of Paris on the subject, and Dr. Sée was instructed to lecture on it at the School of Medicine. He said that the daily diet of an adult might be made up as follows:—100 grammes (= 1,543·2 grains) of beef; 20 grammes (= 308·6 grains) of salt fish; 750 grammes (= 11,574·3 grains) of bread; 50 grammes (= 771·6 grains) of bacon, and 50 grammes of vegetables. These contain 3·14 ozs. of dry nitrogenous matter (= 235 grains of nitrogen), and 18·53 ozs. of carbonaceous, calculated as starch (= 4,241 grains of carbon); but these proportions are hardly sufficient to maintain life, even when the body is performing no work beyond its own physiological movements.

Dr. Edward Smith found in his inquiries into the dietaries of adult male operatives of Lancashire and Cheshire during the cotton-famine, and also into those of the low-fed operatives of England, that the daily amount of food only barely sufficient for existence, must contain 2·84 ozs. of nitrogenous matter, and 19·25 of carbonaceous (= 4,321 grains of carbon, and 191 of nitrogen). These are contained in 2 lbs. 4 ozs. of bread, which is regarded as a famine diet. The farm labourers of England consume daily an average of 3·18 ozs. of plastic matter, and 26·01 of respiratory. In Scotland, Wales, and Ireland, the amounts are somewhat larger."

At a time when butcher's meat is so dear, the following description of good meat is at least seasonable:—

"1st. It is neither of a pale pink, nor of a deep purple tint, for the former is a sign of disease, and the latter indicates that the animal has not been slaughtered, but has died with the blood in it, or has suffered from acute fever.

"2nd. It has a marbled appearance, from the ramification of little veins of fat among the muscles.

"3rd. It should be firm and elastic to the touch, and should scarcely moisten the fingers—bad meat being wet, and sodden and flabby, with the fat looking like jelly or fat parchment.

"4th. It should have little or no odour, and the odour should not be disagreeable, for diseased meat has a sickly cadaverous smell, and sometimes a smell of phos. This is very discoverable when the meat is chopped up and drenched with warm water.

"5th. It should not run to water, or become very wet on standing for a day or so, but should, on the contrary, dry on the surface.

"6th. When dried at a temperature of 212° or thereabout, it should not lose more than from 70 to 74 per cent. of its weight; whereas, bad meat will often lose as much as 80 per cent.

"7th. It should not shrink or waste much in cooking.

"Other properties of a more refined character will also serve for the recognition of bad meat, as that the juice of the flesh is alkaline or neutral to test paper, instead of being distinctly acid, and the muscular fibre, when examined under the microscope, is found to be sodden, or ill-defined." Pp. 210-11.

The author also points out that the microscope is necessary to the diagnosis of some parasitic forms of disease met with in meat—there is a good description of the trichina disease—and of the chief methods of cooking and preserving various articles of food. And there is also a capital statement of the physiological requirements of the body, and the mode of calculating the true nutrient value of foods.

The subject of prison diets is also carefully considered, and Dr. Letheby appears to attribute some of the violent outbreaks amongst our convicts to *over-feeding*, whilst (as may be expected) he deems our workhouse poor decidedly *under-fed*. We confidently predict for this book an enormous sale, and the only suggestion we would make to the learned author for its improvement, is to place the tables (except the very short ones) in an appendix at the end, for those who really care for them would then and them more easily, and this would improve the appearance of the book.

INTRODUCTION TO THE STUDY OF BIOLOGY (a).

PROFESSOR NICHOLSON and his works have both attained that happy eminence which renders them independent of the praise or blame of contemporary criticism. But in spite of such success, or, perhaps, we should say for that very reason, the reviewer has a twofold duty to perform—first, to his readers, to keep them well apprised of the state of the literary market—what there is of new—how much of that is good—and what to "eat, drink, and avoid" in the bibliophagist's sense; for even the best and most scholarly of authors are a little apt to serve us up dishes of hashed meats, *à la Cumming*, and some publishers are fond of "new editions," when the only alterations are a new preface and title page, or the correction of an erratum or two in the index: and, secondly, to the authors themselves, for there is an intoxication in success, especially in literature, which often makes a man oblivious of those *petits soins* which not seldom make or mar a book. Happily, in the case before us our duties are light and pleasant. We have scarcely a word, save of praise, for the little volume before us. The publishers (as we might expect from their firm) have produced a tasteful, remarkably well-printed, and well-illustrated volume. Although it is admitted to be founded upon a chapter in one of the author's former works, there is so much new matter in it, and the old has been so thoroughly revised and re-written, that it really is, to all intents and purposes, a new book. Dr. Nicholson calls it an "Introduction," although, for our part, we think that the earnest student would do best to read it *after* he has mastered, or at all events, thoroughly read the author's text-book of Zoology. Nowhere else, we believe, can the student, whether he be the theologian anxious to learn the set of the tide and the direction of the under-current of thought of modern science and philosophy—the man of letters—or the medical student—or, lastly, the practitioner who is not quite ignorant of the elements of comparative anatomy, but is slightly puzzled with such new terms as Homogeny and Homoplasia, Abiogenesis and Bioplasm; nowhere else, we believe, can these meet with such clear definitions, and with such fair expositions of rival theories as in the pages before us. The note on page 123, and

(a) "Introduction to the Study of Biology." By H. Allyn Nicholson, M.D., D.Sc., M.A., Ph.D., F.R.S.E., F.G.S., &c., Professor of Natural History and Botany in University College, Toronto; formerly Lecturer on Natural History in the Medical School of Edinburgh, &c., &c. Wm. Blackwood and Sons, Edinburgh and London. 1872. Pp. 168.

the frequent references to modern experiments on the (alleged) spontaneous generation in infusions, show how thoroughly the author is up to time in his subjects. Nor is botany ignored, as too often happens (even on the Isis), although we think still more use might be made of it; and we utterly fail to see the use of the very meagre classification of plants on page 42. To the botanist it is superfluous, to the tyro it is unintelligible, unless it had been illustrated as the animal classification is. The chemical portion of the work is, however, the weakest portion of it, and we should strongly advise this to be entirely rewritten. It is sketchy, abounds in repetitions, is not always accurate, adopts the almost obsolete old notation in the only two instances of formulæ given, and, strangely enough, these (of starch and albumen) are, although *not* the most usual formulæ, given without a hint that they are not universally accepted. One more little carp, and we have done with a fault-finding which really springs from our love of the book. Why should the author use the word *inconceivable* on page 10, line 19? Has he ever read Frankenstein? Surely he means *improbable* in the highest degree. But these are all such minor blemishes that they do not really detract from the merits of this eminently readable, scholarly, and philosophic book.

NEW EDITION OF MALTHUS ON POPULATION (a).

(Notice by C. R. DRYSDALE, M.D., M.R.C.P. Lond., F.R.C.S. Eng.)

(Continued.)

HE continues: "From the accounts we have of China and Japan, it may be fairly doubted, whether the best directed efforts of human industry could double the produce of these countries even once in any number of years. There are many parts of the globe indeed, hitherto uncultivated, and almost unoccupied, but the right of exterminating, or driving into a corner where they must starve, even the inhabitants of these thinly peopled regions, will be questioned in a moral point of view. The process of improving their minds, and directing their industry would necessarily be slow; and during this time, as population would regularly keep pace with the increasing produce, it would rarely happen that a great degree of knowledge and industry would have to operate at once upon rich unappropriated soil. Even where this might take place, as it does sometimes in new colonies, a geometrical ratio increases with such extraordinary rapidity, that the advantage could not last long. If America continue increasing, which she certainly will do, though not with the same rapidity as formerly, the Indians will be driven further and further back into the country, till the whole race is ultimately exterminated."

How true a prophecy this has been of a writer writing in 1806, we of 1872 know well. America has now forty millions in the United States alone, and the poor Indians are gradually disappearing in the struggle for existence.

Mr. Malthus goes on to say, "Europe is by no means so fully peopled as it might be. In Europe, there is the fairest chance that human industry may receive its best direction. The science of agriculture has been much studied in England and Scotland, and there is still a great portion of uncultivated land in these countries. Let us consider, at what rate the produce of this island might be supposed to increase under circumstances the most favourable to improvement. If it be allowed that by the best possible policy, and great encouragement to agriculture, the average produce of this island could be doubled in the first twenty-five years, it will be allowing probably a

greater increase than could with reason be expected. In the next twenty-five years, it is impossible to suppose that the produce could be quadrupled. It would be contrary to all our knowledge of the properties of land. The improvement of the barren parts would be a work of time and labour, and it must be evident to those who have the slightest acquaintance with agricultural subjects, that in proportion as cultivation extended, the addition that could yearly be made to the former average produce must be gradually and regularly diminishing. That we may be the better able to compare the increase of population and food, let us make a supposition, which, without pretending to accuracy, is clearly more favourable to the power of production of the earth, than any experience we have had of its qualities will warrant. Let us suppose that the yearly additions which might be made to the former average produce, instead of decreasing, which they certainly would do, were to remain the same, and that the produce of this island might be increased every twenty-five years by a quantity equal to what it at present produces. The most enthusiastic speculator cannot suppose a greater increase than this. In a few centuries it would make every acre of land in the island like a garden."

He then illustrates the contrast between the "Law of Population" and the "Law of Agricultural increase," as follows: "Let us call the population of this island eleven millions (1806), and suppose the present produce equal to the easy support of such a number. In the first twenty-five years, the population would be twenty-two millions, and the food also being doubled, the means of subsistence would be equal to this increase. In the next twenty-five years the population would (tend to), be forty-four millions, and the mean of subsistence only equal to the support of thirty-three millions."

Mr. Malthus gives the checks to population existing among the American Indians, South Sea Islanders, in Africa, Siberia, Turkey and Persia, Hindostan, and Thibet. He also speaks of the checks to population in China and Japan, and gives a learned account of the checks which existed in Greece and Rome. Norway, Sweden, Russia, Germany, Switzerland, France, England and Scotland, are then spoken of, and then come general reasonings on the fruitfulness of marriages and the effects of epidemics. The rest of the work is taken up with essays on Godwin's views, on Emigration, Poor-laws, and other topics of social economy. Book IV. the last, speaks of moral restraint or late marriage, Mr. Malthus's hope for the future of the race, and of the abolition of those dangerous poor-laws, which existed in his day.

We have not space to touch on any of these most interesting chapters. Suffice for us if we have made our readers determined to consult this fountain-head of the literature of this branch of sociology. We cannot, indeed, agree with Mr. Malthus's ideal of late marriage as a cure for the evils of over-population. The sufferings caused by late marriages are terrible to both sexes, but especially to the better educated of the female sex, and moreover, late marriages are one cause of prostitution and of the great prevalence of syphilis in our midst. Emigration, too, was held by the great Chalmers, as a delusion and a snare to any nation that relies on it to lessen the poverty of those of its people who remain at home.

Correspondence.

THE GRIEVANCES OF POOR-LAW MEDICAL OFFICERS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I thought from the tone of the writing in the MEDICAL PRESS AND CIRCULAR of last year, respecting the Poor-law Medical officers forming a Club in cases of disability through age or otherwise, as the case may be, that some definite step would have been taken ere this; and further, it

(a) "An Essay on the Principle of Population; or a View of its Past and Present Effects on Human Happiness, with an Inquiry into our Prospects respecting the Future Removal, or Mitigation of the Evils which it Occasions." By the Rev. T. R. Malthus, A.M., F.R.S., late Fellow of Jesus College, Cambridge, and Professor of History and Political Economy in the East India College, Hertfordshire. Seventh Edition. London: Reeves and Turner. One vol octavo, 1872.

was finally reported that the Superannuation Act would assist those gentlemen who had served for twenty years and upwards in two district unions. Now, the Poor-law Board have been applied to in this matter, and they rather inclined to recognise only such service as shall have been given solely in one union. This seems hard indeed if such should in reality be acted upon; and, besides, it appears to me that the Poor-law Superannuation Act is a complete *failure*. And how is it? Simply that the guardians have the power of doing as they please at their own *discretion*. Look, for instance, at the recent case of Dr. Grubb, Poor-law Medical Officer of a district in the Warminster Union for at least upwards of twenty-five years; he made application to the guardians for superannuation, and they declined it *in toto*. It so startled some of his friends in the neighbourhood that they immediately set to work, and made a collection for him in the locality, and in two or three days sent him a cheque for £200. This looked like putting the shoulder to the wheel in earnest; but it should be understood that the guardians in some unions have acted liberally in the extreme, by granting superannuation to those whom age or disability has rendered it necessary for them to make such a claim. And, again, I must not omit to state that, although talked about, there has been a re-adjustment of salaries in but few of the unions, which ought to have been general, without favour or otherwise. Look at the price of necessaries of food and fodder of every kind, and contrast it now and twenty years ago—even drugs are nearly doubled. All this ought to be taken into due consideration, and no reasonable or well-informed man will say but what has been herein stated is perfectly correct, and need be remedied. As the Poor-law Board have power to remedy these evils, they should put it in force, and not degrade the Profession, but elevate it to a proper standard, in accordance with the times in which we live. I trust you will continue, with the aid of your powerful Journal, to assist in carrying out those suggestions in a way suitable to the general feeling of that hard-worked and badly-remunerated body—

THE POOR-LAW MEDICAL OFFICERS.

Barnstaple.

P.S.—It ought not to be omitted that the population is more than doubled since the Poor-law Board was formed; and disease, it may be said, is more virulent in its *form*! I should state about forty unions joined in petitioning a favour of the superannuation fund.

CORONERS' MEDICAL WITNESSES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In a recent number of your paper a correspondent gives his experience of a coroner and his treatment of Medical witnesses. With your permission I will relate a similar case; but of the two I think mine is the worst. The coroner in my case was a solicitor.

Very late one stormy evening I was asked to see an old man who had been found lying on the railway, and was supposed to be dead or dying. I attended at once. Upon my arrival, I found he was dead; and from external appearances he seemed to have been struck by a locomotive, and from the injuries I have no doubt was killed instantaneously. I explained to the friends of the deceased the injuries he had sustained, and also my opinion that death was immediate. I was requested by the police to attend the inquest, which I did. One of the men who had found the deceased was a witness also; and in reply to a question of the coroner as to where he was injured, detailed to him every word I had said at the time I saw the body,—viz., there was fracture of the skull, dislocation of the cervical vertebra, &c. The man gave a description of the injuries almost as well as I could have done myself, and used nearly the same words that I did when I described the injuries to the friends of the deceased. After this witness was done, the coroner asked if there was any more evidence; and when he was told there was the doctor, he said, "No; after the last evidence I don't require that of a surgeon."

Parley was useless, so I at once left the room. My reward for travelling two miles on a stormy night and afterwards attending the inquest was *nil*.

I am, yours faithfully,

WILLIAM EASBY,

Northgate, Darlington,

F.R.C.P. Edin.

THE TITLE OF DOCTOR.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The question which your correspondent raises as to the right of all qualified Medical practitioners to the courtesy prefix of Dr. has been so ably discussed in the leading articles of the *Doctor*, Vol. I., Nos. 3 and 10, that I must refer your readers to that publication, to the arguments of which I have nothing to add. With regard to my philanthropy, I do not claim any. I have the misfortune to reside in a neighbourhood infested with venereal quacks, and I have taken upon myself the trouble and expense of prosecuting one of the most conspicuous, with the object of testing the legality of one of the sham diplomas which the Medical Council has thought fit to place on the *Medical Register*. The Magistrate has decided that these purchasable diplomas are of no more value than waste paper, but Hamilton, who possesses one, has availed himself of his right to appeal against the magistrate's conviction.

Now, Sir, I have resolved that unless the Profession, the Medical Council, or some one else will provide funds and assist me to retain counsel to support the magistrate's conviction, this case must drop, as I think I have done as much as can be expected of a private individual. So the quacks will henceforth know that they can purchase a diploma, carry on the practice of a Medical man, rob the public, and defy the law; it will be much cheaper for them, and far less trouble, than studying and passing examinations. I am afraid I have done a fine stroke of business for the diploma vendors, who will now advertise largely, and quote Hamilton's prosecution to prove that their customers have nothing to fear.

I remain, Sir, your obedient servant,

HENRY P. CHANDLER, M.R.C.S.

66 Berners Street, London, W., July 1st.

Obituary.

WILLIAM TEMPLE, OF MONAGHAN.

THIS week is marked by the death of one of the best and most revered of the old school of provincial practitioners in Ireland, who, in his green old age of eighty-two, has passed from the ranks of the Profession, to which during nearly sixty years of practice he did nothing but honour. The rôle of a Workhouse Medical Officer is not one in which honour and notoriety can be rapidly accumulated; yet there are few men in the locality in which Dr. Temple had carried on his practice who could be less easily spared, or whose death would be more universally regretted. The *Monaghan Standard* says:—

"Dr. Temple's private practice was extensive. His uniform geniality of disposition won the friendship of those with whom his professional avocations brought him in contact. In 1817 he first commenced practice in this town, having been appointed in that year Medical attendant to the Fever Hospital; and we believe we are correct in stating that since that period until within a few weeks of his death he diligently performed the duties of his several appointments almost without intermission. Naturally possessed of a vigorous constitution, conserved by regular habits, he was capable of, and did endure, without exhaustion, an amount of labour that to others would be oppressive. Thus it need not be a matter of surprise that at the age of eighty-two years he was still found in possession of those fine faculties by which all through life he had been distinguished. To this community it is superfluous to recapitulate his many fine qualities, or dwell on the deep sorrow with which the announcement of his death has been received. We all recognised in him a skilful physician, an honourable gentleman, a good citizen, a true friend, and a most charitable and benevolent Christian."

Medical News.

Royal College of Surgeons of England.—The following candidates having passed the required examinations, received their diplomas in dental surgery, at a meeting of the Board of Examiners, on the 25th ult.: viz., Messrs. Leighton Baylis, of Cheltenham; James Oakley Coles, of Wimpole Street, Cavendish Square; William Edward Harding, of Stafford; Samuel John Hutchinson, of Manchester; and William Lloyd Poundall, of Derby.

Conversazione at the Royal College of Physicians.—Last Saturday evening the College of Physicians gave its usual annual soirée, which was numerously attended by a learned and chosen body of scientific men. Among the curious objects exhibited, we noticed an admirable preparation of the cornea of a frog by Mr. Jabez Hogg, wherein the nerves of the cornea were clearly demonstrated. The cornea had been steeped in chloride of gold, and was viewed by an object glass magnifying about 180 diameters. Messrs. Powell and Lealand exhibited two object glasses of 1-50th and 1-80th in focus. Dr. John Ogle showed some curiosities from the Swiss lakes. Wine and ices were served as refreshments, and this year the hats and coats were put away in a sensible manner; but, on the whole, the soirée of the Pharmaceutical Society, which took place in the South Kensington Museum, was more agreeable, and we should counsel the Physicians to hold their conversaciones also there, and to invite ladies occasionally. Tea, ices, and coffee are much more wholesome than bad wine, and cheaper; and music is an agreeable feature of a conversazione which might occasionally be introduced. Ought there not to be a short lecture on some scientific subject at such conversaciones?

The Public Health Bill.—In the House of Commons on Friday, in reply to Mr. Rylands, Mr. Stansfeld said it was unquestionably the intention of the Government to proceed with the Public Health Bill. The Bill was committed *pro forma* last evening for the insertion of certain amendments. He had unwillingly come to the conclusion that, considering the advanced period of the session and the pressure of public business, it was necessary, in the interest of the Bill itself, to do what was sometimes called throwing part of the cargo overboard. He had examined the Bill in order to see what sacrifices it was necessary to make in order to ensure the passing of the Bill. The House would remember that last year they consolidated certain departments of the measure with the Central Government Bill. The Bill as it stood might be divided into three parts, one consisting of provisions organising the local sanitary authorities, followed by the body of the Bill giving new powers to and imposing new duties upon those authorities; and then came a number of miscellaneous clauses, giving facilities for the proceedings of the local authorities. It appeared to him that the best course would be to stop this year with the creation and consolidation of the local authorities, and to withdraw from the Bill all the clauses relating to nuisances, hospital, river pollution, and other matters.

Extraordinary Excitement in the Wards at Guy's Hospital.—On Sunday morning a man named Taylor was taken to Guy's Hospital, with a frightful self-inflicted gash in the throat. Having just previously murdered his wife and one child, and almost taken the life of another, it was readily seen that he was suffering under dangerous cerebral excitement, and after his own wound had been dressed, he was placed in the accident ward, under the charge of a nurse and a constable. He appears to have remained calm until about half-past seven o'clock in the morning, when he suddenly jumped out of bed in his shirt, seized the weights of the clock, and leaped from the folding windows of the ward which open to the ground on to the parapet beneath. He then rushed through the laundry yard and entered the door which led to other wards and locked the door. He then ascended to a man's ward, but did not enter there, and went on until he came to Petersham Ward, which is devoted to women in an advanced state of disease. Here he seized the tongs, and advancing to the nurse, told her that he did not wish to harm the patients, but intended to kill the nurses. The woman was so affrighted that she sprang out of the second floor window to the ground, but was, fortunately, not much hurt. Several of the patients fainted, and others who had not been out of bed for months managed to crawl out. Taylor for some

time after this paraded the different corridors until, by the united efforts of the bath men, he was, at considerable personal risk, secured and taken to the strong room, where the strait waistcoat was put on, and he now remains there in a precarious state.

Cleanings

Gangrene Produced by Dressings of Carbolic Acid.

DR. TILLAUX reports two cases in which gangrene resulted from the application of carbolic acid to wounds.

Opium as an Antidote to Belladonna.

DR. PETERFIELD TRENT reports a case of poisoning by ten grains of belladonna, in which laudanum was used with success as an antidote.—*Jour. of Materia Medica*

Perchloride of Iron in Post-Partum Hæmorrhage.

DR. J. T. JOHNSON (*National Med. Journal*) says:—“In the Dublin Practice of Midwifery, the bold advice of Dr. Robert Barnes, of London, is followed in cases of *post-partum* hæmorrhage, in the injection into the uterus of a solution of the perchloride of iron—strength, one part to four parts of water. They inject very cold water into the uterus, taking the usual precaution not to inject air, and if not successful in controlling the hæmorrhage, they then use the perchloride of iron. They are much pleased with its effect, and recommend it very strongly.”

Recurrent Vision.

PROF. A. C. YOUNG, of Dartmouth College, mentions a fact which, so far as we know, has not been noticed before. He states that on illuminating a room with an electric spark, any object that was looked at re-appeared at short intervals for two or three times. He experimented with a black screen, on which was fastened a white cross, made of strips three or four feet long by a foot in width. He is sure that the re-appearance of the object is not due to a repetition of the spark, for upon moving the screen backwards and forwards, the cross always appeared in the same place. He measured the intervals between the appearance of the object by an ingenious contrivance, and finds it to be from 0.17 to 0.30. The explanation that he gives of this phenomenon is that it is due to “a reflection of the nervous impulse at the nerve extremities—as if the intense impression upon the retina, after being the first time propagated to the brain, were then reflected, returned to the retina, and from the retina travelling again to the brain, renewed the sensation.” He calls this phenomenon “Recurrent Vision.”—*Am. Jour. Science and Arts*, April.

Pathology of Consumption.

DR. BATTSON says:—“I cannot agree with Niemeyer that the vegetarians in diet are more subject to consumption than the well-to-do, or better fed class. Something else than an excess of lime in the blood is necessary for the production of tubercle.

“Louis's fatty liver of consumptives will help us to the explanation. I regard ‘phthisis’ as much more frequently affecting the intellectual—the large-brained, the nerve temperament. I am guessing, as you may think; but it seems to me as *cholesterins* is the normal waste of brain and nerve tissue (*Reporter*), so is tubercle the morbid waste, or detritus of brain and nerve tissue. Tubercle is essentially granular, composed of aplastic or retrograde cells with nuclei enclosed. An excess of phosphorised fat, as well as an excess of lime in the blood, is absolutely essential to the production of tubercle.

“I have the very best authority for saying that the rural population of France are vegetarian in diet; and yet that population are freer from consumption than any other, except, perhaps, Italy and Spain (vegetarian) in Europe, certainly than that of Great Britain, or any part of central Europe. Our New England population are largely more subject to tuberculosis of the lungs than the population of any other part of the United States, and, although largely vegetarian, still consume more fatty diet than can be appropriated to its physiological uses. Besides, so I am told, the water used in New England for drinking purposes and cooking is soft and not limestone, as it ought to be.”—*Philadelphia Medical and Surgical Reporter*.

Dimness of Vision Following the Use of Hydrate of Chloral.

E. BURKE HAYWOOD, M.D., Raleigh, N.C. (*Rich. and Louis. Med. Jour.*), writes that he gave hydrate of chloral in twenty-grain doses for two weeks, to an old gentleman complaining of buzzing in the head, pulsation of the epigastrium, and soreness around the waist. At the expiration of two weeks the patient complained of dimness of vision, which, rapidly increasing, he suspected that this remedy caused it, and discontinued its use, when his vision improved, and gradually became as good as it was before using the hydrate of chloral.

Progressive Pernicious Anæmia

In the *Medizinische Central Zeitung*, Prof. Biemer calls attention to this invariably fatal disease. He has seen fifteen cases in five years. The patients have a hydra-anæmic appearance, loss of appetite, but not of fat, anæmic sounds in the arteries, capillary hæmorrhages, especially of the retina, often with disturbances of the sight, some fever, and progressive debility. The *post-mortems* showed fatty degeneration of the heart and muscles.

NOTICES TO CORRESPONDENTS.

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

All communications intended for insertion, must bear the name and address of the writer; not necessarily for publication, but as a voucher of good faith.

Rejected MS. will always be returned, if a request be received from the author, within one week after the article or letter has been declined.

SUBSCRIPTIONS.—Gentlemen who have not paid their subscriptions for 1871 and—in a few cases—previous years are respectfully reminded of the omission.

POST-MORTEM DELIVERY.—In an article upon this subject, the *Indian Medical Gazette*, received by last mail, says:—"The *MEDICAL PRESS AND CIRCULAR* of 3rd April contains two letters by D. S. Swayne, of Carrick-on-Shannon, and Lunigan, of Ballymahon, describing two instances of *post-mortem* expulsion of the foetus through the agency of gaseous distension of the abdomen. Dr. Swayne states that he 'never heard (or read of a similar instance).' We suspect that the incident is not an uncommon one in India; medico-legal practice. We can recall at least one instance of such an occurrence. The body of a pregnant female is despatched from a distant part of a district, and wrapped up rather loosely in a coarse cloth and bamboo matting. On arrival at the sudder station, the civil surgeon finds it semi-putrid, eyes bursting, limbs widely apart, and abdomen swollen and hard as a drum. On removing the coverings, a foetus is found between the thighs, and the uterus not unfrequently prolapsed, while the bystanders declare that when the body was started, nothing of the kind was observed." Those of our readers who have seen or may see similar cases, would confer a benefit by forwarding a short account of them.

MR. R. DAWSON.—"The Tancred Trust Fund" is, we believe, a charity exclusively for the clergy of the Church of England. There is a little work entitled "Clergy Charities" which will probably give you all the information you require.

MR. H. E. R.—The work is of American origin, and was published in 1863. It is looked upon as an authority across the Channel, but we have not often met it in this country. You could doubtless obtain a copy through Baillière, Trübner, or other of the foreign houses in London.

DR. WILLIAMS.—Yes; Dr. Anstie.

VACANCIES.

St. Mary's Hospital, Paddington. The office of Assistant Physician, and that of Assistant Physician Accoucheur. Both Honorary.

St. Pancras Dispensary, London. Physicians. Honorary.

Brompton Consumption Hospital. Dental Surgeon.

Western Dispensary, Marylebone. Resident Surgeon. Salary £100.

Leads Dispensary. Junior Resident Medical Officer. Salary £60, with board.

Newbury Union. Medical Officer. Salary £140, fees extra.

Salford Hospital. District Surgeon. Salary £30, with board.

Donset Lunatic Asylum. Assistant Medical Officer at Forston, and at the Charmwater branch. Salary £100 each, with board.

Ramsgate Dispensary. Resident Medical Officer. Salary £100.

Consumption Hospital, Ventnor. Resident Medical Officer.

Liverpool Royal Infirmary. Demonstration of Anatomy.

Liverpool Royal Infirmary. Lectureship on Physiology.

Athlone Union, Irwate District. Medical Officer. Salary £100.

Oughterard Union, Clontarf District. Medical Officer. Salary £100.

Hospital for Sick Children, Great Ormond Street. House-Surgeon. Salary £30 per annum, with board and residence.

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

The following Medical and Scientific journals have been received:—*Indian Medical Gazette*; *Nature*; *The Monthly Microscopical Journal*; *New York Medical Journal*; *Wiener Medizinische Zeitung*; *Canada Medical Journal*; *Boston Medical Journal*; *Canada Lancet*; *Australian Medical Journal*; *The Practitioner*; *Le Mouvement Médical*; *La France Médicale*.

OPERATION DAYS AT THE LONDON HOSPITALS.**WEDNESDAY July 3.**

MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations 1½ P.M.
St. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
St. THOMAS'S HOSPITAL.—Operations, 2 P.M.
St. MARY'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 2 P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
St. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1½ P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
CANCER HOSPITAL.—Operations, 3 P.M.

THURSDAY, July 4.

St. GEORGE'S HOSPITAL.—Operations, 1 P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 3 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.

FRIDAY, July 5.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

SATURDAY, July 6.

HOSPITAL FOR WOMEN, Soho square.—Operations, 9½ P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.

MONDAY, July 8.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
St. MARK'S HOSPITAL.—Operations, 2 P.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
St. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 1 P.M.

TUESDAY, July 9.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.

APPOINTMENTS.

ALLFREY, C. H., M.D., F.R.C.S.E., Surgeon to the Asylum of the Government Institution at Chislehurst.
BAKER, E. C., L.R.C.P.L., House-Surgeon to St. George's Hospital.
BEACH, F., M.R.C.S.E., Medical Registrar to the Hospital for Sick Children, Great Ormond street.
FLOYER, Mr. B. B., Assistant House-Surgeon to the Sheffield Infirmary.
GARTON, W., M.R.C.S.E., late Resident Accoucheur, House-Surgeon at St. Thomas's Hospital.
HAMILTON, D. J., L.R.C.P.Ed., L.R.C.S.Ed., Junior House-Surgeon to the Northern Hospital, Liverpool.
LAYER, A. H., M.R.C.S., House-Physician to St. Thomas's Hospital.
HAYNES, H., M.D., Medical Superintendent of the Male side of the Middlesex Lunatic Asylum, Hanwell, has been appointed Lecturer on Psychological Medicine at the Middlesex Hospital Medical College.
RICHARDS, J. P., M.R.C.S.E., Medical Superintendent of the Female Department of the Hanwell Lunatic Asylum.
SARGANT, E., L.R.C.P.L., House-Surgeon to St. Thomas's Hospital.
SHORE, R. L., M.R.C.S.E., second Assistant Medical Officer to the Essex Lunatic Asylum, Brentwood.
SLATER, J. S., M.R.C.S.E., late House-Physician, has been appointed Resident Accoucheur at St. Thomas's Hospital.
STEWART, W., L.R.C.P.Ed., L.R.O.S.Ed., has been elected one of the Honorary Surgeons to the Beckett Dispensary and Hospital, Barnsley.
VASEY, C. L., L.R.C.P.L., M.R.C.S., House-Surgeon to the Northern Hospital, Liverpool.
VERNON, B. J., F.R.C.S., Ophthalmic Surgeon to the Great Northern Hospital.
WATERS, A. T. H., M.D., F.R.C.P.L., Lecturer on the Principles and Practice of Medicine at the Liverpool School of Medicine.

Marriages.

GRANT—KEILLER.—On the 18th June, at 21 Queen Street, Edinburgh, G. H. Grant, Esq., of Bhangulpor, Bengal, to J. M. Elizabeth, second daughter of Alex. Keiller, M.D., F.R.C.S.
HIBBERD—ADAM.—On the 27th June, at St. Paul's Presbyterian Church, Westbourne Grove, Edw. Hibberd, M.D., of Westbourne Place, Harrow Road, to Anna Bella, eldest daughter of J. Adam, Esq., of Westbourne Villas, Harrow Road.

Deaths.

CARLESS.—On the 17th June, at Long Melford, Suffolk, William Carless, M.B., C.M., eldest son of Dr. Carless, of Stratford Lodge, Stroud, aged 29.
COOPER.—On the 23rd June, at Leek, Staffordshire, Richard Cooper, L.R.Q.C.P.I., L.M., M.R.C.S.E., aged 68.
ELLIOTT.—On the 20th June, at North Street, Chichester, Robert Elliott, F.R.C.S.V., L.S.A., F.S.A., for more than thirty years surgeon to the Chichester Infirmary, aged 69.
KEMP.—On the 19th June, at Secunderabad, R. D. Kemp, M.B., C.M., Assist. Surgeon 16th Lancers.
McDONNELL.—On the 27th June, at Great Malvern, Robert McDonald, M.D., of Cheltenham, aged 55.
TRUSTRAM.—On the 25th June, at Tunbridge Wells, suddenly, Chas. Trustram, M.F.C.S.E., in his 61th year.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JULY 10, 1872.

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Original Communications.

CLINICAL LECTURE ON A CASE OF CEREBRAL HÆMORRHAGE.

By C. HANDFIELD JONES, M.B. Cantab, F.R.S.,
Physician to St. Mary's Hospital.

D. D., æt. 65, admitted May 23, 1872. He fell down this afternoon in a fit; was insensible for a short time, but soon recovered. When brought to the hospital he was tolerably conscious, and could answer questions, though his speech was a good deal impaired. His eyes were turned strongly to the right, as if he were gazing on some object in that direction. Left arm and leg were paralysed, and there was more reflex action in left leg than in right. His face was a little drawn to right. Pupils small, equal. Some frontal headache and drowsiness. Enema, ζ . Ol. ricini; Liq. ergotæ, ζj , and Aq. ζvij ; quater die. Simple diet, milk. 24th.—Lies on his back insensible, cannot be moved, breathes rather stertorously, 26 per minute. Pulse, 74; temp, 100°. Motions and urine passed in bed. Is uneasy and restless, moving his right arm a good deal. Pupils small, heart sounds normal. Urine contains albumen. Head hot, vessels full, carotids pulsate moderately. 25th.—Remains insensible, breathing at noon 50 per minute. Pulse so quick and small as not to be counted. Countenance not livid one hour before death, which occurred at 1 p.m.

Autopsy.—Convulsions flattened, most on right side; sulci narrowed, especially at posterior part of both hemispheres. A large cavity containing about two ounces of clot and blood, of hen's-egg size, at postero-lateral side of right hemisphere, extending to near the surface; below it reached to the anterior extremity of corp. striat. and to about the lower level of this body and the Thalamus Opticus. It did not involve these ganglia at all, but they were pushed to the left, and the right ventricle greatly narrowed; the left contained some bloody serum. In the left corp. striat. there were some yellow streaks. The

third pair of nerves, and the optic, and all the structures at the base of the brain appeared normal; the rest of the encephalon also was healthy. The right mid-cerebral artery and the basilar presented some large masses of atheroma, one of these, particularly was of considerable size, and encroached on the canal of the vessel. The cerebral veins contained much blood posteriorly, anteriorly they were rather anæmic. Both lungs, especially the lower lobes, were highly engorged and inflamed. Heart, mitral valves efficient, aortic flaps thickened and calcareous, two of them fused together. Kidneys contracted and granular, right 3 oz., left 3½ oz., spleen normal.

I shall not, on the present occasion, take up your time in remarks on the pathology of cerebral hæmorrhage, with which most of you are probably pretty well acquainted; but I shall ask you to accompany me in a discussion relative to the causation and import of some of the principal symptoms. Though the topic is chiefly theoretical, it has, you will see a material relation to practice. I propose for solution the following queries:—1. Why is the patient in such a case as I have detailed to you unconscious? 2. Why does he die? Let it be remarked, *in limine*, that, as the patient was only paralysed on one side, he might be expected only to be unconscious, if I may so say, also on one side. As the basal ganglia on the right side were capable, of functioning, why should not the hemisphere on that side be capable also? But even from the first he was stuporous and soon became quite insensible. Again, I ask you to observe that at the time he was utterly comatose and near death, he was breathing fifty times per minute, so that his respiratory centres were certainly not unexcitable.

Now, the reply usually given to the above queries makes excessive pressure the sole cause; the effused blood by compressing the hemispheres is believed to render them anæmic, and so incapable of functioning, while the medulla oblongata being in a like state the nervous actions which minister to respiration and circulation are similarly arrested. That this cause is without effect I by no means assert, but that it is the sufficient and principal cause I greatly doubt. For think of choleraic cases, where, though the pulse has ceased and a mere dribble of blood is found in an opened artery, the patients have yet full possession

of their mental faculties. It can hardly be contended that the subject of cerebral hemorrhage has less circulating blood in his hemispheres than the man in choleraic collapse. In our patient, although the other viscera were examined before the brain, there was certainly no notable anæmia of the hemispheres. This consideration makes it very doubtful to my mind whether cerebral anæmia is a *vera causa*. Again, think of cases of simple apoplexy, such as Abercrombie described, and whose occurrence is attested by such accurate observers as Wilks and Hughlings Jackson. The latter says—"a patient, sometimes even a young man, quickly becomes insensible and dies in a few hours, and in the whole body we find nothing abnormal which can reasonably be supposed to have been the cause of the symptoms." Here there is no pressure and no poisoning (apparent), yet we witness profound insensibility and death by coma. Think also of cases, such as one recorded in the "Pathological Society's Transactions," Vol. XI, p. 11, where a female, æt. 66, died with a clot of blood of half walnut size almost in the middle of the pons varolii, and lay almost utterly insensible with powerless limbs and contracted insensible pupils for sixty-six hours, the time intervening between the seizure and death. It is not said, but it may be presumed the kidneys were healthy. Here there was profound unconsciousness, but surely no material increase of pressure; some other cause must, therefore, have been in operation. Again, think of cases of hæmorrhage into the pons varolii where there is no unconsciousness, or only some degree of stupor for a longer or shorter time after the seizure. Why, if pressure be the cause of the paralysis of the cerebral hemispheres, should cases having very similar lesions differ so much in respect of this symptom? Further, there are a good many cases on record where large cysts or abscesses have existed within the skull without giving rise to any symptoms until near the close of life. These must in most instances have caused a good deal of undue pressure, though it may have been lessened to a varying extent by wasting of the brain tissue. The convolutions in a case recorded by Dr. J. W. Ogle were greatly flattened by the pressure of a large quantity of fluid in the ventricles, but, though the patient had previously been comatose, he became quite sensible and conscious a few hours before death.—*Vide* "Path. Tr.," IX, 27. Dr. Reynolds found several large hydatid growths in the brain of a young girl who had never suffered in any such way as to lead to the suspicion of cerebral mischief. These cysts would almost certainly expand faster than the cerebral tissue would waste. Dr. Barker relates the case of a lad, æt. 14, who was supposed to be in perfectly good health until he had an attack of sunstroke about four weeks before death; this gave rise to special symptoms, viz., sudden temporary unconsciousness, blindness, absolute in the right eye, and, finally, delirium, in which he died. At the *post-mortem* there was found in the posterior lobe of the left cerebral hemisphere an hydatid cyst, occupying nearly the whole lobe, which was rendered irregular and lobulated, and was enlarged in its dimensions. There was no subarachnoid fluid, the convolutions being compressed against each other, and against the parietes, so as to obliterate the sulci. The inner surface of the skull presented a series of shallow depressions separated by angular ridges, evidently produced by the long continued pressure of the subjacent convolutions of which they presented an accurate mould. There can be no doubt that in this instance very undue pressure had for a long time been exerted by the cyst, but it does not seem to have caused any symptoms.—*Vide* "Path. Tr.," X, 6. Again, there are cases such as one recorded by Dr. R. Bennett, "Path. Tr.," XIII, 5, where two largish cysts, the larger holding 6 oz., produced very notable symptoms—severe pain in head, widely dilated, and fixed pupils, occasional epileptic attacks, loss of control over the legs, and palsy of sphincters, but no impairment of intelligence. As the cysts were situated in the right cerebral hemisphere there can be no doubt that the pressure must have told on these parts. Yet it did not affect their function. Lastly,

I adduce Pagenstecher's experiments, of which an account is given in the *Brit. Med. Journ.*, 1872, I., p. 372. They consisted in injecting between the dura mater and skull of dogs a melted mass of wax and lard under a pressure of 80 to 120 millimetres of mercury. Death did not ensue unless the pressure was increased to 180 millimetres—*i.e.*, equalled the blood pressure. Taking the capacity of the skull in man as 1300-1400 cub. in., he calculates that it is necessary to have a mean amount of 37.7-40.6 cub. in. of blood, or a maximum of 84.5-90 cub. in. in order to produce symptoms of compression. This would give 23 oz. of blood as about the mean quantity requisite to produce compression-symptoms,—an estimate which certainly seems excessive according to our clinical experience, but which, even if considerably reduced, may lead us to question whether small quantities of fluid as 4 or 6 oz. are capable of causing injurious pressure.

If now, all the above considerations lead us to assign to anæmiating pressure a very inferior efficacy to that with which it is usually credited in the production of paralysis, coma, &c., I see no other cause which can be invoked than *irritation*. Some are disposed to quarrel with this term as conveying (they say) no definite idea, but I think there is no doubt it expresses a reality, though we may not be able to determine precisely the morbid condition. At any rate, we are sure that the ends of the torn fibres at the edge of an hæmorrhagic cavity are in a very unnatural condition, and it cannot be considered improbable that the nerve cells, with which their other extremities are connected, should be injuriously affected thereby. If an effusion of blood into the peritoneal cavity is apt to cause severe peritonitis, is it likely to be without effect in a far more delicate and highly-organised tissue? There are quite sufficient instances of the effect of irritation of peripheral nerves to establish the point that various nerve centres may have their action seriously impaired, or even arrested thereby. A tapeworm in the bowels may cause severe headache or vertigo, lead colic may cause failure and cessation of the heart's action, neuralgia of the first division of the fifth may paralyse some of the muscles of the globes. If I were pressed for a definition of irritation I should say it was the result of a *morbid stimulus*, which impairs functional energy, while *healthy stimulation* promotes it. The great efficacy of the morbid impression produced by the lesion—apart from mere loss of substance, or mechanical pressure—seems to be clearly displayed by the vastly greater constancy with which a suddenly-produced damage operates than one which ensues slowly. A very large abscess, or cyst, may cause no symptoms, but a small hæmorrhage is almost certain to occasion very decided ones. The chief difference in these instances relates to the rapidity with which the morbid change is produced. The effects of shock—*i.e.*, of a sudden severe irritation—are well illustrated by the following cases recorded by Mr. Callender, "St. Barth. H. R.," Vol. III.:

No. 39.—G. H., watchmaker, complained of weak vision, and as he worked had headache. He seemed to be in his ordinary health, when, early one morning, he suddenly rose up in his bed, and fell back dead. The whole of the left posterior and half of the middle regions of the brain, from vertex to base, were occupied by one large abscess, containing ordinary yellow pus, a mere shell of soft-brain tissue surrounding it. In front, it had extended through the back of the optic thalamus and had burst into the middle horn of the lateral ventricle, flooding both it and the adjacent cavities with pus.

No. 41.—L. J., æt. 30, admitted for phthisis. Two days before death he suddenly became insensible, no brain symptom having previously existed. In the right posterior and half of the middle region of the brain were several large abscesses full of fetid pus, and one of these had extended forward, and completely hollowed out and destroyed the optic thalamus. The symptoms had resulted from the bursting of this abscess into the right ventricle.

No. 42.—C. S., æt. 31, died suddenly without having been previously ill. Abscesses were found in the right

half of the cerebellum, two at its middle part, three in the right middle region, one in the upper middle region close to the margin of the longitudinal fissure, and one larger than all in the middle region just above the corpus callosum. This last had burst into the subjacent right ventricle.

In none of these cases could there have been any increase of intra-cranial pressure, but merely transfer of morbid fluid from one cavity which tolerated its presence to another which was extremely intolerant of it. In two of the cases the result was immediate death, owing probably to the inhibitory action of the morbid stimulus on the cardiac filaments of the vagi nerves. In the third it was sudden insensibility, implying, I conceive, a similar operation on the hemispheres. When an hæmorrhagic cavity bursts into the ventricles the result is sometimes profound coma only, sometimes, as in a case under my care, frequently recurring convulsions and coma. Now, convulsions are admittedly a result of irritation, and as they occur under the same circumstances, may not coma be too? There is an interesting instance of paralysis produced by cerebral lesion, which is well worth our remarking on here—that, namely, of the sphincter ani. This certainly most coincides with coma, but may be present, together with the paralysis of the sphincter vesicæ, where the intelligence is perfect, as in Dr. R. Bennett's case above referred to. The paralysis, Dr. Todd states, is so complete, that not the slightest resistance is offered to the introduction of the finger into the anus. Now, it seems to me unquestionable that the sphincter ani is largely under the sway of the lower portion of the cord, that it constitutes, together with the cord, an excito-motor apparatus. Its spasmodic contraction in states of irritation of the covering integument illustrates this very well. But it is also under the influence of fibres descending from the centres of volition, and when these are subjected to morbid impressions the sphincter comes to be paralysed inhibitorily. The catastrophe alluded to by Juvenal as produced occasionally by the war-trumpet—"et trepidum solvunt tibi cornua Ventrem," and the analogous effect of an impending examination not unknown to candidates for M.R.C.S. are similar instances in which a depressing emotion takes the place of the morbid impressions of coarse disease. The notorious variability of the symptoms in cases of intra-cranial lesion seems to be better accounted for on the view I maintain than on that which attributes everything to anæmiating pressure. For if this were all, the effects of a certain amount of pressure within the skull ought to be nearly uniform, allowance, of course, being made for the situation of the foreign body and for the local damage it may have produced; but if it is not only the pressure that has to be considered, but the irritation existing, then the result may vary greatly in different individuals according to the greater or lesser susceptibility of different centres to undergo derangement.

The lateral deviation of the eyes observed in this instance is not an unusual, though by no means a constant, occurrence. It is met with in cases of unilateral epilepsy, and appears to me much more like a spasmodic than a paralytic symptom. It might certainly be produced by paralysis of one internal and one external rectus, but as it is evidently a secondary result and can be produced by irritation, I hold the latter to be its most probable cause. The nerves which are accustomed to act together in health are also associated in morbid action.

The rapid respiration coinciding with profound coma increasing in frequency up to the time of death was so unlike what is usually held to exist in coma that it may well seem strange to you, as I remember it did to me when I first observed it. It is not, I suspect, a very rare phenomenon, as I have seen three cases without looking out specially for them. It is difficult to account for the phenomenon satisfactorily, but it may be in this as in other instances that a cause which usually generates paroxysms often generates in place of it hyper-excitability.

The rapid and feeble action of the heart may with much

reason be ascribed to paralysis of the cardiac branches of the vagi.

Now, returning to my questions, the answers which seem to me most accordant with all the facts are (1) that the paralysis of the hemispheres conditioning unconsciousness depends mainly on deranged action of the nerve-cells of the convolutions by the morbid impressions conveyed to them from the seat of lesion; (2) that death ensues either from similar irritation affecting the respiratory centre, and rendering it unexcitable by the "besoia de respirer" sensations conveyed by the vagi, or from inhibitory arrest of the action of the heart by the vagal filaments joining the cardiac ganglia.

As the idea of inhibitory irritation may not have been readily assimilated by all my hearers, some of whom may think that irritation must always conditionate an active state of nerve and muscle, I am glad to cite the following authorities in support of my views:—Dr. J. W. Ogle ("Med. Chir. Trans., 1859") applies the term induced to cases of paralysis, where he believes "an irritative action is carried by the intervention of commissural fibres from a given point to another part (and that, too, of the opposite side of the brain), and there induces a repressive or inhibitory action of some kind or other of motor nerve fibres." Messrs. Mitchell, Morehouse, and Keen ("Report on Reflex Paralysis") consider "it possible that a very severe injury of a part may be competent so to exhaust the irritability of the nerve centres as to give rise to loss of function, which might prove more or less permanent." Dr. Todd ("Physiolog. Anat.," I., p. 349) recognised the great difference between simple excision of a centre, say the corp. striat., and a diseased state of it from inflammation or clot; "the one simply cuts off the influence of the will, the other affects the vital action, and consequently the vital power of the centre and of the commissural fibres connected with it." Brown-Séquard states (*Lancet*, 1861, I., p. 2) that symptoms of cerebral disease may be the effects of three different causes: (1) Direct injury or disease of the brain; (2) alterations in the quantity or quality of the blood; (3) a reflex influence starting from an altered part of the brain, or some centripetal nerve extremity. Dr. Todd, commenting on a case of arachnitis, attended with hemiplegia and rigidity of the paralysed muscles, says that it is due to a cause "which exercises at once a paralyzing and irritating influence on the brain," and that this influence is propagated to the spinal cord, and so through the nerves to the muscles" ("Clin. Lect.," 1854, p. 224). He states at p. 231 that it is "not an inflammatory state of brain only which may excite this rigid palsy, but one of irritation, whether inflammatory or non-inflammatory." The cause of the disorder may be located either in the substance of the brain, or, as in a case he refers to, between the bone of the dura mater, so that it is not necessary there should be actual damage of the palsied centre.

Now, if I have carried you thus far with me, you will probably be inclined to admit that cerebral symptoms, in cases of hæmorrhage, and in other kinds of lesions, may be separated into two groups,—one comprising those which we believe to depend on direct injury and damage to the machinery; the other, those which are generated by the irritation set up by the original lesion, and conveyed by commissural fibres to adjacent centres. The former we may distinguish as *primary* or *necessary*, the latter as *secondary* and *varying*. Thus, in a case of moderate-sized clot in the corp. striat. we have hemiplegia on the opposite side as the primary result, while unconsciousness, lingual and facial paralysis, disorder of the respiration and circulation may be enumerated as probable secondary results. Dr. Hughlings Jackson writes,—"A patient may have a large clot in his brain, and yet his respiration and circulation may be quite normal, 72 and 14 per minute." But after an interval, which may vary greatly, the respiration may become quick, and the pulse rapid, or also irregular or slow. The appearance of these secondary symptoms announces great danger. Now, the practical value of the

view I am advocating is, that these symptoms not being necessary results—at least, very often not—of the actual lesion, we may rationally hope to mitigate or remove them by treatment; and, on the other hand, we shall be cautious not to do anything which might promote their occurrence. Irritation will, in all probability, tell more severely on an exhausted than on a stronger system, and instances are not wanting where depletion seems to have actually promoted the invasion of paralysis. In a case of ordinary cerebral hæmorrhage we should figure to ourselves the brain as having suffered a serious injury, probably in or near the large basal ganglia. Nothing we can do can have any speedy effect on the actual lesion; the most that we can hope is to prevent its extension, and promote cicatrization. In most cases, it seems to me that ergot and astringents would be far more likely to accomplish this than any kind of depletion, which would probably still further depress the already enfeebled *vis nervosa*. Then as to the unconsciousness, and other secondary or induced symptoms, it surely seems rational to deal with them as conditions of prostration and paresis, brought on by the shock or irritation to which the associated centres have been subjected. Trousseau attributes the unconsciousness to *étonnement cérébral*, to a sort of concussion, and lays down, as a rule, to maintain and support the patient's strength. From this he does not deviate, even when a notable febrile movement with hyperæmia of the face supervenes. This is probably due to a vaso-motor paralysis, the result of the injury, and may be considered identical with the paralytic pyrexia so well described by Mr. Hutchinson as occurring after injuries to the spinal cord. One can quite understand, on this view, how useless, or even injurious, bleeding would be to remove such a state. The matured experience of the great French clinician is the practical justification of the theoretical views I have brought before you.

Understand, however, that I am far from denying the important part played by pressure in many instances, especially of surgical lesion; or from over-looking the possibility that the lesion may be multiple; or from affirming that it is a matter of indifference where the primary lesion is situated. Neither do I advise you to forswear purging or even bleeding if there be reliable indications of oppressive cerebral hyperæmia, active or passive, and the action of the heart is labouring. But I do ask you to consider well whether there does not exist good ground in the majority of head cases for attributing, at least, as much importance to irritation as to congestion and effusion in the genesis of symptoms.

ABSTRACT OF

LECTURES ON MYOLOGY,

AT THE

ROYAL COLLEGE OF SURGEONS OF ENGLAND,

By PROFESSOR HUMPHRY, F.R.S.

LECTURE III.

In his third and last lecture Professor Humphry continued the discussion of the muscles of the limbs. The *coraco-brachialis*, *biceps*, and *brachialis anticus* he showed to form one series corresponding with the *adductor*, the *semimembranosus* and *semitendinosus*, and the short portion of the *biceps cruris*; while the long portion of the last muscle is a derivative from the extensor mass—the *gluteo-rectus* series—which, inclining to the plantar aspect, has acquired a flexor action. The tendinous intersection in the *semitendinosus* he regarded as corresponding with a similar intersection in the *Cryptobranch* found at the junction of the caudal muscle with the flexors of the leg; and its persistence in man is to be associated with the great length of the fibres of the

muscle, owing to the distance of its insertion in the leg from the centre of motion at the knee, and the consequent great range of its action. The fibres of this muscle in a woman of ordinary stature measured ten inches, while those of the *semimembranosus* measured only three inches, and those of the *biceps* six, the length in each instance being proportionate to the distance of the insertion from the centre of motion. The *quadriceps cruris* is evidently the serial homologue of the *triceps brachii*; and in the Bat, where the rotation of the hind limb is the reverse of that usual in mammals, the *rectus cruris* arises from behind the acetabulum, just as the scapular portion of the *triceps* usually arises from behind the glenoid cup.

The several muscles on the flexor and extensor aspects of the middle and distal parts of the limbs were described as derivatives or segmentations from pronator-flexor and supinator-extensor masses, which are found in a simple form in tailed Batrachians, but are more complicated in man. The divisions of these were described at some length. The supination and pronation in the upper limb, and the throwing out of the heel bone in the lower limb, are the features which necessitate the chief differences in the disposition of the muscles in the two limbs. A large proportion of the fibres on the plantar aspect in the hind limb are concentrated upon the heel, and subserve to the flexion of the ankle; whereas the corresponding fibres in the fore limb minister to pronation of the forearm and flexion of the digits, as well as to flexion of the wrist. Hence the representatives of the *flexores carpi* and the *flexor sublimis digitorum*, as well as of part of the *pronator teres*, are to be found in the outer head of the *gastrocnemius* and the *soleus*; the *plantaris*, which in many animals is continuous with the *flexor brevis digitorum pedis*, being the representative more particularly of the *f. subl. dig. manus*. The ulnar origin of the *pronator teres* and the *accessorius pedis* are remnants of the primitive pronator-flexor masses which have attachments to all the bones of the limbs. The former is present in the Chimpanzee, but is not again met with till one reach the Reptiles, where it constitutes a *pronator intermedius*, connecting the *pronator teres* with the *pronator quadratus*. Its use is to carry on pronation during the flexed condition of the elbow when the humeral fibres of the muscles lose their power. The use of the *accessorius* is in like manner to maintain the influence of the flexor digitorum upon the toes in the flexed position of the ankle. A well-marked *accessorius*, corresponding with that in the hind limb, is found in the fore limb in some of the Saurians; but there is no such muscle in the fore limb of birds or mammals.

The Professor concluded his course by some remarks on the difference between a hand and a foot, first converting the distinction drawn by the Rev. Prof. Houghton, from a supposed difference between the flexor tendons in the two. He observed that we must eliminate the features of difference between the terminal parts of the hind and the fore limbs; forasmuch as these relate to the distinction between the two limbs rather than to the distinction between a hand and a foot. This he said had not been sufficiently attended to by those who had recently considered the question, and, therefore, they had argued it upon a wrong basis. Pointing out the features which distinguish the hand of man from the terminal part of the fore limb of ordinary mammals, he remarked that a corresponding modification either of a fore or a hind limb would constitute a hand, although the features distinguishing either from the other were still present. Judged by this rule, the terminal part of the hind limb of a gorilla or a chimpanzee, notwithstanding its projecting heel and the presence of a peroneus muscle, has as much claim to be called a hand as the terminal part of the fore limb of the same animal. There is, therefore, no sufficient anatomical reason for rejecting the word "quadrumanous" as applicable to them, or the word "bimanous" as characteristic of man.

THE ARMY SURGEON, HIS WORK AND WORKS (a).

By C. A. GORDON, M.D., C.B., Dep. Insp.-Gen. of Army Hospitals.

FELLOW GRADUATES,

My first duty is most gratefully to acknowledge the high distinction the members of the St. Andrew's Medical Graduates' Association have been pleased to confer upon me, in selecting me as the medium through whom they desire to manifest their good-will towards their professional brethren in the army, for in this light only can I look upon the circumstance to which I owe the honour of now addressing you.

It is not often that a member of the military body is favoured as I am on this occasion. Our sphere of action is usually far removed from this great capital, our vocation very different from that of preparing addresses to read before learned and scientific associations; yet it is pleasant and flattering to us as a body to find that we are not altogether forgotten, that if out of sight we are not completely "out of mind."

It is true that novelists and popular writers have on some occasions been so good as to give, for the edification of their readers, a portraiture of the army surgeon. Thus, who has not laughed over the fussiness and irascibility of Slammer? Who has not been amused at the vagaries of Maurice Quill, who entered the 31st Regiment, to be near his brother in the 32nd, who, as surgeon of his distinguished corps, "was at the head of his Profession," and being so, had "nothing more to look forward to or expect"? Or do you accept as correct the picture conveyed in that very charming fairy tale, "The Water Babies," where the talented author tells us that when Mrs. Bedone-by-as-you-did determines to call up before her all who have ill-used little children, and serve them as they served the children, "first, she called up all the doctors who gave little children so much physic, and set them all in a row, and most miserable they looked, for they knew what was coming; and first she pulled their teeth out, and then she bled them all round, and then she dosed them with calomel and jalap, and salts and senna, and brimstone and treacle," and so on? But then it is explained within parentheses, that those so treated were for the most part old ones, for the young ones have learnt better—all but a few *army surgeons* who still fancy that "a baby's inside is much like a Scotch grenadier's." Well, perhaps we have to wait until the baby develops into the man, "the soldier," now no longer "bearded like the Pard," "full of strange oaths," perhaps, yet who wins our battles and maintains England's honour, before we fully appreciate his "economy," interior and general. Babies, too, I may observe, like the red man who disappears before the march of civilization, are threatened with utter abolition, under the "latest thing out" in army re-organisation, so that in regard to them our occupation will soon be gone, it may be to their advantage, only the test cannot be applied; certainly to our comfort and peace of mind.

But I must endeavour to tell you a little of what our duties are, what we have done for the soldier and the Profession, and what we have learnt from the great war so recently ended. A very few remarks will serve to explain the general nature of our functions, and of the interests confided to our charge. The great object of our existence as a department is to maintain the physical efficiency of England's armies, in connection with which duties interests depend more important than it is possible to appraise according to mere money value. Success or failure of a military expedition may depend upon a relatively small number of men, the more or the less, ready and capable of being brought to bear upon a given point at a particular time; hence the obvious importance of preserving health under such circumstances.

(a) Presidential Address delivered at the St. Andrew's Graduates' Association, on Saturday, July 6th, 1872.

Unhappily, experience has taught us that in protracted wars, large as has of late years been the list of casualties in battle, they are, to those by disease, but as one to seven, or even eight; hence the urgent necessity of judiciously arranged measures for the prevention of such diseases as we know to be incidental to active service. In all countries, except those that have the advantage of western civilization, whether an army be advancing or retiring, it becomes necessary to carry along with it its sick and wounded, or at least take measures to protect them alike against the enemy and the population. Under such circumstances, also, the presence of a number of helpless men becomes a greater source of weakness than so many casualties in battle. In the one case, not only must the men be fed and accommodated, but they must be carried; the men and animals employed in their transport, in addition to being similarly attended to, must be provided with means of protection, to the still further weakening of the force; while in the latter case no such arrangements are needed. Here, then, are conditions in reference to which our duties become of the highest importance. Let the fact also be borne in mind that wars are now no longer carried on as they were even a few years ago. Where thousands of soldiers were wont to be engaged, tens of thousands are so now. The congregation of increased masses necessarily increases their liability to camp diseases, and thus vigilance on the part of the Medical officers becomes more essential than it has hitherto been. While increased strength of military forces has become necessary, the money value of human labour has increased, as also the requirements of the soldier-yielding population of the country; hence the injury and hardship inflicted upon that portion of the people by such calls as would become necessary to fill the ranks reduced by wounds and disease, would far exceed anything it has hitherto been, showing, were this necessary, that more than ever must we study by every means in our power to economise human life in armies. See, also, the influence through the army upon the conditions of our civil population. Our recruits are selected lives, and being so, withdraw so much of the health standard; leaving, in the persons of those rejected, the more or less diseased. The greater the number of soldiers thrown back upon civil life affected with disease, the greater the burthen they become to society, the greater the expense by reason of protracted sickness, and often crime into which they fall, and also the greater the injury to public health through the diseased children they propagate. Hence it is that the influence and vocation of the military surgeon, although chiefly exerted in the army, are by no means limited thereto, but pervade civil life to an extent greater, no doubt, than is at first recognised.

Not only does the surgeon in the army perform toward the classes under his charge the ordinary professional duties of his brother in civil life, but, in addition, a large number to which the latter is altogether a stranger; and, except in times of actual war, or during epidemics, the attendance on the sick, important and responsible though it be, forms really the least considerable of his many functions, while as he rises in the service, his duties bear more upon the management of masses than of individuals.

(To be continued.)

CASE OF RETAINED PLACENTA.—SUCCESS OF ANTISEPTIC TREATMENT.

By FRANCIS M. LUTHER, M.D.

ON 2nd May last, about 6 o'clock p.m., I was called by Dr. Hartland, of Villierstown, to see Margaret Brien, of Aghlish, and consult with him on her case. She had been delivered of a still-born infant (footing) about twenty hours before I saw her. Ergot had been exhibited during the labour, and immediately after, the uterus contracted so powerfully that the introduction of the hand became

impossible, and traction of the cord was unavailing to dislodge the placenta, which was evidently adherent. Two months before the woman suffered from symptoms like the approach of labour, very possibly adhesion from inflammation took place at this date. Dr. Hartland repeated his efforts many times. There was no hæmorrhage whatever, and he left intending to resume his attempts, after allowing the patient to rest; but he was called to another confinement case, and when able to return to her, thought it better to have a consultation.

My hand is very small, and I am in the habit of introducing it into the uterus very constantly, if gentle traction does not at once bring away the placenta, for I consider immediate delivery, and maintaining manual pressure upon the uterus, instead of at once applying a binder, removes a great many of the dangers to which women are subject after the infant is born. However, in this case, I could barely introduce two or three fingers within the cervix. I felt the insertion of the cord in the placenta, but could by no means open my fingers. The case seeming desperate, I got the midwife to press down the uterus externally, and made traction on the cord. The whole body of the uterus was drawn down into the vagina, but the placenta did not loosen, and after more attempts the cord unhappily broke at its insertion. We then nauseated with tartar emetic, but, instead of relaxing, the uterus only contracted the more. We let her rest some hours, while consulting upon her case. I suggested the Cæsarian section, but Dr. Hartland disapproved of it, nor would the husband hear of it for a moment. I now think Dr. Hartland did right to withhold his sanction to so formidable an operation. However, we thought it right to have another consultant, who unfortunately was attending another labour case when he got our message. After several hours' delay (I forgot to say that we tried chloroform as well as tartar emetic to cause relaxation with no effect), we considered the contraction permanent, and giving a dose of chloral to produce sleep, arranged to see the woman next day, or rather, same day, for it was then 2 o'clock a.m., and consult if anything could be done to give her a chance of life. We found her with a pulse of 120, desponding and anxious, unable to move in the bed.

Treatment.—Half a teaspoonful of sulphurous acid in half a tumbler of water every three hours. Sprinkle carbolic acid freely about the floor and on plates, so as to impregnate the air of the room with its odour. Ordered whey. Dr. Hartland and I thought it useless any longer to seek to remove the placenta by introduction of the hand; not only useless, but dangerous.

We determined to give the antiseptic treatment a trial, though with little hope of a favourable result. I did not see the patient next day. Dr. Hartland did and considered it advisable to order wine and beef-tea. On the 5th we both saw her. She had had rigors, her pulse was over 120. There was pain in the knee, but she had the suck. Tongue dirty. We found that the sulphurous acid had not been given regularly. Increased the dose to a drachm in a tumbler of water every three hours. Impressed the importance of its regular administration, and in order to secure this, gave a somewhat more favourable prognosis than we had done; used injections of weak carbolic lotion twice a day; wine, beef-tea, arrowroot. She could not at this time move in bed without help. Next day Dr. Hartland told me that she had bilious vomiting and some rigors; but on the 7th the pulse, though weak, was nearly natural. She had no pain anywhere, and could move freely in the bed. The uterine tumour was very small and not tender; tongue furred.

To take hydr. δ . cretâ and castor-oil, and everything else (antiseptics) as before. On the 8th, Dr. Hartland found a large piece of placenta protruding from the os, and removed it; some vomiting and rigors; bowels acted freely; slight bronchial wheeze; pulse over 100; otherwise well. On the 11th another large piece of placenta was expelled. There was no rigor, but the pain

in the knee returned, and there seemed to be some effusion into the joint. However, it was not tender on pressure, and neither flexion nor extension caused pain. Dr. Hartland had it wrapped in cotton wadding covered with oiled silk. The tongue continued a little furred. I did not see the woman after this, but Dr. Hartland wrote to me that from this date there were no bad symptoms of any kind; the effusion yielded to tincture of iodine, and the patient made a perfect recovery. This happy result, I incline to think, was due to the constant exhibition of the sulphurous acid, and the injection of carbolic or chloralum lotions, which Dr. Hartland administered twice a day. The frequent rigors and pain in the knee showed that pyæmia was imminent; but as the antidote was given in anticipation and in large and sustained doses, it was aborted, as ague is by quinine, until finally the rotting placenta was expelled, and the "avenues to death" permanently closed. Indeed, the extremely contracted state of the uterus throughout, doubtless, hindered in some measure purulent absorption. Dr. Hartland permitted me to see the woman with him from time to time, as I was greatly interested in the case, from its rarity and dangerous character.

However, in Dr. McCarthy's translation of the (*Paris*) *Journal of Practical Medicine and Surgery* for February, 1860, I am surprised to see a statement of M. Pajot's, that "out of 180 women who, from one cause or another, were not delivered a few hours after their confinement, eight died." I think there must be a typographical error, and that for "eight" we should read "eighty," or else the statistics must include cases of abortion where the retention of the placenta is not so often productive of fatal consequences apart from hæmorrhage.

AMERICAN MEDICAL ASSOCIATION.

OUR readers have had an opportunity of perusing selections from the address of Dr. Yandell, the president this year, which will afford some idea of the influence of the association and the opinion of the Profession in the States as to its value and its work. We do not propose to enter into what may be called the Medical politics of our brethren in the great Republic, nor can we even undertake to epitomise the several reports of the proceedings that have reached us in our exchanges. Especially would it be inconvenient to occupy this column with remarks on the several points that were raised for discussion in reference to the Profession and its relation to the public. We feel, however, a deep interest in all that concerns our American brethren, and congratulate them in all those events which seem to entitle them to our sympathy. Our present object is to speak of some of the more practical proceedings in the sections, for the sake of giving our readers an estimate of some of the solid work being done. Selecting from the *Record*, which gives a very complete summary, a few points, we will classify them for the easier reference.

OVARIOTOMY.

Dr. Washington L. Atlee, of Philadelphia, described in minute detail his own method of preparing the patient, of operating, and of after-treatment. Among the points brought out were these: For evacuating the bowels beforehand, he preferred castor-oil to any other means. As an anæsthetic he always employed a mixture of chloroform and ether, equal parts. During the operation the patient must be kept warmly covered with blankets, only the abdomen being exposed. Except when compelled to, in very rare cases, he never made the incision more than three inches in length, and he did not think that even extensive adhesions often required a longer one. In examining for adhesions he decidedly preferred using his fingers to sweeping a sound around the tumour, as advocated by Dr. White. For the pedicle he had invariably of late years employed the clamp, and he noted certain advantages in his own form of this instrument. He had once lost a patient by strangulation of the in-

testine from its adhesion to the stump; and, thinking this accident liable to occur again, he had never since returned the pedicle into the abdominal cavity. As a compress and support for the abdomen, he preferred thick layers of cotton covered by a broad band of muslin. This was soft and warm. His after-treatment was expectant, opium or chloral hydrate being given only when indicated, and by the rectum or hypodermically, if not tolerated by the stomach.

ELECTRO-THERAPEUTICS.

Dr. George M. Beard, of New York, read a paper on *Recent Researches in Electro-Therapeutics*. He spoke of the great and rapid improvements in apparatus, claiming superiority for America over Europe in this respect at present; and exhibited a battery and its attachments made by the Galvano-Faradic Manufacturing Co. of this city. He demonstrated his methods of "localised electrification," "general Faradisation," "electrolysis," and "central Galvanisation." This last consisted in "placing the negative pole at the pit of the stomach, and applying the positive over the head, sympathetic, and pneumogastric in the neck, and down the spine, so as to bring the whole central nervous system under the influence of the current." It had proved very useful in certain obstinate skin diseases, as well as in hysteria, neuralgia, neurasthenia, and many other nervous affections.

Among the points he had recently demonstrated were these:—

The nutrition of children was often much improved by general Faradisation. Two pups of a litter of four were treated by the speaker in this manner, and were found at the end of a month to weigh several ounces more than their mates.

Children bore electricity better than adults; but some constitutions could not endure it, however administered.

Malignant growths could sometimes be treated with great advantage by a method of "working up the base electrolytically." The advantages of electrolysis in the treatment of these tumours were less hæmorrhage, less shock, less danger of pyæmia, and more rapid healing. It would almost always relieve the pain of tumours, but did not prevent constitutional infection.

Dr. A. B. Crosby, of New York, spoke of a case of chronic eczema of the leg under his care, which had resisted other treatment, but was decidedly improving under "central Galvanisation," as just described. Also of a case of organic stricture of the rectum, where he had assisted Dr. Beard in an electrolytic operation after returning the sphincter.

VASO-MOTOR PHYSIOLOGY.

Professor Henry Hartshorne, M.D., of Philadelphia, read a paper *On the Present Condition of Vasomotor Physiology*. He remarked that, having in 1856, in an "Essay on Arterial Circulation," published in the Transactions of the American Medical Association, advanced views somewhat at variance with the prevailing opinions, he had been led to believe that, recently, the progress of inquiry had developed facts which approach to a demonstration of the truth. Currently it has been held, as stated in the works of Virchow, Bernard, Huxley, Marey, B. W. Richardson and others, that the whole function of the muscularity of the smaller arteries (incorrectly confounded sometimes with the capillaries) is, to limit by a flood-gate or stop-cock action, the flow of blood caused by the impulse of the heart. Against this view, there have been the opinions and reasonings of John Hunter, Sir Charles Bell, and a few others of the older writers; and an overwhelmingly strong presumption derived from general physiological analogy. Dr. Hartshorne wished to point out the progress made since the publication of Prof. Lister's observations in 1858, and, more especially, the recent very important contributions toward it by Legros and Onimus (*Journal de l'Anatomie et de la Physiologie*, 1868-70). It was necessary, in order to perceive the bearing of the facts thus brought forward, to review briefly the whole ground of the inquiry. Attention was therefore called to the following points:—

1. Bowman, Marey and others have abundantly demonstrated that the universal law of muscular fibre, pre-eminently obvious in the smooth muscle of organic life, is alternating, rhythmic or peristaltic contraction. Presumably, therefore, we should find this true of the middle coat of the smaller arteries; and the burden of proof rests with those who assert the contrary. And, if it be alternating, we have every reason to believe that it is *propulsive*, not restrictive in its action.

2. Certain facts in comparative physiology are only to be thus explained; as, the completeness of the round of cir-

ulation in fishes with only a respiratory heart; the arterial dilatations taking the place of the heart in *amphioxus*; the distribution of arterIALIZED blood from the reservoir-like arterial networks of the whale; the ordinary circulation in most articulates, which have no heart.

3. *Acephalous fetuses* are always *acardiac*; the propulsive power of the arteries is necessary to carry on their circulation. At a certain stage of development, every human fetus is likewise *acardiac*, as truly as an insect or a myriapod.

4. Erectile tissues have been recently and carefully studied anew by Legros, who has decided that the evidence shows that "it is indeed the *contractile element of the arteries* which acts to produce erection."

5. Many familiar cases of physiological erethism are (as pointed out in Dr. Hartshorne's Essay of 1856) manifestly of an active character. Such are—the determination of the blood to the maxilla in dentition; to the ovaries in ovulation, the uterus in gestation, the mammae in lactation, and the testicles during the heat of male animals; the vascularity of the newly-growing antler of the deer, &c. To none of these instances can the idea of "paralytic dilatation" of the vessels, with any show of reason, be made to apply.

6. Further facts are these—in paralysed limbs the pulse is often diminished in force and fullness; when mortification occurs, or a limb is crushed by a railway car, or torn by a gunshot wound, little or no hæmorrhage occurs. Here a truly paralytic state of the arteries is produced, and the blood ceases to flow. Under some other circumstances there is, of course, a paralytic dilatation of the vessels; as when they are exhausted by fatiguing over-contraction, or when the sympathetic nerve has been divided, as in Bernard's famous experiment with the rabbit's ear.

In decapitated criminals, Robin observed that the blood does not spout from the divided carotid and vertebral vessels, but goes on through the head. Legros and Onimus found that when the large vessels are tied in animals, the circulation continues; in cold-blooded vertebrated animals, for a considerable time. Chauveau similarly found that firm compression of an arterial trunk, so as to obstruct its current, does not always arrest pulsation; and Legros and Onimus observed, in the retina of a man whose *arteria centralis* had been obliterated by a clot, distinct waves of pulsation still continuing in the minute vessels.

7. Dr. S. W. Gross's paper (a) was cited, showing the important influence of compression of an arterial trunk supplying blood to a part in a state of inflammation; the active participation of the arteries in that morbid process being thus made clear.

8. Application of these general facts to pathology becomes now important; as, in reference to the nature of the condition ordinarily called fever; the spasmodic constriction of the blood-vessels in cholera,—unduly restricted by Dr. George Johnson to those supplying the lungs; and the explanation of the hypertrophied state of the blood-vessels of the kidneys, often found to occur in Bright's disease.

Lastly, it is concluded that we have now proof enough to show positively that *there is a true arterial systole*, following and carrying on the propulsive movement of blood begun by the heart, instead of the mere "stop-cock action" accepted still by most writers. In favour of this last, there is really *nothing* except the somewhat hasty interpretation of one or two galvanic experiments by the Webers, more than twenty years ago; and the taking for granted a conclusion from them, in contradiction to all general analogy. It may be considered that the true factors of the pulse are four:—1. The heart's impulse. 2. The elastic contractility, especially of the larger arteries. 3. The closure of the aortic valves. 4. The *muscular arterial systole*. As this last occurs *after* the others, and in an artery so remote as the radial at the wrist, as late as the second sound, accompanying the shutting of the aortic valves, its effect must be to *aid* in propelling the blood. It cannot be *nil*, because it empties the arteries after death. It is not a persistent rigidity or tonic contraction, or else it could be felt in some arteries in the intervals of the pulse, as it cannot. On the whole, it would appear that, on this subject, with a vast deal of laborious experimentation, some want of care in reasoning has left the problem unduly long in reaching a final solution.

THE LEUCOCYTE.

Dr. Jos. G. Richardson, of Philadelphia, Chairman of the Committee "On the Structure of the White Blood-Corpuscles,"

(a) *Philad. Med. Times*, Jan. 10, 1871.

presented a report on that subject. After a brief review of our present knowledge in relation to this important morphological element, he remarked:—

"From this abstract it appears that Stricker and Rollett, who upon this subject occupy the front rank among German microscopists and histologists, whilst inclining somewhat to the view that the white blood-corpucle, at least in certain stages of its development, possesses a cell wall differentiated in structure from the cell contents, do not accept as proven the existence of such a membrane; that they also consider that the laws according to which leucocytes take up fluids are unknown, although they deem it probable that diffusion plays a part in the process; and further, they seem to think that the molecular or 'dancing' movement in the salivary corpuscles, differs from that seen under certain conditions in colourless blood, pus, and other corpuscles, inasmuch as it ceases on the addition of from one-half to one per cent. solutions of common salt, which, they say, still permits the movements of fresh pus or lymph corpuscles to continue."

After a series of experiments, performed to further elucidate these three points left undetermined by Prof. Stricker, in which he studied the effects of chloride of sodium, chloride of iron, and ferrocyanide of potassium solutions of various strengths upon the leucocytes of blood, pus, mucus, and saliva, the writer concluded that—

"The white blood-corpucle is a cell composed of a nucleus (or nuclei), which latter possesses the power of voluntary amoeboid movement, is insoluble in water, but is capable of slowly imbibing that fluid and increasing to nearly double its normal size. The cell wall of the corpucle is a membranous envelop, insoluble in water, too thin to exhibit a double contour with a magnifying power of 1,200 diameters, but firm enough to restrict the movement of its contained granules. Its exterior is somewhat adhesive so that surfaces or particles coming in contact with it are liable to become attached thereto. Some phenomena observed lend countenance to a theory that this membrane is dotted with minute pores, which permit delicate threads of the soft protoplasm to be extruded, and whose edges, if the projection still continues, during the amoeboid movement, are carried outwards as a sheath to all except the extreme point of the narrow tongue-like process. The material, occupying the space between the capsule and the nucleus, denominated the protoplasm of the cell (the fibroplastin of Prof. Heynsius) is a soft jelly-like matter, in which the power of amoeboid motion resides. It appears to be soluble in water, and saline solutions in all proportions, and when freely diluted loses its amoeboid power, which however is regained in a majority of cases when the excess of fluid is withdrawn."

In support of this view of its structure he observed:—

"I think the surprising rotary motion noticed after the action of ferrocyanide of potassium solution, as described in exp. 6, is even more conclusive; for it appears almost incredible that molecules and nuclei could revolve so quickly unless they floated in a fluid of low specific gravity, or again, that a cell made up of liquid so rare as to permit particles to move through it with such velocity, could either restrict them within its borders or retain its oval state, except by the aid of a cell wall of considerable firmness. To recur to a simile which I have already used in reference to the red blood-disc, it seems to me that this hasty rotation of all the contents within a white blood-corpucle, furnishes the same kind of proof in regard to its parietes, as the swimming of a shoal of little goldfish around the inner surface of their vase affords us first—that they move in liquid and are not embedded in jelly; and secondly, that they are confined by a boundary wall which is strong enough not only to prevent them from passing beyond its limits, but also to preserve its shape in spite of the pressure of fluid within its cavity.

"The laws by which leucocytes take up and part with liquids seem to be simply those of the dialysis of fluids through animal membranes by endosmosis and exosmosis, as studied by Graham on a larger scale in 1855; the rapid inward current from the rarer solution of higher diffusive power, through the cell wall, distending that membrane, and diluting its contents, until an equilibrium of the endosmotic and exosmotic flow is attained, or the capsule is burst by the centrifugal pressure of the accumulated fluid.

"In regard to the motion of granules within the salivary and pus corpuscles, my experiments so fully and uniformly corroborate each other, that, reluctant as I am to dispute the observations of such celebrated histologists as Stricker and Pflüger, I cannot but think that no essential difference exists

in the effects of salt solutions of various strengths upon the leucocytes of saliva, pus, and blood; and from this circumstance, in conjunction with the interesting fact discovered in exp. 5, that the salivary globules, when acted upon by the denser saline liquid, contract to the size of the white blood-corpucle and manifest like amoeboid movements, I conclude that my theory—that the corpuscles of the saliva are 'migrating' white blood-globules which, wandering out into the oral cavity, have simply become distended by the endosmosis of the rarer fluids in which they float (see "Handbook of Medical Microscopy," p. 164)—may now be considered as established upon a firm experimental basis."

The practical deductions drawn were that, "in the first place, the magnitude of the leucocytes in a neutral fluid of known composition, such, for example, as the renal secretion, affords us a useful index to its specific gravity; and, in the second place, the prompt rupture and destruction of white blood-corpucle when acted on by water suggests that in all surgical operations a three-fourths of one per cent. salt solution (54.6 grains to the pint) would have a much less disturbing influence upon the tissues washed or sponged with it than pure water. Lastly," he remarked, "I trust that further investigation of the revolving movements sometimes (not always) produced by solution of ferrocyanide of potassium in the white blood-corpucle may throw some light upon the curious rotary motion of granules in the cells of plants, which has for a long time been deemed inexplicable, and by a late writer is attributed to the presence of supposed cilia upon the inner surface of the cell-wall."

URANOPLASTY.

Dr. J. Solis Cohen, of Philadelphia, exhibited a patient upon whom he had successfully operated, a few months since, for the closure of an enormous cleft in both hard and soft palate, by a modified method, completed in a single operation. The patient was a young girl, some 16 years of age, in perfect health. The cleft was congenital, one and five-eighths inches in length, and seven-eighths in its broadest diameter, and permitted a free view of the entire glandular tissue of the vault of the pharynx, and of the whole of the pharyngeal extremities of the Eustachian tubes. The operation had been performed by the speaker and Dr. Packard, in a sort of surgical duet, a method which they had found convenient and expeditious in a previous operation. At that time Dr. Cohen had proposed to split the edges of the palate, instead of paring them, but had been dissuaded from the attempt by his associate, in view of the callousness of the edges. In the present instance he had determined to split the edges of the hard palate, instead of making the usual incision along the cleft, thus raising the entire flap from the surface of the bone, and saving a loss of one-eighth inch of material. Dr. Packard immediately proposed continuing the slit into the soft palate also, instead of paring it; and the operation was performed in this way, each gentleman operating on one side. The patient being etherised, the New York mouth-gag was introduced, and the operation expeditiously performed in the following manner:—The edges of the cleft being split lengthwise by a shallow incision, the flap of mucous membrane and periosteum was raised from the hard palate, according to the method of Langenbeck, the blunt and angular rasp, used to detach the periosteum, coming into the cleft through the slits in its edges. A double cutting-knife was introduced into the soft palate, just below the line of incision in the hard palate, and the muscles of the palate, after the method of Pollock, by raising and lowering the handle of the knife, and thus sawing with its blade, so as to leave an anterior wound no larger than the blade of the knife. The parts were brought together by several points of wire suture, Langenbeck's needle being used in uniting the flaps from the hard palate, and a semicircular needle, in Schwerdt's forceps, being used for the more moveable soft palate. The fine sutures in the hard and soft palate were clamped by a shot on either side of the cleft; the two in the uvula and lowermost portion of the soft palate were clamped by a single shot respectively.

The operation was a marked success, as exhibited by the examination of the patient. Hæmorrhage from the denuded bone took place on the first and second days, and was checked by pledgets of lint, saturated in Monsel's solution. These were removed in a day or two, and the parts beneath were granulating nicely. The patient was nourished by feeding her from a spoon. Two or three sutures were removed on the third day; the central suture cut out on the fourth day, leaving a gap comprising the space between the adjacent sutures

and the others were removed at intervals, the last suture being removed on the eighth day. Recovery was prompt, but there remained an irregular opening in the centre of the line of junction, the size of the end of a lead-pencil. This gradually contracted, without interference, and at present there was no sign of an opening, and only a depression at that place no larger than the point of a pin.

The points to which Dr. Cohen called attention were these:—The benefit gained in this instance by splitting the edges instead of paring them, and thus saving loss of tissue; and the proof that nature is sometimes adequate to close an aperture in the line of union, without interference from knife or caustic.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JULY 10, 1872.

THE HARVEIAN ORATION.

Dr. A. FARRE, as might have been anticipated, devoted his oration to a subject on which he has a right to speak with some authority. Nor was it by any means difficult for him to do so, considering Harvey had written the celebrated "Exercises on Generation," which would have given him a very high position had not that work been overshadowed by the fame of his other scientific discoveries and pursuits.

On the 26th June, 1657, Harvey was buried, and his "Exercises" are all that remain to us of his investigations on generation, and they have all long been known to be imperfect, inasmuch as he himself lamented the loss during the civil war of some of his most valued treasures in reference to this investigation.

If it is almost impossible to do justice to Dr. Farre's oration, it is an easy task to avail ourselves of it to give a few remarks on the subject, and to express a hope that the whole may be published with such additions as the learned writer may think well to make.

In order to understand Harvey's position it is desirable

to bear in mind the prevalent physiological doctrines of his day. According to Aristotle, the principles of generation were the male and female, she contributing the matter, he the form: immediately after conception the vital principle, and the first particle of the future foetus—namely, the heart, in animals having red blood—being formed out of the secretions of the uterus. The followers of Galen, however, taught that the semen of both parents alike, combined, furnished the offspring, which resembled one or other according as this or that predominated, and that by virtue of such predominance it became either male or female.

Neither of these doctrines satisfied Harvey. "That they are erroneous and hasty conclusions," he says, "is easily made to appear: like phantoms of darkness they suddenly vanish before the light of anatomical inquiry."

Harvey assigned to himself the path of direct observation, as the only one which could satisfy him. In what way, and by what reflections, he intended to sweeten his labour, appears further from passages in his writings in which he has recorded his thoughts in language so illustrative of his own mind and character that the Orator rightly cited them. Among them is the following:—

"Nor is there any just cause wherefore the labour should deter any one, and neither indeed would the way I propose be felt so barren and lonely, but for the custom or vice, of the age we live in, when men, inclined to idleness, prefer going wrong with the many to becoming wise with the few, through dint of toil and outlay of money. And truly in such pursuits it is sweet not merely to toil, but even to grow weary, when the pains of discovering are amply compensated by the pleasures of discovery. It were disgraceful, therefore, with this most spacious and admirable realm of nature before us, and where the reward ever exceeds the promise, did we take the reports of others upon trust, and go on coining crude problems out of these, and on them hanging knotty and captious and petty disputations. Nature is herself to be addressed; the paths she shows us are to be boldly trodden for thus, and whilst we consult our proper senses, from inferior advancing to superior levels, shall we penetrate at length into the heart of her mystery."

The scope and design of Harvey's great work on generation were skilfully displayed by Dr. Farre, and may be briefly stated. Harvey commences his work on the generation of animals with the study of the egg. After explaining what he understands by an egg, he proceeds to select two examples which are marked out for special investigation. The egg of the common fowl being readily obtainable, and admitting of comparatively easy observation, was selected as Harvey's first study. But this particular path had been already trodden by two previous observers, viz., Aristotle among the ancients, and Fabricius of Aquapendente among more recent authors. Harvey set to work to supply what appeared to be wanting in the observations of these authors. Sixty-two exercises are on this special object. His second example was from the viviparous class; first pointing out the artificial nature of the distinction between oviparous and viviparous reproduction. He says all animals whatsoever, in a certain sense, proceed from ova, and are entitled respectively oviparous and viviparous, rather in respect of their mode of bringing forth than their first formation.

Harvey had advantages which neither of his predecessors possessed; for the King placed at his disposal the

costly occupants of the Royal Parks, and from these he was permitted to select as many examples as might serve his purpose. Of this privilege Harvey fully availed himself; and to this opportunity we are indebted for his valuable and original observations on the gestation of the hind and doe. Interwoven with these observations, we find constant reference to the doctrines of Aristotle and Fabricius, together with occasional quotations of the opinions of others; and when to these are added the speculations of Harvey himself, which we find scattered through every portion not only of the exercises but also of the four additional essays with which the work concludes, we shall have enumerated the leading features of Harvey's remarkable and most interesting treatise. "Remarkable and most interesting it may well be termed," said Dr. Farre, "when we consider the circumstances under which its composition was attempted; for scarcely were any of the facts yet discovered upon which a consistent theory of generation might be based. Not one, indeed, of the main points which constitute the foundation of our present views regarding the physiology of this subject, had yet been ascertained. A long interval had still to be bridged over before the first of these elementary facts was fully established. And when now, looking back upon the past, we see with what persevering industry, and by what a long series of observation, conducted by many fellow-labourers, or rather by many labourers working in the same direction, the knowledge which we now possess has been gradually and slowly acquired, and contrast this with the comparative ignorance—it might almost be said the absolute darkness—which prevails in Harvey's day, we may well contemplate with admiration the courage and energy of the man who, in the face of such difficulties, could assign to himself the task of composing a systematic work on the subject of generation."

The Orator next pointed out that the microscope, the most important instrument of research now possessed by physiologists, was at this period practically unknown. Down to a period ten years later than Harvey's death, when the discovery of the spermatozoa was first announced by Leeuwenhoek, the microscope was so little known, and, even when known at all, existed in such an imperfect form, that Leeuwenhoek found it necessary to construct with his own hands not only the lenses, but even the framework of the very primitive instruments with which he conducted his observations.

With reference to Harvey's original design the Orator observed that his observations were not limited to the vertebrate series, from which he had selected the two typical examples just named, but were also extended to the invertebrates. This he gathers from passages occurring in his work; more particularly from the statement which he made to Ent as one ground of objection against parting with his papers—namely, that they must be held to be imperfect, as not containing his investigations on the generation of insects—a class which is second to none in the whole range of the animal kingdom for the information which it affords in the study of this process. Harvey seems to have bestowed much care upon these, and his distress at the loss of them was correspondingly great. As Aubrey describes it, "they contained many curious observations; but these, together with his goods at his lodgings at Whitehall, were plundered at the beginning of the Rebellion; and he often said that, of all the losses he sustained, no grief was so crucifying to him as the loss of these

papers, which for love or money he could never retrieve or obtain." This, indeed, is the only point upon which we find throughout Harvey's exercises, any expressions of this kind uttered by himself. Something in the course of his observations having occurred to him, upon which he desired to get further information, he refers to the circumstance noticed by Aubrey in the following touching expressions. "Whilst I speak of those matters, let gentle minds forgive me if, recalling the irreparable injuries I have suffered, I here give vent to a sigh. This is the cause of my sorrow. During our late troubles, and more than civil wars, certain rapacious hands stripped not only my house of all its furniture, but, what is subject of far greater regret with me, my enemies abstracted from my museum the fruits of many years' toil; whence it has come to pass that many observations, particularly on the generation of insects, have perished." These regrets of the great master may well inspire us with additional desire to honour his memory, and this could not have been better done than in the Oration for 1872.

GOING SNACKS.

A CORRESPONDENT of the *Pharmaceutical Journal* has, in its last issue, called attention, by a forcible and reasonable letter of complaint, to a practice which we are aware is daily on the increase within the ranks of the Profession, and which ought to be discouraged as being unfair to the patient and discreditable to the Profession. Long since the system of "going snacks" between certain practitioners and their pet apothecaries has been exposed and condemned in these columns, and we now revert to the subject because we are forced to believe that the disreputable traffic which we then censured as being practised by semi-legitimate, semi-quack practitioners is now carried on publicly by members of the Profession whose rank gives a new importance to the system. The charge which is made by the correspondent of the *Pharmaceutical Journal* is, that "Medical men who have practice and reputation" are parties to a corrupt agreement with some special apothecary, under which compact the practitioner, by rendering his prescriptions unintelligible to those dispensers who do not possess the private key to their comprehension, compels his patients to get the prescription compounded by the apothecary who is party to the suit and, the writer assumes, goes snacks with the apothecary in profits and benefits. He says—

"I know that the practice is not carried on by 'ignorant' Medical practitioners, but by some who have a practice and reputation, as well as social position, which ought to be far above such miserable contrivances. What would 'G. H.' think were he to receive such prescriptions as the following?—"Ung. flav.," "Pil. Asiaticæ," "Locio Oculi," "Lin. Co.," "Ung. Rub.," "Acid. Tonic. No. 2," "Pil. Nucis Co.," "Tinct. Alteratives," &c. Yet these are but specimens of what have gone through my hands since I became connected with the drug business. I have frequently sent to the physicians for explanations, but instead of finding the prescription coming into the shop in a more extended and comprehensible form, have been horrified at the reply that these could only be got at so-and-so's establishment. This system of secret or tacit understandings between physician and pharmacist ought to be most strenuously opposed by all right-minded members of the trade. I would far rather have surgeon-druggists for my neighbours than such underhand dealers. I know some, however, who

have gone into this system, and who would give a good deal now to get rid of it altogether; for they have discovered to their chagrin that the benefit is all on one side, viz., that of the Medical practitioners. They have found out that unless they are dishonest by making an extortionate charge for dispensing and withholding the prescription, which they have no right to do, they are simply playing a game at filling the exchequer of the doctor, while they are preventing the money reaching its legitimate source, viz., their own pockets and those of their brother pharmacists."

We believe, if we could know the exact terms of such understandings, we should find the inuendo that a direct percentage on the cost of the medicine is paid to the prescriber to be false, but we believe that the *quid pro quo* received of the practitioner is the no less direct bribe of frequent consultations, and that thus the profits of compounding are thrown into the pockets of those apothecary practitioners who have most consultations to give. The sense of honour of the Profession at large cannot fail to condemn such practices, which are a secret and disreputable means of putting into the prescriber's pocket money to which he has no earthly claim. The surgeon or physician sells his advice and nothing more, and when he has given that commodity and received his fee he has no equitable right whatever to force his patient to pay him a second fee in the form of a percentage for the means of carrying out that advice.

We cannot think that a secret treaty of this sort can be, even in a monetary sense, profitable to either party, and we should advise the dispensers who suffer to take means to render it impossible. No practitioner could carry on such a trade if his patients were aware of the object of the compact, and once the secrecy of the understanding is destroyed we shall have an end to this most disreputable system.

SURGERY OF THE FRANCO-GERMAN WAR.

(Continued from page 8.)

VI.

A naval lieutenant was wounded late in the night of the 12th January, a shell having penetrated a casemate where he was lying asleep, a heavy beam fell upon both his legs, fracturing both his legs, the left in two places, with laceration of the soft parts, the right simply of both bones, the left elbow at the same time contused. When brought to the ambulance, twelve hours after the injury, there was considerable swelling of both legs, especially the left, it being also shortened to some extent. Extension and counter-extension being practised, the fractured portions were placed in apposition, the limb placed in a *gouttiere*, and submitted to cold irrigation during four days. The right leg was immobilised in two metallic *gouttiere*. Febrile reaction set in on the 16th, with violent disturbance of the system, severe pains in both legs, swelling, much delirium, and rapid pulse, these being treated by the administration of aconite. On the succeeding days free suppuration took place from the left leg, but the fever was less. On the 21st a dextrine bandage was applied to the right leg, but the pus, which discharged from the left was observed to have an infected odour, deep suppuration extending also around the seat of the injured wound. At this time the patient was treated with quinquina and aconite. On the 25th hæmorrhage, to a great extent, and of arterial blood took place from the wound, requiring the application of pressure by tourniquet and digital to the femoral artery, a roller of duty among the attendants being established for the purpose. Hæmorrhage did not recur, but on the 26th the

odour of the discharge was very offensive, the pulse 100, and very small, the patient voiding his stools involuntarily. On each of the succeeding days an attack of shivering came on, followed by some fever; the patient was evidently sinking, and on the 31st he died *pyæmic*.

A marine apprentice was wounded on 13th January, 1871, by a fragment of shell, causing a fracture of the right tibia, with fracture of the fourth and fifth metatarsal bone of the left foot. The tibia was fractured about four finger breadths below the condyles. The limb was placed in a *gouttiere*, and submitted during three days to cold irrigation. The solvent dressings were applied to the left foot. The progress of the case was satisfactory, and on 19th February, when the last report was made, the cure was advancing favourably.

A *chef de piece* was wounded on 19th January by the explosion of a shell, the injuries inflicted including a wound on the inner surface of the right thigh at its middle part, but without fracture of the femur, two similar ones in the calf of the left leg, and two others on the left foot; but none of them of seeming severity, nor implicating the bones. The progress of this case was for some days favourable; suppuration from the several wounds good, and cicatrisation advancing. On the 7th of February, however, the patient was seized with violent shivering, followed by fever, for which he was treated with quinine and aconite. On the 9th the wounds on the right leg assumed a *scorbutic* tint; those on the left had already healed. On the evening of that day violent shivering recurred, succeeded by high pyæmia and severe pain in the region of the liver. The occurrence of *pyæmia* was apparent. On the 10th the hepatic pain increased; the skin had assumed a jaundiced hue; he had diarrhœa, and suffered, moreover, from muscular spasms. Quinine in various forms was administered, but the progress of the symptoms was from bad to worse; he gradually sank, and on the 11th he died.

General Principles of Treatment.—The order of procedure in cases of wounds was somewhat as follows:—A careful examination of the extent of injury being made, all foreign bodies and loose fragments were extracted; the limb placed in position, being put into a *gouttiere* and immobilised, subjected to irrigation with cold water during several days, care being, at the same time taken, that the bedding or person of the patient should not be wetted by the process, for which purpose the form of *gouttiere* invented by Dr. Carof was that used. The attempts at conservation of the limbs were practised to the very last limits—so much so, that in about 100 cases of wounds admitted, an operation was only performed in two, namely, one disarticulation at the shoulder, and one excision of the head of the humerus. Even in penetrating wounds of the knee joint, and in fractures of the bones in its vicinity, the same method was followed, and, as will be seen by the statistics and reports of individual cases, with a considerable measure of success. Unhappily, the rate of mortality among the wounded was high. Towards the end of the siege, notwithstanding all hygienic precautions, *pyæmia* occurred, as indeed it did everywhere that considerable numbers of wounded were collected together. This affection attacked the patients whose injuries were comparatively slight, as well as those more severely wounded, and, in some cases were those in whom no injury of the bones existed. With regard to wounds of the trunk, head, and those of the limbs without fracture, they were dressed with glycerine and cataplasms; afterwards with diluted alcohol, aromatic wine, water containing carbolic acid, coal-tar soap, ointment of styrax, powder of camphor, quinine and charcoal. All the dressings were prepared by the surgeons. The patients were fed as liberally as the circumstances of the siege admitted; and, although they were unfavourable, it is a source of consolation to know that so many limbs were preserved that would in former days have been amputated.

Ambulance Organisation.—Baron Mundy, of Vienna, early in September, 1870, set on foot an ambulance or temporary hospital in the palace of the Corps Législatif.

He continued throughout the entire siege to act as Director of the establishment, the professional details being conducted by Professor Moesetig, also of Vienna; under these two eminent members of our Profession the ambulance was alike noted for the success of its administration and the fortunate results as regards the wounded treated in it. When the insurrection of the Commune took place, Baron Mundy set to work to establish an ambulance at St. Cloud; and, taking advantage of his past experience during the Prussian siege, he would appear to have placed his latter establishment upon so complete a footing as to render it in many respects a model for any other that may hereafter have to be formed. Professor Moesetig, it may be remarked, had returned to Austria, but his place was taken by Dr. Arendrup, of Copenhagen, a young surgeon of very great promise, whose life was sacrificed in the ambulance now about to be described.

I. Locality and Personnel.—The ambulance, situated near the basin of the Grande-gerbe in the park of St. Cloud, comprises—8 huts, for 25 beds each—200 beds; 1 tent used as a chapel; 1 cottage for the direction and administration; 3 huts for Medical officers; 1 hut for operations; 1 hut for medicines, instruments, and surgical appliances; 1 hut as a mortuary; 4 huts for the sisters; 2 tents and 2 huts for the infirmiers; 1 hut as a kitchen; 2 parlours as dining-rooms; 1 ice-house; 2 huts for linen and stores; 2 hut magazines for arms and equipment; 2 rooms for superintendents; 1 shed for soiled linen; 1 shed for fuel; 1 stable; 1 shed for carriages and fire-engines; 40 lamps and shades for walls; 2 bell stands; 1 shed for dry earth for closets; 30 closets and urinals; 2 water troughs; 4 trenches for night soil.

The *personnel* of the ambulance consists of—1 principal Medical officer as director; 4 surgeons; 4 assistant-surgeons; 1 almoner; 1 purveyor; 1 assistant-purveyor; 18 sisters of mercy; 1 steward; 1 lady superintendent of the laundry; 1 head infirmier; 16 hospital attendants; 1 park-storekeeper; 2 cooks; 1 under cook; 2 washerwomen; 2 men in charge of window blinds, curtains, &c.; 3 firemen; 2 night watchmen; 2 day superintendents; 3 coachmen for three carriages of two horses each; 2 lamp-lighters; 3 sweepers; 2 men in charge of closets, &c.; 5 fatigue men for the different services.

II. Responsibility.—The Medical Director is alone responsible for everything in connection with the medico-chirurgical services, hygienic and dietetic; with the administration, the discipline, the treatment and condition of the wounded; and with the general control of all the services of the *personnel*. With regard to the medico-chirurgical treatment of the wounded, the surgeons-in-chief share that responsibility.

The above-named officers have alone the right of giving orders to the auxiliary *personnel*, who are subordinate to them; and the *personnel* have the right of appealing to the Medical Director of the ambulance against any instruction not emanating from him.

All strangers to the ambulance are requested not to interfere with any of the branches of the service.

The responsibility and position of the Director with respect to the Société de Secours aux Blessés are regulated between the two parties by special arrangements, upon which the Director has based for the most part the articles for the regulation of the ambulance.

III. Divine Service and other Religious Ceremonies.—Divine service takes place on Sundays and Fêtes at 7:30 a.m. Its duration is limited to twenty minutes.

When a wounded man shall request religious assistance, information must be given to the *almoner*, and at the same time to the Medical officers when the wounded man desires the administration of the Sacrament. In the case of men severely wounded, of those in danger of death, the Medical officers will have to determine the proper moment for the assistance of the *almoner* or for the administration of the Communion.

Matins and vespers are performed by the sisters, with

due regard to the repose of the wounded. Freedom of worship and conscience remains in force.

Considering that the Société de Secours aux Blessés des Armées has established their ambulance, that it maintains it at its own expense, without shrinking from any sacrifice in order to render the wounded every possible assistance and care, it is becoming that in vespers prosperity to this establishment of beneficence and public utility should be specially solicited from Heaven, as well as for the donors to whom this society is morally responsible.

IV. Reception and Discharge of the Wounded.—The Medical Director of the ambulance has the sole right of ordering the transfer of the wounded to other hospitals, and their final discharge.

He will personally inspect the condition of the ambulances and the medico-chirurgical and alimentary resources which are at their disposal.

The surgeons, and in their absence the assistant-surgeons (under the instructions they shall have received), alone can receive wounded in the ambulance.

They also shall determine in which hospitals and in which beds the wounded are to be placed.

V. Arms, Belts, Knapsacks, and other General Military Equipment.—Whatever may be brought in with the wounded, arms or other equipment, shall be taken to the dépôt by the storeman of arms, who is specially charged to make out a detailed list of them. He will forward this list to the paymaster.

Firearms shall be immediately discharged, and placed in store, as well as all other arms and equipment, in the State dépôt for arms set apart for this purpose.

With regard to clothing, the storekeeper will take care to deposit them in a proper state of cleanliness, and to keep them in store, to be returned when necessary to the wounded, either before their departure or when they are discharged from the ambulance, and in case of death to the military hospital for that purpose.

VI. Permission to enter and leave the ambulance during day or night is accorded only to officials, to the Medical officers, paymaster, steward, to the sisters, the infirmiers, the *personnel* of the kitchen, of the ice-house, and stores; to the lamp-men, and in general to the *personnel* already enumerated in the earlier part of these regulations.

The ambulance is surrounded by a white fence, which it is forbidden to cross under the penalties set forth by the law.

The surgeons have the sole right to authorise the parents and friends of the wounded to visit them in the ambulance.

Except in special cases, visitors are admitted daily between two and five in the afternoon.

Entry and exit are only permitted by the gates marked "In" and "Out," and under the conditions of the regulations.

Valid information on the sanitary state of the wounded can only be furnished by the surgeons.

It is absolutely forbidden to uncover the wounded, to examine their wounds, or to touch the dressings. Surgeons and hospital assistants only have the right of acting thus.

Visitors, infirmiers, and all others, except the wounded, are strictly prohibited from smoking in the ambulance.

When the ambulance is visited by an official personage, or any person of distinction, or of the Medical Profession, the sisters or infirmiers will inform the surgeons, or, in their absence, the paymaster or steward.

Entry to the quarters of the officers is permitted to those foreigners who shall be authorised by the surgeons.

The Medical Director is entrusted with the power of granting leave beyond the ambulance; and in his absence, the officer who fills his place.

The watchword of the post situated by the Orleans gate, that of the porter, having reference to the entry to and exit from the ambulance, as well as the superintendence of the park which surrounds the buildings, the measures relative to the heating, lighting, to the precautions

to be taken against fire, to the supply of water, the cleanliness of the surroundings and exterior of the ambulance,—are subject to orders determined by the commanding officer of Engineers attached to the camp, and the director of the ambulance.

Notes on Current Topics.

Inhalations in Chronic Diseases of the Respiratory Organs.

DR. HOLCOMBE (*U. S. Med. and Surg. Journal*), in his review of the work "On Chronic Diseases of the Respiratory Organs," by John Meyhoffer, M.D., states that this author is a strong advocate for the inhalation of specific medicines, including warm salt water. He approves the inhalation of carbonic acid gas diffused in an atmosphere softened by watery vapour, for which special pneumatic chambers have been built at some of the European springs. He commends it especially in bronchorrhœa with dilatation of the air-tubes and obstruction of the finer bronchial divisions with mucus, in the belief that the carbonic acid powerfully strengthens and prolongs the expiratory effort.

For syphilitic laryngitis, Meyhoffer commends the recent practice of injecting minute portions of bichloride of mercury into the cellular tissue. It is so painful, however, that morphine should be added to the solution. The same author recommends the use of selienate soda in tubercular laryngitis. He says, further, that there are two great types of the scrofulous diathesis, the *irritable* and the *torpid*. The first is lean, slender, thin skinned, with great vascular and nervous excitability, and will be improved by use of cod-liver oil. The torpid class have fatty, puffy, leuco-phlegmatic forms, and will be made worse by the use of an oleaginous remedy.

A New Theory of Asthma.

In the sputa of asthma, also in the sputum of patients who have died with leukemia, certain colourless, octohedral crystals have been observed, says the editor of the *Pacific Medical Journal*, by European microscopists. Some of the crystals are large enough to be detected by the naked eye. Professor Leyden, of Königsberg, as appears from an extract from *Virchow's Archives*, in the *Philadelphia Medical Times*, regards them as the cause of the bronchial spasm in asthma. He advises asthmatic patients to inhale a solution of common salt and carbonate of soda, for the purpose of dissolving the crystals and preventing their formation.

Novel Treatment of Croup.

DR. F. W. BARTLETT, in the *Buffalo Med. and Surg. Journ.* for April, reports a number of cases of diphtheritic croup successfully treated by the method described in the following extract: The patient, a boy of three years, a child of Mr. R. then living on Elk street near the bridge, had been treated for several days by an excellent medical friend who kindly attended my patients at a time of great affliction in my family. An elder child had died the week before of so-called pseudo-membranous croup, and the patient was under the usual treatment for that affection. On examination I felt satisfied the case was one of diphtheritic croup, which had progressed to a stage when the

most active treatment was required to give any prospect of success. A few moments' consultation and the treatment in the case was discontinued, and the usual tonic treatment for diphtheria substituted with the following local treatment: A blister, size of a silver half dollar, was at once applied to the nucha, a tin tube ten inches in length and one-third of an inch in diameter, similar to the blow-gun in use by boys, was procured from a neighbouring tin-shop, and the fourth part of a teaspoonful of common salt dried and powdered was forcibly blown into the fauces. The disturbance was less than I had ventured to hope. There was scarcely any cough, a little clearing of the throat and expulsion of several teaspoonfuls of yellowish mucous was the only excitement produced. In four hours I called again and repeated the application with similar results, and with apparent relief to the breathing which had been performed with great difficulty. Direction was then given to the mother to apply from one-fourth to one-third of a teaspoonful every three hours till my next visit. Twelve hours had elapsed when I called again to find the blister formed and commencing to discharge. The respiration had improved, medicine and nourishment had been well borne. The case progressed most favourably, the blister discharging freely and giving but little discomfort to the child. On the sixth day a second blister was applied over the epigastrium which simply furnished a dry red surface, no exudation appearing. By the twelfth day the croupal sound had disappeared and the voice was quite restored and ultimately permanently so.

Dr. Felix Roubaud on Tobacco-Smoking.

In a letter addressed to M. Jules Guérin, President of the "Association Contre l'abus du tabac et des boissons alcooliques," Dr. Roubaud, after remarking that many men smoke from morning to evening without their intellectual faculties being thereby deranged, observes that he does not contest the evil influence of the abuse of tobacco (*La France Méd.*, 15th June). It is said, he remarks, by some that tobacco smoke has an injurious effect on the intellect, because from 1818 to 1830 the revenue on tobacco produced 28 millions, and there were then 8,000 insane; whereas, in 1842, the revenue from tobacco was 80 millions, and there were 15,000 insane; and in 1862 there were 40,000 insane, and the revenue from tobacco was 180 millions of francs. But he demurs to the conclusion that there is cause and effect to be noticed here. Certainly, Chateaubriand, Lamartine, Victor Hugo, A. Dumas, Michelet, and Thiers, were no smokers; but many great men have smoked. What he wishes, however, to point out is, that smoking dries up the mucous membrane of the fauces and tempts men to drink. This is one of the chief accusations he makes against tobacco. Absinthe is most dangerous, and is largely consumed by smokers. It is much to be desired that abuse of smoking were as much attended to in England as it now is elsewhere.

The Medical Examining Board for England.

THE Vice-Chancellor and Proctors have nominated H. W. Acland, Regius Professor of Medicine, and G. Rolleston, M.D., Linacre Professor of Physiology, to represent the University of Oxford on the Committee of Reference for the Medical Examining Board for England, in virtue of the power granted by the decree of June 4, 1872.

Intestinal Erectile Tumours.

DR. LABOULBENE remarks that erectile tumours have been observed on nearly all parts of the skin, on the orifices of mucous membranes, and in several viscera; but no case of erectile tumour of the stomach or intestine has ever, so far as he knows, been recorded.

He has put the existence of such tumours beyond doubt by a recent communication to the Paris Academy. In the case related by him, the seat of the lesion had been diagnosed by the symptoms, and the forecast was corroborated by the subsequent examination, which discovered a spontaneously-ulcerated tumour of the duodenum.

The author draws the following conclusions:—

1. Erectile tumours (angioma) exist in the intestinal canal as well as the external tegumentary surface.
2. Such tumours are developed on the intestinal mucous membrane.
3. They may give rise to fatal hæmorrhage.

Tannate and Sulphate of Quinine.

THE question of the activity of the former salt has recently been discussed in the Academy of Medicine of Paris, Messrs. Chanfard, Briquet, and others thinking that it is without activity; and M. Mialhe, speaking of the sulphate of quinine, makes the following observation, which is worthy of attention:—

Sulphate of quinine should never be employed as a basic sulphate, but as an acid salt. In this state the sulphate may compete with all other salts the base of which is quinine; for it should be noticed that it is the quinine itself, and not its saline combinations, which is active. The acid serves only as a vehicle for the introduction of the quinine into the blood, where it is set free by means of the alkaline, or earthy bicarbonates which the blood contains, and then its therapeutic action begins. It is a mistake to believe that the sulphate of quinine, when the salt is administered, can be traced in the urine; the salts traced are the acid phosphates of quinine associated with the phosphates of lime and magnesia.

Ambrose Pare.

DR. CHASSY thus speaks of Pare in an address at the University of Michigan, at the beginning of the sixteenth century, there was in the town of Laval, in France, an honest trunk-maker who had a son. He apprenticed him to a barber surgeon. The son, thoroughly enthused with his work, left his humble teacher and made his way to Paris. He was poor, he had few books, and only the most obscure, inexpensive teachers. But he had what was far better, an undying enthusiasm, an unremitting devotion to his work. In 1536, this obscure young doctor followed the French army into Italy. He had common sense, he had courage. He did not hesitate to attack the barbaric surgery of the time, he kept boiling oil away from wounds, and he was not afraid of cold water. His results were deemed miraculous. Returning to Paris in 1539, the unknown young doctor of three years before found himself famous, and was received with the highest honours by the Royal College of Chirurgeons. On the renewal of the war he interdicted the application of red-hot irons to bleeding vessels, and demonstrated the efficiency of the ligature. He knew nothing of Latin, the *sine qua non* of an educated man in that day, yet venerable universities showered

degrees upon him. He wrote most creditably on surgical topics. He was the friend of kings, was king's surgeon to Charles IX. and Henry III., and attended Francis II. on his death-bed. And this was the romance of a poor young man, the romance of a life of unremitting, enthusiastic work. The name of this poor young man was Ambrose Pare a name we still delight to honour.

Mortality Statistics of the Three Learned Professions in America.

DR. J. M. TONER having had an opportunity to examine some of the advance sheets of the forthcoming U. S. Census Report for 1870, has compiled statements of the number of deaths returned as occurring among the three learned professions in America— theology, medicine, and law—for the year ending June 30, 1870.

For the year 1850 there were returned 28,842 clergymen; 40,564 physicians; and 23,939 lawyers. For the year 1860 there were returned 37,529 clergymen; 54,543 physicians; and 33,193 lawyers.

It is perhaps fair to presume that each retains about the same proportion to each other in the census of 1870.

The following is the number of deaths reported among clergymen, physicians, and lawyers in each State and Territory of the United States for 1870, as reported by Dr. Toner in the *Boston Medical and Surgical Journal*:—

	C.	P.	L.		C.	P.	L.
Alabama	19	30	14	Nebraska	2	1	2
Arkansas	2	11	9	Nevada		1	2
California	17	23	29	New Hamp.	10	20	10
Colorado		4	3	New Jersey	15	20	13
Connecticut	10	14	9	New Mexico			1
Delaware	4		1	New York	74	136	114
Dist. Columbia		1	6	New Carolina	16	15	10
Florida	7	4	5	Ohio	46	66	31
Georgia	15	30	12	Oregon		3	5
Illinois	33	45	31	Peunsylvania	57	94	59
Indiana	27	35	17	Rhode Island	2	5	1
Iowa	19	29	8	South Carolina	13	10	7
Kansas	9	10	6	Tennessee	13	23	17
Kentucky	10	32	20	Texas	9	33	9
Louisiana	8	20	13	Utah		1	
Maine	12	13	12	Vermont	9	9	4
Maryland	13	23	16	Virginia	23	25	15
Mass.	41	42	30	Washington		1	
Michigan	17	23	23	West Virginia	7	4	3
Minnesota	10	2	2	Wisconsin	18	22	13
Mississippi	7	20	14	Wyoming		1	
Missouri	30	40	13				
Montana		1	1		629	947	595

CAUSES OF DEATH ASSIGNED.

	C.	P.	L.
Unknown	10	15	7
General diseases	242	344	234
Diseases of the nervous system	77	143	93
" " circulatory system	54	73	45
" " respiratory system	84	130	58
" " digestive system	76	105	61
" " urinary and generative organs	32	37	19
Diseases of the organs of locomotion	3	4	
" " integumentary system	1	1	3
Condition not necessarily associated with general or local diseases	39	31	19
Poison	2	18	13
Accidents and injuries	9	46	43

AN agitation is on foot for the purpose of again enforcing the Mayne Law for muzzling dogs during the hot weather, several persons having recently been bitten by dogs supposed to be insane.

Renal Calculi the Cause of Screaming-Fits in Infants.

At a late meeting of the New York Pathological Society, Dr. Jacobi said that the frequency with which stones were found in the kidneys of new-born infants would lead to the conclusion that the origin of calculi was, if not congenital, confined to the earlier weeks of infancy. In forty *post-mortems* upon children under six months, male in succession, there were calculi in the kidney in six. He remarked that the violent screaming-fits met with in young infants could often be accounted for on the supposition of the passage of a renal calculus. He had met with two such cases; one he had known to have had several of such screaming-fits, and in the other the stone was cut out and was found to have a very large nucleus of uric acid, pointing most unequivocally to its renal origin.

A VALUABLE appointment is now vacant in Glasgow—that of Sanitary Inspector to the Board. The stipend is £600 per annum; the gentleman appointed being required to devote his whole time to the duties of the office.

LAST week two unfortunate men in the employment of the London and North-Western Railway Company, seeing a liquid, which they mistook for spirits, running through the bottom of the luggage van, caught a quantity in their cans and drank it. One died soon after, and the other lingered on for a short time in fearful agony. The liquid was pure methylated spirit.

THE Dublin Eye and Ear Infirmary established by Dr. Jacob opened its doors last Thursday, and its wards, although the Institution is hardly yet completed, are already occupied. The Infirmary occupies the house in Ely Place, for so many years the residence of Dr. Jacob and his father, and it happens to be, from the extent of its rooms, eminently suited for its new object. It will accommodate eighteen beds, and is open to all cases of eye disease which may be recommended for admission or may present.

WE are much concerned to learn that the latest report of the health of Dr. Rawdon Macnamara is not favourable as we had hoped we should have been able to record. On Thursday last, inasmuch as the fever and local erysipelas appeared to have acquired an intermittent character, it was decided by Dr. Stokes and Mr. Porter that Dr. Macnamara should be removed to Howth. We regret to understand that since that change was made the lung has been seriously involved, and the patient has suffered much pain.

A MEETING of the Fellows of the Royal College of Surgeons in Ireland was held on Thursday last pursuant to charter to elect a Professor to occupy the Chair of Ophthalmic and Aural Surgery, recently created by the Council. According to the prescribed arrangement, seven Councillors—Messrs. Irvine, Ledwich, Carte, Wharton, Elliott, Edward Hamilton, and Kidd—were chosen by lot and duly sworn to elect. Four candidates presented themselves,—Mr. Henry Wilson, Examiner in Ophthalmic Surgery in the University of Dublin and Assistant-Surgeon to St. Mark's Ophthalmic Hospital; Dr. Archi-

bald Hamilton Jacob, formerly Ophthalmic Surgeon to the City of Dublin Hospital, and now Chief Surgeon of the Dublin Infirmary for Diseases of the Eye and Ear; Dr. H. Lofie Stoney, late Ophthalmic Surgeon to the Adelaide Hospital, and now Ophthalmic Surgeon to the City of Dublin Hospital; and Dr. Swanzy, Surgeon to the Adelaide and the National Eye and Ear Hospitals.

After a protracted sitting, the selected Councillors declared Dr. Henry Wilson to be elected.

A VERY important and lucrative office—that of Professor of Anatomy and Chirurgery in Trinity College, Dublin—has been advertised as vacant.

It is announced, pursuant to the provisions of the Act 40 Geo. III., that the Professorship will become vacant on October 14th, 1872, and that on October 19th, 1872, the Provost and Senior Fellows at the Board-room of Trinity College, will proceed to elect.

The emoluments and advantages of the Professorship consist in a fixed salary of £200 per annum and of fees of three guineas each payable by each student attending a three months' course of clinical lectures delivered by the Professor in Sir Patrick Dun's Hospital.

The Professor is also entitled to charge reasonable fees to be paid by all persons attending his lectures (other than clinical), such fees to be regulated from time to time by the Provost and Senior Fellows. He is also entitled to a portion of the profits arising from the dissecting school, such proportion being from time to time regulated by the Provost and Senior Fellows.

In addition to the above fixed salary of £200, a further sum of £50 per annum is paid to the Professor in consideration of certain exemptions in the case of Students in Arts having their names on the books of the College.

The Professorship is open to all persons who have taken Medical degrees or have obtained a licence to practise from the King and Queen's College of Physicians in Ireland, in consequence of a testimonial under the seal of Trinity College, Dublin.

By a resolution of the Provost and Senior Fellows, no University Professor in the School of Physic can hold an appointment as Medical Officer to any Clinical Hospital other than that of Sir Patrick Dun.

A preference will be given, *ceteris paribus*, to a candidate who will agree to give up all private practice.

The gross emolument of this Professorship exceeds, we believe, £1,000 a year, and the competition for it will no doubt extend to England and Scotland. The concluding paragraph is very significant, indicating, as it does, that no Dublin surgeon in good practice need apply.

Gleanings

Hypodermic Injection of Quinine.

By Surgeon ODEVAINE, Bhopal Battalion.

AT pages 63 and 64 of the *Indian Medical Gazette* for April, 1871, will be found a few remarks having reference to the above subject.

It there stated that amongst the objections to the indiscriminate use of quinine subcutaneously was the danger of causing tetanus, and related one case of the disease as having occurred in my own practice. I have now to record two more deaths from tetanus, resulting from abscesses produced at the site of injection.

In the first of these, the ordinary sulphate of quinine was used in solution with citric acid, but in the last, neutral or soluble quinine without any free acid was employed.

Both the injections were given by the Jail Hospital native doctor, who states that in the last the quinine was in a perfectly clear solution. An abscess formed at the site of

puncture a few days subsequent to the injection, and both men died within twenty hours from the first appearance of tetanic symptoms.

In the cases in which I have myself employed the neutral quinine, dissolved in distilled water, in the proportion of four grains of the former to forty minims of the latter, no irritation has resulted. I think it but right to make known the fact that tetanus does occasionally occur as a result of the hypodermic use of quinine, and to record my opinion that this medicine should only be employed subcutaneously, when its administration by the mouth or rectum is, owing to great gastric irritability or the presence of diarrhoea, inadmissible.

In dangerous cases of intermittent or remittent fevers, or where it is of importance that the next exacerbation should be checked, we should certainly be justified in using quinine subcutaneously.

It may be said that the occurrence of these three cases of tetanus was a mere coincidence, as this disease is known to arise in some persons from apparently very trivial causes; yet it is very strange, that of the thousands I have vaccinated, and the hundreds who have been blistered, leeches, and operated upon by me, during a practice of seventeen years, none have suffered from tetanus.

Certainly, I have met with several cases of the disease as the result of accidental wounds, and occurring idiopathically; nevertheless, I have formed an opinion that there is something in quinine which may particularly irritate the afferent nerves, or else, that the malarial cachexia itself, in some way, causes a predisposition to tetanus.—*Indian Medical Gazette*.

Syphilis in the Inferior Animals.

By E. ANDREWS, M.D.

(Professor of Principles and Practice of Surgery in Chicago Medical College).

THE distinguished advocate of syphilisation in Paris, Dr. Auzias Turenne, proved, as he supposed, by inoculations, that while the inferior animals could have soft chancre, they were incapable of constitutional syphilis. This conclusion, though resting solely on the narrow basis of one man's experiments, appears to be accepted by all the eminent syphilographers of Europe; and being the prevailing doctrine, I have myself often quoted it as true.

On consulting a number of leading works on Veterinary Surgery, I find no allusion to syphilis except in Gamgee, who doubtfully speaks of certain primary sores, but of no secondary in inferior animals. A veterinary surgeon of this city, however, informs me that he has met three cases of what he considers well marked constitutional syphilis in breeding animals. The first case was that of a bull in England. The first symptom was a chancre on the penis, accompanied with inflammation and swelling, and followed by secondary eruptions on the skin.

Case second was on a celebrated imported bull. The first symptom was a discharge from the prepuce, with swelling and inflammation. This was followed, first by moist ulcers in the mouth, and later by eruptions with large scabs on the skin.

Case third was that of a boar which was supposed to have a primary sore, which was followed by eruptions on the skin. The veterinary surgeon above mentioned says that gonorrhoea is very common in bulls.

These three cases are not enough to bring us to a decisive result, but they show that the subject needs a re-investigation. Domestic animals are certainly less subject to syphilis than men; but they may, after all, have it in a mild and modified form. If experiments should prove the latter hypothesis, the question would immediately arise whether this modified form could be used, like vaccinia, as a prophylactic against syphilis proper. Who will make the experiment?

Lime Inhalation in Croup.

By J. P. MATHEWS, M.D., Carlinville, Ill.

THE inhalation of lime in croup, as suggested to me by my friend, Dr. E. E. Webster, of Carondelet, Mo., has succeeded admirably in several cases. I use it by breaking lumps of fresh lime into pieces as large as eggs, and dropping them one by one into a bucket half full of hot water, which causes ebullition, and from which the child inhales the steam. It should sit upon its nurse's or parent's knee, with a blanket thrown

over both, and inhale the steam until it perspires freely, the pulse becomes weak, and the child presents some symptoms of exhaustion. It should then be wrapped in a dry blanket, and laid on a bed in a room pregnant with the same vapour. This should be repeated every three or four hours, until breathing becomes natural. This may be done independently of any other favourite treatment a physician trying it may choose. I have succeeded with it in several cases of true as well as diphtheritic croup, in which my experience has taught me I should have failed with any other mode. I therefore ask my professional brethren to give it a trial and report their success. I believe it will prove invaluable to many, as it has been to me, in treating this drudged disease.

Transfusion.

It appears to some that the difficulties and dangers of this operation have been exaggerated, a position that is certainly in consonance with the results of injecting saline solutions into the veins. The *Gaz. Med. Ital. Proc. Venet.* published a case of gastric hæmorrhage in a woman sixty-three years of age, who being in *articulo mortis*, was restored by the injection of one and a half ounces of defibrinated blood taken from the arm of her son. In seven days she was discharged cured from the hospital. It is stated that the warming of the blood, or the syringe, and any preparation of the vein more than is necessary for ordinary bleeding, are all useless precautions. Even the mixture of air with the blood is innocuous.

Commenting on this, the *Medical Cosmos* adds that the addition of such diffusible stimulants as ammonia to the blood to be injected not only serve to preserve its fluidity, but also to directly excite the heart and general circulation.

In the *Centralblatt* some cases of transfusion have been published by Juergensen, and extensively quoted. In a case of gastric ulcer, complicated with pleurisy, in which the patient was reduced to the last extremity, the operation was without benefit. Two other patients recovered, one a case of phosphorus poisoning, in which there was much hæmorrhage; the other a case of asphyxia from carbonic acid, in which the benefit was most marked, and for which accident Juergensen looks upon transfusion as an important remedy.

Décaisne on the Treatment of Delirium Tremens.

DÉCAISNE (*Journ. Off. de la Repub. Franc.*, 1871) has made comparative experiments on the different modes of treatment of delirium tremens. He treated five patients with opium and four with digitalis. The symptoms of excitement disappeared under opium on an average of five days, and with other remedies in six days. Seeing the similarity of results obtained with different remedies, Décaisne desired to try expectant treatment, and put eight patients under this treatment; these became calm in about a similar number of days. As a consequence of these experiments, he proposes expectation as a treatment for delirium tremens, with the sole observation that all alcoholic fluids (wine, &c.) be left off, and tepid baths made use of.

The Uvula.

DR. NOBLE SMITH condemns, in the *British Medical Journal*, the practice of snipping the uvula, and advocates its complete removal in cases where any operative procedure is called for. He relates two cases simulating consumption, which were at once cured by the removal of the elongated uvula; and says that, in mere snipping the organ grows again, and no good results. On the other hand, Sir G. D. Gibb argues in the *Lancet*, that the uvula has important functions in deglutition and vocalisation, and that its true muscular end does not often become elongated, but only the membrane, and adipose tissue; consequently, that snipping this part and leaving the muscular fibres intact is quite sufficient, and that no inconvenience arises from this practice.

Obituary.

WILLIAM HENRY SUFFIELD, M.D.

On the 23rd June, at his residence, Letterfrack, Co. Galway, in the 58th year of his age, William Henry Suffield, Esq., M.D., late Medical Officer of the Clifden Union Fever Hospital and Dispensary (a post which he held for 28 years), deeply and deservedly regretted by a large circle of friends, and by those with whom he was professionally acquainted. With him "to live was Christ, and to die was gain."

CUNDURANGO.

We find in the new number of the *Chicago Med. Examiner* a series of letters from South American Surgeons addressed to Dr. E. Andrews, Professor of Surgery in Chicago Medical College.

As they contain much information respecting the drug, we lay the letters before our readers as a supplement to what has already appeared on the subject.

The first letter is from the Surgeon-in-Chief of the Army of Ecuador, Dr. Oblonoxato Auriboje, and is as follows :

Guayaquil, Jan. 12, 1872.

Senior Dr. Andrews :

Dear Sir,—I have the honour to answer your valuable letter of Nov. 15 last year. The reason why I did not do it by return steamer, was because I had been absent from Guayaquil for thirty days.

Concerning cundurango, I can assure you that it is a very efficacious remedy in the syphilitic affections of the mucous membrane ; in several diseases of the skin, especially the herpetic ; in several eczemas, and in most of the diseases which arise from impure blood.

In rheumatism it is a powerful recourse, especially in the fibrous and muscular forms, after first having suitably prepared the patient.

In cancerous diseases it is a powerful alternative—above all if the disease is not very old. Of cases of radical cure I only know two—one a cancer of the tongue, whose history you will see in the periodical "*El Nacional*," No. 100, and the other a case of cancer (not ulcerated) of the right breast—terminated successfully under the use of cundurango. Great improvements of ulcerated cancers are seen every day. To-day I have a case of an enormous cancer of the right breast. That the progress of the disease has stopped is indubitable. It is about eight months old. It seems as if the action of the medicine is more certain in young persons than in subjects of old age. In external diseases I make use of local applications of different preparations of cundurango. Internally I have used infusion, and experience has shown me that this is the best mode for use.

I shall have much honour in communicating in the future all relating to scientific works on cundurango.

Yours truly,

OBLONOXATO AURIBOJE, M.D.,
Surgeon-in-Chief of the Army.

From this epistle it appears that the distinguished writer values the remedy most for its anti-syphilitic power, but that he also has great confidence in its ability to cure some cases of cancer.

The second letter is from Dr. Camilo Casares, Professor of Surgery in the University of Quito. It will be seen that the Professor relied on his published documents, to be forwarded by the next steamer, to place me in possession of his observations. Unfortunately these have not yet arrived, so that I can only say, in general terms, that he appears to endorse the efficacy of cundurango. I have written again for the papers, and when they arrive will acquaint the readers of *The Examiner* with their contents. Here is the letter :

Quito, 27th of December, 1871.

Senior Dr. Edmund Andrews, Professor of Surgery,
Chicago Medical College :

Dear Sir,—I have the pleasure of answering your valuable letter, dated in Chicago on the 15th of November, 1871, assuring you that by the first steamer you will have all the data which I have been able to collect in the hospital which is in my charge, as well as in my private practice, in regard to the properties of cundurango. The many contradictory opinions which this plant has roused, has induced me to publish an article, if not scientific, at least with truth and sincerity, since so important a discovery can with difficulty be judged in the short time which this has had.

I am happy to avail myself of this opportunity to offer you my friendship.

Our communications, which no doubt from this time onward will be established, will be easy and secure by the favour of my much esteemed friend, Col. Rumsey Wing, American Minister in Ecuador.

I wish you had correspondence with Dr. Bliss, and you would deign to give him my respects. The rudeness and want of justice with which this gentleman has been treated in the

Times for his opinions in regard to cundurango, have vividly excited my sympathy for him.

From your friend and obedient servant.

CAMILO CASARES,
*Professor of Anatomy and Surgery in the
University of Quito, Ecuador.*
Fourth Street, No. 36, Quito.

The third letter is from Dr. Augustin Ruiz, of Loja. This town, Loja, is the capital of a province of the same name in the heart of the Andes, and is in the region where the cundurango grows, and where its qualities were first experimented on. It will be seen that Dr. Ruiz offered to sell me the article, delivered in New York, at two dollars a pound, when Bliss and Keene were doing it out at forty dollars a pound. It will also be noticed that the old Indian in Loja who first took it, and is reported by Dr. Bliss to have been thereby cured of cancer, is stated by Dr. Ruiz to have had nothing but tertiary syphilis ; and, further, that he is not aware that cundurango possesses any power to cure cancer. He is, however, like the other Medical gentlemen of Ecuador, strongly impressed with its anti-syphilitic power.

Loja, January 14, 1871.

Prof. Edmund Andrews :

Dear Sir,—I have received, on the 6th inst., your most valuable letter of November last year, wishing me to communicate to you my opinion of the efficacy of cundurango in the treatment of syphilis and cancer, together with some of the facts which have come under my own observation. In reply to this I shall state the following :

The cundurango was only known in this province as a poison, with which dogs were killed, until a woman—whose husband, *et. 50*, who was suffering with constitutional syphilis, from which almost his whole body, and especially his face, was ulcerated—wishing to get rid of him as she was unable to support him, resolved to kill him with the plant in question, and began to give him a decoction of it under the pretext that it was a remedy which she had been advised to use for him. The poor old man took his first portion, which his wife hoped would settle him. But seeing that her object was not accomplished, and attributing the bad result to a too small dose, she continued to administer it to him daily. But to her great surprise, at the end of eight days, her husband commenced to get better rapidly, and at the end of one month he was completely cured. The husband, on the other hand, was also surprised at having recovered from a disease which he had had two or three years, and with which he had expected to die, and he asked his wife what the so miraculous remedy was which had produced in him such a famous cure. She disclosed to him that it was cundurango which she had given him, and which had done him so much good. This, sir, is the origin of this discovery. Since then the town, which was overflowed with syphilis, has known this remedy, and it has never failed yet during a period of about forty years. I have used it for about six years in more than thirty cases of tertiary syphilis, and in none has it failed to produce a radical cure in less than forty days.

Chronic rheumatism, and some kinds of incipient paralysis dependent on the same, have been treated and cured by cundurango, and with good result. I have administered it in two cases of this disease, and in both obtained the most happy results.

As to its anti-cancerous action I can say nothing, as I have not tried it in this disease, no well confirmed case of this kind having ever presented itself to me. But let me tell you that this remedy acts as an alternative in all diseases of the skin, modifying and curing most of them. This is all what I, as a physician, have observed about cundurango.

The cundurango on which our observations have been made, is the one which grows in our province, Loja, although it is said to grow in other parts. As I, however, know only ours, I am unable to say whether the others possess the same Medical virtues. We have only administered it in decoction. Cort. cundurango, \mathfrak{ss} to aqua Oj, boiled down to \mathfrak{xij} . This decoction to be taken daily, divided into three draughts. After twelve days we have increased it to \mathfrak{ij} of the bark, to the same quantity of water.

If you need a few quintals (100 lbs.), I shall be able to afford about 50 quintals of the genuine bark, sent to Guayaquil or to New York, at the price in Guayaquil of 80 dols., and in the United States of 100 dols. If you need any, inform me when convenient to send.

Your most obedient servant,
AUGUSTIN RUIZ.

The last letter is from Dr. Jose Maria Eguiguren, brother of the Governor of the province of Loja. Dr. Eguiguren was the first physician to experiment on the article, and though he afterwards abandoned his practice to go into political life, his reports were the means of causing Prof. Casares and Surgeon-General Auriboje to take up the investigation. The doctor says that the Indians, from whom he first obtained the remedy, use with it another plant, which very powerfully increases its efficacy. Of this other plant he gives no description, and the specimens which he promised have not yet arrived.

Loja, February 3, 1872.

Senior Dr. Edmund Andrews:

Dear Sir,—When at the receipt of your favour of last year, I did not answer it immediately, it was because I wanted to give you an exact account of all the observations in regard to *cundurango* which I had made in my practice. Know that it is the terrible whip which the human species has against the syphilitic diseases; likewise against the cancerous affections, in certain cases of which all the resources of the art have proved so inefficient; also, in diseases of a rheumatic character; in various neuralgias, otalgias, cutaneous diseases, and in many of those which arise from impure blood. Although it has proved a specific in so great evils, it nevertheless gives excellent results in others—for instance, in dysentery of a putrid character. Unfortunately, a criminal fraud has given discredit to this so famous plant. There have been introduced into the market others of various families in excessive quantity, and of much inferior quality to that which has been made use of in our observations. Like the *cinchona*, it has been wished that all varieties should enjoy the same reputation. There are recognised in our regions five varieties of *cundurango*: 1st. The red, which, although very scarce, is superior in activity to all the others; 2nd. The yellow, which also is very scarce; and the three others, which only differ by their fruit, are found in great quantities. As we owe this discovery to the natives of our soil, these have also presented us with a powerful help in the efficacy of the mode of using this plant, uniting it with an extract drawn from a bark called *oriental*. I do not doubt that your attention will be called to the miraculous mode of operating of this other substance. It is not only commendable for its emetocathartic action, but it is a purgative worthy of all confidence, and it has an admirable effect in the various diseases of the liver, stomach, and intestines. Being an excellent purifier, when used in cases of impurity of the blood of a cancerous or syphilitic nature, it will lend an assistance so powerful that *he who administers so precious a vegetable, will never see his hopes fail*. Thus, also, when used in all the cases of diverse skin diseases, as these diseases seldom have any other origin than the disturbance of the different fluids of the human body. As a purifier, it frees the blood from all its impurities, and leaves a freshness to the skin, so that the patient has nothing more to wish. I should have much more to say if I should mention all which has come under my observation in my practice; but I wish you to form your own judgment over all that has been said, and give me the pleasure of receiving your letters.

I take this opportunity to offer you my friendship, and subscribe myself your most attentive and sincere servant,

JOSE MARIA EGUIGUREN.

P.S.—I forgot to tell you that by the next mail I shall send you a small package of the bark of which I have spoken to you, and afterwards I shall send you for trial a seed of the plant whose virtues I have heard so much about. I have been told that it is a very active poison.

Literature.

BRAITHWAITE'S RETROSPECT (a).

We do not often do more than announce the punctual appearance of Braithwaite, of which another volume is already in the hands of numerous subscribers. It seems to be as carefully selected as usual. Our own pages have as usual been laid under contribution, though we are sometimes scarcely prepared not to find other articles also

(a) "The Retrospect of Medicine," a half-yearly journal edited by W. Braithwaite, M.D., &c. London: Simpkin, Marshall, and Co. 1872.

extracted. It is doubtless the large amount of material at the disposal of the editors that brings this about.

We have more than once spoken of the characteristic feature of Braithwaite's—the Synopsis. In case any reader has not seen it, we this year give a specimen or two of this interesting part, selecting for the purpose affections of the nervous system.

ALCOHOLIC PARAPLEGIA.—Chronic alcoholism affects the whole nervous system, but the spinal cord is the part most prone to suffer. This is not uncommon in females. The condition of the patient is this:—She lies in bed or on a couch complaining of severe pains in all the limbs, more especially in the lower ones, which are much wasted, or of a sensation like electric shocks running through them; together with numbness and considerable anæsthesia, and at the same time only slight power of movement, or total inability to stand. There is generally enlargement of the liver, with sickness and all the usual signs of chronic alcoholism. The only treatment required is resolutely to break off the stimulants. There need be no fear of inducing delirium tremens, however much has been taken, and however suddenly it has been discontinued. (Dr. S. Wilks, p. 106.)

NERVOUS OR SICK-HEADACHE.—In those forms of sick-headache which are preceded by disturbed vision, or other signs recognisable by the patient as preceding an attack, the patient should lie down with the head as low as possible, and if the glimmering be on the right or left of the field of vision he should lie on the opposite side. He should at the same time take some powerful diffusible stimulant. By this means the defective supply of blood to some portion of brain, which is the real disease, is counteracted. There is always a loss of tone about the cerebro-spinal system in cases of this kind, and of course all measures calculated to improve the general health should be adopted. If the attack is followed or preceded by great mental depression nothing acts like half a drachm or a drachm of the ammoniated tincture of valerian. A remedy which is often given with great advantage during a severe attack is bromide of potassium in doses of 5, 10, or 30 grains, combined with 30 or 40 minims of *sal volatile*. If the attacks have been very frequent, or if there be any scrofulous tendency, the iodide of iron may be given in the following form:—R. Ferri et ammon cit., gr. v.; potassii iodidi, gr. ij.; aquæ, ʒj.; and, according to circumstances, 15 to 20 minims of tincture of henbane, or 20 to 30 minims of aromatic spirit of ammonia may be added. If the stomach is irritable this may be given in the effervescent form. In other cases citrate of iron with ammonia and strychnine may be given with great success. (Dr. P. W. Latham, p. 102.)

NEURALGIA.—Galvanism.—In order to cure neuralgia by galvanism we should use the continuous current, by means of small wet sponges attached to small conical conductors. The constant galvanic current has a truly marvellous effect over pain, whereas the interrupted current is of little or no service. The battery used should be Weiss's, sometimes known as Foveaux's. Eight cells of this splendid battery suffice, with very small sponges (about as large as would fill the end of a thimble). They should be applied to the painful part, an inch or two apart, and moved about, without being actually removed from the skin, for about two minutes. After resting a minute they should then be applied again for two minutes. Three very interesting cases illustrative of this plan of treatment are given. (Mr. J. Stead, p. 112.)

PERIVASCULAR SYSTEM OF THE BRAIN.—The vessels of the brain substance are themselves contained in a larger, rather loose, structureless membrane, completely surrounding the vessel. This membranous investment is easily detected with the naked eye in the fresh vessel; in some places a large space lying between them, in others the membrane lies so close to the vessel that it is with difficulty detected. Everywhere these membranous canals exist around the vessels, and they are quite sharply defined externally, as is proved by injecting them with wax. The use of these canals is probably to act as a reservoir for the fluid which exudes from the vessels, in order to permit of the rapid nutritive changes which must be necessary in such an organ as the brain. This perivascular system was first described by Robin in 1855. (Mr. W. W. Wagstaffe, p. 98.)

RESTORATION OF THE FUNCTIONS OF A NERVE AFTER EXCISION OF A PORTION.—The author reports a case in which he excised a small neuroma of the ulnar nerve, along with

half-an-inch of the nerve in its entire thickness, bringing the divided ends together with carbolised silk ligature, and closing the wound, which was treated on strictly antiseptic principles. The functions of the nerve had been in abeyance for nine years, and yet in fifteen days sensation had completely returned everywhere, except at the extreme tips of the two fingers. (Mr. T. B. Jessop, p. 110.)

THE DISEASES OF WOMEN (a).

THE fact that this work has reached its third edition within the short space of three and a half years is in itself a proof of its value, and the perusal of its pages fully confirms this impression. We look on it as being one of the most practical, and therefore, one of the most valuable of the works on obstetric medicine and surgery with which we are acquainted.

After two preliminary chapters devoted to the "Pathology and Etiology of Uterine Disease," the author proceeds, in a carefully-written chapter, to consider the "Diagnosis of Diseases of the Female Genital Organs," a matter often of the greatest difficulty, and the importance of which cannot be too strongly impressed on pupils, and not on pupils only, but also on practitioners, for unfortunately not a few of the latter are still in the habit of prescribing for patients presenting symptoms of uterine disease in the most empirical manner.

Passing over several chapters devoted to the consideration of the treatment of diseases of the external organs of generation, we come to a very valuable one, entitled, "General Considerations upon Uterine Pathology and Treatment." Dr. Thomas contends with much force and truth against the theories propounded by various authorities, that some one special cause is the primary element originating uterine disease, pointing out that neither inflammation of the parenchyma, hyperæsthesia of the uterine nerves, inflammation of uterine mucous membrane, nor sub-involution of the uterus can be looked upon separately as being the chief cause producing those troublesome affections from which women so frequently suffer, but that each and all play important parts in their production; and he lays down the following proposition—"that the pelvic organs of a woman who has hitherto been in perfect health may become gradually or suddenly diseased by one of the three following abnormal developments in the uterus—1st, disorder in innervation and circulation; 2nd, change in quantity of connective or muscular tissue; 3rd, change of position,"—assuming therefrom that "the first being the primary lesion the second and third may result from it," or that "the second being the primary lesion (as in sub-involution) the first and third may result from it," or that "the third showing itself in a perfectly healthy organ the first and second may be its consequences." The italics are our own, for while in the main assenting to the truth of the foregoing we feel bound to qualify our assent by stating that in our opinion no displacement or change in position of a perfectly healthy uterus ever takes place, except as the result of direct pressure exercised on it by some form of pelvic tumour or some analogous mechanical cause.

Alluding to the frequency of failure of the treatment in cases of uterine diseases, Dr. Thomas observes "that the most constant causes producing this unfortunate result are—

Imperfect diagnosis,
Erroneous prognosis,
Inefficient or inappropriate treatment,
Inattention to general management."

All four causes are of only too frequent occurrence; all traceable to the same neglect of a proper study of the pathology of uterine disease. We trust, however, that the day has really passed when practitioners will be

satisfied with treating symptoms, ignorant all the time as to what may be the diseased condition on which those symptoms depend.

But while all parts of the work under consideration are well worthy of careful perusal, the portions devoted to treatment are specially so. We are glad to find Dr. Thomas advocating the use of application directly to the interior of the uterus in cases of endo-metritis. We are satisfied that in many instances all other means will prove inefficacious. While at the same time we endorse the caution which Dr. Thomas gives as to the danger which may follow the use of intra-uterine injections, we ourselves never injected any fluid into the cavity of the uterus, except in cases of uncontrollable hæmorrhage, and even then only when the cervix is so patulous as to permit a rapid exit of the fluid. This latter precaution cannot be too strongly insisted on.

There is another method alluded to by Dr. Thomas for the treatment of corporal endo-metritis, namely, intra-uterine scarification, a mode of treatment which we have not ourselves practised, but which we think capable of effecting much good in a considerable proportion of cases. We have formed this opinion because we think the abstraction of blood from the inflamed or congested membrane to be a method likely to relieve the diseased condition, and also because our experience of the effects of local depletion by puncturing the cervix in cases of endocervicitis is very favourable.

We have noticed thus one or two of the leading features of Dr. Thomas's work; space prevents our following him into details. We commend the volume to all who desire to study the important class of diseases of which it treats, and we look on it as a most valuable addition to the works already in existence on obstetric medicine and surgery. Having thus expressed our opinion of the volume under review, we feel we can hardly be misunderstood by the author in also expressing our regret at his having frequently made use of terms which in this country at least are not generally understood, and which could easily have been dispensed with. Thus *hyperplasia* and *hypergenesis* are words unfamiliar to the general reader; and we hold that there cannot be a greater excellence in a writer than the use of simple words and the avoidance of new terms, when such is possible. Again, Dr. Thomas's sentences are sometimes so involved as to be positively obscure. Thus, speaking of predisposing causes of hyperplasia, he has the following:—"It should be borne in mind that nulliparity constitutes to a certain extent immunity, while utero-gestation abnormally completed, in consequence of puerperal inflammation or the depreciated assimilative functions of the woman, presents the most striking features in the etiology of the affection. I am very sure that in a certain number of cases the production and prolongation of hyperæmia in nulliparous women will be found to induce hypergenesis of connective tissue." It is to be regretted that so practical and valuable a work should be marred by the presence of such sentences as the preceding.

The volume is printed in a good clear type, and is copiously illustrated with woodcuts.

AN INVALID'S HOLIDAY IN IRELAND.

VISIONARY as the project may seem to be under the existing aspect of affairs, we still cherish the hope that the English *Malade Imaginaire* may be persuaded to make Lisdoonvarna and some other little known Irish watering places the object of a peregrination in search of health and the picturesque. Those who have looked into Whimper's "Scrambles," or observed the manners and customs of the normal continental tourist must be aware that dangers and inconveniences do not deter the valetudinarian from penetrating to obscure places which, when he gets there, he finds to be duller than Gravesend or Clontarf,

(a) "A Practical Treatise on the Diseases of Women." By T. Gallard Thomas, M.D., Professor of Obstetrics in the College of Physicians and Surgeons, New York. Third Edition. Pp. 784.

and we may not therefore be too sanguine in the expectation that the beauty and salubrity of Lisdoonvarna may sometime or other reach the ears of holiday makers who will not fear to make it the subject of their explorations and their literary ecstasies.

No sensible man can have any sympathy for the inane vanity which finds satisfaction in "having it to say" that it climbed one precipice of a bleak and uninteresting mountain higher than was achieved by some other rival for the admiration of the *gobemouches*. The inconceivable depth of that conceit is to be measured by the extent of the personal chronicles which it every year produces—by the swarming together in "Alpine clubs" of tourists each bent on blowing on his own horn a louder and more brassy blast than his neighbour, and by the unceasing yarn-spinning to which the British diner-out is subjected during the touring season. The professors of this art are seekers neither of health, pleasure, or beauty, they make their annual tour just to qualify themselves for the next winter's lionising, and to lay in a store of talk and boasting for the coming dinner season. To them no place is worth visiting except that which will ring as an achievement in the ears of listeners, and their patronage is neither to be hoped for or expected for the simple beauty or rugged grandeur of an Irish watering place.

But to those who travel for the lawful delights of travelling, Lisdoonvarna and the seaside places of Clare, as expounded by Dr. Mapother (*a*), cannot but prove attractive. The second edition of his pamphlet repeats the valuable information and persuasive argument which we noticed in the first, and if we could make sure that a copy would reach the hand of every intending tourist we might be satisfied that, at least, the seaside places of Clare would have abundant and appreciative visitors. The matter of Dr. Mapother's pamphlet—itinerary and Medical—is instructive and interesting, and the reader feels himself half way to the Clare watering places before he lays it down.

Medical News.

Royal College of Surgeons of England.—The annual election of Fellows into the council of this institution was held last week, without a contest, a circumstance which has not occurred for twelve years. On the present occasion the retiring councillors, Messrs. Henry Hancock, surgeon to the Charing-cross Hospital, and Thomas Blizard Curling, of the London Hospital, Vice-Presidents of the College, were re-elected, and Mr. Barnard Wight Holt, of the Westminster Hospital (an institution which has not been represented in the council since the decease of Mr. Guthrie in 1856), was elected in the vacancy occasioned by the decease of Mr. Samuel Solly. The numbers polled by the candidates were as follows:—Mr. Hancock, 41, including ten plumpers; Mr. Curling, 31, including one plumper; and Mr. Holt, 30, including six plumpers. In the evening the Fellows dined together at the Albion Tavern, Sir William Fergusson, Serjeant Surgeon to the Queen, in the chair, supported by the Directors-General of the Navy and Army Medical Departments, the Presidents and Masters of the Royal Colleges of Physicians and Surgeons and Society of Apothecaries, Bishop M'Dougal, Mr. D. Dalrymple, M.P., both Fellows of the College; Dr. Wiblin-Her Majesty's Quarantine Officer at Southampton; Messrs. Lund and Turner, of Manchester; Green, of Bristol; Jones, of Plymouth; Baker, Evans, Tait, and Thomas, of Birmingham; Lingan, of Hereford, &c., and an unusually large number of metropolitan Fellows.

University of London.—At an examination of candidate, for the degree of D.Sc., Alexander Muirhead, of University College, passed in Electricity; and Henry Newell Martin, M.B., of Christ's Cambr. and University, in Animal Physiology.

(a) "Lisdoonvarna Spas and the Seaside Places of Clare." By F. D. Mapother, M.D., Professor Royal College of Surgeons Dublin Fanning and Co. Pp. 50.

University of Dublin.—The following degrees were conferred on the 26th ult. :—*Doctor in Medicine.*—Francis Theobald Butler, Edward Jones Cooke, John Joseph Franny. *Licentiate in Medicine.*—Thomas Joseph Kelly.

NOTICES TO CORRESPONDENTS.

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

All communications intended for insertion, must bear the name and address of the writer; not necessarily for publication, but as a voucher of good faith.

Rejected MS. will always be returned, if a request be received from the author, within one week after the article or letter has been declined.

SUBSCRIPTIONS IN THE UNITED STATES.—A Correspondent has drawn our attention to the fact, that some of the houses in the United States are charging the enormous figure of 15 dollars per annum (more than £3) for supplying this Journal to different parts of the States. We beg, therefore, to state that we shall be happy to supply the same regularly post free per annum, if paid in advance, for considerably less than half this amount, viz., six and-a-half dollars (about £1 6s. 6d.), either direct from our offices in this country, or through our recognised agents in the United States.

TO OUR SUBSCRIBERS.—It having been suggested to us that it would be a matter of great convenience to Subscribers visiting the metropolis to know where they can give instructions for their letters to be addressed previous to leaving home, we have pleasure in informing them that the Publisher has consented to take charge of letters addressed to his care, and that he will place a desk at the disposal of Subscribers whose names are upon our lists, for short correspondence, where such accommodation is desired.

CONVERSAZIONE AT THE ROYAL COLLEGE OF PHYSICIANS, LONDON.—We are asked to correct an error which appeared in a contemporary last week. The charts illustrating the Geographical Distribution of Certain Diseases, were exhibited by Mr. Haviland, not Hairland, as reported.

THE ANTI-CONTAGIOUS DISEASES ACTS ASSOCIATION.—We are asked to state that Mr. P. A. Taylor, M.P., has written to the National Association for the Repeal of the Contagious Diseases Acts, requesting to be admitted to membership of their Association, and sending a donation of £50.

SURGEON HOGG, Woolwich.—The case is, as you remark, a curious one. It is, moreover, very interesting, and we have great pleasure in giving it space in our columns. If you will kindly forward the original notes to which you refer, they shall receive our earliest attention.

THE MEDICAL CLUB.

To the Editor of the "Medical Press and Circular."

SIR.—At the extraordinary general meeting held at the Club on the 30th May last, it was unanimously resolved "to continue the Club on the proprietary principle."

Captain Valpy (late of the 89th Regt.) having submitted a proposal to the meeting to become the future proprietor, negotiations have since been concluded with that gentleman, and on the 1st inst. he undertook the responsibilities and liabilities of proprietor of the Medical Club.

Captain Valpy's experience in the Commissariat and Paymasters' Department of the Army for over nineteen years, and his having been a member of the Club for several years, will afford him very great facilities for further developing and improving the management of it. Captain Valpy proposes to continue the Club as a "Medical Club," and to place it upon a new and enlarged basis. A copy of the details, of which, when completed, will be forwarded to each member.

Your obedient servant,

LORY MARSH,
Late Hon. Sec. and Treasurer.

July 3, 1872.

MAD LITERATURE.—We have received the first number of a very curious little periodical, entitled "Loose Leaves." In an opening article the Editor of the paper and Proprietor of the Asylum—in which we have reason to believe the articles are chiefly written and even set in type by the inmates—Mr. Hyslop explains the object of the publication as follows:—"It is, I believe, the first magazine of the kind ever published in England. Let us hope it will be but the beginning of a fruitful crop of what may be termed 'mad literature' in the restricted sense of the term. The non-restraint system, in connection with the treatment of the insane, is now universally practised throughout the country; and many 'mad doctors' and superintendents of asylums, private and public, are constantly devising means for the healthful recreation of the unfortunate inmates. To out-door recreations and indoor amusements I would earnestly recommend them to add a 'little dabbling in literature.' It is not necessary that the mind should be overstrained, or that excessive labour should be taken in the adornment of the various contributions." The idea is certainly a good one, and we must candidly confess that among the contributions is to be found some really sound common sense; original ideas abound in elegant language, and writing to which even some of our literary journals would probably not refuse space. Further than this, "Loose Leaves" is excellently turned out, and reflects great credit upon Mr. Hyslop, whose well ordered asylum at Church Stretton, in Shropshire, we had occasion to refer to in an article some time since. To those who feel an interest in this class of literature, especially a novelty of this kind, will be glad to know that they can obtain a copy of the Publishers, Baillière, Tindall, and Cox, by forwarding two postage stamps.

DIGESTIBLE COD-LIVER OIL.—Mr. Fox, of Manchester, the introducer of "Palatable Cod-Liver" and "Castor Oils" has, we understand, registered a new title, "Digestible Cod-Liver Oil," especially for hospital use. The oil is exactly the same as that sold as "Palatable Cod-Liver Oil," the only difference being in the absence of the expensive syrups, which enables the Proprietor to sell the pure oil at a very cheap rate to large consumers.

Irish Poor-Law Intelligence;

UNDER AUTHORITY OF THE

IRISH MEDICAL ASSOCIATION.

MONAGHAN UNION.

THE LATE DR. TEMPLE.

THE Board placed on their minutes the following resolution:—"The Board of Guardians assembled this day have to record their regret at the death of William Temple, Esq., who has been Medical officer of the house since its first opening, now thirty years ago, and who discharged the duties of his office to the entire satisfaction of the Board."

The Chairman said that Dr. Temple, as Medical officer of the Workhouse, discharged his duties with great humanity and, at the same time, with perfect economy. He did not squander the rates at all. He acted with judgment and discretion. At the same time nothing could exceed the health of the inmates of the house. No number of children in any other rank of life assembled together had on an average the same good health, while there was a smaller average of deaths. The Poor-law Inspectors had always borne testimony to the fact.

MONAGHAN DISPENSARY DISTRICT.

The Clerk read a letter from the Poor-law Commissioners, dated June 25, expressing their sanction of the remuneration proposed to be allowed to Dr. Irwin for his services as temporary Medical officer of the Monaghan Dispensary District—namely, at the rate of £15 a month.

THE MEDICAL OFFICER.

The next business was as to the appointment of a Medical officer, and the salary he should receive.

The Clerk mentioned that the salary of the Medical officer had been £80 a year since the 10th of January, 1849, the time the fever hospital attached to the workhouse was opened. The late Dr. Temple was appointed Medical officer of the workhouse on the 15th of December, 1841, at a salary of £40 a year, which, on the 24th of March, 1847, was increased to £50. He was appointed to the temporary fever hospital, which then adjoined the workhouse, on the 18th of October, 1848, at a salary of £25 a year. This temporary hospital was abolished in January, 1849, when the present fever hospital was opened, and the salary was then fixed at £80 a year for the workhouse and fever hospital.

Mr. M'Nally—I object. At the opening of the house the salary of the Medical officer was £40 a year, and I consider, taking everything into account, that £50 is a sufficient salary at present. The salaries of the clergymen, the salary of the master, and the salary of the schoolmaster are the same as at first. For these and other reasons I propose that the salary of the Medical officer be £50 a year.

Mr. Richardson—Are you aware that there was no fever hospital attached to the house when the salary was £50?

Mr. Watson—I propose that the salary of the Medical officer be continued at £80 a year, the same that Dr. Temple received, no matter who may be appointed.

Mr. M'Nally—I propose, as an amendment, that the salary be £50 a year.

The proposition was not seconded, so that the salary was continued at £80 a year.

LISNASKEA UNION.

SALARIES.

At a late meeting of the Lisnaskea Board of Guardians the salary of the Medical officer, Dr. Sandels, has also been increased, from £35 to £45.

An inquiry has just been held by Mr. Hamilton, Poor-law Inspector, into the conduct of Dr. Holtan, Medical officer of Maguiresbridge Dispensary District, in a late case, where a child, ill with fever, was alleged not to have met with proper attention and care. The child died on the sixth day of illness, and received only one visit during that time. The decision of the Poor-law Commissioners on the report of the Inspector will be made in a short time.

CARLOW UNION.

The following letter was read by the Clerk:—

Bagenalstown, 26th June, 1872.

GENTLEMEN,—Bridget Murphy, an aged, infirm, worn-out nurse-tender in this town, is at present a Dispensary patient. She is too ill for removal to the Union, and at the request of the relieving officer I certified to that effect. I am supplying her with such drugs as I consider suitable, but the *real medicine* in her case (and that calculated to restore her to her usual health with true economy to the ratepayers) is nutritious food, and this she has no means of procuring. The relieving officer, I believe, is giving her what he considers requisite, but I deny his competency to judge of the requirements of this case. Your "order" of the 28th May, "requires" me to discontinue the practice of securing (by an order of the relieving officer) the supplies of food, &c., I, the Medical man responsible for her treatment with humanity tempered by due economy, deem essential to her welfare, and you supply me with a copy of the strictures of the Auditor on that practice, in which I find this remarkable statement, "That the power of giving provisional relief under the 7th sec. of 10 Vic., cap. 31, is restricted to the Relieving Officer, and the Medical Officers of Dispensary Districts are in no way authorised to direct his action." This, with your order to accept this as law, takes quite out of my hands the most vital element in the treatment of Bridget Murphy, and I now appeal to you to obtain for me the freedom of action necessary for the humane and proper conduct of such cases.

To me it seems that this interference with my authority over the dietary of my Dispensary patients is about as reasonable as if a law were passed forbidding me to prescribe for a private patient, and directing me instead to write a certificate to the apothecary, saying, "Mr. A. B. has got typhus fever. Send him what drugs, and in what doses, you think he requires."—I am, gentlemen, your obedient servant,

JAMES J. TRAYER, M.B., Medical Officer.

The Board of Guardians, Carlow Union.

TABLE showing for EIGHT LARGE TOWNS, &c., the AREA, in Statute Acres; the POPULATION in 1871; the ANNUAL RATE OF MORTALITY per 1,000 Inhabitants represented by the Number of Deaths registered during the Week ending Saturday, 29th June, 1872; the Total Number of BIRTHS AND DEATHS registered during the Week, with the Number of DEATHS at certain Ages, and from SEVERAL CAUSES; &c.

TOWNS, &c.	AREA in Statute Acres.	POPULATION in 1871.	WEEK ENDING SATURDAY, 29TH JUNE, 1872.														
			Annual rate of mortality per 1,000 inhabitants.	Total Births registered.	Total DEATHS registered	Deaths under 1 year of age.	Deaths at 60 years of age and upwards.	NUMBER OF DEATHS FROM							No. of Inquest Cases.	No. of Deaths in Public Institutions.	
								Small Pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Fever.	Diarrhoea.			Violence.
DUBLIN	9,745	310,565	32	194	190	30	35	36	14	10	...	...	8	1	3	2	56
BELFAST	20,687	182,214	32	141	111	21	22	1	...	...	1	2	6	...	14	16	26
CORK	13,816	90,851	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
LIMERICK	8,509	44,547	20	20	17	3	2	...	...	...	1	...	...	...	2	...	7
LONDONDERRY	21,865	30,893	10	12	6	...	2	...	...	...	...	1	1	...	...	...	1
WATERFORD	17,209	30,838	10	18	6	...	4	...	...	...	...	...	1	...	2	3	1
GALWAY	21,358	19,713	24	5	9	...	5	...	...	1	...	...	...	...	...	1	5
SLIGO	30,835	17,175	12	10	4	...	...	...	...	1	...	...	...	...	...	...	2

IRISH POOR-LAW VACANCIES.

Union	Dispensary District	Salary	Vaccination and Registration Fees	Annual Number of Dispensary Tickets	Annual Number of Visiting Tickets	Acreeage of District 640 Acres to the square Mile	Population of District	Date of election	Distance of Dispensary from Railway Station.
Monaghan ..	Monaghan ..	£100	£8 8 0	697	255	17,683	10,993	July 15	Ulster Railway.
Oughterard ..	Cloonbur ..	£100	£7 12 0	945	211	58,806	5,749	July 16	Galway, 15 m.
Gortin	Gortin	£100	£11 8 0	233	148	65,598	9,183	July 17	N. town Stewart, 8 m.

ABSTRACT OF THE ANNUAL REPORT OF THE POOR-LAW COMMISSIONERS.

Poor-law Commission Office, Dublin, 30th March, 1872.

THE Commissioners submit in the first place a summary of weekly returns of persons relieved in the workhouse and out of the workhouse for fifty-two weeks.

IN AND OUT-DOOR RELIEF.—The following figures represent the average daily numbers shown in each diagram for the whole series of seven years:—1865-66, 52,121 in, 10,040 out; 1866-67, 50,241 in, 12,205 out; 1867-68, 53,017 in, 14,940 out; 1868-69, 53,757 in, 16,862 out; 1869-70, 50,964 in, 18,296 out; 1870-71, 47,910 in, 21,474 out; 1871-2, 45,333 in, 22,552 out.

These statistics show a further decrease in the number of inmates of workhouses which on February, 1872, was less by 1,211 than the number at 1871, and less by 5,438 than in 1870. The difference between the present and preceding years has in the latter portion of the series of weeks been declining in consequence of the epidemic of small-pox.

The number of persons receiving out-door relief has further increased from 25,363 to 28,490 in the fifty-two weeks. We have before entered into the considerations which oblige us to disregard any ordinary increase or decrease of the number of inmates of workhouses.

The number of children out at nurse has increased from 1,428 to 1,540.

The increase of out-door relief from 23,544 last year to 27,010 is thus distributed—the permanently infirm class, 1,485; the widows, 518; and the temporarily disabled by sickness or accident 1,463; the increase of the widow class being only one-third of the increase of each of the other two classes.

MORTALITY IN WORKHOUSES.

The total deaths in the workhouses has been 10,563, which, compared with last year's numbers, shows a decrease of 56 deaths and a decrease of 385, compared with the preceding year.

DEATHS FROM SMALL-POX

No less than 462 deaths from small-pox have taken place in the workhouse hospitals of Ireland in 1871-2 in

comparison with only one single case for 1869-70, and with no more than 13 in 1870-71.

The whole number of deaths by small-pox registered in Ireland in the year 1871 is now known to be 647, in comparison with 92 in 1870.

SMALL-POX QUARANTINE.

In the appendix is found correspondence regarding a proposal of the town council of Cork to establish a small-pox quarantine.

In this correspondence it was shown that the system of quarantine adopted in 1871 to prevent the importation of cholera was not applicable to an epidemic of small pox existing in Great Britain for the purpose of preventing its extension to Ireland.

It needs very little reflection to see that a disease which, like small-pox, lies dormant in the system from twelve to sixteen days after the contagion has been caught could not be prevented by any means whatever in the nature of quarantine from crossing the channel into Ireland, where a continuous stream of passenger traffic is going on daily and nightly at several points of the coast in a passage of only a few hours' duration. With equal reason, and with equal chance of success, quarantine might be established between one town and another in the same island.

The parochial authorities in Scotland continue to remove dangerous lunatics hand-cuffed from Scotch lunatic asylums to Irish workhouses. Recent instances of this practice are given in the appendix; and we may here observe that they are regarded in Ireland with feelings of great dissatisfaction.

INCREASED COST OF IN-MAINTENANCE.

We now proceed to the statistics for the year ended 31st September, 1871.

An increase of expenditure has taken place under the head of In-maintenance, amounting to £682, notwithstanding that a considerable decrease, amounting to 4,919, has taken place in the total numbers receiving relief, and that the average daily number in the workhouse had decreased to the extent of 3,181. The increased expenditure arises from the considerable increase which has taken place in the cost of provisions, such increase being about 2d. per head per week for each person relieved. An increase of £4,357 has taken place under the head of Salaries and Rations of Officers, a portion of which increase is also accounted for by the increased price of provisions. But the most marked increase is that under the head of Out-door Relief, namely, £10,563, arising from the continuous income in the numbers to whom such relief is extended. A slight decrease has taken place in the total number admitted in sickness during the year. A considerable increase, however, has taken place under the head of Fever and other dangerous contagious diseases.

The following is a statement of the Parliamentary Grant:—

	Amount claimed and granted for the Year.		
	£	s.	d.
Medical purposes ...	64,280	17	0
Educational purposes ...	7,563	15	7
Total ...	71,844	12	7

GROSS RATING AND EXPENDITURE.

The total disbursement of poor-rates for all purposes, viz., relief, medical relief, burial grounds, registration of births, deaths, and marriages, and sanitary measures was in 1870 £815,973, and the amount of poor-rate collected £753,345, the expenditure making a poundage of 1s. 2½d. in the pound on the valuation. In 1871 the expenditure was £840,135, or 1s. 3½d. in the pound, and the poor-rate collected only £739,053, the difference between the expenditure and collection being to a great extent covered by the Parliamentary grant.

DISSOLUTION OF MILL STREET BOARD OF GUARDIANS.

It has fallen to our lot in the course of the past year to be obliged to exercise once more the power of dissolv-

ing the board of guardians of a union. This power, which during the famine period was exercised in no less than forty-three cases, had not been used for more than twenty years, and the occasion for using it once more arose in the Millstreet Union, which is situate in the county of Cork. The board, consisting of fourteen ex-officio and the same number of elected guardians, absolutely ceased to meet, the legal quorum of three having failed to be obtained no less than nine times in the course of twelve weeks, and after a long series of remonstrances addressed both to the Board collectively and to its members individually, it appeared with sufficient distinctness that, with one solitary exception, no member of the Board would willingly attend the weekly meetings. This person, an elected Guardian for one of the electoral divisions, had been from the time of his election a constant attendant at the weekly meetings, and so exercised his functions that after a certain lapse of time he and the Clerk of the Union had the board-room week after week entirely to themselves. We shall not enter into the particulars of that course of conduct of the elected Guardian which produced such a strange result, nor are we perhaps wholly acquainted with them, but we must say that the other members of the Board who abandoned the performance of their duty for a reason like this, did not act in a proper spirit, or acquit themselves creditably as guardians of the poor. The Vice-Guardians were warmly welcomed by the ratepayers, especially by those resident in Millstreet, at whose request they at once took in hand a project for providing both the workhouse and the town of Millstreet with a permanent supply of pure and wholesome water. We have entered into particulars about the water supply, because they are suggestive of one of the modes of action by which the superintending authority in the administration of the Public Health Acts may be enabled to accomplish effectually the execution of necessary works.

PROCEEDINGS UNDER THE MEDICAL CHARITIES ACT (IRELAND).

We now submit the report of our proceedings under the above-mentioned Acts of Parliament. In a subjoined table is given a summary of the relief afforded under the Medical Charities Act for the year.

The comparison of the numbers for the two last years in this table shows, for the first time since the enactment of the Medical Charities Act in 1851, a diminution in the number of patients of both classes, both of those attended at their own homes and of those attended at the Dispensary stations, in all the provinces of Ireland. Of Dispensary cases, for the last compared with the previous year, there has been a decrease in Ulster of 8,192 cases, in Munster, of 6,686, in Leinster, of 12,451, and in Connaught of 6,404. Of domiciliary cases there has been a decrease for the latter year of 4,913 cases in Ulster, of 2,145 in Munster, of 762 in Leinster, and of 1,596 in Connaught;—giving for the whole of Ireland a decrease of 83,733 Dispensary cases and of 9,416 of those attended at the patients' homes.

The next table gives the expenditure on medical relief under the Medical Charities Act, including the expense incurred in carrying out the Vaccination Acts.

The figures for the two last years in this table show an increase of total expenditure for 1871 compared with 1870 of £5,069, nearly half of which, viz., £2,336, has been occasioned by the existing epidemic of small-pox, the panic caused by which has created an increase of applications for vaccination, and among the adult population a quite exceptional number of applications for re-vaccination, whereby the vaccination fees of the Dispensary Medical Officers have been increased from £6,334 for 1870 to £8,720 for 1871. A large proportion of the increased expenditure has fallen on Leinster, viz., £3,021. In Munster the increase has been £1,176, in Ulster £417, and in Connaught £455. The disproportionate increase of expenditure is also mainly attributable to the epide-

mic, which has hitherto more especially prevailed in this province.

The next table sets forth a comparative statement for the two years ended September 29th of the items of the general expenditure under the usual heads.

	1870.	1871.
1. Medicines and medical appliances	£23,707	£23,420
2. Rent of Dispensary buildings	7,353	7,363
3. Books, forms, stationery, printing, and advertising...	2,694	1,166
4. Salaries of { Medical Officers	77,915	80,725
{ Apothecaries ...	2,362	2,503
5. Fuel, porters, and incidental penses	10,763	10,001
Expenses under Vaccination Act :		
6. Vaccination fees and other expenses :—		
Fees to Medical Officers	6,384	8,720
Other expenses	7,140	907
	£129,936	£135,003

Under the first head there appears a decrease of expenditure on Medicines and Medical appliances of £287. This decrease is in accordance with the above-mentioned diminution in the number of applicants for Dispensary relief in 1871. The usual increase under Salaries of Medical Officers, which has occurred every year since the establishment of the present system of Dispensary relief, amounts for 1871 compared with 1870 to £2,949, and is rather greater than the corresponding increase for 1870, which was £2,558.

The average poundage on the Poor-law Valuation of Ireland to provide for the above-mentioned total expenditure was 2'44d., which is slightly higher than that for the year before, viz., 2'36d.

In the course of the year, skilled midwives to attend on midwifery cases so long as the course of the labour is natural, were appointed in ten additional dispensary districts. Although these most useful appointments, of which there are now 178, increase from year to year, we think it is much to be regretted that they are not generally adopted by the dispensary committees.

Since the date of the last Annual Report, fifteen Dispensary Medical officers have been superannuated under the Poor-law Medical Officers Superannuation Act. With few exceptions, the Guardians have awarded in all such cases two-thirds of the salaries as retiring allowance, the highest award permitted by the Act.

The next table exhibits the progress of vaccination by the Dispensary Medical officers under the Compulsory Vaccination Act for the last seven years, and shows the continuous decline yearly, except for the last year, in the number of persons vaccinated who were exempt from the operation of that Act. The table shows only a further increase of vaccinations of children subject to compulsory vaccination of 3,996, but, instead of the steady decrease year by year of the numbers vaccinated among those exempt from compulsory vaccination that has taken place since 1863, there has been the extraordinary increase of 35,673 cases. The explanation of this quite exceptional demand for the vaccination of children above seven years of age, and of adults, and for the re-vaccination of adults, which has contributed considerably to the increase in question, is to be found in the panic caused by the present small-pox epidemic. Accordingly, it is remarkable that more than half of the increase—viz., 18,741 cases—have occurred in Leinster, in which hitherto the disease has been more alarmingly prevalent than in the other provinces. The ascertained fact to which we have drawn attention formerly, that three-fourths of the entire mortality caused by small-pox falls upon children under five years old, makes manifest the great importance of early vaccination; and with the view to procure information on this important point, we requested the Dispensary Medical Officers, in making their vaccination returns for last year,

to state the numbers of children vaccinated by them who were under one year old. We have accordingly learned that in 1871, of 44,897 children under eight years old vaccinated in Ulster, 37,663 were under one year old; in Munster, of 37,798 of the children under eight years, 30,018 were under one year old; in Leinster, of 31,943 of the former class, 24,486 were under one year; and in Connaught, of 24,415 children vaccinated under eight years, 17,246 were in their first year;—giving for all Ireland 109,418 infants vaccinated in their first year, out of the 139,053 vaccinated under eight years old.

It is gratifying to find that the numbers of children under eight years old vaccinated during the last exceed those for the year before in each province, giving a total increase for the whole country of 4,000 cases. There is good reason to believe that the increase in cases of this class is to be explained by the fact that we are approaching a complete vaccination of the children born within the year. The number of children whose births were registered by the Registrar-General for the year ended September 30th, 1871, was 151,159, and the vaccinations under the Compulsory Vaccination Act for the same year were 139,053. It is true that of this number many must have been children between one and eight years of age whose parents had neglected to have them vaccinated in their first year; but it is also to be borne in mind that a large number of the 151,159 children would have died in their first year, or would have been vaccinated by private practitioners.

The numbers of cases of fever, scarlatina, and small-pox attended by the Dispensary Medical Officers for 1871 show an inconsiderable decrease.

In dispensary practice, cases of small-pox would often occur in which the patients or their friends resisted all inducements to avail themselves of resort to the hospital, and on these occasions it fell to the duty of the Medical Officer to cause every precaution to be taken which could be taken against the spread of that disease, by isolating the case as far as practicable, by the free use of disinfecting processes, and, finally, by taking advantage of the popular alarm to vaccinate or revaccinate the residents.

These precautions have been attended by success in the greater part of Ireland, for there are very few unions in which the disease has become epidemic, although a considerable number have been visited by sporadic cases. The returns of deaths in the workhouses show 126 unions without any death by small-pox, sixteen unions with only one death, and twelve not exceeding six.

Under ordinary circumstances the treatment of contagious disease in Dublin is not undertaken by the Poor-Law authorities, but the latter are able to obtain admission to hospitals not under their own control for all contagious cases arising within the scope of their jurisdiction.

In neither union was that important adjunct to a contagious hospital, a convalescent department, unprovided for; so that from the commencement the patients have remained under Medical authority until they could return to their homes without danger of giving contagion to their families or neighbours.

Correspondence shows beyond question the dangerous character of hospitals for contagious disease which are not provided with convalescent accommodation.

Regarded in its character as a protection from the spread of contagion, the convalescent ward should, for all practical purposes, be in connection with the hospital itself; for thus only can the patients discharged from the wards for treatment be kept effectually under Medical authority—detained, in fact, until pronounced safe.

The share of the burthen of the Dublin epidemic borne by the two Dublin workhouse hospitals will be seen from the following figures. The total number treated in nine hospitals to the 23rd March was 2,541; of which number 1,152 were treated in the workhouse hospitals and 1,389 in the other seven hospitals. For such of the patients as are sent into the latter hospitals by Poor-Law officers, the guardians pay the cost of treatment and maintenance.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JULY 17, 1872.

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THE ARMY SURGEON, HIS WORK AND WORKS (a).

By C. A. GORDON, M.D.; C.B., Dep. Insp.-Gen. of Army Hospitals.

(Continued from page 23.)

From the time, and even before, a young man joins the ranks of the army until the moment he quits them he is looked after and watched over, alike in health, in sickness, or when wounded, by the surgeon. It is the surgeon who tests his physical fitness for the arduous duties of military life when, as a recruit, he comes before him, picking him, as it were, from the less sound of his fellows. During the irksome ordeal of training the surgeon sees him from time to time, coming, when necessary, between him and the young man's instructors. When capable of taking his position among the effectives he is still watched over by his surgeon, who sees that his accommodation, his clothing, his food, are not only sufficient, but suitable, and that the recurrence of night duties, on guard and otherwise, is not such as to impair health. When ordered on foreign service, the ship in which he embarks has been carefully examined by the surgeon, who has satisfied himself, in respect to space, ventilation, water, and food, that everything has been done for his comfort. During the voyage the surgeon is present watching over him, and obliged by regulations to personally examine every soldier once a day, as also to see that all conditions calculated to preserve health are rigidly fulfilled. On reaching his destination, in whatever country or condition, the surgeon is present with him; and it is under such circumstances that the great responsibility of the Medical man takes place, for now, whether it be service against an enemy or exposure

to the more subtle and deadly spell of epidemic influence, the surgeon not only runs the same risks of exposure as do those of whom he has charge, but has, in addition, when fatigued and often exhausted, to exert himself while they rest, and minister to the pressing needs of his stricken patients. Now, also, comes the real struggle between professional knowledge and death. Take, for example, such diseases as heat-apoplexy and cholera in India. Decision on the part of the Medical officer at the first onslaught, and they are readily combated. Pusillanimity and indecision for but a few minutes and the affections bid defiance to any after skill.

In battle a bullet drills its way through a limb, perhaps severs an artery, perhaps splinters a bone. The soldier drops confounded and panic-stricken. Still the surgeon is beside him, to stem the flowing life-stream it may be, to bind up the shattered member and see him sent to a place of safety, there to bestow upon him further care after the combat is over. And, may I ask, have you ever seen a stalwart soldier, in the wild excitement of battle, fall like a clod to earth as I have related? If so, you doubtless appreciate my picture. If, as is more likely, your lot has led you to more peaceful spheres, your memory will probably recall the fear and anguish with which a woman in the throes of childbirth clings to her Medical attendant. In no other conditions than those of the battle-field have I seen the counterpart, and yet men who know no better would fain believe that the surgeon is not needed while the fight rages. Not on the field of battle indeed! Who so instantly and loudly called for by the wounded man, soldier or officer, as the surgeon? What would be the effect upon those engaged, let me ask, were they without the knowledge that immediate aid was available? They would become demoralised were they but to suspect that, once struck down, they should be left for an indefinite time untended and bleeding on the field. And it is our proud boast that never in this respect do we shirk our duty. That such is the case is demonstrated by the number of those among us who have earned the proud distinction of the Victoria Cross for valour in the field; a number at least equal in proportion to that among our combatant brother officers. It is not indeed by one set of

(a) Presidential Address delivered at the St. Andrew's Graduates' Association, on Saturday, July 6th, 1872.

men, or by one class of arrangements, that battles are won, but rather by the harmonious and efficient working of all pieces of the mighty military machine. As each in its own sphere conduces to the general result, so let it in all justice have its due meed of merit; and certainly that branch of which I am myself a *pinion* is by no means the least important.

Then comes the terrible and anxious work of war hospitals. These establishments are selected, arranged, and provided with *personnel* and *materiel* under the orders and superintendence of the senior Medical officer, their position being determined with reference to the nature of the service on which the army is engaged, and the position of the force with reference to its base of operations. Often, also, suitable means of transport for the wounded have to be procured or improvised, and who so fitted as the surgeon to make the selection with reference to the nature of injuries, the description of roads over which the wounded have to be transported, and distance to which they have to be conveyed? Intermediate posts have to be selected *en route*, means being provided at each for supplying the wounded with temporary accommodation, assistance, and food; or, as now practicable, railway trains can be fitted up, the duty of selecting suitable cases for removal, and providing professional attendance, rests with the Medical department. Other duties, no less important, occupy the attention of the Medical department on active service. Individual sick and wounded have to be treated; such means as are practicable devised for protecting the health and consequent military efficiency of the troops; the General in command kept informed as far as possible of the number of those in hospital whose restoration to health may be anticipated after a certain time, of those who are permanently unfit, and, with reference to climate and other conditions of the country or district where hostilities are being carried on, the casualties that may be expected to arise by sickness, to enable the commander to estimate the numerical strength of reinforcements required to fill up the inevitable losses.

Much is said in military circles on the vexed division of the military services into combatant and non-combatant. In one sense, and that a very important one, who so entitled to rank among the former as the Medical officer, whose whole career is passed in combating enemies of humanity, whether they be physical and open as the "arrow," the shot, the shell in the day of battle, or hidden and mysterious as the epidemic, the exhausting sickness, the pestilence that walketh in darkness? No wonder, indeed, that such enemies thin our ranks and maim the survivors, in health if not in limb; accordingly, statistics of campaigns show that death is then busiest among the Medical officers, among whom a larger proportion perish than among their regimental brethren, and including the casualties of battle.

Let the fact, moreover, be borne in mind, that on foreign service not only have soldiers individually and in the mass to be attended, as I have endeavoured to indicate, but so have their wives and their children. Officers and their families are no less dependent upon their regimental surgeons. They can no longer take train to this great city to consult an eminent or fashionable man of the day, nor, indeed, would such affections as those from which they suffer, more especially in the more unhealthy regions of the tropics, give them time to do so. Thus, in their persons lives and interests of the highest national importance are for the time being in the hands of the army surgeon; and, may I add, the responsibility of the charge is, sometimes, at least, unequalled by the recognition awarded to it.

One more remark on the duties of the army surgeon. We shall suppose him and the troops under his charge returned to the United Kingdom, both, as is often the case, individually less active and robust than when they left it. Soldiers unable longer to perform military duty must be weeded from the ranks to maintain their battalions fit for the eventualities of military life. Some have

ailments, which, although as yet slight or obscure, will ere long unfit them, not only for the army, but incapacitate them from earning a livelihood in civil life; others, although suffering, it may be, from active disease, the result of climate or service, may be expected after a certain time to recover; while a third class, although unable to perform the duties of a soldier, are capable of labouring for their own maintenance. It becomes the duty of the Medical officer to discriminate between all these, and, having done so, to prepare his report in regard to each individual, so as to guide the commissioners charged with the bestowal of pensions to adjudicate in such a way, that, while bestowing upon persons what their special services and circumstances entitle them to, the interests of the British tax-payer shall be at the same time considered.

Here I may observe that in the performance of this duty of weeding the army of inefficient men, the army surgeon sometimes undeservedly finds himself the subject of remarks the reverse of flattering. Thus there are many men, who, although unfit for the duties of a soldier, are quite able to earn their living partially or entirely in civil life; accordingly, it is by no means rare to meet with old soldiers, hale and hearty, some of whom, it may be, had undergone a surgical operation, or been treated for a certain time in a civil hospital, and then discharged completely cured, notwithstanding that "the regimental surgeon could make nothing of him," for such is the ordinary comment. The explanation is easy. We must study the general efficiency of the whole machine. To ensure this, it is often necessary simply to replace a permanently injured fragment of the apparatus by a perfectly new, rather than patch and tinker that which never more could work satisfactorily in itself, or smoothly with those other cogs and wheels of immediate and co-ordinate action. So, also, if there is little or no prospect of a soldier being restored to military efficiency by protracted hospital treatment, the general interests of the service are adverse to his being retained upon the rolls of his regiment. Many men there are, also, who, whether their alleged incapacity be real or assumed, are alike unsuited to the army, and simply because, if they insist upon it, they will not perform their duties satisfactorily; they tell the surgeon they are stiff and rheumatic, that their former activity is gone, and the surgeon very properly takes their word for it. Such men, not of the very highest standard of truthfulness or morality, are not unfrequent visitors of civil hospitals. They soon learn to relate to surgeon and students sensational accounts of imaginary adventures. The army doctor, like his brother in civil life, is often a ready scape-goat, and as with the one so with the other, very undeservedly so.

The history of wars furnishes several illustrations of the influence for good or bad, in respect to the general interests of an army, exercised by the Medical department. That of Italy, in 1859, gave examples of insufficiency of surgeons as regards number, and inadequacy as regards professional capability, the results being, on the one hand protracted exposure of the wounded without assistance, and on the other attention which, when rendered, was scarcely less dangerous and injurious than its total absence. During the civil struggle in America, if we are to believe the author of "Battle-Fields of the South," the losses of life among the wounded through insufficient and improper surgical help, is given a place among the causes which led to the collapse of that army. If we look at the late great war upon the Continent, also, we meet with records of evils arising from insufficient surgical arrangements in *personnel* as in *materiel*. Thus we learn from accounts by correspondents and others on the spot that, notwithstanding all that was done by the Governments and by Societies, the wounded could not in all instances obtain sufficient nurses. After Sedan this was especially felt; nor were the wounded able to obtain, while in transit, those articles of nourishment of which they stood so much in need.

After the battle of Gorse, with five thousand four hundred wounded, M. Langenbeck had only four Medical

officers to attend upon them during the two days that elapsed before the arrival of the Sanitats detachment. After the battle of Gravelotte, a quarter of the wounded on the French side is said to have died; this catastrophe being attributable to defective means of transport, and to the want of first dressings. Many are said on this occasion to have passed two days and nights on the field, and, after that ordeal, to have been transported to Pont à Mousson, where for the first time they found assistance in the temporary hospitals established there. Again, the state of Lagny during December is said to have been beyond description. A thousand and upwards of wounded poured in day after day, their wounds needing to be dressed, themselves to be fed; no hospital in the place, but sheds, railway vans, the station, church, and mairie, all, for the time being, occupied as such (a).

If we retrace our steps to bygone times, we find it recorded, that so long ago as 1742 the efficiency of the Duke of Cumberland's army in the Low Countries was directly due to the talent and success with which Sir John Pringle applied hygienic measures to prevent and mitigate typhus and other diseases, the result of crowding, dirt, and bad food. According to the history of the Peninsular War, the Duke of Wellington, before making his successful attack upon Badajos, confided his plans to Sir James McGrigor, his principal Medical officer, and to him alone. The latter was able to send the sick, wounded, and impedita to Elvas in the rear, where suitable provision was made for them. The army was thus rendered light and active, and with it the great Commander struck his blow. So it was at Vittoria. The Duke had rapidly to attack the French. He "took stock" of his available force, and found it far inferior to that of the enemy. He consulted his chief surgeon, one of whose qualities was, that he kept count of the probable numbers who might be calculated upon to return to the ranks. This time the knowledge was acted upon. From various hospitals between five and six thousand men able to bear arms were pressed onward, and with his army thus reinforced the most signal victory of the Peninsular War was gained.

(To be continued.)

CHOREA IMMEDIATELY AFTER MARRIAGE.

By FRANCIS R. HOGG, M.D. ST. AND., M.R.C.S.E., ETC.,
Royal Horse Artillery, Woolwich.
Fellow of the Obstetrical Society, &c., &c.

CHOREA has been defined as an irregular tremulous action of voluntary muscles, especially of the face and limbs, mostly attacking young girls between the ages of six and fifteen, associated with dentition, intestinal irritation, worms, rapid growth, puberty, disordered menstruation, fright, poverty, or debility: with whooping-cough, scarlet or rheumatic fever:—may be hereditary or traced to an epileptic tendency depending on spinal curvature. Damp weather and unhealthy malarious localities predisposing; relapses are common. Peri or endo-carditis may supervene. The disease may suddenly and rapidly prove fatal, or run on from six days to seven months, the average period being about nine weeks, and in twenty-three years 1,355 deaths occurred in England. Dr. Barnes directs attention to chorea in pregnancy, and narrates thirty-nine cases which recovered, and seventeen proving fatal. The ages ranged from seventeen to thirty-five. The treatment consisted either of blood letting, purgatives, cold effusion, the induction of premature labour; and the remedies employed, including opium, chloroform, bromides, preparations of iron, zinc, strychnine, and quinine, &c.

After death great turgescence of the brain, shining vegetations in the mitral and aortic valves, softening of

the spinal cord, and ulceration of the intestines appear the chief points of pathological interest. In several cases the urine contained albumen, and there are many other points alluded to in the valuable paper published in Vol. 10 of the "Transactions of the Obstetrical Society."

Soldiers' families constantly on the move, and to a certain extent hardened, appear rarely affected, but in crowded dwellings in large towns, and possibly amongst the fragile scrofulous children of the upper classes, severe cases of chorea will be met with.

Recently a soldier's wife stated that her father was paralysed, that commencing to menstruate at fourteen she caught cold, and for a year suffered from suppression. At the age of sixteen had scarlet fever badly; at the age of eighteen married. When four-and-a-half months pregnant with second child, she quickened on board ship in a fright during a collision, and from that time until delivery, which took place a month after landing in New Zealand, she suffered from attacks of uterine hæmorrhage, and from (what was termed by the 'medical men) St. Vitus's dance. The labour natural, child alive, choreic movements subsided; she was able to nurse and had no relapse.

The following case is at present under treatment:—A pretty, refined, dark-haired, fresh-complexioned, intelligent young woman, slightly built, with good teeth, and those beautiful dark eyes so characteristic of neuralgia. The mother, a sallow dyspeptic, first tells her own story, throwing a certain amount of light on the matter,—namely, that after giving birth to seven children (the pregnancies involving dropsy, and fever occasionally occurring after delivery), her husband deserted her, and behaved badly. But, returning after an absence of six years, was forgiven. She fell pregnant immediately, and her mind brooding, she up to quickening felt an inclination to tear things, to bite, and to jump out of window; however, she controlled herself, deriving relief by taking long walks. The labour natural, the infant after vaccination had an inflamed head; otherwise healthy; dentition easy; no illness later on excepting whooping-cough and repeated attacks of quinsy. This girl, the present patient, commenced to menstruate at fourteen, was extremely regular, and worked hard from morning till late at night dressmaking, living mostly on tea and coffee. As a child she had occasional slight attacks of epistaxis, was of romantic turn, fond of books and music, and of an affectionate disposition.

May 1.—When a little over nineteen years of age the patient marries, and on the 18th menstruates, this period lasting seven days, much longer than usual, and causing great debility.

May 28.—Last evening sleeping alone, her husband absent on duty, she woke suddenly in a fright. The moon was shining into the room, and at the foot of the bed the figure of an absent brother appeared to be standing. The next night husband and wife sleeping together, she was restless, and complained of headache and feeling sick.

May 30.—Walks down to the hospital a distance of half a mile to be re-vaccinated, and in the afternoon was out walking. That night she appeared stupid, half idiotic, twisting and twitching, complaining of flatulence, and during the rain and thunder became almost maniacal.

May 31.—Got up, went down stairs, and contrived to crawl to hospital, where simply complaining of sore throat, was ordered a gargle. That night she did not sleep.

June 1.—In bed all day, very thirsty, drinking tea incessantly.

June 2.—The re-vaccination taking, the twitching increasing. During the night, in her struggles she kicks off the foot-board, but feels no pain. Dr. Prescott sent for. Orders bromide of potassium in ten grain doses. Next day she is rather worse.

June 4.—Admitted into hospital. Is noticed to be all on the work, specially if noticed; understands questions, and although articulation is impeded, replies, each word,

See H. Hecht in the *Gazette Medicale de Strasbourg*; also Forbes, *Vol. II., p. 196.*

as it were, separately shaken out; the pupils are dilated, the eyes inclined to squint, the nostrils inflate, the lips are dry; the movements about the mouth in harmony with the eyes at one moment give the idea of a sneering frown, at another that of intense amusement. The dry fissured tongue is protruded with a jerk, but instantaneously withdrawn. She makes a sucking noise, and although thirsty, dreads the effort of swallowing. Her hair is dishevelled, and she cannot endure the process of brushing, yet she likes to have the eyelids pressed down; likes also to be raised in bed, but soon slips down again. The movements causing no fatigue are symmetrical, but occasionally the right arm is shot out, and the hand previously clenched suddenly opens. The back is wriggled from side to side, and occasionally the body is bent backwards. The skin is cool, the pulse faint 95, the heart's action feeble, but no bruit detected; the urine contains no albumen; the specific gravity 1020; the bowels are confined.

On referring to the detailed notes of the case, it will be sufficient to state the following points were at various times noticed:—

1. Although as a rule the movements ceased during sleep, on several occasions they did not.
2. One day when a gun fired, the movements, especially of the lower extremities, became very violent; another, when a band played, she remained quiet for some time.
3. The bowels and the bladder required constant attention.
4. The vagina narrow and contracted, the cervix uteri elongated, the pelvis very small. No mammary areola. No enlargement.
5. The sense of taste greatly impaired.
6. When asleep, or at times quiet, the cold skin resumed its comfortable warmth.
7. She dreads the dark and solitude, yet when associated with other patients, their groans and sufferings frighten her.
8. At times more resembles a happy silly child than a suffering married woman, and occasionally bursts into tears.
9. Frequently complains of a fixed pain about the centre of the back.
10. Occasionally the characteristic odour of acute rheumatism is noticed about her.
11. Has relapsed twice, and whenever the feet commence to work it is an indication of her being worse.
12. When attempting to walk assisted by the nurse, she has the appearance of a beginner attempting to skate.

Treatment.—Considering the case one of nervous irritation depending on hereditary tendency, anæmia, and the excitement of coition, the bowels were relieved by castor oil and turpentine; moderate doses of chloral at night; sedative liniments over the spine. Iodide of potassium, bromide of potassium, quinine, arsenic, and preparations of iron, have been tried in addition to good nursing hygiene, and simple but nutritious diet. Probably zinc and strychnine, arsenite of iron, cod liver oil, shower baths, and electricity will eventually be useful.

She has been thirty-three days under treatment, and is gradually improving. My fear is of permanent imbecility being induced. We shall see.

NOTE.—July 13. Has been convalescent a week, attends church daily to repeat responses and join in the singing to increase her confidence.

ON HAY-FEVER, HAY-ASTHMA, OR SUMMER-CATARRH.

By ABBOTTS SMITH, M.D., M.R.C.P. LOND.,

Late Physician to the North London Consumption Hospital, and to the Metropolitan Free Hospital, &c.

So many erroneous opinions have existed, and still exist, concerning the peculiar affection known by the se-

veral names placed at the head of this paper, that it appears desirable, in the interests of future accuracy, to enter upon a brief consideration of this disorder, at a period of the year when it is more common than at any other.

First, as regards its causation. It is true that the larger number of cases, as seen in this country, at any rate, arise from the effects produced upon individuals predisposed to it, by breathing air loaded with the odoriferous particles given off from ripe grass, or hay, from which circumstance the familiar name of hay-fever is derived; but as many other agents at times play a part in the causation of this affection, the term hay-fever is in these latter cases a misnomer. Amongst these various exciting causes the most frequent are solar heat (especially the first hot weather of summer), the inhalation of finely-powdered dust (as in railway travelling, driving along dusty roads, &c.), or of powerful irritants, such as pulverised ipecacuanha, and the aroma emanating from different strongly-scented flowers, e.g., beans, lilacs, and elder-flowers, and roses (a), as well as the emanations given off from decomposing vegetable matter, whether of marine origin (sea-weed), or the vegetable products of marshes and stagnant ditches in hot weather. In two instances of this disorder which have come under my notice, the patients were attacked by it in a severe and unmistakable manner when they were on board ship, half-way across the Atlantic, the origin of the attacks being evidently not connected with exposure to the aroma of hay, but with exposure to solar heat. In several cases, occurring in India, and other hot climates, some of the symptoms as described to me by the sufferers so closely resembled those of sun-stroke, that the affection could only be attributed in these cases to the direct action of the sun's rays. In other instances, again, the history of the attacks plainly pointed to malarious emanations from marshes, or stagnant water, as forming both the predisposing and exciting causes of the disorder.

The second point which I shall notice, because no small amount of misconception exists respecting it, has reference to the locality of hay-fever. Some writers, apparently allowing themselves to be misled by the common name of this affection, speak of it as if it were known only in the rural districts of England; assisting further by this mistaken notion to perpetuate the erroneous impression already mentioned that the disorder is solely attributable to the influence of the emanations from ripe grass or hay. But this limited localisation is an idea for which there is no real foundation. Dr. Phœbus, Professor of Medicine in the University of Giessen, and author of an excellent treatise upon hay-fever, has demonstrated its existence in Germany, France, Italy, Prussia, and other European countries; Dr. Dunglison, of Philadelphia, in his work on the "Practice of Medicine," remarks upon the prevalence of summer-bronchitis, as he terms the affection, in the United States, a fact which I can verify from personal observation during a visit to America; and I have also met persons who have themselves suffered, and have noticed the characteristic symptoms in others, in Australia, New Zealand, India, &c. In some parts of Asia this disorder seems to be peculiarly frequent; a patient of mine, Captain C—, who served for fourteen years in Burmah, informs me that it not only occurs in Europeans residing there, but that it is common amongst the natives. This fact may be adduced in support of the statement already advanced in this paper regarding the causation of this affection, namely, that it sometimes depends upon malaria and exposure to the sun's hot rays; the chief causes of its frequency in Burmah being the intense heat, and the malarious atmosphere of the marshy places with which that country abounds. The effects of marsh-miasm as a predisposing, and in some instances an exciting, cause of this affection are recognisable even in England. The average proportion of cases occurring in the fenny, or low-lying, districts is considerably in excess

(a) In some parts of the United States there is an affection locally spoken of as "Rose Fever," and attributed to the smell of the roses in full bloom; I saw several cases of this form of the complaint when I was in America in the summer of 1857.

of that observed in higher and drier localities, while the disorder is occasionally so intimately associated with the more frequent result of malaria, ague, that I have seen the two diseases alternately appearing in the same patient; for a few days, intermittent fever, with its cold, hot, and sweating stages, then, the affection which forms the subject of this paper, with all the well-marked symptoms, feverishness, sneezing, watery discharge from the eyes and nose, difficulty of breathing, &c.

I referred just now to the fact communicated to me upon reliable authority, that the natives of Burmah are subject to this affection, and this allusion brings me to another error, which should be cleared away; I mean the usually accepted notion that this disorder is confined to the upper and middle classes of society. No greater mistake could prevail, and I can only trace it to the obstinacy of persons, who, at first unwilling or unable to recognise it as a distinct affection, have subsequently endeavoured to gloss over this error by professing to regard hay-fever (I use this name in a general sense) as a sort of hybrid, half-real, half-imaginary affection engendered by luxurious habits and whimsical fancies. My experience has led me to a different conclusion. I have seen cases amongst the poorest patients at public institutions, and there is no reason for doubting that, whenever the special predisposition exists, the symptoms will make themselves manifest, whether the individual in question be peer or peasant, delicately nurtured lady, or hard working laundress.

Another great factor of disease, the season of the year, has also been misrepresented in connection with this affection. Somewhat blindly following the nomenclature of the disorder, many think that it never occurs excepting in the summer months. On the contrary, and especially where the sufferer is advanced in life, and the complaint has assumed the asthmatic form, it may be present at any period of the year, or, indeed, continue to torment the patient from one season to another. At the outset, a few weeks constitute the probable duration of the annual attack; in subsequent years, recurring with periodical punctuality, it lasts longer and longer every succeeding summer, until its victim considers himself well rid of it, if it should leave him in September or October after having run a course of several months, whilst in old-standing cases the affection becomes perversely chronic, generally taking the asthmatic form.

Of course, where so many discrepancies of opinion upon various points have long existed, it cannot be expected that uniform views prevail concerning the treatment of this disorder. When, however, we take into consideration the different circumstances connected with the affection, and the various forms in which it shows itself, the febrile, the catarrhal, and the asthmatic, it is evident that the rational treatment will consist mainly in the removal of symptoms and complications as they arise. The general line of treatment which may be laid down is, the administration of the preparations of quinine, arsenic, and iron, when the disorder occurs in persons of weak constitution, or from malaria; of salines and aperients, when febrile symptoms predominate; and of bromide of potassium, aconite, lobelia, and chloral, when the asthma is most troublesome; together with, in all cases, moderate exercise, nourishing, but unstimulating diet, and the avoidance of exposure to the exciting causes of the affection. The mode of the administration of suitable remedies is of the first importance, and, consequently, I have for some years given the preference to the inhalation of medicated spray, where that treatment is practicable, over the ordinary mode of giving medicines, as the affection is principally localised in the naso-pulmonary mucous membranes.

THE LYONS CONGRESS.

The names of Sir Wm. Fergusson, Bart., Mr. Acton and Dr. Cornelius Fox are to be added to the list of members admitted we have previously published.

Hospital Reports.

METROPOLITAN FREE HOSPITAL.

Cases of Albuminuria.

(Under the care of Dr. C. DRYSDALE.)

(Reported by WILLIAM KIPLING, Esq.)

Albuminuria (Syphilitica?)

History.—Morris Mellows, æt. 37, unmarried, occupation, been a soldier in India for ten years, but had to leave the army and come to England three years ago, on account of palpitation of the heart; been a great drinker, chiefly beer and rum. Ten years ago he had sores on his penis at Sheerness, followed in about a month by a rash over his chest, and legs, and sore throat. Whilst at Allahabad was laid up there for four months with rupia of the legs, otherwise been in good health all his life. Present attack came on a week ago with swelling of the face and legs.

April 5th.—*Present state.*—Pulse 80; face and eyelids swollen; legs very much swollen, and pit on pressure; no swelling of abdomen; heart normal. There is a muco-crepitation at the bases of both lungs, chiefly the left, which is also duller than the right. There is a good deal of expectoration of yellow sputa; on left tibia there are several whitish scars, brown at the edges, superficial and not bridled: there is a node on the spine of the right tibia, which came six months ago. Urine acid, contains an eighth part of albumen. Ordered

R Potass iodidi, gr. v.;
Tinct. iodi. ℥ij.;
Aque, ℥j. t. d. s. in a little starch water.;
Pulv. jalap, co., ℥j.;

Omni alter mane,

Lin. sinapsis to be rubbed into back.

April 12th.—Swelling of face and legs greatly diminished; scarcely any pitting of the latter; there is only a trace of albumen in his urine; has cough and expectoration, and still muco-crepitation at bases of lungs. Ordered to the above medicines, a mixture for his cough and hot fomentations to his back.

April 26th.—Node on tibia seems softer; cough and expectoration nearly gone; bases of lungs about normal; no swelling of face or pitting of ankles; faint trace of albumen in urine; is so well that he wishes to return to work. Discharged to be an out-patient.

Albuminuria—Rapid cure.

Thomas Simpson, æt. 33, been a very temperate man, had sores on penis fourteen years ago, no rash or sore throat following.

April 26th.—*Present attack* came on three weeks ago with swelling of legs and face, caused he thinks by exposure to cold.

Present state.—Face pale and puffy; hands and legs a little swollen, the latter pit on pressure; eyelids puffy; the urine on being examined in the usual way by boiling, and nitric acid is found to contain $\frac{1}{2}$ of albumen.

Ordered: Tinct. iodi, ℥v.;
Aque, ℥j. t. d. s.;
Pulv. Jalap, co. ℥j.

Omni alter mane.

May 21st.—Face pale, but no puffiness; no cedema of legs; urine contains $\frac{1}{2}$ of albumen.

May 28th.—No albumen at all in urine, and patient seems in very good health.

NOTE.—This is a most remarkable case, and Dr. Drysdale is inclined to consider that the use of the tincture of iodine has been invaluable in stimulating the kidneys.

Chronic Albuminuria.

History.—Samuel Brown, æt. 35, single, occupation a boiler maker, been accustomed to take six or seven pints of beer a day. Had small-pox when young. Erysipelas of legs seven years ago. Pleurisy three years ago, laid up seventeen weeks with it. Sores on penis fourteen years ago, but not followed by sore throat or rash.

Present attack came on seven weeks ago, with swelling of ankles and legs, does not know of any cause.

April 9th.—**Present state.**—Pulse 80; tongue slightly furred; legs slightly swollen and pit on pressure; no swelling of face; has a little pain in loins; dimness of vision, and on reading for any length of time becomes dazzled; heart and liver seem normal; urine acid contains 1-3rd of albumen; no casts or blood corpuscles.

Ordered: Tinct. iodi, ℥v.;
Aqueæ, ℥j. t. d. s.;
Pulv. jalap, co. ℥j.

Omni alter mane.

April 23rd.—Not much œdema of legs; cannot see very well; urine contains about 1-12th of albumen, and as it has been much the same for the last week he is ordered:

Gallic acid, gr. v.;
Mucilage, ℥j. t. d. s.

April 26th.—Since last report there has been swelling and tenderness of two of the left occipital glands, urine is much the same. As there is a suspicion of syphilis, he is ordered:

Potass. iodidi, gr. x.;
Tinct. iodi, ℥ij.;
Aqueæ, ℥j. t. d. s.

Examination by ophthalmoscope shows nothing very abnormal.

May 14th.—The glandular swellings have now disappeared; urine contains 1-12th part of albumen; slight pitting of legs.

May 17th.—Had a hot-air bath last night, after which he had a good sweat; his legs are not so swollen, but the amount of albumen is not diminished.

May 31st.—Still a little œdema of legs; urine contains about 1-6th part of albumen; his sight is not very good, he can see objects close to, but not at a great distance; pupils are very sensitive to atropine, remaining dilated some days after its application.

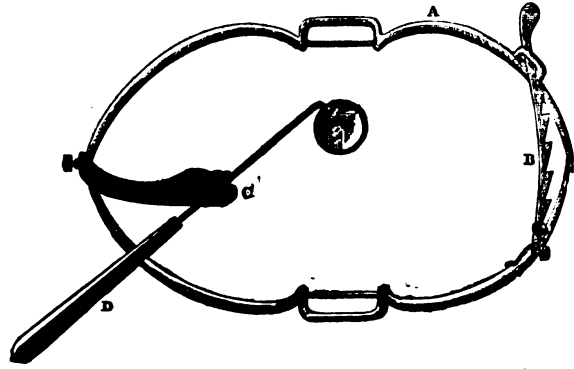
Taking: Potass. iodidi, gr. x.;
Tinct. iodi, ℥x.;
Aqueæ, ℥j. t. d. s.

January 10th.—He is so much better, as to desire to go to work; there is very little œdema, and scarcely any trace of albumen when acetic acid is added, and the urine boiled.

NOTE.—Dr. Drysdale is inclined to believe that albuminuria is far more frequently due to syphilis than most physicians think. In one case in which he made a *post-mortem* examination some time ago, at the Metropolitan Free Hospital, there was manifest syphilitic causation of albuminuria, the patient having been covered with rupial spots, and then affected with œdema.

HOSPITAL FOR DISEASES OF THE THROAT.

DR. ANDREW H. SMITH, of New York, exhibited a few days ago, at the Hospital for Diseases of the Throat, an instrument, which is figured in the annexed cut. It is designed to hold the laryngoscope in position in those cases in which both hands of the operator are otherwise employed, as when it is necessary to use the epiglottic pincette and, at the same time, make an application to the larynx by the aid of the mirror.



It consists of a gag (a) similar to those used in staphylophary, with a sort of pincette (c) made of hard-rubber, attached by a pivot to one of the angles, and designed to grasp the stem of the laryngoscope. This pincette has a swivel-joint which permits a rotary movement, while at the same time it moves upon the pivot by which it is attached to the gag. This allows the mirror to be placed in any position.

The advantages of this instrument over others of the same class are its simplicity and cheapness; the ease with which it is adjusted or removed; and the fact that by it the mouth is kept open without a constant effort on the part of the patient.

STUDENTS' COLUMN.

SYNOPTICAL REVIEW OF THE OFFICIAL PREPARATIONS OF THE BRITISH PHARMACOPEIA.

By W. HANDSEL GRIFFITHS, PH.D., L.R.C.P.,
L.R.C.S. Edin.,

Assistant-Librarian Royal College of Surgeons in Ireland.

GLYCERINA (GLYCERINES).

THESE are:—

1. Glycerinum Acidi Carbolici.
2. " Acidi Gallici.
3. " Acidi Tannici.
4. " Amyli.
5. " Boracis.

They are solutions of 1 part of the drug in 4 parts of glycerine, except *Glycerinum Amyli*, in which the proportions are 1 of starch to 8 of glycerine.

In the preparation of *Glycerinum Acidi Gallici* and *Glycerinum Acidi Tannici* solution is aided by means of gentle heat, while in *Glycerinum Amyli* heat up to 240° is gradually applied until the starch particles are broken, and a "plasma" or translucent jelly is formed.

INFUSA (INFUSIONS).

These are aqueous solutions of the constituents of vegetables obtained without boiling. They are prepared by digesting the drug (which is to be cut small, sliced, bruised or powdered) in distilled water for a definite period in a covered vessel and subsequently straining.

Infusion is preferable to decoction, when by the latter process the active principle is volatilised (Buchu, &c.), or a chemical change induced (Senna, &c.)

The following are the official infusions with the proportion of the drug ordered:—

Infusum Digitalis,	30 grains.	
" Quassia,	60 grains.	
" Caryophylli	} ½ ounce.	
" Chiratae		
" Ergotae		
" Rhei		
" Rosae Acidum		
" Serpentariae		
" Valerianae,	120 grains.	
" Catechu	} 160 grains.	
" Lini		

Infusum Anthemidis	} ½ ounce.	
" Aurantii		
" Buchu		
" Calumbæ		
" Cinchonæ Flavæ		
" Cusso		
" Cuspariæ		
" Krameriæ		
" Lupuli		
" Maticæ		
" Senegæ		
" Uvæ Ursi		
" Cascariillæ		} 1 ounce.
" Dulcamaræ		
" Sennæ		

Of the above, all are absolutely simple, except *Infusum Rosæ Acidum*, which has 1 drachm of dilute sulphuric acid added, *Infusum Catechu*, which contains 30 grains of cinnamon bark, *Infusum Lini*, which contains 60 grains of liquorice root, and *Infusum Sennæ*, which has 30 grains of ginger.

The Compound Infusions are:—

<i>Infusum Gentianæ Compositum.</i>	<i>Infusum Aurantii Compositum.</i>
Bitter Orange Peel, 60 grs.	Bitter Orange Peel, ¼ oz.
Fresh Lemon Peel, ¼ oz.	Fresh Lemon Peel, 60 grs.
Gentian Root, 60 grs.	Cloves, 30 grs.
Boiling Distilled Water, 10 ozs.	Boiling Distilled Water, 10 ozs.

In the preparation of *Infusum Lini* the seeds are not to be crushed as the mucilage is contained in the covering. *Infusum Cusso* is directed not to be strained.

Boiling distilled water is used in every case, except *Infusum Chiratae* and *Infusum Cuspariæ*, in which water at 120° F. is employed; while in *Infusum Calumbæ* and *Infusum Quassiae*, cold water is ordered, so that the starch may not be dissolved.

The length of time of infusion varies, and is regulated by the solubility of the active ingredients; it is one hour in the majority of cases; fifteen minutes in *I. Anthemidis*, *I. Aarantii*, *I. Aurantii Compositum*, and *I. Cusso*; half an hour in *I. Caryophylli*, *I. Catechu*, *I. Chiratae*, *I. Ergotæ*, *I. Maticæ*, *I. Quassiae*, and *I. Rosæ Acidum*; two hours in *I. Cinchonæ Flavæ*, *I. Cuspariæ*, *I. Lupuli*, *I. Serpentariæ*, and *I. Uvæ Ursi*; four hours in *I. Lini*.

LINIMENTA (EMBROICATIONS).

Preparations for external use applicable to the skin by gentle friction with the hand or by painting.

They all contain either a fixed or volatile oil or soap, camphor being regarded as a concrete volatile oil.

They may be divided into groups according to their method of preparation.

CLASS I.

Prepared by macerating and percolating twenty parts of the root with twenty parts of rectified spirit, and then adding one part of camphor.

<i>Linimentum Aconiti</i>	} 1 in 1.
" <i>Belladonnae</i>	

CLASS II.

Those of which olive oil forms the basis.

<i>Linimentum Calcis</i>	1 in 2.
" <i>Ammoniacæ</i>	1 in 4.
" <i>Camphoræ</i>	1 in 5.

In *Linimentum Calcis* and *Linimentum Ammoniacæ*, the officinal solutions, are employed, and these reacting with the oil forming a soap.

CLASS III.

Those of which camphor liniment forms the basis.

<i>Linimentum Chloroformi</i>	1 in 2.
" <i>Terebinthinæ Aceticæ</i>	1 in 5.
" <i>Hydrargyri</i>	1 (of mercury) in 6.

Linimentum Chloroformi is a simple mixture of chloroform and camphor liniment; *Linimentum Terebinthinæ Aceticum* is a mixture of one part each of oil of turpentine, acetic acid, and camphor liniment; while *Linimentum Hydrargyri* is made by gentle heating, one part each of ointment of mercury and camphor liniment, and then adding gradually one part of solution of ammonia.

CLASS IV.

Those of which soap liniment forms the basis.

<i>Linimentum Opti</i>	1 (of tincture) in 2.
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This is a simple mixture of equal parts of tincture of opium and soap liniment.

CLASS V.

Includes the liniments of more complex constitution. The following table will facilitate the recollection of the ingredients of these:—

LINIMENTUM.	ACTIVE INGREDIENT AND STRENGTH.	ORDINARY INGREDIENTS.			EXTRA INGREDIENTS
<i>L. Potassii Iodidicum Sapone.</i>	Iodide of Potassium and Hard Soap. 1 in 9.	Oil of Lemon.			Glycerine and Distilled Water.
<i>L. Crotonis.</i>	Croton Oil. 1 in 8.	Oil of Cajuput.	Rectified Spirit.		
<i>L. Saponis.</i>	Hard Soap.	Oil of Rosemary.	Rectified Spirit.	Camphor.	Distilled Water.
<i>L. Camphoræ Compositum.</i>	Strong Solution of Ammonia. 1 in 4½.	Oil of Lavender.	Rectified Spirit.	Camphor.	
<i>L. Sinapis Compositum.</i>	Oil of Mustard. 1 in 40.	Castor Oil.	Rectified Spirit.	Camphor.	Ethereal Extract of Mezcreon and Distilled Water.
<i>L. Iodi.</i>	Iodine, 1½ in 10. Iodide of Potassium.		Rectified Spirit.	Camphor.	
<i>L. Terebinthinæ.</i>	Oil of Turpentine. 1 in 1½.			Camphor.	Soft Soap.

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"BENJAMIN GODFREY, M.D.,

"F.R.A.S., M.R.C.S., & L.A.C.,

"Fellow of the Royal Medical and Chirurgical, and of
"the Pathological Societies, &c.

"Carlton House, Enfield, N., July 1st, 1865."

The patentee gives the following account of this food :—

"The 'Patent Food' is prepared from the purest and finest wheat flour, which is subjected for some hours (eight to ten) to an uniform temperature in apparatuses patented by Dr. Ridge, so as thoroughly to cook it and render it more nourishing and easily digestible.

"It is slightly alkaline, and consequently nicely adapted to the plusacid state of the stomach."

Ridge's Food is made from pure wheat, as evidenced by its microscopic examination.

It contains :—

Gluten	12·3 per cent.
Starch, dextrine, &c.	69 "
Ash	1·06 "
Moisture	9·45 "

It gives a slightly alkaline solution, and the ash chiefly consisted of the alkaline phosphates. Although it still contained a considerable number of starch granules intact, there is no doubt that it had been submitted to a heating process; but it was curious to observe that the infusion of this food gave but a slight indication of dextrine. We should feel inclined to urge upon the proprietors the desirability of carrying their cooking process a little further.

This food is sold in packets, holding sixteen ounces, and retailed at one shilling.

LIEBIG'S FOOD FOR INFANTS AND INVALIDS,
GENUINE.

Prepared strictly from the Formula of Baron Liebig by
William Hooper, Pall Mall East, London.

The public are cautioned against so-called superior forms of Liebig's Food, specimens of which have been analysed by Professor Liebig, who reports thus upon them in the *Lancet* :—

"It is impossible that the nourishment can be contained in them which in any way supplies the place of the mother's milk or satisfies the requirements of the infant."

It is therefore essential to observe Mr. Hooper's trade mark upon each package.

Liebig's Food, as originally ordered by that celebrated chemist, consisted of wheat mixed with a small proportion of malted barley. When such a food is submitted in the first instance to a moderate temperature, the diastase of the malt reacting upon the starch converts it into dextrin, and thus makes it into a liquid more suitable for assimilation.

Liebig's Food, as made by Hooper, is sold in one pound canisters at one shilling.

It contained :—

Moisture	10·8
Starch	62·5
Ash	1·731

The remainder of this food was cellular matter, very rich in gluten. The ash was rich in phosphates.

When examined by the microscope, it was seen to consist of wheat and malt in the proportions of about 1 to 4. When made as directed, almost the entire of the starch was converted into dextrin.

THE FOOD FOR INFANTS AND INVALIDS,

Specially prepared by Savory and Moore, Chemists to the Queen, the Prince of Wales, and the King of the Belgians, upon Baron Liebig's principles, approved and recommended by Dr. Hassall and Dr. Lankester,

Surpasses all other substitutes for the natural food of infants, more effectually promoting nutrition and health. Ready for use without boiling or straining.

"A child deprived of its mother's milk can only be fed properly when the food is equivalent in power to that of woman's milk."—BARON LIEBIG.

Directions for Use.—Put one or two tablespoonfulls (not piled up) of the Food into a suitable vessel; mix gradually with two or three tablespoonfulls of fresh milk; add now, with stirring, one-third of a pint of boiling water (or milk). When cool, to the temperature of new milk, it is ready for use.

N.B.—Although not necessary, as above stated, there is no objection to boiling the Food when thought desirable, and the following will be found the best method of proceeding :—The quantities of Food, water, and milk being mixed, the mixture is placed on the fire until the whole thickens. It should then be removed, and stirred until it becomes fluid, when the Food will be ready for use.

The Liebig's Food made by Savory and Moore was put up in ten ounce tins and sold at one shilling.

It contained :—

Moisture	6·8
Starch	68·
Ash	·995

The remainder being cellular matter and gluten,

Examined microscopically, it was found to consist of wheat and malt, and gave similar results when boiled, as regards the conversion of the starch into dextrin, as the previous Food. (This is the proper mode of preparing it.) It differs, however, inasmuch as the amount of starch is higher. This is no doubt due to its being more finely sifted.

Both the two last preparations may be said to fairly represent Liebig's original formula.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JULY 17, 1872.

THE SEAMEN'S HOSPITAL.

We had hoped that no more scandals would be published to the injury of our charities. But it is to be feared from what we hear that circumstances may yet be dragged forward that will be anything but creditable to the managers of these institutions. In the case to which we shall to-day confine our observations it is a pleasure to report that the affair reflects no discredit on a Medical man.

Dr. Swan has been ejected from an office to which he had been appointed in the usual way at the Seamen's Hospital, and in which he had faithfully served. But we doubt not that when the circumstances become generally known it will be universally recognised that his conduct in the matter was more becoming a gentleman than that of those who have deprived him of his office in a manner unworthy of the petty tyranny occasionally observed in parochial officials. We doubt, too, whether the authorities have not gone beyond their legal powers in expelling Dr. Swan for his very natural protest against a change in the terms of his contract to which he was not invited to accede. At any rate, he deserves the thanks of his brethren for standing upon his professional rights, not to

say dignity; and we trust the subscribers of the Seamen's Hospital will find some means of expressing their disapproval of the conduct of those who have brought this scandal on the charity. The following statement of facts will not fail to enlist the sympathy of the Profession with Dr. Swan. We should be only pleased if the Committee found it impossible to replace him until they had rescinded these obnoxious proceedings.

Dr. Swan only became house-surgeon to the Seamen's Hospital in April last. He then agreed to certain rules and regulations, by which he was responsible to the senior Medical officer. In June the house-governor and secretary assumed the powers held by the senior Medical officer; and the following order was issued by the Committee:—"That in the absence of the Committee the house-governor alone shall be responsible for any departure from the printed instructions laid down for the guidance of the officers of this institution." The usual month's notice on either side had been agreed to. Dr. Swan could, therefore, only protest, and this he did in the following letter:—

"Gentlemen,—I write to protest against your order, which has been communicated to me by Mr. Leach.

"It is universally the case in all hospitals that after a general routine system has been established, suggested by the Medical, and confirmed by the lay Committee, it is left to the resident staff to arrange as to absence and other minor details; and then, if any neglect of duty to the patients occurs, it becomes the secretary's duty to report such to the lay Committee, and for them to take measures such as they may think fit, but in no case that the secretary should interfere with their privileges as Medical officers. Already your restrictions are unnecessarily oppressive. You must recollect that Medical men who have received their diplomas, and are already fitted to take a responsible position in life, are no longer school-boys; and it is not in the nature of things that they should submit tamely to be brought back again to the reminiscences of their earliest boyhood by being obliged to ask a lay official whether they may go out or no. I have been admitted under certain rules and customs, and it now only remains for me to say, that if such an alteration as you propose be carried into effect I shall retire at the earliest opportunity. But let me warn you to take care lest by the increasing irksomeness of your rules you render this establishment wholly distasteful to the Medical Profession.—I am, Gentlemen, your obedient servant,

"WILLIAM SWAN, M.B.,
House-surgeon.

"P.S.—Of course, during the remainder of my stay here I shall adhere to the original rules, and consider myself responsible to the Committee."

What was the result of this? A committee of gentlemen would surely consider this letter, and in the interest of their charity refrain from any exhibition of petulance that might be indulged in with impunity by a representative of bumbledom. But no, the dignity of this Committee must be upheld, and they dismissed Dr. Swan on the spot—a week before his term of office would have expired.

A more disgraceful act it is difficult to imagine; but they went even beyond this, for they tortured his protest into a threat to disobey, as will be seen in the following resolution of June 28th:—"That the Committee having read the letter of Dr. Swan, in which he expresses his intention of ignoring the resolution passed on the 14th inst., and of not conforming to the regulations of establishment, his further services be dispensed with."

The Committee's regard for truth may be judged by comparing Dr. Swan's letter with their resolution,

THE OPHTHALMIC CONGRESS.

THE coming month of August will entice many Medical men to make holiday, and visit London and Brighton. On the first three days of the month the International Ophthalmic Congress will meet at the London College of Physicians. The meeting of the British Association for the Advancement of Science will commence at Brighton on Wednesday the 14th August, on which day Professor Sir William Thomson, LL.D., F.R.S., will resign the chair, and Dr. W. B. Carpenter, LL.D., F.R.S., will assume the Presidency, and deliver an address. The various sections will then meet for the reading of papers at 11 o'clock, a.m., on the 15th, 16th, 17th, 19th, and 20th August. On Thursday evening, August 15th, at 8 p.m., there will be a Soirée; on Friday evening, August 16th, at 8.30 p.m., a Discourse; on Monday evening, August 19th, at 8.30 p.m., a Discourse; on Tuesday evening, August 20th, at 8 p.m., a Soirée; on Wednesday, August 21st, the Concluding General Meeting will be held at 2.30 p.m. On Thursday, August 22nd, excursions will be made to places of interest in the neighbourhood of Brighton.

The *Pharmaceutical Journal* more over informs us that the meeting of the Pharmaceutical Conference for 1872 will be held in the Royal Pavilion, at Brighton, under the presidency of Mr. H. B. Brady, F.L.S., F.C.S. On Tuesday, the 13th, at 10 a.m., the President will deliver an address; the reading and discussion of papers on pharmaceutical subjects will then commence, be continued in the afternoon till 4.30, and be carried on during Wednesday; an adjournment from 12.30 till 2.0 each day.

In the interval between these meetings, the Annual Meeting of the British Medical Association will be held in Birmingham, on the 6th, 7th, 8th, and 9th of August, under the Presidency of John Whipple, F.R.C.S., Consulting-Surgeon to the South Devon Hospital. An Address in Medicine will be delivered by Samuel Wilks, M.D., F.R.S., Physician to Guy's Hospital; and an Address in Surgery will be delivered by Oliver Pemberton, Esq., Professor of Surgery in Queen's College, Birmingham.

The business of the (five sections) Annual Meeting will be conducted under the presidency of the following gentlemen, viz.:—Medicine, Dr. Bell Fletcher, Birmingham; Surgery, Sir William Fergusson, Bart., F.R.S., London; Midwifery, Dr. Evory Kennedy, Dublin; Public Medicine, the Rev. Dr. Haughton, D.C.L., F.R.S., Dublin; Psychology, Dr. Maudsley, London.

All the meetings in connection with the Annual Meeting will be held at King Edward's School, New Street. On Tuesday, August 6th, will be held the First General Meeting; on Wednesday, August 7th, will take place the Second General Meeting, and the address in Medicine; there will be also a public luncheon in the Exchange Assembly Rooms; 2 p.m., Meetings of Sections, Exchange Assembly Rooms—adjourn at 5 p.m.; and in the evening the President's Soirée in the Town Hall; on Thursday, August 8th, the Third General Meeting, the address in Surgery by Professor Oliver Pemberton, Surgeon to the General Hospital; 1 p.m., public luncheon—Exchange Assembly Rooms, and a public dinner; and on Friday, August 9th, the Concluding General Meeting.

On Friday and Saturday excursions will be arranged to visit (1) Dudley Caverns, and Lord Dudley's Ironworks; (2) Stoke Salt Works, the Sanatorium, and the Lickey Hills; (3) Warwick, Leamington, and Kenilworth; (4) Stratford-on-Avon.

On Friday a Flower Show will be held at the Botanical Gardens, Edgbaston, to which members of the Association will be admitted on presenting their cards.

Up to the present the railway companies have refused to grant any extra accommodation to the members of the Association visiting Birmingham.

SURGERY OF THE FRANCO-GERMAN WAR.

(Continued from page 31.)

VII.

VII. Daily Routine of the Ambulance.—7 a.m., déjeûner of the sisters and infirmiers; 7.15, matins by the sisters; 8 to 8.15, déjeûner of the wounded; 8.15 to 8.30, toilette of the wounded; 8.30 to 11.30, first attendance by the Medical officers, assistant-surgeons, &c.; 11.30 to 12, dinner of the wounded; 12.30 to 1, dinner of the infirmiers; 1 to 2, dinner of the sisters; 2 to 5, reception of visitors; 5 to 6.30, second attendance by the Medical officers and the assistant surgeons, &c.; 6.30 to 7, supper of the wounded; 7 to 7.30, supper of the infirmiers; 7.30 to 8, supper of the sisters; 8, vespers and bed.

VIII. Medico-Chirurgical Service.—The Medical Director of the ambulance, with the concurrence of the surgeons, and with reference to the season and circumstances, will fix the hours of the visits and consultations, as well as those of the daily service, which morning and evening devolve upon the surgeons.

The assistant-surgeons will regularly, in the morning after the déjeûner of the wounded—i.e., 8.30, and in the evening at 5, attend to the wounded allotted to them by the surgeons.

In extraordinary cases it will not be necessary strictly to follow the fixed times established for the visits and the treatment.

During the visit and the dressing no one except the sisters and the infirmiers, has the right to stay in the buildings of the ambulance, unless his presence is justified by his assistance.

The infirmier-en-chef is expected to be present at the visits and at the different Medical and surgical operations. During this time the sisters will hold themselves in readiness for any service which may be assigned to them for one bed or another.

All special prescriptions and distributions of medicaments, linen, food, drink, tobacco, delicacies of all sorts, will be subject to the order of the surgeons.

The sisters and the infirmier-en-chef, according as the surgeons may direct, shall be personally responsible for the punctual execution of the above-mentioned distribution.

Statistics and results, in a scientific point of view, will be registered on proper forms, and will be published every two months.

IX. Operating Room.—*Surgical Operations*—It is not permitted to any one, except those admitted or invited by the surgeons, and to the *personnel* appointed by them for each operation, to be present at the operations, nor to enter the rooms in which they are taking place.

X. Ambulance Dispensary.—The surgeons, assistant-surgeon, the paymaster, the steward, the sisters, and the infirmier-en-chef have alone the right of entry into the dispensary.

It is forbidden to take or deposit anything in the dispensary, except under the orders of those above mentioned.

The surgeons and assistant-surgeons alone may give prescriptions for medicines to be drawn from the dispensary.

The person charged with the execution of the instructions of a Medical officer will be responsible in regard to it.

XI. Baths.—No bath may be given to the wounded without the orders of the Medical officers.

The surgeons and assistant surgeons will personally ascertain the temperature of every bath ordered.

The infirmiers shall not place a wounded man in a bath, or take him out, without having previously consulted the above authorities.

XII. Heating, Light.—At present the temperature to be maintained in the buildings of the ambulance during day or night, will depend upon the exterior temperature, the sun, the wind, &c.

The infirmier will regulate the temperature by opening or closing the curtains as well as the windows opposite.

At sunset the lamps will be put in their proper place throughout the hut, and those outside lighted. At 9 o'clock p.m. it is prohibited to every one either to talk aloud, to read, or to smoke in the huts.

The infirmier-en-chef, the infirmiers, the firemen, and the lampists are strictly requested to take the necessary precautions against fire.

XIII. Ventilation.—The measures relative to ventilation and to the opening of the curtains, windows, &c., will be directed, under the instructions of the surgeons, by the infirmier-en-chef, and put into execution by the infirmiers and the "manœuvres-rideaux."

The infirmier-en-chef is directly responsible for the proper execution of the instructions of the surgeons.

XIV. Closets.—A fatigue man is especially charged with the duty of cleaning and disinfecting these places; the infirmiers will take every care to avoid wetting or soiling these places unnecessarily. It is forbidden to deposit here the remains of dressings or used charpie. All these shall be thrown in a place appointed for that purpose.

XV. Day and Night Service.—In the huts, the daily service will be carried on by two sisters and two infirmiers in each hut.

The night service will be carried out (the infirmiers being relieved every 24 hours) by an infirmier in each hut.

The infirmier-en-chef is charged with the inspection of the infirmiers, day and night, in all the huts. All must conform to his orders.

The placing and transfer of the wounded from one bed to another, or the changing of position in bed, must be done under the orders of the surgeons.

It is needless to remind the infirmiers to use the politeness and civility due to every one, but most particularly to those men who have exposed themselves and who have been wounded themselves for the honour of their country.

The books provided for the relaxation of the wounded will be carefully replaced in the library in one of the huts of the sisters.

XVI. Cleanliness of the Huts.—The infirmiers are strictly responsible for the cleanliness of the huts. Immediately after the morning and evening dressings, they will carefully clean each hut. This cleaning will occupy ten minutes. The passages will be dusted and swept daily.

During great heat the floor will be sprinkled with water, also the curtains.

Utensils such as covers, dishes, glasses, &c., the "urinoirs," the "vases de nuit," must be kept constantly in a state of cleanliness.

The furniture, tables, chairs, benches, shall be carefully dusted and kept clean.

The cleanliness of all the appurtenances of the ambulance, windows, doors, &c., must be maintained day and night—of the flooring particularly, and of the crockery in general.

The remains of charpie, tobacco, cigars, or cigarettes, empty bottles, &c., must be immediately removed. Bands, bandages, napkins, and other linen capable of being washed will be carried immediately after use to the shed set apart for the purpose of receiving them.

With regard to the articles to be thrown away, such as used charpie, they will be buried in the place appointed for that purpose.

The infirmiers, as well as the infirmier-en-chef, are

always responsible for the cleanliness of the huts, of the ambulances, and of all objects therein, while the sisters will attend exclusively to the cleanliness of the wounded, of their linen and bedding.

It is permitted to the wounded to smoke during the day, except during the hours of dressing and repose.

The wounded are requested to use while smoking every precaution against fire.

The sisters and infirmiers will watch the proper execution of this instruction.

Permission to smoke is not given to those who visit the wounded, nor to the infirmiers.

XVII. Dead-house.—Every case of death must immediately be notified by the sisters or infirmiers, to the surgeons or assistant-surgeons.

After having confirmed the decease, the surgeons will see that the dead body be transferred with due decency to the dead-house.

The effects left by the deceased will immediately after death be collected by the sisters and infirmiers and handed to the paymaster. The latter will take care to have the body removed and interred.

The effects left by the deceased will be consigned, against a receipt, to the military hospital appointed for the purpose.

XVIII. Linen and Washing.—The directress of the laundry will furnish, from the principal depôt of the small assortments of the sisters, the necessary quantity of linen for the carrying out of the surgical duty of the wounded without delay.

The delivery of soiled linen for washing, comprising bandages, mattresses, pillows, cushions, &c., as well as the reception of the clean linen, are in the province of the directress of the linen-store, and for which she is held responsible.

The General Council for the direction of the ambulance will provide the linen for the ambulance through the central linen stores of the Société de Secours aux Blessés, and also for all other provisions.

XIX. Kitchen.—The cooks will receive daily supplies from the steward.

The cooks will every evening make out a menu for the next day, in accordance with the instruction of the Medical Director of the ambulance. This menu will be entered in a special book, and a copy will be displayed in the kitchen.

The cooks are responsible for the proper preservation and feeding of the live-stock destined for the food of the wounded.

They will be assisted by an assistant-cook and by two men, one for out-of-door work and the other for the scullery.

XX. Cellar, Meat Safe, and Stores.—The cellar and the provision stores are placed under the exclusive surveillance of the steward and purveyor.

They are alone responsible to the Director, and alone keep the inventory, and alone have the right to receive money and make disbursements, under the obligation of having to keep their books of accounts correctly.

XXI.—Purchases and Distributions of all Sorts.—No one has the right to make purchases or distributions, &c., without the order or acquiescence of the Director. Every purchase must be paid for in ready money after entry and always against a receipt.

XXII. Receipt or Delivery of the Objects which arrive at and leave the Ambulance.—The letters, journals, photographs, packets of all sorts will be handed to the paymaster after their receipt, by whomsoever they may be received.

The articles specially directed to the ambulance will be received exclusively by the surgeons, the paymaster, or the steward: their receipt alone is valid.

XXIII. Requests for Information, Receipts, Orders for Payment, &c., Reports, Statements, Official Lists.—The Director has the sole right of receiving, signing, and forwarding these, or of ordering others to do so.

A placard is placed at the side of each bed. It gives every desirable information of the wounded.

Besides this, lists of the wounded and of changes happening in the ambulance will be made from day to day and furnished by the paymaster of the ambulance.

A detailed list of the wounded is left with the paymaster, and will be constantly rectified for the accommodation of visitors.

XXIV. *Special Cases* are regulated by special rules: the duties of the paymastership, stewardship, the exterior lighting, the arrangement of the curtains in the eight huts, the wounded, the pumps, the night watching, the day inspectors, the orderlies, the sweepers, the closet-men, the night-men for the removal of all refuse, the stables and the coach-house, the operating room and dead-house, and lastly, the water service, the reservoirs, and the bells.

Special instructions are made for the kitchen service and that of the cellar which contains the extras for meat and drink, the linen service, the provision stores, and the ice-house of the Château of St. Cloud.

In case of any extraordinary accident, or when it is necessary immediately to give information, advice, or to lend assistance, it will be necessary to inform without delay, at any hour day or night, the surgeons, the paymaster, or the steward, and to call them at need.

The Director holds personally responsible every one belonging to the ambulance for the strict execution of the precautions to be taken to avoid the danger of fire.

Notes on Current Topics.

IA Conjoint Examining Board for Ireland.

We have great satisfaction in the announcement that the Irish licensing authorities have come to an agreement on a scheme for a Conjoint Examining Board. The plan agreed to by the conference of delegates was, as our readers are aware, under debate in the College of Physicians for some weeks, and we are informed that it has been adopted with unimportant modifications. The Queen's University is now the only Irish Medical authority which declines to co-operate in any arrangement for educational or examinational reform. The Scotch bodies have agreed to a sort of pretence of examination, which runs no chance whatever of approval either by the Medical Council or the Government, and there can be no reasonable doubt that if the matter should come before the House of Commons, or pass into the hands of Government, the efforts of the principal licensing bodies of England and Ireland to carry out an honest measure of reform will meet with approval, notwithstanding the abstinence of the Scotch and one Irish corporation.

New Regulations in the University of Dublin.

THE University of Dublin has made a recent alteration in their regulations, which is a very judicious one, and will add considerable prestige to their Mastership in Surgery. Hitherto that degree was given as the ordinary qualification in Surgery of a Bachelor of Arts, there being of late years no lesser diploma nor any higher surgical qualification. The Board has now made the Mastership the companion of the Doctorate in Medicine, to be obtained only after the expiration of three years from the qualifying of the candidate. The lowest surgical qualification for a graduate in arts will in future be the Bachelorship in Surgery, which will involve the entire curriculum hitherto necessary for the M. Ch.

Prescriptions Written and Read.

A VERY painful case of poisoning which occurred last week at Morecambe has called attention, not only to the occasional looseness of practitioners in the writing of their prescriptions, but to the rational reliance which the law should put in the discretion of the dispenser who makes it up. A poor woman who suffered from dropsy was seen by Mr. Metcalfe Johnson, the local surgeon, who prescribed a grain of morphia with the direction, "fiat pilulæ lex." The assistant who made up the prescription read the direction as "fiat pil. j. nutte taelæ lex," while Dr. Johnson says he meant it to signify "divide in pil. ij." The patient took an entire grain of morphia and died, and the jury found a verdict of death by misadventure, which was equivalent to an acquittal of the assistant.

In this particular instance we can approve of the view taken by the jury, inasmuch as it appeared from the evidence that the accused was competent, experienced, and careful, and the Latin instructions to him rather inexplicit. But we cannot allow it to be understood that a dispenser is absolved of all responsibility if he carries out the written directions of the prescriber. The knowledge of the dispenser is the proper check against possible errors in the prescription, and the public expects in him such an amount of intelligence and experience as shall protect them from the effects of such "misadventure." In this case the dose of morphia given was not obviously poisonous, and it is possible that the assistant may not have seen cause for his interference, but as a general rule it must be assumed that a dispenser shall bring knowledge and attention to his work, and if he does not possess such qualities, his employer cannot be held free of blame if he dispenses a prescription which is plainly dangerous.

The Bruit de Diable, or Anæmic Murmurs.

In a lecture by Dr. A. Duchek, Professor of General Pathology in the University of Vienna, notes of which were taken by Karl Wavlik, and have been translated for the *Medical Examiner*, we take the following:—

There are to be found murmurs in the heart and the veins, which do not arise from any substantial organic changes in the heart or vessels, as for instance in men and animals exhausted by loss of blood and attendant anæmia. In the same degree as the loss of blood and the paleness of the skin proceed, these murmurs appear in the heart and the veins of the throat. In severe cases if we touch the jugular vein with the finger we perceive at once a continued vibration like that of a string. On pressure on the upper part of the jugular vein, both the perception of the vibration and the acoustic evidence of a murmur disappear, proving it to be merely venous.

The formation of the heart sounds is modified by two circumstances: the condition of the valves of the heart and the vessels on the one hand, and the pressure produced by the blood stream on the other. As we have in such cases of anæmia no symptoms permitting us to diagnose changes in the vibrating mediums, we are induced to seek for the origin of these sounds in the causes themselves which produce vibration, viz., the pressure of the blood. In the disorders attended by these murmurs (as anæmia, chlorosis, and loss of blood), the propulsive power of the heart is unchanged, but its contractions are more frequent, while the blood is either diminished in quantity or weakened in quality. The pressure exercised by it in the circulation is also diminished, so that the impulse given by the blood column is not sufficient to develop in the valves, or in the arterial walls, the amount of tension necessary for the formation of the sound, which under

normal circumstances makes its appearance in these vibrating mediums, but in these cases is lowered into the acoustic impression of a murmur.

In this way we explain the origin of these murmurs in the heart. It is more difficult, however, to trace its course in the jugular vein. Some have attributed it to the arteries, but this is contradicted by its disappearance on pressure on the jugular vein, as well as by its continuity. These sounds are modified in two ways. They grow stronger at regular intervals, being reinforced by the sounds of the carotids; we call these *moments of reinforcement*. Secondly, the murmurs are increased or diminished according to the force and rapidity of the respiration.

In the heart we attribute all sounds and murmurs to the action of *vibrating membranes*. But for these murmurs in the veins we cannot suppose that they are caused by a *whirl of blood*, nor by the pushing of the blood stream against a narrow entrance. Behind the insertion of the sterno-cleido-mastoideus the jugular vein is wider than elsewhere, forming the bulbus, and beneath this bulbus, in the narrowest part of the vein, are valves. These valves have a most important influence upon the entire circulation. If the pressure in the thorax is too great they are approximated and thus oppose the further entrance of the blood. The part of the veins above them becomes, consequently, dilated just as in cases of stagnation in the heart, the jugular vein is distended and the jugulum grows gradually more shallow.

The venous murmurs then arise from the vibration of these valves caused by the impulse of the blood. When the blood flows slowly the impulse is too weak and no murmur is to be heard. The murmur arises when the valves are half opened and put into vibration by a sufficient rush of the blood.

Another peculiarity is to be noted. The bulbus is attached to the clavicle, behind the sterno-clavicular articulation, and thus being stretched out, the flow of blood is facilitated. If the pressure in the thorax is increased by valvular failures, emphysema of the lungs, &c., the stream flows slowly, and, therefore, we do not find these murmurs attending disorders of the intra-thoracic organs. Another consequence of this fact is, that these murmurs disappear in anæmic persons when they become affected by pneumonia or exudative pleurisy, reappearing again, however, on recovery. The two necessary requisites then, for the production of the murmur are a speedy circulation, and a normal pressure of blood in the thorax.

This view also affords us an explanation of the fact of the murmurs growing stronger when the respiration is more hurried. The thorax being strongly dilated, the blood rushes into it in more forcible currents, thus strengthening the acoustic impression. When the respiration is impeded, or is forced, the circulation loses the necessary rapidity, and the vibrations become inaudible.

These murmurs are very rarely to be found in connection with mechanical changes in the heart. They accompany similar murmurs at the aorta, which are always systolic, never diastolic. They may perhaps be diastolic in the most severe disorders of this kind, where it is impossible to distinguish whether there is only one continued murmur, or whether the systolic and diastolic murmurs meet and run into one another.

Granulations of the Conjunctiva Treated by Electricity.

Two methods of treating granulations of the lids by electricity are noticed. Dr. Kohn, of Berlin, employed a battery of one element. Having protected the eye with Jaeger's plates, he placed the heated platinum wire on the eyelid. Dr. Schivardi employed a Bunsen battery of two elements. The negative pole is applied to the inverted surface of the upper lid by means of a buttoned sound. The positive pole is applied to the nucha by means of a sponge saturated in salt water. The session is of about ten minutes duration. Remarkable success is claimed.

Capsuled Volatile Remedies.

THE use of capsules to enclose precise doses of nauseous medicaments is likely to become more general by the introduction into this country of Dr. Clertan's carefully made "pearls" from France, where they have long been highly esteemed—Trousseau and Pidoux, and other authorities having highly recommended them. These "pearls" are quite models of what such a preparation ought to be. Any one may convince himself that their contents are what they profess to be by bursting one of them. Slight pressure between the thumb and finger suffices for this, dispersing the ether, chloroform, &c., through the air, and leaving the envelope for examination, when it is found to be fine isinglass. The "ether pearls" are very important. Each contains about five drops of pure ether. In a few seconds after it has been taken the isinglass is dissolved in the stomach, and a feeling of warmth is perceived as the first effect of the escape of the ether. The same holds good of chloroform. We have taken these ourselves, and given them to patients with much satisfaction.

The "pearls" of valerian, turpentine and assafœtida, enable us to give these nauseous medicines to the most fastidious invalids. Any one who hesitates about the quality of the drug has only to rupture a pearl in the manner we have related and he will be convinced by the sense of smell.

Summer Drinks.

AERATED waters should have their chance now, if at any season of the year. Accordingly, soda water, lemonade, and other drinks meet us at every turn. Where alkalies are desirable, a free indulgence in these is of a certain value, and it is not difficult to discriminate between the cases likely to be benefited by soda, potass, lithia, &c.

It however sometimes happens that patients who ought to take acids are desirous of aerated beverages. For their benefit we may mention that Messrs. Blake, Sandford, and Blake, make aerated mineral acid water, and aerated phosphoric acid water. The former contains twenty drops of diluted nitro-muriatic acid in each bottle, and is therefore a most useful remedy. We believe these acid waters were first made by Messrs. Blake for some members of the Royal Family and they are becoming quite popular.

Good Fortune of the Massachusetts General Hospital.

THE *Boston Med. and Surg. Journ.* announces that a few days ago the treasurer of the Massachusetts General Hospital received for the large sum of \$446,000, which was paid to him as the result of a provision of the will of the late John Redman. Mr. Redman died some twenty years since, leaving a will by which the hospital was made the residuary legatee of his estate upon the death of a son who had a life interest in it. The advance in both real and personal estate since that time has increased the value of the legacy from the \$50,000, which the trustees of the institution once expected to receive, to nearly half a million.

The Windsor Barracks.

WE take the following from an article in the *Berkshire Chronicle* which appears to call for some explanation, and which we therefore commend to those whom it concerns:—
"When we reflect for a moment that a regiment like

that of the Royal Horse Guards, the *élite* of the British army, and a costly luxury to the ratepayers, has been unnecessarily exposed to the effects of bad drainage, &c., what may Her Majesty's other regiments look forward to, as certainly no surgeon will venture a sanitary report in future until he can substantiate his views with a death or two—such is known to be the opinion and decision of the surgeons of the general army. The case stands thus:—The barrack, particularly the officers' quarters, was reported unfit for occupation by Surgeon Major Logie, of the Blues, an officer of 31 years' service, his report being supported by two other Medical officers of the Household Brigades (their combined services amounting to upwards of 67 years). What follows? A board composed of a lieutenant of Engineers—the Royal Engineers—and a staff surgeon of 18 years' standing, were sent five days after to inquire into the accuracy of Mr. Logie's report, he being ordered to wait upon those two young gentlemen. The result was that three weeks after a severe reprimand was handed to Surgeon Major Logie, stating his report, "causing much anxiety, trouble, and correspondence, had not been substantiated, and had resulted in no proof, and coming from an officer of such long standing was shorn of much of its value." Such was the decision and censure of Sir Thomas Logan, K.C.B., Director General Army Medical Department, based upon the report of those two young gentlemen. Luckily for the Blues, they have for their surgeon a gentleman of experience and thorough independence. Surgeon Major Logie took immediate and most active measures for killing the poisonous effects of those drains, &c., in and about the officers' quarters (in which house about a month before an officer of the previous regiment had narrowly escaped with his life from typhoid fever). Notwithstanding these constant efforts, two officers and one non-commissioned officer were seized with symptoms of a typhoid character. Yea, proofs are not wanting to substantiate the forethought, experience, and zeal of Surgeon Major Logie, both officers and men coming forward to vouch, in the strongest language, for his statement in the first instance. Too much credit cannot be given to Mr. Logie for his care and the active line of conduct he has shown towards his regiment, at the same time never having acted without the knowledge of, or expressed approval of, his commanding officer, Colonel Baillie; and we can confidently say that had it not been for his constantly employing disinfectants in all shapes, stopping the use of water which became contaminated with organic matter, and also his causing all the fresh supplies of water to be filtered, for both cooking and drinking purposes, the chances are that that fine regiment would have been rendered totally unfit for duty."

Special Report on Diseases of the Throat.

TO-DAY we begin another of those Special Reports for which this journal has long been distinguished. The clinical character of this new report and the reputation of its editor, lead us to hope it will equal its predecessors in interest and value. Dr. Prosser James was the first physician who employed the laryngoscope in this country, and his work was the earliest in which its uses were described. Moreover, he may claim to be the father of laryngoscopical medication, for, long before Türch or Czermak had turned their attention to the subject, he had succeeded by the aid of a primitive instrument of his own constructing in curing a patient by local treatment. All his writings, both in this journal and elsewhere, have been characterised by a scrupulous anxiety to be impartial and to do justice to every one. We, therefore, feel sure that no better authority on the subject could be found to pass in review its literature, especially when we remember that years of foreign travel have made him familiar with the practice and languages of our continental *confrères*. If we

lose some of his services in Medical politics we are glad to enrich our columns with his clinical work.

Those desirous of bringing under his notice their inventions or writings can address them to either of our offices or foreign agents, or by post direct to Dr. Prosser James, 18 Dover Street, Piccadilly, London.

Public Health Bill.

THE debate on this measure, though a very important one, was not—being principally on financial subjects—of much special interest to the Medical Profession. In his opening remarks, however, Mr. Stansfeld let fall some observations which are worthy of close attention by our readers. He said,—

The measure proposed that the Imperial treasury should bear half the salary of the Medical officers of health to be appointed under the Bill, stipulating that as Government was to bear that proportion of the salary it should be entitled to share in the appointment; and he hoped this joint appointment would be the rule rather than the exception. If the Government were to be partners in payment it should also be partners in the appointment and partners in dismissing; that was to say, when an appointment was made the consent of Government should be asked, and no officer should be subject to dismissal without the sanction of the Government or the Local Board. Next to the Medical officer of health, the most useful officer was the sanitary inspector. It was of the greatest consequence that the local authorities should be encouraged to appoint a sanitary inspector, and that he should be a man free from capricious dismissal, and at liberty to perform the duties which the legislature had imposed upon him. With these views he proposed to ask Parliament to contribute one-half of the salary of the sanitary inspector also. These three features—the lending local boards at 3½ per cent., the payment of half the salary of the Medical officer of health, and the payment also of half the salary of the sanitary inspector, constituted the principal proposals of the Bill.

Sir M. Beach thought when the time came for the house more fully considering this important question, it might very fairly be argued that the whole instead of the half of the salaries of the officers of this character should be paid by the Treasury, and that nothing at all should be paid from the rates. The house would recollect that, as a matter of practice, the salaries paid to these officers were not within the control of the local authorities. They would wish to raise or lower the salaries paid to them, but they had to apply to the Local Government Board previously for their consent. And seeing the Local Government Board exercised this control, they would be put to no risk of the local authorities dealing with the money of the Imperial exchequer in the way they might be disposed to deal with it if at liberty to spend it as they chose. It was satisfactory, however, that the right hon. gentleman had gone as far as he had done.

Mr. Corrance regretted that a Bill equal in importance to any which had been before the house should have been delayed to the end of the session. He thought it was a most incomplete and imperfect measure. The right hon. gentleman had told them that his present proposal was only provisional; that was, that the main point and pivot on which the Bill turned was only provisional. That fact ought to be considered. Then, as regards its nature, he thought its operation would be only partial.

Dr. Brewer believed it would be most important that the Government should encourage the idea of Medical officers being appointed, not merely for a parish or union, but for several parishes, unions, and even districts. They did not want Medical officers to be mere inspectors of nuisances, nor did they want them to make reports upon all sorts of subjects. The special function of a Medical officers should be to report, not only upon the special cir-

cumstances of his own district, but so to concentrate his attention upon all the sanitary peculiarities of the locality as to be able to make suggestions to the central office for them to carry out in connection with the Government for the improvement of the sanitary condition of the people.

After an effort by the opposition to postpone the Bill to next session, the antagonism was eventually withdrawn, and the debate adjourned.

The Long Bow.

In the *Philadelphia Medical Reporter* of May 25, we find a case of *soi disant* puerperal convulsions, reported by a Dr. Schumo, of New Jersey. He says:—The girl (for she was but a child), was lying in bed with her arms pinioned, breathing stertorously and totally unconscious; her pulse gave but little evidence of her alarming condition, it being normal as to number of beats and volume. I immediately bled her to the extent of about three pints. After taking over a quart of blood, she gave some evidence of returning consciousness, but doubling the propriety of stopping at that quantity, I let the stream flow until the pulse flagged. I left the house before she was able to articulate sensibly.

Truly, the Medical theorising of late years has accustomed us to the exercise of an abundant credulity, but we admit that we—to use the Gladstonian phrase—require to be “educated up” before we can gorge and assimilate the record of puerperal convulsions, occurring three days before labour, in which the practitioner, in presence of a pulse “normal as to beats and volume” bled the patient to a measured quart, and a further indefinite quantity; “until the pulse flagged.”

A New Means of Combatting Muscular Contraction.

EVERY one is familiar with the resistance offered by muscular contraction in the reduction of dislocations or of fractures with displacements of the fragments. In order to avoid this difficulty, resort is had to reduction as soon after the accident as possible to profit by the condition of stupor existent at that time. After this period etherization becomes necessary. M. Broca has devised, says the *Lyon Médicale*, a means which is void of the inconveniences of anæsthesia; it is compression of the principal artery of the wounded limb. The muscles deprived of the blood necessary for the exercise of their functions by compression of the brachial or femoral arteries are unable to contract.

A New Method of Arresting Epistaxis.

DR. F. MARIN, of Geneva (*Journal de Méd. et de Chir. Prat.*, May) has discovered a new and simple method of arresting hæmorrhage from the nasal cavity. It consists in applying pressure to the facial artery at a point immediately beneath the ala of the nose, where the vessel can be pressed against the superior maxillary bone. In epistaxis the hæmorrhage is usually confined to the anterior third of one of the nasal fossæ, and as pressure upon the facial artery causes a diminution in the flow of blood to this cavity, the hæmorrhage is arrested almost immediately, and this proceeding is therefore recommended as preferable to that of plugging the posterior nares by the aid of Belloc's sound, in attempting which the surgeon is generally pretty thoroughly smeared with blood, and is not

unfrequently bitten. Dr. Marin has had occasion to give numerous trials to this method suggested by him, and has generally found it effective. In two instances where it failed, plugging the posterior nares was attended with like result.

THE fiftieth anniversary of the foundation of the Royal Society of Medical and Natural Sciences at Brussels, is about to be solemnized by a great assembly of the Profession in that city, which representatives from all parts of the Continent have notified their intention of attending.

WE are threatened with a “bakers' strike;” if it takes place it will be, indeed, a serious matter, especially for the poor. As well as the twelve hours, &c., the journeymen bakers now require, they absolutely need lifting up above the mere drudgery of their unclean, repugnant, and unhealthy labour, as the manufacture of our daily bread is of vital importance to the whole community, together with the life and death of many thousands yearly of journeymen bakers. We once more call attention to the facts elicited before a Committee of the House of Commons. Dr. Guy found that 108 bakers out of 111 were actually diseased, and many other items went to show the unhealthiness of these men. When will machinery universally be employed?

Special Report

ON

DISEASES OF THE THROAT.

Edited for the “MEDICAL PRESS AND CIRCULAR.”

BY PROSSER JAMES, M.D., M.R.C.P.,

Physician to the Hospital for Diseases of the Throat and to the North London Consumption Hospital; Lecturer on Materia Medica and Therapeutics at the London Hospital.

THE object of the present series of reports is to bring together, for the convenience of the readers of the *MEDICAL PRESS*, a mass of material in reference to the subject that has accumulated in my hands during the last few years, and at the same time to keep them *au courant* with a branch of practice that has made, and is making, rapid and steady progress. For this purpose it will be necessary to pass in review a considerable proportion of the literature of the subject. This review cannot, however, be exhaustive. It must be not only incomplete, but fragmentary, particularly as it is continually receiving fresh and important additions. I shall therefore not pretend to follow strictly any classification, nor shall I scruple to return to a subject previously considered, should new contributions seem to call for remark.

I do not even promise to criticise all the views to which I may have occasion to refer, but will endeavour to represent them correctly, and should I misapprehend any author, shall feel grateful if he will kindly correct me.

In not a few cases I shall merely reproduce the writers' own words, though in the majority abridgment will be absolutely necessary. From this it will at once be seen that a finished work is not my intention, and considerable latitude of arrangement may therefore be permissible. My reports will, in fact, be but a selection from the gleanings I have made during a long series of years in this depart-

ment of Medical study. Should I be able to carry them on for some time, they may perhaps be looked upon in the light of *mémoires pour servir*, a branch of literature but little represented by English journals, but which is so striking and useful a feature of our French contemporaries.

This much being premised, a word or two will suffice to indicate the scope of these reports.

It was at first intended to extend them to all diseases of the respiratory organs, but the great extent of such a subject would utterly forbid my passing in review anything but the most recent contributions to the subject, and I have therefore determined to limit them to a narrower sphere. Still, "Diseases of the Throat" will be understood in its widest sense, so much so that I shall not scruple to speak of diseases that are closely allied to those usually passing under that name. It is not as a specialty that I propose to deal with the subject, but simply as a convenient branch of practice. Some writers limit their attention to a single organ, the larynx, the pharynx, and so on. A very convenient division of our subject may thus be obtained, but such a classification would not serve my purpose. If compelled to divide my subject in that way, I should rather treat first those diseases affecting the mucous membrane. It is, in fact, to them I shall invite first attention, and that for several reasons—among others, that it is with this membrane that we have chiefly to do in the majority of diseases of the throat, and particularly in the practice of laryngoscopy. It is the nature, diagnosis, and treatment of diseases of the mucous membrane that is the division of the subject which constantly occupies the attention of all practitioners, and even when we limit our consideration to particular organs brings us into intimate relation with all others.

We could, in fact, with a little care classify most throat diseases under this title. At the same time it embraces a larger sphere; for the continuity of the gastro-pulmonary tract prevents our losing sight of a larger surface of this membrane, a point of great practical importance when we consider how often diseases of the throat extend to other parts. The lungs are peculiarly prone to suffer concomitantly, and it is chiefly the largeness of my subject that causes me to postpone for the present any gleanings respecting the bronchial division of the membrane. On the other hand the nose and mouth are quite as intimately connected with the throat, and as they receive less attention from most writers I shall venture to include a number of their diseases in my reports, more especially those originating in their mucous membranes.

In this branch of practice the introduction of the laryngoscope was an event the influence of which it would be difficult to exaggerate. What was before dark is now light. The most difficult problems have become clear as day. Looking back to the pre-laryngoscopic period is, therefore, like turning back to a comparatively dark age, and we shall only rarely have occasion to complete a subject by earlier citations, at least so far as laryngeal diseases are concerned.

Some of my readers are aware that my book on "Sore Throat" was the first English work in which the uses of the laryngoscope were shown. That book was written before Czermak's memoir had been translated, but it alluded to all the circumstances in which the instrument would probably be of use. After it appeared, Czermak visited England, and I had the pleasure of witnessing one of his auto-laryngoscopic demonstrations and of presenting him

with a copy of my work, in which he could observe how nearly he had been anticipated. In this book at least one case was related in which a mirror had been employed, not only for diagnosis, but for treatment—proving incontrovertibly that I was the first practitioner who used the laryngoscope for the purpose of aiding in the application of topical remedies. It may easily be understood that having, as it were, thus been a pioneer in the exploration and treatment of laryngeal diseases, I have never lost interest in the subject, and although, unfortunately, ill-health constrained me more than once to leave the sphere of my labours, since my re-establishment in London I have not ceased to devote much time and energy to the elucidation of these diseases, and, having accepted a post on the staff of the Hospital for Diseases of the Throat, I have abundant opportunities of practical work. I propose, therefore, to make my first report chiefly on laryngeal diseases, and, by way of introduction, to give some account of the laryngoscope and the art of using it—a brief sketch, in fact, that may serve the purpose of notes to the instruction I give at the hospital, and which I have often been asked by the pupils and visitors to publish.

I shall feel obliged to those of my professional brethren who have paid attention to the subject for any hints they may furnish, or for information as to the scope and intention of their writings, or the construction of instruments they have invented, it being my wish to faithfully describe the work of all who have advanced our knowledge of Diseases of the Throat.

Literature.

THE HALF-YEARLY ABSTRACT (a).

We might say almost the same of the Abstract as we have said of Braithwaite's Retrospect; it is a curiosity that two volumes should be so ably edited from the same material and yet resemble each other so little. Dr. W. Domett Stone succeeds well in carrying on the work which was planned and so long executed by Dr. Rankin.

We naturally judge most by our own pages with which we are but too familiar, and we find them well represented in the extracts made of the communications of Drs. Mapother, Tichborne, Corley, Swanzy, Luther, Prosser James, and others. The editor of the Abstract often places very interesting papers in the Appendix, and this time we find there Dr. Losterfer's paper on syphilis corpuscles and Professor Besiadecki's conclusions respecting them. As this subject has lately been brought prominently before our readers, we avail ourselves of this version for extract.

ART 1.—On the possibility of Diagnosing Syphilis by Means of Microscopical Examination of the Blood.
By Dr. LOSTORFER.

(*Medizinische Jahrbücher*, 1 Heft, 1871.)

"THE great mistrust with which, in almost all quarters, retailed observations on certain appearances in the blood in infectious diseases are received, induces me to commence this time with the results of my work hitherto obtained, and a statement of the manner in which I have shown that I can distinguish the blood of a syphilitic from the blood of a non-syphilitic individual."

"Prof. Stricker, who was kind enough to put my assertion to the proof, gave to me on several occasions a number of prepared blood tests, concerning the origin of which I was ignorant, some of these having been taken from healthy and others from syphilitic persons. They had been numbered and noted in

(a) "The Half-Yearly Abstract of the Medical Sciences." London: J. and A. Church

writing. After three, four, and at the most six days, I made him acquainted with the results of my examination; and then a comparison with the notes showed that—except in those instances where one or more preparations, either immediately after they were made or in the course of the examination, had been found useless, and so placed on one side—there was accordance between these notes and my results. Those tests which had been taken from healthy men I indicated as the blood of non-syphilitics, and those from syphilitic patients as the blood of such individuals.

"In a similar manner I have successfully carried out with success a test put by Prof. Hebra.

"The manner in which I have carried out my investigation is as follows: A drop of blood obtained by a puncture in the skin is transferred as rapidly as possible to a smooth slide, and covered by a thin protector. The blood test thus obtained is now placed in a bell-glass, arranged as a moist chamber, in which there is a stand for twelve preparations. In every glass of this kind I place the blood tests both of syphilitic and non-syphilitic individuals.

"The examination of these preparations is made daily with a N. 10 oc. 3, Hartnack's immersion lens.

"Whilst in general, during the first two days, nothing of a foreign nature was to be seen beyond some vibriones, bacteria, and sometimes the early forms of sarcena, on the third, many times on the fourth or fifth day, and exceptionally after the first twenty-four hours, I found small bright bodies, some of which were at rest and others presented vibratile movements. On some of these bodies a small process could be made out.

"On the fourth, exceptionally on the third, fifth, or sixth day, these bodies had become larger and increased in number. Many of the enlarged bodies presented the above-described process, which proved itself clearly to be due to a process of budding. In some, this had increased so much in size that it was almost as large as the maternal body.

"On the following days, the bodies increased more and more in size, so that some soon reached or even exceeded the size of shrivelled red blood-corpuscles. At the same time, however, smaller corpuscles were present in all gradations of size. Bud-formation also was now a frequently observed phenomenon, and many corpuscles had not only one outgrowth but several, which, some with and others without a stalk, were fixed to the maternal corpuscle. There were many instances in which one outgrowth was the bearer of secondary buds. Not all of these corpuscles were circular; many were irregular in form. After the specimen of blood had been kept for eight or ten days, a vacuole was formed in each of the larger corpuscles, which enlarged more and more, so that at last it was surrounded by only a thin membrane, indicated by a double contour. At this stage the development of the corpuscles had reached its end, and no further changes were observed, even in those cases—which, however, were very rare—where the blood remained suitable for examination at the end of a month.

"I proved also the conduct of the corpuscles on the addition of various fluids—such as solutions of sugar, distilled water, Pasteur's fluid, a solution of common salt, and a solution of acetic acid. These fluids, on the first day of their addition, had, notwithstanding their diversity, the same action. The corpuscles became shrivelled, and ran together into a quite irregularly-formed and opaque mass, and all further development was arrested. This change occurred with the greatest rapidity on addition of solution of sugar and of Pasteur's solution.

"At a later period, say about six or eight days after the appearance of these corpuscles, shrivelling occurred on the addition of one of the above-mentioned fluids, but by no means to such an extent as before. Many of the corpuscles appeared to be folded and had acquired an irregular form. Others retained their circular form, but were smaller, their contours were more distinct and their brightness not so well-marked. I have observed however a further development on the addition of distilled water, of an extremely diluted solution of sugar, and, in one case, of a solution of salt. In those instances the vacuoles enlarged rapidly, budding occurred, and there was also a formation of long extended processes which resembled very much the germ sacs of fungi.

"With regard to the quantity of the corpuscles in question; this varied very much: in some instances they were much scattered, in others they were very numerous. In one instance I counted on the fourth day, fifty in the field of the microscope. Whether the number of corpuscles has any relation to

the existing syphilitic symptoms remains to be determined by further investigation.

"The deviations from the above described modes of development consist chiefly in a more rapid or a slower development. In the first instance I found on the fourth day corpuscles which had attained almost the size of shrivelled blood-corpuscles. In cases of this kind, the corpuscles undergo the most manifold changes of form. The bud-formation was extremely unimportant. In later cases the corpuscles became distinctly perceptible for the first time on the fifth day; their growth was very slow, and when fully attained was rapidly followed by dissolution.

"Although I had first examined the blood of many healthy men without finding any of the above described corpuscles, I still persevered in the examination, and during a period of three months, I made use of simultaneously with specimens of blood from syphilitic subjects, specimens from healthy or at least non-syphilitic persons, and recently blood from patients affected with gonorrhœa, ulcers, and eczema. Generally the blood of syphilitic was kept in the same chamber with that of non-syphilitic persons. I have recently examined blood specimens of several patients suffering from typhus and lupus, and also one with elephantiasis græcorum.

"Now, since in no blood specimen from a non-syphilitic person, could I, notwithstanding the most careful examination, find any of the above described corpuscles, therefore must the possibility of finding these after several days' incubation in the blood of syphilitic persons, be regarded as somewhat characteristic of this disease. From this time I would give to those corpuscles the provisional name of syphilitic corpuscles.

"I have not yet carried on investigations at all times of the year, but have had occasion to remark that special attention ought to be paid to the temperature. Many of my researches were made at an indoor temperature fluctuating between 10° and 18° R., others in a place where the fluctuations of the temperature were still more considerable. In low temperatures I found that the results were negative."

Dr. Losterfer gives the details of thirteen cases of syphilis in which the blood of the patients presented the above described corpuscles.

Correspondence.

REPORTS ON FOODS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In the interest of truth I feel impelled publicly to take exception to some of the teachings of your reporter on this subject.

In your issue of the 19th June, after showing that "Brown and Polson's Patent Corn Flour" contains 86 per cent. of starch and 9.2 per cent. of water, he adds, "it is decidedly a genuine article." Now, on the very face of it, this is a statement, that a preparation almost wholly composed of starch is a genuine "corn flour," which is substantially untrue. If your reporter had taken the trouble to make himself acquainted with Brown and Polson's process, he would have ascertained that it consists of means for obtaining common starch from maize by washing out the gluten, fat, &c. But this is not his only shortcoming. His statement implies that starch alone is a good article of diet. Such reckless utterances are most deplorable in a moral as well as in a scientific point of view.

The same deleterious twaddle is repeated in the reports on "Duryea's Prepared Maizena," and "Kingsford's Oswego Prepared Corn," both of which, like Brown and Polson's corn flour, are neither more nor less than common starch obtained from maize by a complicated system of washing.

On the other hand, hardly less pernicious are the statements put forward in the unfavourable report of June 26th on Du Barry's "Revalenta Arabica." It was surely enough to expose the impudent quackery of the greater part of that charlatan's assertions. Instead of confining himself to this legitimate work, your reporter has gone out of his way erroneously to depreciate the dietetic value of the lentil, which is the product whereof "Revalenta" is composed, and whose excellent properties are precisely that which renders it possible for the Du Barry imposture to be carried on successfully. He says, "the lentil is of food stuffs, one of

the most unpalatable, indigestible, and flatulent. Lentils are worth about twopence per pound, and are used on the Continent as a cheap food." The first part of this statement is utterly erroneous, as I can testify from having resided in a country where the lentil is the chief article of food of the working classes. When properly cooked it is palatable as well as digestible, and not particularly flatulent, except to those who are not in the habit of using it for food. The fact that "lentils are used on the Continent as a cheap food," instead of being a reason for warning the British public against eating them, is one for ascertaining and publishing their real dietetic value. But it is certain that the lentil, like many other varieties of pulse, is almost equal to butcher's meat as a flesh former. Experience, in countries where it is extensively used, proves it to be both nutritious and wholesome. It is moreover, very cheap. There is, consequently, nothing but vulgar prejudice, combined perhaps with culinary incapacity, to prevent the lentil being used with advantage by large numbers of people in this country. What an infinitely better food for children, for instance, would a savory "mess of pottage" of lentils eaten with bread be, than the usual British slops?

Cheap nutritious food is more than ever an acknowledged want. A wholesome nitrogenous article like lentils, costing no more than twopence per pound in the dry state, is evidently one well-fitted to supply that want; and as such is deserving to be commended by those who have the pretension to give lessons to the public on the subject of diet, instead of being rashly depreciated in accordance with the ignorant prejudices of our common people.

Yours obediently,

ERVA LENS.

* * In the "interest of truth," we must decline to endorse the remarks of "Erva Lens," which are certainly more energetic than discreet. The starches, when mixed with milk (it is in this form they are generally used), are invaluable as foods. The well-known arrow-root may be viewed as a type of this class of preparations. Bermuda arrow-root consists of 13 to 14 per cent. of moisture, the remainder being nearly chemically pure starch.

We made no such statement that starch alone is a good article of diet; but have already pointed out that foods which almost entirely consist of starch should be used with milk.

The writer of the above will have to bring forward more logical arguments before he persuades the public or the Medical Profession that lentils or peas are desirable foods for invalids or infants, because they are rich in vegetable casein. Lentil meal might be excellent food for a strong man leading a very active life, but we doubt if even the enthusiastic "Erva Lens" would recommend as a proper diet for a newly-born infant Dutch cheeses, because they contain so large a percentage of casein.

The flatulent and indigestible nature of the lentil or pea is so well recognised that we are surprised to find anyone has the temerity to dispute it. Yet the preparation that "Erva Lens" advocates is especially put forward for the use of invalids. The nutritive value (if digested) we did not express an opinion upon.

As regards the fact that lentils are largely consumed, as pointed out by ourselves, in other countries, it is no argument at all. In certain parts of the globe there are earth eaters, yet such a fact does not constitute earth containing a limited amount of organic matter, a desirable article of food for invalids and infants, or even for the hale and adults. An infinitely larger proportion of children die from over and improper feeding than from starvation.

A *propos* of casein and such like substances, we can lay our fingers on sundry analyses executed by good and efficient men in which the so-called flesh formers are calculated from the determination of the nitrogen by combustion. Can anything be more absurd as such a practice in estimating the value of a food, when some of the nitrogenous substances are contained in the portion of the cereals, which are perfectly incapable of assimilation, and simply pass through the

body mechanically and undigested? This, in our opinion, is "deleterious twaddle."

And now a word about the tone of "Erva Lens" letter. We think it "deplorable in a moral and scientific point of view," to find a writer of some slight ability allow his force of vituperation to exceed his common sense. In fact, the letter is a mass of assertions put in a most ribald style, and without the slightest point. We will tell him, however, what is our point. When manufacturers send out the starch of maize or any other grain carefully prepared, and when they make no secret of its composition or sources, and also sell it at a fair price (8d. per pound), such a preparation we consider good and genuine in every respect. But when a manufacturer sends out a substance that is retailed at the exorbitant rate of 5s. per pound, makes a secret of its composition, and denies that it is made from the grain of which it mainly consists, then, "in the interest of truth, we intend to speak out" in spite of the advocacy of such physiologists as "Erva Lens."

EDITORS OF THE FOOD REPORTS.

IS DISEASE IN THE SOLIDS OR IN THE FLUIDS?

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In my short and very imperfect article in your paper of the 15th of last May, I gave it as my opinion that disease was not in the solids but in the fluids—that is, in the blood. The soft solids are composed of arteries, veins, nerves, and lymphatics, and by this latter term I mean all those vessels which secrete and absorb, and as those form the whole animal economy, I will now endeavour to substantiate my opinion. The first disease I will examine is that which goes by the general name of "fever." The symptoms are all present and in full force, and I now ask, where is the disease? In the solids or in the fluids? Can it be in an artery or a nerve? I think not. What keeps up the heart's action? If it is not something in the blood, what is it? It is a plain question, where is the disease? It must be somewhere, and as the vessels are merely doing their duty, it is evident, I think, that it is in the blood. The artery pours out the blood, the vein takes it up, and the lymphatic absorbs the nutritive part which sustains the body, the disease cannot be in them, therefore the blood must be its seat. You want to lessen the heart's action first: How will you do it? What will your medicine act upon, the solids or the fluids? How can you act upon the heart unless through the blood?, with the pulse at 130 the blood is doing harm somewhere; now, if it is not doing the injury, what is it? The vessels? How can or could they do it? They are merely acting their part in the animal economy. When you give medicine it must act upon the blood, and if by so doing it removes the disease, does it not follow that the disease has been in the blood? if not, where has it been? in the arteries and veins, &c.?

What is the use in giving medicine if you do not know upon what it will act, and whether it will act or not? Let it act where it will, its first and direct action is on the blood. Ague is called an intermittent fever, yet it consists in a single paroxysm with three distinct stages: Where is the fever? What caused the paroxysm? Was it the solids? Where does the cause remain until the next attack? In the solids or fluids? Is it not evident that whatever the cause is, it is in the blood? You may remove the patient to another locality, but the cause goes with him. I do not see how a cause could lie in a solid, in an artery, or vein.

Cancer.—The parts were perfectly healthy until a small tumour the size of a pin's head was first felt; how did it come there? It is a deposit of some foreign matter from the blood, it becomes a foreign body and increases in size until ulceration takes place, or it may remain indurated. If the former, the healthy parts are rapidly absorbed, commonly called an "eating cancer." The matter secreted from the blood seems fatal to the surrounding parts, new vessels have been formed, and a new and peculiar action has taken place, because they secrete all this deleterious matter. What has occasioned all this? The blood, the foreign matter deposited by the artery from the blood, and refused to be taken up either by the vein or lymphatic; hence, the disease was in the blood. Why

cut it out? Because we possess no medicine powerful enough to alter the constitution of the blood in that locality. When this matter is deposited in a gland and runs along the lymphatics from gland to gland, the case is hopeless; we have no power over the blood.

Gout.—In this case it appears to me that the blood runs to the joints to cause it—upon the same principle as it runs to the liver—to secrete bile; it acts upon certain parts and nowhere else. I have suffered from it for forty years. It is strange that gout only attacks half of the joint, the upper or outer part; now, for instance, the back of my hand from the wrist to the end of the fingers have only been attacked, the palm of my hand and the inside of the fingers have been perfectly free from it; and the same has been the case with both great toes and feet, the upper or outer vessels are the only ones engaged, and they have been injected with blood to the utmost extension possible; then a relaxation took place until it entirely subsided, absorption going on but slowly, though surely. Nothing can prevent the rush of blood; when it begins it will have its way, and nothing can relieve the pain except opium. You cannot cure gout, because you cannot prevent the rush of blood, it is utterly impossible. Where is the cause? Is it in the vessels of the part or in the blood? I have watched my hand from the first twinge until it was swollen fully one inch, then it stopped, and the pain was only terrible, from pressure on the nerves, which was only relieved by opium deadening the sensibility; the middle joint of both little fingers were engaged, but only the upper half. I could rub the under parts with impunity. Why is this one circle of vessels only engaged? It cannot be the fault of the vessels, the cause must lie in the blood; but why attack a particular part? I might as well ask why bile, urine, and gastric juice are secreted from the same blood. Take inflammation of any kind, and say that the engorgement of the arteries depends upon the arteries themselves. What causes a dry hot skin, and why do not the lymphatics pour out their usual fluid? Is it in the blood to pour out? The tongue and mouth are dry and parched, and the stomach calls out for fluid. May not the latter be as dry as the former? Why will the vessels not secrete? Is there anything to secrete? Is not the blood in some disorganised state? If not, what is wrong and where? If you cannot find the cause of disease in the blood, where will you look for it? In an artery, vein, nerve, or lymphatic? These compose the solids. Take any disease you like and trace it to its source, and you will find the "casus belli" in the blood and nowhere else. If the stomach will not absorb any of the medicine you put into it, of what use is the medicine? And if it is absorbed, is it not thrown first into the blood, and is not its chief action upon it? What do your diuretics and diaphoretics act upon, if they do not act upon and prepare the blood for its proper use? Even suppose that they act upon the vessels—the solids—it must be through the blood. If the blood is pure, you have no disease; hence, it must be that there is a something in the blood, a something which entered it, "*ab externo*," that causes disease. There are diseases induced by debility of, as well as poisonous miasma in, the blood, and there is a distinction between diseases and maladies, but of these hereafter.

I remain, Sir,

Your obedient servant,

ALEXANDER LANE, M.D., R.N.

Ludlow, Salop, July 4, 1872.

P.S.—I had thought that the authorities engaged in drawing up our new nomenclature would have paid some attention to the names of diseases, and made some analogy between the name of the disease and the disease itself; but they did not, and went on in the old beaten track. To wit "hydrophobia"; a fear of water is no disease, besides, it is wrong; a mad dog bites a man, the poison is absorbed, thrown into the blood, and attacks the brain, and the disease is called a "fear of water." Again, "sunstroke." There is no such disease; the sun cannot strike a man, intense heat may cause a rush of blood to the brain which the veins cannot return quick enough, and thus cause "congestion," and this is in reality the disease. Again, "phlegmasia dolens." I never saw inflammation here in any case that came under my observation, it appeared to me to be obstruction in the lymphatic system. Is the English language so poor that it cannot give a name to a disease, but we must look to the dead languages for one, Greek or Latin.

WHAT CONSTITUTES A DR. ?

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Having for some time noticed several letters in the MEDICAL PRESS and *The Doctor* on the subject of the right of men to sign M.D. after their names, they not possessing a degree from a British University, I think it would be well to state the wording of the Medical Act on the subject. It says, at Section 40, "That any person who shall wilfully and falsely pretend to be or take or use the title of Physician, Doctor of Medicine, or any title, name, addition, or description implying that he is recognised by law as a physician, shall, upon summary conviction, pay a sum not exceeding £20." This is to my mind a very clear legal qualification for any registered physician to sign himself by any name, title, addition, or description that he may think proper to show that he is a physician and recognised by law as such. If this view is wrong, then a M.D., although he may be registered and recognised by law as such, has no right or title to call himself a physician, unless he holds a diploma from one of the Colleges of Physicians authorised by law to grant the same. In conclusion, I think it only right to say that Mr. Chandler not only deserves the thanks, but the support of the whole Profession.

I am, Sir,

Your obedient servant,

WILLIAM DONOVAN, L.R.C.P.Ed., &c.

Adare, July 4th.

Gleanings.

Elixirs and Wines.

(Continued.)

Elixir of Pyrophosphate of Iron, Quinia, and Strychnia requires particular manipulation, which precludes the use of simple elixir. The following formula—the result of concert of experiments of my friend Mr. E. Scheffer and myself—has been used by me since autumn, 1869, and I can recommend it as uniformly successful when the manipulation is carefully conducted:—

Take Sulphate of quinia	60 gr.
Strychnia	1 gr.
Citric acid	5 gr.
Stronger alcohol	f ʒij.
Solution of oil of orange	℥ i.
Syrup	f ʒ vj.
Pyrophosphate of iron	ʒss.
Distilled water	f ʒvij.
Aqua ammonia	q. s.

Triturate the sulphate of quinia, strychnia and citric acid together until minutely divided, then add the alcohol and solution of oil of orange. Warm the syrup slightly (to about 150° F.), and add to the turbid alcoholic mixture; when, upon stirring, the mixture becomes clear. To this add the pyrophosphate of iron, previously dissolved in the distilled water, and finally aqua ammonia carefully (drop by drop), until the elixir is perfectly neutral to testpaper; filter.

The finished preparation has a greenish yellow colour, a pleasant flavour of orange, and is permanent.

Elixir of Calisaya Bark with Iron.

Take of pyrophosphate of iron 128 grains, soften in two fluid drachms of water, and stir in gradually 1 pint of Elixir of Calisaya Bark; filter.

Elixir of Calisaya Bark with Iron and Strychnia.

Dissolve 1 grain of strychnia and 1 grain of citric acid in two fluid ounces of water, add 1 pint of elixir of Calisaya bark with iron, mix and filter.

Elixir of Calisaya Bark with Iron and Bismuth.

Dissolve 128 grains of pyrophosphate of iron and 128 grains of ammonio-citrate of bismuth in 2 fluid ounces of distilled water, add 14 fluid ounces of elixir of Calisaya bark; mix and filter.

Elixir of Calisaya Bark with Iron, Bismuth, and Strychnia.

Dissolve 1 grain of sulphate of strychnia in 2 fluid drachms of water, add 1 pint of elixir of Calisaya bark with iron and bismuth; mix and filter.

Elixir of Calisaya Bark with Iron and Beef.

Dissolve half an ounce of extract of beef (prepared by Liebig's method) in 1 pint of elixir of Calisaya bark with iron; allow it to stand several days (if possible), and filter.

Elixir of Pyrophosphate of Iron.

Soften 256 grains of pyrophosphate of iron in half fluid ounce of water, add 15½ fluid ounces of simple elixir; mix and filter.

Elixir of Bismuth.

Dissolve 256 grains of ammonio-citrate of bismuth in 4 fluid ounces of distilled water, mix with 12 fluid ounces of simple elixir, and filter.

Elixir of Valerianate of Ammonia.

Dissolve 256 grains of valerianate of ammonia in 2 fluid ounces of simple elixir, carefully add aqua ammoniac until the solution is exactly neutralised; then mix with 14 fluid ounces of simple elixir; filter and colour with cochineal colour to a bright red.

Elixir of Valerianate of Ammonia and Quinia.

Triturate 64 grains of valerianate of quinia until minutely divided, then dissolve in it 1 pint of elixir of valerianate of ammonia, and filter.

Elixir of Valerianate of Ammonia, Quinia, and Strychnia.

Dissolve 2 grains of strychnia in 2 fluid ounces of water, by the aid of just sufficient valerianic acid; mix with 1 pint of elixir of valerianate of ammonia and quinia, and filter.

Elixir of Valerianate of Quinia.

Triturate 128 grains of the valerianate of quinia until minutely divided, mix with 1 pint of simple elixir, carefully add valerianic acid until the liquid becomes clear, shaking after each addition, and filter.

Elixir of Valerianate of Quinia and Strychnia.

Dissolve 2 grains of strychnia, minutely divided, in 2 fluid ounces of water by the aid of just sufficient valerianic acid; mix with 1 pint of elixir of valerianate of quinia, and filter.

Elixir of Valerianate of Strychnia.

Dissolve 3 grains of strychnia in 2 fluid ounces of water by the aid of just sufficient valerianic acid; mix with 1 pint of simple elixir, and filter.

Elixir of Bromide of Potassium.

Dissolve 1 ounce of bromide of potassium and 1 ounce of sugar in 1 pint of simple elixir; add 20 minims of solution of oil of orange and 10 minims of solution of oil of bitter almonds, and filter. Colour with cochineal colour.

Elixir of Bromide of Sodium.

Prepare this like elixir of bromide of potassium, substituting bromide of sodium for bromide of potassium, and omitting the colour.

Elixir of Bromide of Ammonium.

Prepare this like elixir of bromide of potassium, substituting bromide of ammonium for bromide of potassium, and omitting the colour.

Elixir of Hops.

Add 2½ fluid ounces of fluid extract of hops—made according to formula for F. E. Gentian, U.S.—to 13½ ounces fluid ounces of simple elixir; mix and filter.

Elixir of Lupulin.

Triturate 2 ounces of fluid extract of lupulin with 2 ounces of carbonate of magnesia, add 14 fluid ounces of simple elixir; transfer to a bottle, agitate occasionally for several hours, and filter.

Elixir of Gentian and Pyrophosphate of Iron.

Triturate 100 minims of solution of oil of orange with 2 ounces of sugar; dissolve it in 8 fluid ounces of elixir of pyrophosphate of iron and 6 ounces of simple elixir, add half ounce alcohol and half a fluid ounce of fluid extract of gentian; mix and filter.

Elixir of Chloral Hydrate (a).

Dissolve 2 ounces of chloral hydrate in 1 pint of simple elixir, and filter.

Wine of Iron.

Dissolve 128 grains of ammonio-citrate of iron in 2 fluid ounces of water, add 1 pint of wine of orange; mix and filter.

Bitter Wine of Iron.

Dissolve 128 grains of soluble citrate of iron and quinia in 2 fluid ounces of water, add 1 pint of wine of orange; mix and filter.

Wine of Wild-cherry Bark.

Mix 1 ounce of fluid extract of wild-cherry bark, 2 fluid ounces of syrup of wild-cherry bark, 10 minims of solution of oil of bitter almonds, and 13 fluid ounces of wine of orange. Allow to stand several days, and filter.

Wine of Wild-cherry Bark and Pyrophosphate of Iron.

Soften 128 grains of pyrophosphate of iron in 2 fluid drachms of water; add 1 pint of wine of wild-cherry bark, mix and filter.

Wine of Beef.

Dissolve half an ounce of extract of beef (Liebig's method) in 1 pint of wine of orange, and filter.

Wine of Beef and Iron.

Dissolve half an ounce of extract of beef (Liebig's method) in one pint of wine of iron, and filter.—*Pharmacist.*

Medical News.

Royal College of Surgeons of England.—The annual meeting of the council for the election of the president and vice-presidents, the several professors and examiners in medicine and midwifery, was held last Thursday, when Henry Hancock Esq., of Harley Street, was elected president in the room of George Busk, Esq., F.R.S., and T. B. Curling, Esq., F.R.S., and F. Le Gros Clark, Esq., F.R.S., vice-presidents of the college for the ensuing year. Dr. Thomas B. Peacock, physician to St. Thomas's Hospital, and Dr. Wilks, F.R.S., physician to Guy's Hospital, were elected examiners in medicine; Dr. Arthur Farre, F.R.S., Dr. Robert Barnes, and Dr. Priestley, were elected examiners in midwifery; William Henry Flower, Esq., F.R.S., was elected professor of comparative anatomy; Erasmus Wilson, F.R.S., professor of dermatology; T. Holmes, Esq., F.R.C.S., professor of anatomy and surgery, and Dr. Humphry, F.R.S., of Cambridge, professor of anatomy and physiology.

Apothecaries' Hall of England.—At a Court of Examiners held on the 11th instant, the following gentlemen, having passed the necessary examinations, received the L.S.A. diploma, viz.:—Messrs. Oliver Barber, of Sheffield; J. L. W. Forder, of Mauritius; Robert Bruce Low, of Edinburgh; Frank Reid, of London; Francis Leigh Riley, of Sydney, New South Wales; and Alfred Milward Sculthorpe, of Tamworth. And the following passed the primary professional examination, viz.:—Messrs. Samuel Bingham, of Guy's Hospital; Richard Jelley, of University College; William V. Lindsay, of St. Mary's Hospital; Rees Ralph Llewellyn, of the London Hospital; and Russell Main Talbot, of Guy's Hospital.

The Danger from Infectious Diseases.—In the case of *Best v. Stap*, heard in the Court of Queen's Bench, an important question as to the liability of taking about persons suffering from infectious disease so as to endanger the health of others, has been raised. The plaintiff is a lodginghouse keeper at Eastbourne. The defendant is a gentleman residing near London. The action was brought to recover damages for the losses the plaintiff had sustained by the death of his children and illness of his wife, and from being

(a) This elixir was first prepared by me at the request of a gentleman who habitually used the chloral hydrate, and he finds that the chloral dissolved in this way retains its virtues most completely during the period required for the consumption of one quart. For this reason I have given the formula for its preparation, thinking that if such a preparation is desirable this seems to serve the purpose.

prevented from letting his lodgings, in consequence of the defendant having brought his family into the plaintiff's house when they were suffering from scarlet fever. The evidence for the plaintiff was given by his wife, Mrs. Best, who said that in August, 1870, arrangements were made by the defendant's wife to take rooms in her (Mrs. Best's) house, and ultimately, on September 1, Mrs. Stap, the defendant's wife, came with her family, governess, and nurse. The plaintiff had four children living in his house. Mrs. Stap brought five with her. Mrs. Best was engaged when they came, and did not see them, but she was told that Mrs. Stap's little boy was ill from a cold, and he was put in bed. In a few days Mrs. Best spoke to Mrs. Stap in consequence of it having been suggested to her by her other lodgers that something more than a cold was the matter with the children, but she was assured by Mrs. Stap that this was not so. Mrs. Best also advised a doctor being called, but this was declined. On the 10th of September a doctor was called in to attend Mrs. Stap's daughter, who also was taken ill, and she was found to be suffering from scarlet fever. The doctor told Mrs. Best this, but up to this time she had not known or heard anything about scarlet fever having been the illness from which Mrs. Stap's family were suffering. On the 12th of September Mrs. Best's child was taken ill. Shortly after that one of Mrs. Stap's children died, and on the 29th Mrs. Best's child died. On the 1st of October another of Mrs. Stap's children died and on the 16th another of Mrs. Best's. After the death of her first child Mrs. Stap went to London and never returned. Her family were not allowed to leave for some time by the officer of health, as they were not in a fit state to travel. The plaintiff's wife said that nothing at all was told her previously to Mrs. Stap coming to her house about the children suffering from scarlet fever, and evidence was given that Mrs. Stap had endeavoured to conceal the fact from Mrs. Best, and also that they were absolutely affected with it when they went down to Eastbourne, and that Mrs. Stap knew it. At the conclusion of the plaintiff's case, Mr. Field, on behalf of the defendant, submitted that there was no evidence against the defendant personally, and that the wife was not the agent of her husband to make the alleged false representations.—Mr. Justice Quain ruled that if the wife knew of the children being ill from scarlet fever at the time she took them to the plaintiff's house, there would be a verdict for the plaintiff, as the wife must be taken to be the agent of her husband, the defendant. The evidence for the defence was, that one of the children had suffered from scarlet fever, but had recovered, and that the doctor told Mrs. Stap that they might be removed, as they were out of danger.—Mrs. Stap also denied having concealed the fact of the children having the fever from Mrs. Best. Ultimately the jury returned a verdict for the plaintiff, damages £120.

Opium Eating.—The Legislature of Kentucky, in order to check the practice of opium eating, which is greatly on the increase, has just passed a bill that on the affidavit of two respectable citizens, any person who, through the excessive use of opium, arsenic, hasheesh, or any drug, has become incompetent to manage himself or his estate, may be confined in any asylum and placed under guardianship, as in the case of habitual drunkards or lunatics.—*Med. and Surg. Reporter.*

NOTICES TO CORRESPONDENTS.

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

All communications intended for insertion, must bear the name and address of the writer; not necessarily for publication, but as a voucher of good faith.

Rejected MS. will always be returned, if a request be received from the author, within one week after the article or letter has been declined.

Subscriptions in the United States.—A Correspondent has drawn our attention to the fact, that some of the houses in the United States are charging the enormous figure of 15 dollars per annum (more than £3) for supplying this Journal to different parts of the States. We beg, therefore, to state that we shall be happy to supply the same

regularly post free per annum, if paid in advance, for considerably less than half this amount, viz., six and-a-half dollars (about £1 6s. 0d.), either direct from our offices in this country, or through our recognised agents in the United States.

To our Subscribers.—It having been suggested to us that it would be a matter of great convenience to Subscribers visiting the metropolis to know where they can give instructions for their letters to be addressed previous to leaving home, we have pleasure in informing them that the Publisher has consented to take charge of letters addressed to his care, and that he will place a desk at the disposal of Subscribers whose names are upon our lists, for short correspondence, where such accommodation is desired.

Reports on Foods.—A Correspondent writes: "I was much pleased with the exposure by the analysis of Barry Du Barry's Revalenta in your columns. This stuff has for years past appeared in almost every newspaper at home and abroad, and is, to my mind, further proof of how the fools will support the knaves. If such patent (?) is to be allowed and protected by Government stamps, its composition should be correctly stated, and if altered so as to be injurious to the health of the people, its proprietor should be visited with a heavy fine. The Profession is much indebted to the MEDICAL PRESS AND CIRCULAR for its fearless exposure of every kind of quackery." We thank our Correspondent.

The Bastardy Laws.—In the House of Commons on Friday last, an honourable member moved that 5s. per week should be the maximum fine for the maintenance and education of illegitimate children, instead of 2s. 6d. as at present. The proposition was defeated on a division.

L. A. R.—The publication is a very small one, but contains some really good matter, and will be found very interesting, especially to one interested in the treatment of the insane. The publishers' names were given in our last.

Swiss Milk.—The *Swiss Times* says that at the condensed milk manufactory in Cham there are 10,000 quarts of milk condensed every day, and as many more in the branch establishments at Gossau (Canton St. Gall) and Düringen (Canton Friburg) taken together. Four-fifths of this condensed milk goes to London.

A Sufferer.—We make a point of never recommending one practitioner in preference to another. The fact of your having consulted "a qualified Medical man" in your town without deriving benefit is no argument that you should leave him for another. The fault may be, and probably is, entirely your own, as the malady of which you complain is so simple, and of such an every day occurrence, that the merest tyro in medicine would readily prescribe an effectual remedy. We commonly hear of cases in which the real cause of your particular illness is sedulously kept from the family Medical attendant for fear that "he will reveal the secret." If this be so with you, you little imagine how you libel the Profession, and prolong your own suffering.

Dr. Francis Hogg, Woolwich.—We will look up the names of a few authorities on the subject, and send you a private note. Your communication is interesting, and the case of rare occurrence.

VACANCIES.

Board of Police, Glasgow. Sanitary Medical Officer, at a salary of £6 0 per annum. (See advt.)
 Manchester General Hospital for Sick Children. Medical Officer. Salary £100 per annum, with board and residence. (See advt.)
 Leeds Dispensary. Junior Resident Medical Officer. Salary £60, with board. (See advt.)
 Battle Union, Sussex. Medical Officer. Salary £20, with extra fees.
 Blackburn Infirmary. Resident House-Surgeon. Salary £90, with board.
 Royal Free Hospital, London. Junior Medical Officer. Honorary.
 Royal Hospital for Diseases of the Chest, London. Physician. Honorary. (See advt.)
 Lambeth Union. Medical Officer and Dispenser. Salary £100.
 Manchester Royal Infirmary. Physician's Assistant. Salary £84, with board.
 Skirlough Union. Medical Officer. Salary £32. Fees extra.
 Dorset County Hospital. Honorary Physician.
 Devonshire Hospital, Buxton. House-Surgeon. Salary £100, with board.
 Stourbridge Dispensary. House-Surgeon. Salary £120 per annum.

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

Braithwaite's Retrospect of Medicine. Vol. LXV. London: Simpkin and Co.
 Half-Yearly Abstract of the Medical Sciences. Vol. LV. London: J. and A. Churchill.
 Report of the Metropolitan Board of Works for 1871.
 Annual Report of the Chester Lunatic Asylum.
 The Vaccination Laws a Physical Curse. By Rev. Hume-Rothery.
 The Contagious Diseases Act and the Preventive Bill. By Antropos.
 A Physician's Sermon to Young Men. By Wm. Pratt, M.A., M.D., L.R.C.P. Lond. London: Ballière, Tindall, and Cox.
 Sewer Gas and how to Keep it out of Houses. By Osborne Reynolds, M.A. London: Macmillan and Co.
 New York Medical Journal; Science Gossip; Homeopathic Review; La France Médicale; Medical Temperance Journal; The Westminster Review; Le Bordeaux Médical; Lyon Médical; Practitioner; Wiener Medizinische Zeitung, &c.

OPERATION DAYS AT THE LONDON HOSPITALS.

WEDNESDAY July 17.
 MIDDLESEX HOSPITAL.—Operations, 1 P.M.
 ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations 1½ P.M.
 ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
 ST. THOMAS'S HOSPITAL.—Operations, 2 P.M.
 ST. MARY'S HOSPITAL.—Operations, 1½ P.M.

KING'S COLLEGE HOSPITAL.—Operations, 2 P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1½ P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
CANCER HOSPITAL.—Operations, 3 P.M.

THURSDAY, July 18.

ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPEDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.

FRIDAY, July 19.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

SATURDAY, July 20.

HOSPITAL FOR WOMEN, Soho square.—Operations, 9½ P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.

MONDAY, July 22.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. MARK'S HOSPITAL.—Operations, 2 P.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 1 P.M.

TUESDAY, July 23.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPEDIC HOSPITAL.—Operations, 2 P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.

APPOINTMENTS.

DOBSON, N. C., Lecturer on Anatomy at the Bristol Medical School.
FRENCH, E. T., L.R.C.S.I., Medical Officer, &c., for the Glasson D's dispensary District of the Athlone Union, Co. Westmeath.
GRIFFITH, R. G., M.R.C.S., House-Surgeon to the Carnarvon Infirmary.
JONES, M., L.R.C.P., Medical Officer for the Aberystwith Union Work-house.
LATHAM, W. H., M.R.C.S.E., House-Surgeon to the Salford and Pendleton Royal Hospital and Dispensary, Manchester.
LOWNDES, F. W., M.R.C.S.E., Medical Officer for District No. 12 of the Parish of Liverpool.
M'SWENEY, M. O' C., L.K.Q.C.P.I., L.R.C.S.I., Medical Officer, &c., for the Oulart Dispensary District of the Ennis-corthy Union, and Medical Officer to the Fever Infirmary.
MORRIS, J. H., M.R.C.S.E., District Surgeon to the Salford and Pendleton Royal Hospital and Dispensary, Manchester.
PARKS, Dr. W. J., Medical Officer, &c., for the Ely Dispensary District of the Enniskillen Union, Co. Fermanagh.
PIKE, W. R., M.R.C.S.E., Medical Officer for Out-patients of the Royal Portsmouth, Portsea, and Gosport Hospital.
SMITH, A. M.D., F.K.Q.C.P.I., Treasurer to the King and Queen's College of Physicians in Ireland.
FRENCH, W. H., Lecturer on Physiology at the Bristol Medical School.
STOREY, J. A., L.R.C.S.I., House Surgeon, *pro tem.*, to the North Riding Infirmary, Middlesborough-on-Tees.
WOODS, B. A. H., M.R.C.S.E., Medical Officer for District No. 6 of the Parish of Liverpool.
WISE, G., M.D., Hon. Secretary to the Apothecaries' Benevolent Fund, Ireland.

Marriages.

EWART-KANE.—On the 4th of July, at St. Mary's, Islington, John Henry Ewart, L.R.C.P.L., of Cheetham Hill, Manchester, to Emily Matilda Christine, daughter of Matthew Kane, M.D., Deputy Inspector-General of Hospitals H.M.'s Madras Army, of Dinan, France.
REW-COKE.—On the 4th of July, at Christ Church, Luton, James Rew, Esq., M.R.C.S., of Luton, to Margaret, youngest daughter of the late R. Cooke, Esq., of Stamford, Lincolnshire.
TAYLOR-CURRIE.—On the 4th of July, at the Parish Church, Glyn Ceiriog, near Llangollen, Jas. Taylor, L.R.C.P.L., of Chester, to Annie, daughter of the late Robert Currie, Esq., of London.
WILLS-HOLMES.—On the 3rd of July, at St. Peter's Church, Dublin, C. S. Wills, Staff Assistant-Surgeon, to Louisa Lucy, second daughter of the late Rev. James P. Holmes, Rector of Gallen, King's County.

Deaths.

ALLAN.—On the 6th of July, at Grafton Terrace, North John Street, Glasgow, J. Allan, M.B., L.R.C.S.Ed., L.M.
BRADLEY.—On the 3rd of July, J. K. Bradley, L.K.Q.C.P.I., L.R.C.S.I., of Kilmoganny, Co. Kilkenny, aged 27.
COULTER.—On the 3rd of July, at Penally, near Tenby, South Wales, of pneumonia, John R. K. Coulter, M.B., L.R.C.S.E., Staff Assistant-Surgeon Army Medical Department, aged 31.
COLCHESTER.—On the 29th of June, T. Colchester, M.R.C.S.E., of Bushy Heath, Herts, late Surgeon Royal Artillery, aged 70.
EVEREST.—On the 28th of June, at Mayland Road, Shepherd's Bush, George James Everest, M.D., aged 77.
FITZPATRICK.—On the 1st of July (after a short illness), at Lenham, Kent, John Fitzpatrick, M.D., Surgeon-Major H.M.'s Ind. an Army (retired), aged 54.
SMITH.—On the 20th of June, J. G. Smith, M.D., of Union Terrace, Aberdeen, aged 45.
SUFFIELD.—On the 23rd of June, Wm. H. Suffield, M.D., of Letter-track, co. Galway, aged 66.

ST. THOMAS'S HOSPITAL, ALBERT EMBANKMENT, WESTMINSTER BRIDGE, S.E.—THE MEDICAL SESSION for 1872 and 1873, will commence on TUESDAY, the 1st OCTOBER, 1872, on which occasion an INAUGURAL ADDRESS will be delivered by Mr. CAWST, at Two o'clock.

GENTLEMEN entering have the option of paying £40 for the first year, a similar sum for the second, £20 for the third, and £10 for each succeeding year; or, by paying £105 at once, of becoming perpetual Students.

PRIZES & APPOINTMENTS FOR THE SESSION.

THE Wm. TITE SCHOLARSHIP, founded by Sir Wm. Tite, C.B., M.P. F.R.S., the proceeds of £1,000 Consols, tenable for three years, will be awarded at the end of the Winter Session.

First Year's Students: WINTER PRIZES—£20, £15, and £10. SUMMER PRIZES—£15, £10, and £5.

Second Year's Students: WINTER PRIZES—£20, £15, and £10. SUMMER PRIZES—£15, £10, &c. The DRESSERSHIP, and the CLINICAL and OBTURIC CLERKSHIP.

Third Year's Students: WINTER PRIZES—£20, £15, and £10. Mr. GEORGE VAUGHAN'S CHESEBOLD MEDAL. THE TREASURER'S GOLD MEDAL. THE GRAISNER TESTIMONIAL PRIZE. THE TWO HOUSE PHYSICIANSHIP. THE TWO HOUSE SURGEONSHIP. THE RESIDENT ACCOUCHERSHIP. TWO MEDICAL REGISTRARSHIPS, at a Salary of £40 each, are awarded to 3rd and 4th year's Students, according to merit.

MEDICAL OFFICERS.

HONORARY CONSULTING PHYSICIANS—Dr. Barker and Dr. J. Bisdon Bennett.

Dr. Peacock, Dr. Britow, Dr. Clapton, Dr. Murchison, Dr. Barnes, Mr. Le Gros Clark, Mr. Simon, Mr. Sidney Jones, Mr. Croft, Mr. Liebreich, Dr. Stone, Dr. John Harley, Dr. Payne, Dr. Gervis, Mr. MacCormac, Mr. Francis Mason, Mr. Hy. Arnott, Mr. J. W. Elliott, Dr. Evans, Mr. W. W. Waststaffe, Mr. E. W. Jones.

MEDICINE.—Dr. Peacock and Dr. Murchison. SURGERY.—Mr. Le Gros Clark and Mr. Sydney Jones. GENERAL PATHOLOGY.—Dr. Britow. PHYSIOLOGY and PRACTICAL PHYSIOLOGY.—Dr. Ord and Dr. John Harley. DESCRIPTIVE ANATOMY.—Mr. Francis Mason and Mr. W. W. Waststaffe. ANATOMY in the dissecting room.—Anatomical Lectures—Mr. Rainey, and Mr. Wm. Anderson. PRACTICAL and MANIPULATIVE SURGERY.—Mr. Croft and Mr. MacCormac. CHEMISTRY and PRACTICAL CHEMISTRY.—Dr. A. J. Bernays. MIDWIFERY.—Dr. Barnes. PHYSICS and NATURAL PHILOSOPHY.—Dr. Stone. MATERIA MEDICA.—Dr. Clapton. FORENSIC MEDICINE and HYGIENE.—Dr. Stone and Dr. Gervis. COMPARATIVE ANATOMY.—Mr. C. St. John. OPHTHALMIC SURGERY.—Mr. Liebreich. BOTANY.—Rev. Wale Hicks, M.D. DENTAL SURGERY.—Mr. J. W. Elliott. DEMONSTRATIONS MORBID ANATOMY.—Dr. Payne. MENTAL DISEASES.—Dr. Wm. Rhys Williams. GEOGRAPHICAL DISTRIBUTION OF DISEASES in ENGLAND and WALES.—Mr. A. Haviland. B. G. WHITFIELD, Medical Secretary.

T. D. PEACOCK, M.D., DEAN.

For entrance or Prospectuses, and for information relating to Prizes and all other matters, apply to Mr. WHITFIELD, Medical Secretary, St. Thomas's Hospital, S.E.

THE ROYAL HOSPITAL FOR DISEASES OF THE CHEST, City Road (Founded A.D., 1814)

NOTICE IS HEREBY GIVEN, that the Council will meet in the Board Room of the Hospital on TUESDAY, the 6th day of August, 1872, at Four o'clock in the afternoon, to receive and examine applications from Candidates for the office of PHYSICIAN to the Hospital, vice Dr. J. C. Fish resigned.

The qualification required according to Law XIII is, that the Candidate must be registered as a Fellow or Member of the Royal College of Physicians of England, and not practising Midwifery or Pharmacy. Any further information may be obtained on application personally or by letter to the Secretary or Resident Medical Officer.

Letters of application with testimonials to be sent to the Hospital addressed to the Secretary on or before 12 o'clock at noon, on Tuesday, August 6th.

The Election will take place at a Special General Court of Governors, to be held on Monday, August 26th. Governors may vote by proxy.

By order, C. LOWTHER KEMP, Secretary to the Council, &c.

INDIAN MEDICAL SERVICE.

NOTICE IS HEREBY GIVEN, that an Examination of CANDIDATES for fifteen appointments as ASSISTANT SURGEONS in her Majesty's Indian Medical Service will be held in London, on MONDAY, the 12th August, 1872, and following days.

Copies of the regulations for the examination of Candidates, together with information regarding the pay and retiring allowances of Indian Medical Officers, may be obtained on application at the Military Department, Westminster, London, S.W.

T. T. PEARS, Major General, India Office, 2nd July, 1872. Military Secretary.

GENERAL HOSPITAL and DISPENSARY for SICK CHILDREN, 18 Bridge Street, Manchester.—A VACANCY having occurred in the office of Resident Medical Officer, through the illness of the present holder of it, Candidates are required to send in their APPLICATION and TESTIMONIALS on or before July 22nd. Candidates must be unmarried and their names must be on the Medical Register. Salary £100 per annum with residence and board.

PRACTICE FOR SALE.—A very moderate figure will be taken for Introduction. £800 a year can be realised easily. Situate in one of the most fashionable watering places in Devonshire. House and furniture can be had by arrangement, if desired. None but a thoroughly qualified Medical man need apply. L. S. M., London Office of this paper, 20 King William Street, Strand.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JULY 24, 1872.

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		United Twins, union of the two Heads by the Occipital Bones, completed on the Right by an Extra Bone common to both Occipitals, and to which I shall give the Name of third Parietal of the Right Side. By Dr. Giné. (Translated from the <i>Independencia Medica</i> for the MEDICAL PRESS AND CIRCULAR, by Dr. Amadeo) ..			

Original Communications.

THE ARMY SURGEON, HIS WORK AND WORKS (a).

By C. A. GORDON, M.D., C.B., Dep. Insp.-Gen. of Army Hospitals.

(Continued from page 41.)

WITHOUT those reinforcements that day must have been lost to our arms. As a contrast, permit me to remind you of Walcheren. You all know the history of our expedition to that island in 1809. The causes of disease were rife. Sir James M'Grigor and Sir William Burnett, the Medical heads of the land and naval forces, jointly drew up a code of hygienic rules, equal, it may be observed, to any of the more modern and scientific. Those instructions, however, found no favour in the eyes of the commanders. They were consequently unapplied. The expedition came absolutely to nought. The following year, a parliamentary investigation into the miscarriage took place; and in the proceedings of that Commission you may still read that, in the opinion of the commissioners, had the instructions of the Medical officers been followed, thousands of lives and tens of thousands of pounds sterling would have been saved to England. Perhaps in our day the hygienic recommendations of responsible authorities dared not be ignored by commanders as they were in the days to which we have just referred. The present very advanced state of public opinion would doubtless check the evil in its bud, or, at any rate, before its full development; nevertheless, have we not as a body the right to ask whether, our functions having, as I have just pointed out, so enormous an influence upon the efficiency and consequent success of armies, we are not justly entitled to receive a measure of consideration proportioned to the importance of the services we perform?

(a) Presidential Address delivered at the St. Andrew's Graduates' Association, on Saturday, July 6th, 1872.

Unhappily for ourselves, we for the present occupy a sort of no-man's land. When public recognition of civil Medical services is on the tapis, we learn in a very marked manner that we are in the army. When for military services before an enemy, we are reminded that we are "doctors." It has not been so always; neither will it be. There was a time when military commanders and authors wrote of army surgeons in terms which the poet transposes:—

"A wise physician skilled our wounds to heal,
Is more than thousands to the public weal."

History repeats itself. The time has come when the services rendered by army surgeons more than ever merit the delicate paraphrase of Pope.

May I be permitted to allude very briefly to some of the ameliorations in the condition of the soldier, mainly or altogether due to the Medical officers of the army.

It is not so long ago since the sleeping places of our soldiers consisted of a series of shelves, arranged in double tiers along the sides of their barrack room, like bunks on board an emigrant ship of the olden time. On each such shelf, two, and, in emergencies, three men lay side by side; the recruit just joined, filthy and often diseased as he was, was accommodated in the first berth that happened to be vacant; when a soldier went on guard, his place was taken by the next who happened to need a bed; and he on his return from his turn of duty was similarly disposed of. Truly, the soldier of those days had many strange bedfellows; nor were they of his own seeking.

Need we wonder that typhus and eruptive fevers were rampant in the army, and cutaneous affections all but universal among the soldiers? This system, injurious alike to the physique and morale of the soldier, was abandoned in consequence of the loud and long-continued protests of the army surgeons; and the paragraph in their regulations, as those stood prior to 1859, now reads strangely—that every man should have a separate bed. Will you believe it? what has long since been banished from the army still lingers in the militia—one *billet* is even now taken for two militia men! Means of personal

ablution were, perhaps, upon a par with the sleeping accommodation, so much so that satirical writers were wont to describe the process by which the British grenadier performed his morning toilet—taking a mouthful of water, then squirting it into his hands, he thus washed his face. How he dried his manly countenance is not recorded in history; but as to his dandruff-covered person, his gorgeous uniform compensated for and concealed all that. See now the ablution and the bath rooms erected in every barrack for the soldier. Recollect that while all that has been effected in both respects, has been so on the urgent recommendation of army surgeons, very much more would have been done, in these and other respects, had more than a tithe of their recommendations been carried out.

In regard to food, the abolition of the old system whereby soldiers on foreign stations were restricted to salted provisions almost completely as if they were on board ship, was abrogated after years of protest on the part of army surgeons; and good as the present fresh ration is, it would have been still better had full scope been given to their recommendations. As regards appropriate diet for the sick, even so lately as the end of last century a soldier while under Medical treatment, let us say on account of dysentery or yellow fever in the West Indies, received, as diet and support, his regular ration of salted pork and rum, for in those days spirit drinking was compulsory on his part. Our present improved system is due to the representations of army surgeons, some of whom, notably Dr. Robert Jackson, had introduced suitable scales of diet into their hospitals before the system was sanctioned by regulations. It was an army surgeon—namely, Dr. Hamilton—who first protested against the extent to which, in bygone days, the barbarous and degrading punishment of the lash was carried in the army. He did even more than this. He pointed out that many offences are committed by soldiers from sheer ignorance of the code of laws under which they serve, and condemned the nomenclature according to which crimes and offences are enumerated in establishing what is called a *regimental* character; offences merely against military usages and rules being to a certain extent placed upon the same footing as those against person or property.

With reference to other matters of general hygiene, we need but refer to the works of such men as Pringle, Monro, Jackson, Bell, and Ballingall, to read in their pages the very principles in regard to barrack and hospital construction, the proper size of rooms, and appropriate sites for these buildings, which we find of late years paraded, with all the aspect of originality, in works by so-called sanitary reformers; the opinions, if not the very words, of the army surgeons being given, but not a syllable as to the source from whence the plagiarism had been made. I have indicated the principal old army writers, so that you have it in your own power to test the correctness of my statement, and prove for yourselves whether or not the labours of my military brethren have received in these respects the recognition justly due to them.

Some diseases have, it may be said, been abolished in the army through the exertions of military Medical men. Typhus fever, for example, which, even so lately as the days of the Peninsular War was literally *the* army disease, to such an extent did it prevail, is now next to unknown; dysentery of a severe type is never now met with except in the tropics; and scurvy is all but unknown, except under very unusual circumstances. So also with small-pox: the care with which vaccination and re-vaccination is performed, and other hygienic measures adopted, has brought cases of this disease to their minimum among the troops. The efficiency with which protective measures are employed have rendered such a thing as a general epidemic of infectious disease, scarlatina, for instance, unknown; and although, unhappily, means have not yet been discovered to similarly exclude cholera, when that dire malady sweeps over a military station as it does in

India, nevertheless by removing the troops away from the locality to a more healthy district, a great deal has been achieved to diminish its ravages. This measure, adopted first with regard to yellow fever in the West Indies, was practised in India so long ago as 1825, and yet, to judge from recent printed statements, the measure would seem as but of yesterday. In both cases its authors were army surgeons. Many other sanitary improvements of the greatest importance to the soldier have been introduced by army Medical officers; many more would have been so had their recommendations been fully acted upon. Yet, what is by no means encouraging is the fact, that in comparatively few cases are the names of their actual originators mentioned in connection with them. You hear that such and such improvements were introduced by *Lord* this or *Lord* that; but who ever hears a word about the pertinacity with which the necessity for them had been urged by Doctor So-and-so?

Turning to matters more purely connected with curative medicine and surgery, permit me to allude to a few improvements effected by army surgeons. As they were the first to study the diseases peculiar to the tropics, such as yellow fever, cholera, liver disease, dysentery, and sun-stroke, so the first advances made in the treatment of those affections were inaugurated by them. They also it was who first gave to the Profession connected accounts of the etiology and pathology of those affections. Syphilitic diseases were, from the nature of circumstances, more especially brought under the notice of military surgeons. The ravages of those affections, far greater than they have in our day been, were first counteracted by them; and if at one period mercury was pushed to an extent that would now be deemed unjustifiable, they it was who instituted comparative statistics in regard to the relative success of various means of cure, thus laying the basis of our present improved method of treating what now seems to be a much modified form of disease. To army surgeons the Profession is indebted for the first protest raised against the extent to which in former days calomel was administered in the treatment of diseases of the tropics, and the late Dr. Mackintosh—himself, by-the-bye, an army surgeon—tells us how the first Medical officer in India who protested against the then prevalent practice of profuse salivation, was not only placed under arrest for entertaining heretical opinions, but it is to be feared had his prospects for ever blasted, as an encouragement for his brethren. So also with the old system of profuse bleeding. The first note of alarm in regard to the practice so far as I can learn, was sounded by an army surgeon, a very remarkable man, notwithstanding his somewhat Quixotic tilt against "The Fallacies of the Faculty." That note was taken up by Inspector-General Hume, who is still alive, and who, in a work published about 1840, showed some of the abuses attendant upon the system.

With regard to the treatment of gunshot injuries, army surgeons have naturally monopolised, at least to a great extent, this kind of wounds. The teachings of the Peninsular War in regard to them have been enumerated by Sir Charles Bell and Mr. Guthrie; many of the principles laid down by them being confirmed by the more recent experience gained in the great war so lately ended. I allude more especially to the necessity for securing a wounded artery above and below the seat of injury, the treatment of penetrating wounds of the chest, and the question of primary and secondary amputation. With regard to individual operations, it is at once allowed that almost all the improvements in their manner of performance have come from our civil brethren. We, as a body, can only claim to have adopted them. Permit me to observe, however, that the hurry and confusion of active service, or the surgery of war hospitals, scarcely afford conditions under which to practise experimental methods, for our surgery, like the conditions in which we are placed, must be somewhat rough. But, let me add, it must be ready as it is emergent.

It would be unbecoming in me, and unjust to the memory of the greatest of all surgeons, military or civil,

did I not make one brief allusion to John Hunter, although to you who know so well the literature of his works, it is unnecessary to pass all in review. In 1793 this great man occupied the position of Director-General of the Army Medical Department, and re-organised the Medical arrangements for the army, then being assembled for service on the Continent. With regard to his works on the blood, inflammation, and gunshot wounds, his researches in regard to syphilis, his improved treatment of aneurism, and his labours in elucidation of our common science, all of us are alike still willing to pay him homage. It may not be out of place to remind you that this army surgeon has been justly described as "the greatest man in the Medical Profession, either in ancient or modern times;" that in 1759 he entered the Medical service of the army, in 1762 accompanied the forces engaged in the war with Spain, in 1786 became Surgeon-General, and at the time of his death was fulfilling the important duties connected with the position of Director-General, as well as the highly honourable position of surgeon to St. George's Hospital.

The limits within which my remarks must be compressed prevent me from further enlarging upon this part of my subject, being anxious as I am to glance at a few of the lessons to be gathered from the late great war upon the Continent. Many of those lessons are of great value, not only to the army Medical officer, but to the practitioner in civil life; involving, as they do, points of immense importance in regard to the management of individuals when suffering from wounds or operations, or when prostrated by diseases incidental to campaigns or by those affecting the general conditions of the masses. I can pretend to no more, however, than to solicit your attention to a few out of the number.

With regard to hygienic measures, the experience of the Franco-German War indicates three very remarkable circumstances. Within besieged Paris, for example, great as the mortality continued to be throughout the winter of 1870-71, and rife as were the causes of disease in operation—including a condition of semi-starvation, insufficient fuel, physical and moral depression, together with the prevalence of epidemic diseases among the populace—such was the energy shown by the health authorities, and the discretion of the measures dictated by them, that the death-rates were maintained at a mere fraction of what they had been, not only on the occasion of the previous siege of the same capital in 1590, but also of those of other sieges in more recent times. So it was with other French cities, as Metz and Strasbourg. So, also, it was among the besiegers of those places. On former occasions history tells us that the forces investing a city suffered by disease to an extent only in a degree less than those invested; and, with regard to Metz, that a former besieging army—that of Charles V., in 1552—had actually to withdraw in consequence of the frightful ravages of disease in its ranks. But all this has now been changed. The observance of hygienic principles has enabled commanders to maintain a besieging army in a state of physical efficiency equal to that enjoyed by troops in ordinary quarters. But, and in the second place, it has been demonstrated that circumstances may arise in which the existence of one radical defect may neutralise all the best-directed efforts of hygiene, so long as that cardinal defect is unremoved. Thus, all the measures that it has been possible to take have failed to neutralise or compensate for the evils arising from the adoption—as hospitals for wounded—of buildings unsuitably constructed; of those occupying defective positions; and of those, let me add, that have been impregnated with human emanations, such as churches, ball-rooms, hotels, theatres, and so on. In none of these were hygienic measures capable of preventing the occurrence of hospital diseases. In the third place, there have occurred during the late war, as in previous campaigns, and as there must be in all, occasions on which the pressure or necessities of military operations for the time being supersede all questions of hygiene. A military end has to be attained, a rapid movement effected; the sacrifice of a certain number is inevitable; it is taken

into account, and while the movement is being effected there is neither time nor room for hygiene.

We have learned that it is unsafe to draw conclusions from observations made under one set of conditions, and to apply them in emergencies of a totally different nature. Thus, in civil hospitals, where the establishments are not only themselves arranged with the greatest care and completeness for their purpose, the staff numerous and perfectly trained, but the cases under treatment at any one time inconsiderable in number, the rules, there suitable, cannot safely be applied to extemporised war hospitals, established in unsuitable buildings, often with few and imperfectly-trained attendants; with food, clothing, and cleanliness limited; and with wounded being brought in large numbers for assistance, as is the case after a modern battle. Neither, again, would rules of treatment, suitable in establishments such as these, be applicable where wounded had to be carried with their several forces, whether advancing or retreating; or where from circumstances it was necessary to have them transported to a great distance. Nor must I omit to observe, that the general arrangements for the wounded of armies, which are suited for civilised countries, are totally inapplicable in operations against an uncivilised enemy, or at least one whose civilisation is not according to the western model. In the one case, the civil population have ever shown themselves ready to extend help to those disabled in battle: a wounded soldier has long ceased to be an *enemy*, his life is held sacred by foe and friend alike, and now he receives the additional security of the Red Cross of Geneva. Left wherever he may be, alike in the hands of the hostile forces, in an enemy's country, or upon his own natural soil, he is sure of care. How different all this would be, say in India, in Africa, or in New Zealand! We have, alas! too many instances where the wounded, during late wars, were barbarously put to death by those enemies into whose hands they had unhappily fallen. It is, therefore, obvious that arrangements for their protection, unnecessary in the one case, become matters of absolute necessity in the other.

Another point of great importance seems to me to have been indicated in the late war. The Prussian Government had sent with particular *corps d'armée* one or more surgeons of eminence, whose duties were merely consultational, the venerable Stromeyer being among their number, and their chief. The nature of the services rendered by these men is acknowledged to have been very great, and seems to me to indicate the propriety of a similar plan being adopted in our own army when next engaged in war. Men of great experience among war hospitals would, in such a case, be invaluable merely for their opinions in regard to the suitable treatment to be followed in particular cases, relieving the *executive* surgeons of much responsibility, and would doubtless be the means of saving many lives. Thus, it is only necessary to indicate how important would be the results were it authoritatively said, "Treat that limb conservatively," or "Time will be lost if you attempt to save it," "This man, wounded through the chest, may recover if retained where he is," "That man must be transferred elsewhere," and so on.

Adverting to questions of a more purely professional nature, many important lessons have been learnt, and teachings of former campaigns confirmed, by the late war. Let us take conservative surgery as an example in point. Unfortunately, the rate of mortality was very great among the wounded; it was very large among those who had been subjected to operation; but so it was, with very rare exceptions, among those who were treated conservatively. As a rule, it may be said that a more numerous and better trained staff is required for the successful practice of conservative surgery than for that of a more radical description. It would seem that the risks of hospital diseases are increased by attempts at preserving shattered limbs; that in many instances secondary operations have to be performed while the patients are in an unfavourable condition; and that for any other than stationary hospitals this method of procedure is, as a rule, unsuitable.

I have already alluded to the lessons we have learnt from the late war in regard to penetrating wounds of the chest. In cases where the wound implicates the upper portion of a lung, and has gone clean through, or otherwise escaped from the thorax, we would not now despond, but rather treat the patient with a considerable degree of confidence as to his speedy recovery. We would hermetically close both openings of the wound; would place the patient in a hut or tent where the temperature admitted of being regulated; would, in the first instance, direct our measures to the state of more or less collapse or *shock* into which a man thus wounded is sure to fall; would combat reaction some forty-eight hours afterwards; and finally, in due time, support and nourish our patient, keep him quiet, but at the same time cheerful.

In cases of wounds in the near vicinity of the large joints, our first consideration would be—Can an apparatus be so applied as to immobilise the member? our next—Can our patient be treated under conditions of a nature to render conservation probable? In a gun-shot fracture of the femur we would in like manner ask—What are the conditions under which the patient may be treated? and having ascertained them would now have relatively little difficulty in deciding upon the method of treatment to follow. And what about that very vexed question—gun-shot wounds penetrating the knee-joint? I think that although during the war some instances have undoubtedly occurred in which life and limb have been saved, the general conclusion arrived at is that immediate amputation is, as a principle, the plan of treatment to follow. With regard to excisions of joints, the results of operations in cases of disease occurring in metropolitan and other civil hospitals give no safe indications of what those in war would be. Take, for example, the knee-joint: it may now be taken as conclusive that for wounds in battle excision of this articulation is no longer justifiable.

In regard to the very important subject of hospital diseases, the experience of the late war and inquiries arising out of it, in France, in England, and elsewhere, have done more to give us a clear insight into their etiology and pathology than we have hitherto possessed, and thus the better enable us not only to treat them when they occur, but to guard against their occurrence among the wounded. M. Démarquay, in Paris, has in a manner made this investigation his own.

Finally, I would briefly enumerate, as they were written at the time, a few of the other lessons to be gathered from the great drama so recently enacted, confining myself to that portion of it with which I was more immediately connected—namely, the siege of Paris. These lessons are:—

That in all arrangements having reference to war, the requirements of the wounded demand pre-eminent attention.

The necessity and importance, in a public point of view, of the highest professional skill, the best attendance and attendants that are available, have been demonstrated.

The importance also, in a public point of view, of the services of surgeons made itself apparent during the siege, and was then frankly acknowledged by the authorities, civil and military.

It was well known that a considerable amount of the mortality in hospitals was the result of administrative power being in the hands of non-Medical persons; and demonstrated that those conditions required to be altered on future occasions, that all the needs and necessities of sick and wounded men should be controlled and ministered to by professional men.

The superiority of huts and tents over permanent buildings as hospitals gives rise to the question whether, in the event of its being possible on future similar occasions to use these alone, this ought not to be done.

The want of properly-trained *brancardiers* for the removal of wounded men having been the cause of much suffering to the latter, it is incumbent to have for the future specially-instructed men for this purpose, as well as for attendance on them in hospital.

It is, moreover, essential for the comfort of the wounded that the carriages used for their transport from the field of battle to the hospitals should be of the lightest description compatible with strength, their springs of the best material, elastic and in all respects well finished; and that the conveyances be well horsed, so that injured soldiers may be conveyed as rapidly and with as much ease as possible to the hospitals provided for them.

But I must have done. I have in my review carried you over a considerable variety of subjects. I have looked at each in turn from the point of view in which it concerns the military members of our Profession; and if in all cases the points to which allusion has been made have, perhaps, not been within the sphere of our brethren in civil life, they have, I would fain hope, indicated to you the extensive programme it is necessary that the army surgeon should make himself acquainted with, in order that he may efficiently perform the high duties that fall within his province,—duties responsible and important in themselves, on the one hand affecting the efficiency of our army, on the other involving the highest aims of our common Profession, in combating disease, in ministering to the wounded, often in times of greatest peril, and in helping, as far as in us lies, to reduce the amount of bodily suffering and misery among the classes of the community with whom we are associated.

CLINICAL NOTES AND OBSERVATIONS.

By HENRY LEE,

Surgeon to St. George's Hospital.

No. XII.—DISEASES OF ARTERIES (*Continued*).

Aneurism of Popliteal Artery—Ligature—Mortification.—Thomas Evans, æt. 30, a servant in a gentleman's family living in Dorsetshire, has always enjoyed good health.

February 9, 1856.—Last Christmas, whilst jumping over a gate he slipped and struck the inner side of the right thigh at its lower part. He felt an unusual amount of pain at the time and walked home. Then he found a small firm tumour among the tendons at the back of the thigh, not very painful, but evidently pulsating. He continued at work till within five or six days, feeling but little pain in the tumour, which had, however, gradually increased and acquired the size of a 6-yard bandage (rolled). Within the last few days the tumour had more than doubled its former size, although he had taken no unusual exertion. He is a healthy-looking man, the tumour pulsates distinctly and visibly, and the pulsations can be felt from the centre of the rectus in front round to the external hamstring behind. It is soft to the touch and very painful; a bruit can be heard over it; the pulsations are not distinct over the inner side of the thigh; the pain shoots up the course of the femoral artery, indicating to the patient its exact course; the leg occasionally becomes dead, but does not seem any colder than the other. Pressure was first used, the force being applied where the artery passed over the pubes, but the instrument irritating the skin, was after two days changed for another, but no bearable pressure stopped the pulsation. Signorini's instrument was applied on the 11th. On the 13th Castes was again applied, it being more effectual in stopping the pulsations. The aneurism, however, got larger and larger, and the skin over it became very tense and red, and on the 14th it was determined to operate; pressure was left off therefore. On the 16th the thigh over the tumour measured 18½ inches in circumference, and on this day a ligature was placed on the femoral artery at the commencement of the middle third. The needle was passed around quite close to the artery, but unfortunately a large vein (possibly the femoral) was wounded, which bled very freely for a few seconds, but the bleeding stopped when the ligature on the artery was tightened. The wound was

drawn together by two stitches, and then a pad of lint retained on it by plaster. After recovering from the chloroform the patient complained of great pain at the back of the ankle; temperature of the right calf, 89° F., of left, 91° F.

February 17th.—Temperature of right leg, 82° F., left 90°.

18th.—Calf swollen and tense; foot looking rather dusky; temperature, 84° F., left R., right 92.

19th.—The calf of the right leg oedematous and very painful; foot more blue and dusky, as far as just over the ankle joint and is cold to the touch, and devoid of sensation. Temperature of right foot, 78° F., left, 90° F. Aneurismal tumour free from pain; soft and diminishing in size; thigh measures 17 inches.

20th.—Wound looking healthy; foot and leg for two or three inches above the ankle quite void of sensibility, and mottled with blue spots.

26th.—The thigh over the tumour measures 16 inches. The tumour is firm to the touch; less pain.

March 4th.—The site of aneurism measures the same or nearly as the leg of sound limb; the wound over the femoral has healed favourably, all but the spot for the ligature.

March 24th.—Since the last date he has continued on the whole in very good health; but having been on two occasions troubled with great pain in the right hypochondriac region, the ligature gave way on the 6th, and the wound has closed all but a small point. A line of demarcation between the dead foot and the living part of the leg has formed about two inches above the ankle-joint in front, but extending much higher behind.

Amputation below the knee was performed on the 5th of April. The operation was followed with scarcely any bleeding; the veins were obstructed with fibrinous clots; the cellular membrane between the muscles and under the skin was infiltrated by ill-formed pus. A line of demarcation had formed considerably lower than the point of amputation. A large quantity of putrid fluid occupied the cellular tissue at this part. After the amputation this patient continued in a very low state. Many abscesses formed in and about the knee-joint, which previously had afforded no indications of disease. The aneurismal tumour suppurated and was opened, and at the extirpation of several months this patient was sent to Margate.

A man, æt. 51, was seen by Drs. Keyworth and Swaine at midnight on the 21st of September, 1855. He was then lying on his back in bed, bathed in a clammy perspiration, indicative of great anxiety and distress. He complained in hurried accents of a dull heavy pain within the thorax, extending inwardly from nipple to nipple and further, of a sense of weight and aching somewhat below and to the left of the umbilicus. He had but partially rallied from a state of collapse, and Mr. Keyworth drew attention to the remarkable fact that not only had the lower extremities failed to participate in the reaction, but also that neither in the femoral arteries nor in the popliteal was any pulsation discoverable. Mr. Keyworth had been in attendance since 10 p.m. The patient, whose intellect was clear, related that during the day he had ascended a hill on foot, under a burning sun, dined heartily at a friend's house, and afterwards returned to York partly on horseback and partly by train. Walking home from the York station he was, in front of his own house, seized with a sudden and violent pain, "as though," to use his own words, "his chest were torn open from side to side by some outward force." It was instantly followed by a second "agonizing" pain, which seemed to dart from mid-sternum, down the left of the spinal column, and only to be arrested a few finger's breadth below and to the left of the umbilicus, at which point of arrest he (the patient) thought he could hear a distinct crack. The next, almost a simultaneous occurrence, was loss of power in the left inferior extremity, and very soon after in the right also. Carried into his house for a brief interval he became bereft of conscious-

ness, but not until after a repetition of the lacerating pain. Referred this time not the anterior, but to the posterior part of the thorax, from scapula to scapula. On recovering consciousness he vomited his still-undigested midday meal, and felt relieved thereby. Mr. Keyworth now arriving caused him to be undressed and carried to bed, where a judicious use of diffusible stimulants was resorted to with the aforesaid partial success. Meanwhile the kidneys acted copiously, the urine being clear and of a pale amber colour. Dr. Swaine, who had not examined the patient again since March, found the cardiac sounds hardly at all changed from what he recollected them to have been at that period. Over the track of the aorta, however, two finger's breadth above, but to the left of the umbilicus there was an audible bellows murmur (under even a lightly pressing stethoscope) accompanying each systolic action of the heart. Two or three finger's breadth below this point, all pulsation had ceased, whilst a little lower still at the part where the aorta should bifurcate into the common iliac arteries, a tumour the size of a goose's egg, and of doughy hardness, could be distinctly felt. Taking this extraordinary and withal very marked train of symptoms in connection with the previous and present signs of cardiac disease, Dr. Swaine did not hesitate to express his conviction that a circular or transverse rupture had taken place of the internal and middle coats of the aorta near its cardiac orifice; and that the blood stream, partially diverted from its natural channel, had dissected for itself a false passage between the middle coat and the external fibro-cellular sheath of the artery. That meeting with an impediment to its progress in the diverging iliacs it had there speedily accumulated and become consolidated, so as to compress and obliterate the true calibre of the aorta itself, and to arrest the circulation at this point; in short, that the case was one of so-called dissecting aneurism. This explanation suggested at once by Dr. Swaine, in all its details was readily adopted by Mr. Keyworth. Under all the circumstances it was natural to look forward to a fatal termination of the case within a very brief period. Complete rest and abstinence were recommended in the first instance.

On the 22nd of September (the following day) the physical signs all continued unchanged; considerable general reaction had, however, taken place; the thoracic and abdominal viscera, and even the brain manifested much congestion. The countenance was flushed, the skin partially hot, the pulse quick and bounding, the carotids labouring, the bowels constipated, the urine copious, but deeply coloured, and intensely acid. The patient complained much of headache; of a dull throbbing pain behind the sternum, beneath the right clavicle, and in both arms; and lastly, of a sense of weight and oppression over the upper part of the abdomen, and at the seat of the abdominal tumour already adverted to. Here was a state of congestive reaction obviously due in a great measure to the sudden and excessive limitation of the sphere naturally allotted to the blood stream. Venesection was urgently required; it was delayed, however, for another day in deference to the prejudice of friends, and an abortive attempt made in the meantime to relieve the pain by local depletion.

On the 23rd September, the third day, the symptoms continuing unmitigated, about twelve ounces of blood were withdrawn from the left arm, with marked and permanent relief to the sufferer. The blood itself yielded a large proportion of coagulum and a flabby dingy honey-combed crust. No attempt was made to operate upon the bowels until the fifth day, when a full dose of castor oil produced one very copious and well-conditioned motion. From this time the general symptoms began to mend, the appetite and strength slowly to return, the lower extremities to recover a fair amount of warmth, and also of power. Still the femoral arteries continued to fail in their office, and they could now be detected and traced in their natural course, in the shape of hard fibrin-filled cylinders. The bellows sound above and to the

left of the umbilicus was less intense; the tumour diminished in size, although still palpable, and still sensitive upon deep pressure. Three weeks later the patient felt well enough to drive out in an easy carriage, but as the winter approached he again began to droop. He caught cold; cough with rust-tinged expectoration was followed by pleural effusion on the left side, and eventually by general anasarca. His sufferings were great and protracted, nor was he released from them until the 21st of December, exactly three months from the period of his violent seizure.

Examination thirteen hours after death: both lungs much congested, especially the left, which also presents patches of emphysema; the left pleural sac contains about thirty ounces of pink serum; heart very large, firm and heavy; ventricles filled with dark grumous blood; cavity of the left ventricle not inconsiderably dilated, its walls of enormous thickness, the cut surface being of a dingy russet colour, very compact, and appearing to the naked eye as if bereft of much of the natural fibrous structure. Both the mitral and aortic valves are "insufficient" to prevent the reflux of fluid through them, the former are essentially thickened at its margin, the latter not thickened, but on the contrary, attenuated and eroded patchwise, on their arterial surface. Both the semi-lunar valves and the commencement of the aorta are much distended, and seem to have lost their contractile power. A few lines below the point where the left subclavian artery is given off a transverse or circular rupture of the middle and internal coats of the aorta has taken place, leaving the inferior portion of the artery attached to the upper portion only by about one-sixth of the circle at its posterior part. The edges of the rupture are partly smooth as if cut with scissors, partly jagged and reflected from the ruptured part downwards, the fibro-cellular sheath of the artery has (with the exception of its posterior part, which is still adherent) widely separated from the middle coat, the interspace presenting along its entire length a succession of little flattened blood clots, some of which cohere through the medium of lymph shreds with the inner surface of this fibro-cellular sheath. At the bifurcation of the aorta into the common iliac arteries is found impacted between the external and middle coats, a russet-coloured hardened fibrinous coagulum, as big as a rook's egg, this coagulum has, on the one side, become partly organised and adherent to the fibro-cellular sheath; whilst, on the other side, it firmly and thoroughly compresses the true canal of the aorta. Below this point of compression, the left common iliac artery presents a firm cord, and on incision a compact hard cylinder of brown fibrin. The right common iliac is pervious, and contains some dark fluid blood. From this artery a common slate pencil could, without much difficulty, be passed into the aorta at the point of its compression. Latterly, Mr. Keyworth had again detected slight pulsation in the right femoral artery. Several of the intercostal arteries appear injured: the cœliac axis, the superior mesenteric, the renal arteries are severally in good condition, the inferior mesenteric obliterated, the old canal of the aorta is replete with dark grumous blood. Its internal surface or inner coat presents numerous patches smaller and greater of atheromatous degeneration in its various phases, up to the condition of semi-cartilaginous hardness.

The following case occurred in the practice of Mr. G. Austen, veterinary surgeon, Eaton Square:—

The subject was a full-sized horse in very good condition, and about 8 or 9 years old. About one year previous to his death, he had several attacks resembling "spasmodic colic." These attacks became more frequent and also more intense in character, and those which occurred a short time before his death were associated with lameness of the off hind limb. The last attack occurred in August, 1852, when the groom was driving him in a "dog cart." He then fell acutely lame of the

same limb that had before been affected, and so intense was the lameness on this occasion that the groom thought the horse's leg was broken. With some little difficulty he got the horse home, and at once sent for Mr. Austen, who found the poor beast suffering intensely. His pulse was very quick; his respiration quick; sweating profusely, and showing signs of great abdominal pain; but what struck Mr. Austen as being very singular was, that although the animal's surface was wet with perspiration, the hind limb before alluded to was quite dry and *deadly cold*, and completely paralyzed, both as regards motion and sensation. The horse lived only twenty hours after the commencement of the last attack, during which period he suffered severely, laying down, getting up, and throwing himself about with great violence.

Post-mortem.—The viscera of the thorax, and also of the abdomen were quite healthy, as were also the brain and spinal cord. In tracing the larger vessels from the heart, it was discovered that the right internal iliac and its divisions for the distance of at least eight or nine inches were completely plugged with concentric layers of fibrin, which could easily be separated from the internal serous lining membrane of the vessels.

In concluding the present series of communications, I take the opportunity of correcting one or two inaccuracies which occurred in recording a case in No. 1V. The case was described from memory, and I had not any notes of the *post-mortem* examination at hand. The opinion to which I referred as having been given was, that the case was one of accumulation of fœces. My own opinion was that the symptoms depended upon a twist in the intestines, and for this I proposed for consideration the propriety of making an opening into the abdomen. On a *post-mortem* examination a portion of the intestine in the pelvis was found almost in a gangrenous condition, but no apparent cause for this was detected. Some fœces had passed, and some undigested castor oil. Under the idea that there might be some mechanical obstruction to the passage of fœces, I moved the intestines from side to side. This was followed by no relief, but rather increase of distress. In a case mentioned to me by Dr. Ogle, a condition such as I conceived might have existed, was shown to be present on a *post-mortem* examination. A fold of small intestine was simply twisted upon itself, so as to obstruct the passage through the intestines. This twist was undone without the slightest force, and if pressure had fortunately been applied in the right place, might doubtless have been undone during life; and it is not impossible that this may actually have occurred in the case referred to.

In a second case, which Dr. Ogle lately requested me to see, there was complete obstruction, and an opening into the abdomen was contemplated. Fortunately in this case it was not performed, as the cœcum was firmly bound down by a strong band in the situation of the spleen. In a third case, in which I operated for colotomy, the obstruction was not in the large intestine, but in the small. The small intestine was here opened, and adhered firmly to the sides of the aperture. The patient lived some days. In a fourth case the descending colon was opened. The patient was greatly relieved and lived three weeks. He ultimately died of malignant disease of the liver.

A TELEGRAM from Cape Town states that a bill to repeal the Contagious Diseases Act has passed both branches of the Legislature. The chief opposition to repeal here, as in England, came from officials.

THE action raised by the lady medical students against the Senatus Academicus of the University of Edinburgh was tried before Lord Gifford last week. The debate occupied two days. His lordship deferred judgment.

Transactions of Societies.

MEDICAL SOCIETY OF THE COLLEGE OF PHYSICIANS OF IRELAND.

DR. DAUBY in the Chair.

Dr. J. MACEE FINNY read a case

ILLUSTRATING THE GENERAL PHYSIOLOGICAL ANTAGONISM BETWEEN ATROPIA AND MORPHIA.

Miss C., *æt.* 25, a lady of nervous temperament, and who had on several occasions suffered from various forms of neuralgia, consulted me for severe neuralgia in the left side of her face and head, produced by a dental operation to which she had recently submitted.

Having, on previous occasions noticed the hypodermic employment of morphia and atropia combined, to be followed, in this lady, by the happiest results, I determined to use this mode of treatment again for the present existing suffering.

I may here observe that my experience coincides with the teaching I acquired while a pupil of Dr. Stokes—namely, that to obtain the best results from the use of hypnotics, it is advisable to administer the drugs at the usual hour of sleep, so as to anticipate, as it were, the normal process of habit.

In accordance with this principle, I paid my patient a visit at 10 o'clock in the evening, purposing to inject under the skin of the arm $\frac{1}{2}$ grain of acet. morphia, along with 1-50th grain of sulph. atropia.

The addition of the atropia diminishes the tendency to nausea, so constantly following the administration of morphia alone, and produces anodyne effects not to be obtained by morphia.

As, however, my atropia solution had been in my possession for over three months, and as I noticed several fungoid bodies floating through it, I conceived it had lost much of its strength, and that I ought therefore, so as to obtain its full effects, to give of it a larger quantity than usual. Acting on this conception—a proceeding which the circumstances that followed made me greatly regret—I administered subcutaneously double the usual quantity of the atropia solution, along with $\frac{1}{2}$ grain of morphia. In about twenty minutes, Miss C.'s maid hastily summoned me to her bed side.

The condition I found her in was quite new to me. The symptoms were as follows:—Complaining of great cold, so that she was shivering and trembling all over (to which perhaps alarm may have tended), and her teeth chattering, her feet and hands were cold, although a hot jar was to her feet, and additional blankets covered her. The tongue was dry, parched, and rough, and this condition evidently extended to the pharynx, as she complained of dryness of the throat, and constantly asked for drinks, although, when they were given, she was hardly able to swallow them. Her speech was thick and articulate; she complained of dimness of vision, saying she could not see me, and that flashes of bright light passed before her eyes. The pupils were much dilated and unaffected by approximating the light of the candle towards them. The pulse very small, up to 130. Respiration 32, and very shallow. On being questioned why she could not draw a deep breath she replied that she was caught on attempting to do

the case was evidently one of atropism, produced by an overdose of the alkaloid. Hoping the ill-effects would shortly pass away, I remained beside her to watch the result—but instead of becoming better, I soon saw the case change, from one of simple interest, into one of no small anxiety to me.

In about ten minutes, she evidenced great uneasiness, tossed about, flexing and extending her arms and legs; she now became delirious, talking on various subjects, being quite unaware of my presence, and imagined several persons were in the room, giving directions to them on various domestic matters. She grasped at imaginary objects in the air; and from no doubt, the parched state of her throat, frequently attempted to pass her finger to the back of the throat, and frequently succeeded, on one or two occasions, in producing vomiting. The pulse still kept high, and I determined to send for additional aid and advice. Before doing so, however, the thought occurred to me to try the effect of a dose of morphia as a general physiological antidote—as the recollection of cases of belladonna poisoning having been successfully treated, on

this principle by Dr. Wharton, flashed across my memory. (These cases are detailed in the *MEDICAL PRESS* for 1862.)

Accordingly I injected $\frac{1}{2}$ grain of the acet. morphia.

In less than five minutes I observed the restlessness and jactitation cease, the skin to become warm, and the respiration fall to 20, while the pulse came down below 100, and was fuller. In a few minutes afterwards—ten altogether from the second injection—my patient was sound asleep, and in a fair way to spend a quiet night. After remaining in the house about half an hour longer, I took my leave, and in the morning I learned she had slept well, had taken a hearty breakfast and that the neuralgia had entirely disappeared. She visited me in my study in the afternoon, and with the exception of slight inconvenience arising from the still dilated condition of the pupils, she expressed herself as being as well as ever.

The points of interest which this case furnishes to the scientific and the practical man alike are neither few nor insignificant. Whether the quantity injected would have, if left to itself, ended in the same happy way, or otherwise, I am unable to state, but the points of resemblance between the symptoms just detailed, and those of a poisonous dose of belladonna, were too striking to buoy me up with any such hope as that.

Dr. John Harley, in an exhaustive and most able treatise, states that the fullest medicinal dose of the sulph. atropia hypodermically employed is 1-48th grain, after which the following symptoms may be expected.

“After 10-15 minutes an acceleration of the pulse, 20-70 beats with decided increase in the force of the cardiac contractions, and of the arterial tone; a general suffusion of warmth, a slight throbbing or heaving sensation in the carotids, and a feeling of pressure under the parietal bones; giddiness, drowsiness, or actual sleep, with a great tendency to dreamy delirium, and in women slight occasional startings; complete dryness of the tongue, roof of the mouth, and soft palate, extending more or less down the pharynx and larynx, rendering the voice husky, and often inducing dry cough and difficulty of deglutition. No difference will be observed,” he says, “in the rate of respiration, except (as may happen in a nervous woman) a little emotional excitement on the sudden accession of giddiness. After continuing about two hours, the dryness of the mouth is suddenly relieved by the appearance of a viscid acid secretion of an offensive odour, like the sweat of the feet; as moisture returns to the mouth the pulse is observed to fall, and it now rapidly resumes its ordinary rate.” That is, the pulse remains high for over two hours at the least.

“A larger dose, 1-32 gr., produces, in addition to the above, sleep, or instead of sleep a little meddlesome delirium, and the patient will require attention to prevent him getting out of bed.”

It must, however, be borne in mind that while both children and pregnant women are remarkably insusceptible of the action of belladonna, it is equally the truth that the weak and those of excitable temperament are very readily and powerfully influenced by the alkaloid. “The 1-96th gr. of the atropia salt (writes Dr. Harley), will produce as great an effect upon a delicate nervous woman as 1-60th gr. upon a man of average strength.”

On looking through the recorded cases of poisoning by belladonna, in which the treatment was based upon the physiological antagonism of opium or morphia, I find two cases detailed by Mr. Benjamin Bell, in the *Edinburgh Medical Journal* of 1857.

The first case given by Dr. Bell was that of an aggravated case of sciatica, in which, after having failed to give by morphia more than temporary relief, he determined to employ atropia. He accordingly injected behind the great trochanter $\frac{1}{2}$ gr. of sulphate of atropia. This large dose he was led to use from having safely employed 1-12th gr. in a former instance under the skin of the forehead for severe facial neuralgia, and he thought he might, at such a distance from the sensorium as the thigh, with equal immunity and benefit employ a larger dose. Almost immediately the pain was relieved, but in a short time symptoms very similar to those detailed above: as having occurred in my own case, ensued. “Under these circumstances,” writes Dr. Bell, “being acquainted with no more promising plan of treatment, I had recourse, with some confidence, to the subcutaneous injection of morphia. I injected without delay 25 minims of the double strength solution of morphia into the gluteal region of the opposite limb, which happened to be next the edge of the bed. This was about 5 p.m. Almost immediately a decided change for the better was perceptible. He became considerably calmer,

and swallowed a little water without much difficulty. I visited him again at 7.30, and was glad to find he had been sleeping quietly in that posture for an hour and a-half. On the following day before noon I found him entirely relieved from pain and in good spirits.

It is interesting to note how varied are the opinions of eminent men, and how directly opposed they are in regard to this vexed question of antagonism of morphia and opium to atropia and belladonna. They may be ranged in two lines, the one maintaining that these alkaloids are as strikingly general physiological antidotes as nicotin and strychnia are supposed to be, and as physostigma and atropia, denying that any physiological antagonism exists whatever between these drugs, except as regards the pupil.

Between these two extremes lies, I believe, the happy mean—the truth—to come to life more vigorously, when further observations have been recorded of a properly devised series of experiments, and of clinical cases carefully and truthfully related.

In the conclusions deduced by Dr. Harley, I fully coincide, when he says—"1. That in medicinal doses the essential effect of morphia (hypnosis) is both increased and prolonged by the action of atropia, whether induced previously or at any time during the operation of the former. 2. That atropia relieves, and, if given simultaneously or previously, prevents the nausea, vomiting, syncope, and insomnia, which frequently result from the action of opium;" but I cannot go with him when he states "that all the effects of atropia other than that of dilating the pupil are intensified and prolonged by the action of morphia, induced previously, or at any time during the operation of the former, whether given in medicinal or toxic doses."

Dr. Harley has with much labour and care tabulated forty-three cases of, as he considers it, the supposed antagonism of these alkaloids. Table I. contains twenty-one of opium poisoning, treated by belladonna. Table II. twenty-two cases of poisoning by belladonna treated by opium. These tables I have very carefully studied, and I confess that no other conviction is forced on my mind than that opium or morphia is directly antagonistic to belladonna.

In conclusion, I would impress the advantages of using the antidote by the hypodermic method for the following reasons:

1. It can be employed when the patient is unable, or from delirium, unwilling to swallow.
2. The rapidity and certainty of the antidote thus applied.
3. The quantity given can be accurately measured.
4. The dose can be repeated as often as may seem necessary.

Dr. M'SWINEY gave the particulars of a similar case; 30 minims of liquor atropia were given to a man, *et. 40*, in mistake for 30 minims of Battley's sedative solution. Almost immediately after the dose was taken it produced the most violent excitement on the part of the patient. He jumped about, screamed, declared he was dying, and raved and stormed in the most excited manner. The mistake was immediately discovered, and an emetic was at once administered, which acted. He also got a dose of brandy and of aromatic spirits of ammonia, and hot jars were applied to the feet. At 7 o'clock—three and a-half hours after he got the poison—he was seen, and 30 minims of hydro-chlorate of morphia were given to him. He was just able to swallow the dose, and his condition was then one of entire insensibility. He appeared to be perfectly anæsthetic, as pinching the skin did not produce the slightest response. The eyes were open and staring; the irides might be said to have disappeared; the pulse was very quick and small; the surface of the body was cold and bathed in perspiration; the respiration was slow. Doses of twenty minims of the solution of hydro-chlorate of morphia continued to be administered at intervals for an hour and a-half until he got three drachms of the solution, or one grain and three-quarters. After the first drachm was given the pupils slowly began to contract, and there was no appearance of a return to consciousness. He was carefully watched, and by 12 o'clock that night consciousness had returned, and he spoke correctly. As there was a great tendency to drowsiness, he was not allowed to sleep until the following morning. At that time his consciousness became perfectly restored. He was able to state that he could not see, and although he was well in all other particulars, his pupils were insensible to light. No further bad consequences resulted, and the man was now perfectly well.

Dr. HAYDEN said the case which had come under his observation was not, in some respects, a parallel case to that of Dr. Finny, for, in the first place, the toxic agent was the berries

of belladonna. The child came in to his dinner, but the mother noticed that he was strange in manner; he took very little food, but that which he did take he ejected, and there was found in the ejecta a dark matter, which appeared on examination to be the husks of the berry. He exhibited all the symptoms characteristic of belladonna poisoning. He placed the boy immediately under treatment, gave him a dose of Dover's powder, and on the following day he was comparatively well. The whole of this subject was of the deepest interest; and not less so, because they knew so little of the causes that were in operation in the production of these various results. They knew something in a general way of the action of belladonna—that it was a stimulant of the vaso-motor system and of the vascular system. Many of the symptoms that followed the toxic action of belladonna might be explained in the same way; for example, the rapidity of the heart's action. He was not so sure, however, that the action on the respiratory functions could be thus explained. They were taught that opium in any form acted on the heart as a stimulant; and it seemed strange that a drug which acted as a stimulant of the vaso-motor and of the vascular systems should be antagonised by another that had a precisely similar action.

Dr. HAWTREY BENSON had the notes of a case of poisoning by belladonna berries, which occurred under his own care about three years ago, which afforded strong presumptive evidence of the antagonistic action of the two drugs.

After some preparatory treatment he put the child on opium, giving him three minims of tincture of opium every two hours. He continued very well under this treatment for thirty hours, and at the end of that time was so far improved that he stopped the treatment. In the meantime he had got eighteen doses, that is to say 54 minims of opium. He thought this was a strong presumptive evidence that opium was antagonistic to belladonna, not merely from the fact that the child recovered, but from the fact that it showed, after taking 54 minims of tincture of opium, no sign of the physiological effects of opium, which he must have done if there were not some strong antagonistic influence at work.

Dr. FINNY, in reply, said the first case mentioned by Dr. M'Swiny was remarkable for the large quantity of opium given after the atropia; but it was given 3½ hours after, which was an objection to the case as an illustration of the theory for which he contended; because Dr. Harvey said that after a period of three hours the usual effects of atropia poisoning were passing off of themselves. The point alluded to by Drs. M'Swiny and Hayden was well known, *viz.*, the long continuance of the dilatation of the pupils. Though the general physiological effects of the two poisons showed they were opposed one to another, the local effect of poisoning by atropia on the pupil was not contracted by the greatest quantity of opium.

THE INCUBATION OF MEASLES.

Mr. TUFFNELL detailed a few facts involving the question of the incubation of measles, or of the starting of the disease *de novo*.

On the 16th of May, last year, a soldier of the 16th regiment was sent up from Enniskillen to the military prison in Dublin. On the 28th of June, the man had the symptoms of an ordinary cold, and was confined to his cell. On the 1st of July, when he (Mr. Tuffnell) entered the prison, he was told the man was ill, and when he saw him he found him covered with measles. He had been forty-five days in the prison, and had had no communication with the external world during that time. He (Mr. Tuffnell) was not attending any other case of measles, no other person in the prison had the disease, the washing was all done within the walls, and yet the man had a genuine attack of measles. Therefore, the case was this—either the period of incubation was forty-five days, or the disease had sprung up *de novo*. He had looked through the various Medical works and journals to find the longest period of incubation recorded, and the longest he could find mentioned was in Dr. Churchill's work on the diseases of children, in which he said the period of incubation could be from ten to thirty days.

Dr. HENRY KENNEDY said he was not aware of any cases of measles where the stage of incubation was as long as the instance given by Mr. Tuffnell, and that for a long period he had held the opinion that measles and allied affections were capable of being generated from within. As bearing on the subject of measles, Dr. Kennedy said he could not but allude to a case published by himself some years since, where a young

gentleman had a handful of mouldy linseed meal thrown in his face at a moment when he was laughing. The effects were very remarkable, for he was at once seized with symptoms of violent corza, attended by swelling of the face, and a dark circle round the eyes, and within thirty-six hours a distant rash like wheals, but of a red colour. The attack lasted three weeks. At the time of its occurrence, Dr. Kennedy was in complete ignorance of its nature; but shortly after his eye was caught by a paper in the *American Journal* by Dr. Salisbury, in which it was proved to demonstration that the fungi of mouldy straw could, by inoculation, generate a disease very like to measles. The writer had not only inoculated himself, but also several others, and in each instance a distinct disease, like measles, was generated, in a period varying from two to three days. This most valuable paper seems not to have attracted the attention to which it is beyond question entitled; for if vegetable fungi thus produce disease, and if the special case already noticed by himself be kept in mind it might well be asked where would such a state of things end? Would not every fungus produce its own disease, and might not every anomalous rash, whether with or without fever, and such were very common, be fairly attributed to some like cause?

Dr. M'SWINEY—Dr. Kennedy said he did not see why typhus fever might not arise spontaneously, and that observation induces me to mention the facts of a case that came under my notice. The hospital with which I am connected does not receive typhus patients, and accordingly we see none there as a rule. Some time ago a strong-looking countryman, who came recommended by a patron of the hospital, was admitted complaining of lumbago. He remained there fifteen or sixteen days, taking his food and apparently in good health, so that it was considered as rather an abuse of the charity to keep him any longer. At the end of the period I have mentioned he was suddenly attacked with typhus fever, and he had to go through it in the hospital, and it was an extremely well pronounced case of the disease. There was no other case of typhus fever in the hospital, and but little intercourse with the external world, and it had all the appearance of a case of typhus fever arising *de novo*. I made every exertion to trace the source of the contagion, but failed to find any.

EPIDEMIOLOGICAL SOCIETY OF LONDON.

JUNE 12TH, 1872.

ROBERT LAWSON, Esq., President, in the Chair.

A PAPER was read by DR. SMART, C.B., R.N., on

ASIATIC CHOLERA IN AFRICA.

Africa, from its geographical features and social conditions, possesses four epidemiological regions:—

- 1st. Egypt and Tripoli.
- 2nd. The Western basin of the Mediterranean, so far as Algeria and Morocco form part of it.
- 3rd. The West Coast, South of the Sahara.
- 4th. The East Coast, from Abyssinia to the Portuguese settlements.

Egypt, next neighbour to Arabia, has not suffered invariably when Arabia has done so. Its visitations have been of short duration. It has on one occasion only been the source of European infection in 1865, and, on the other hand, it would appear to have been infected from Europe in 1854.

Tripoli, although not always involved in the epidemics of Egypt, as in 1847-48 and '54, has had its visitations concurrently with others of that country. Tunis has generally followed on Algeria after a year's interval. In 1859-60 it escaped when Algeria was infected. Egypt was also then untouched, Arabia being infected. The Western basin of the Mediterranean, except in 1835, when it received its infection from Egypt, has participated in the epidemics of Northern Europe, imported into its Atlantic States. But in 1853, and again in 1859, its epidemics are said by some to have had regional origin and growth in the Peninsula. Algeria and Morocco have been always indebted to the European shore for the "contagium" of cholera—the former generally to France, except in 1834 and 1859, when it was so to Spain, and the latter to Spain usually. Morocco was free in 1865, when Spain was severely visited; but this was reversed in 1868—Spain

being then free, and Morocco diseased, having relighted the epidemic that had been present in Algeria in 1866-67; and in Tunis in the latter year. Both Morocco and Tunis had excluded cholera by quarantine in 1865, but they failed later on their land frontiers. The West Coast of Africa was visited for the first and only time in 1868-69, when the disease appears to have been carried from Fez across the Sahara to an upper trading station, on the river Senegal, by caravans. It then extended to the Gambia and Rio Grande, through the inland stations, and was at the same time present in the State of Boradoo—800 miles inland betwixt the water sheds of the Niger and Gambier. The East Coast of Africa, from Abyssinia to the Portuguese settlements, has had a series of epidemics entirely apart from those of Egypt. Abyssinia is in constant communication with Arabia, and during the season of the N.E. Monsoon, from December to March inclusively, Zanzibar has many arrivals from India, the Persian Gulf, and Arabia, from either of which cholera might be conveyed, to be spread from it Southward by means of the native trading craft. The first visitation was in 1836-37, affecting almost exclusively the negro race. It crept along the coast North of Zanzibar, and from that post to the stations South of it, remaining only a few weeks in Zanzibar. The second visitation was in 1856. It was confined to Abyssinia. Arabia had suffered in the two preceding years, and Zanzibar was undergoing a heavy loss by small-pox in the same year. The third visitation fell in 1858-59, whilst Arabia was in an epidemic from Muscat to Djeddah. The disease appeared early in the monsoon in the ports South of Guardafui, and extended to Mozambique with great epidemic force. The fourth visitation of 1865, the year of the last great epidemic that spread into Europe from Arabia, the disease showed itself very early in the year in Abyssinia, and at the fair of Berbera on the South shore of the Gulf of Aden. From this latter place it was conveyed by caravans to the coast of the Indian Ocean; but being late in the monsoon season, it did not extend to Zanzibar. The fifth and last visitation of Zanzibar, in 1869-70, has been traced by Dr. Christie as far as the Galla country, travelling slowly southward among pastoral tribes; it seems not impossible that it may have been conveyed into Africa by the negro pilgrims of Soudan, called "The Takroories," or people of Tocru, which embraces the fertile plains from the Nile to the Niger. This race was the first to suffer from the epidemic in Arabia, and they may have carried it home with them into the centre of Africa, from which it may have extended Westward, to Bonadoo, by the course of the Niger, and Southward by the Nile to the places where the Arab caravans from Zanzibar fell in with it, and took it back with them to that emporium from which it was carried again inland by caravans that followed a more southerly direction, and northward by native craft to Socotra. In 1870 it spread southward as far as Quillimane, and seaward to the Comoro Islands and Madagascar, and from it to Mauritius, an island that had on previous occasions been infected direct from India, or had grown its own epidemics of cholera. A remarkable feature of the epidemics of the East coast of Africa is that they have, with the exception of that in 1865, arisen in the Apogee of the great epidemic cycles when about to cease beyond the limits of Arabia, and not when issuing forth from them, which is strange if we consider its direct intercourse with India. The history of cholera in Africa bears very strong evidence to the theory that its spread is entirely regulated by human intercourse, and timed relatively to the rapidity or slowness of that intercourse, Africa in this respect representing the very antithesis of what is shown where mankind travel by steam power; consuming years in effecting as much as is then completed in months. In the African epidemics, the native negro races have suffered incomparably more severely than the Arabs, Indians, or Europeans present with them. On the Mediterranean shores of Africa there have been repeated instances of the abortive introduction of the "contagium" of cholera, and others where epidemic intensity has speedily followed on apparently trivial importations. In Algeria the outbreaks have always followed a history of importations, and they have been manifested in crowded hospitals, prisons, and barracks, and in camps, and evacuations of these wherever it has been applied to such foci, has been invariably successful in cutting short the epidemic. Ample proofs have been amassed of the efficacy of strict quarantine in excluding cholera on the seaboard, although it has appeared in parts thus temporarily exempted after suspicion had ceased and quarantine relaxed; being introduced by a slower land intercourse.

Hospital Reports.

HOSPITAL FOR DISEASES OF THE THROAT.

Exophthalmic Goitre.

(Under the care of Dr. PROSSER JAMES.)

(Notes by DR. WAGNER.)

MARY ANNE SCRIVENER, *æt.* 38, married, had six children. Not had good health for many years; always feeling weak and languid.

About four years ago first noticed a swelling in the front of the throat, and went to Charing Cross Hospital. Shortly before this her husband had noticed a "staring" in her eyes, and great palpitation of heart. Since that time the throat has enlarged, and palpitations are very distressing; sight not so good. No history of rheumatism. Pulse 140, weak.

Thyroid gland much enlarged, especially right lobe. Eyeballs very prominent. There is a loud systolic bruit at midsternum, level of fifth costal cartilage. The bruit is still louder at fifth costal space directly below nipple, where the heart's apex appears to beat. The slightest pressure on thyroid causes a feeling of suffocation. Sometimes she fears to lie down from an apprehension of suffocation.

This case was examined carefully by several visitors. Dr. Prosser James made some clinical remarks on the case, and compared it with several that had been under his care, going carefully into the usual combination of symptoms. He remarked that no disease more aptly illustrated the need of a possession of a knowledge of all branches of medicine. Many cases were seen at the ophthalmic hospitals on account of the interference with vision; others came here because throat symptoms were prominent from the pressure of the enlarged thyroid, and he had often been consulted for palpitation of the heart when this curious disease existed.

This patient has improved somewhat. She has been treated at present by iodide of iron.

Amongst other interesting points mentioned by Dr. Prosser James may be named that of the history of the disease, cases having been related prior to those of either Graves or Basedow. But as the subject of exophthalmic goitre will be included in the Special Reports commenced in this Journal, it is not necessary to go further into it on this occasion.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JULY 24, 1872.

SANITARY REFORM.

As it seems the Public Health Bill is not to be massaged with the rest of the innocent, we suppose we ought to express some satisfaction, and yet so much has been said against it, that we might find condemnation enough even from its friends.

Perhaps the most encouraging feature of the discussion, has been the willingness of both parties to pay attention to the health of the people, and if the bill must be acknowledged to be imperfect, it is something to get any measure

at all through the House at such a time as we have lately passed through.

Last week we gave some account of the debate. Since then, Mr. Disraeli has spoken upon it in a manner that induces us to quote some of his remarks. His objections having been removed by the recent changes in the bill, he supported it as a good instalment of sanitary reform, in a speech, of which the following is the substance:—

"The merits of this measure are not to be estimated by comparing it with any large and adequate measure of sanitary legislation, consolidating all the existing powers and constructing new ones, which at the commencement of the session, if the Government had made up their mind to direct their principal energy to the treatment of such a measure, no doubt might have been carried. But the question we have to ask ourselves is whether the sanitary legislation of this country will, if this bill passes be more efficient than it is at present. That really is the practical question, and I cannot but believe that every candid man, whatever may be his expectations as to the future treatment of the question of sanitary legislation, or whatever were the hopes in which he may have previously indulged on the subject, must admit that the sanitary condition of this country will be more satisfactory than it is at present if this bill passes. Now, I think, considering the public requirement of the country on this matter, and the strong convictions of those who are most competent to guide public opinion on any important question, we should undertake a very grave responsibility if, under such circumstances, we did not agree to the passing of this measure. The measure as originally proposed would certainly have led to a further and, perhaps, not an inconsiderable increase in the local taxation of the country; and after the vote at which the House had arrived in the earlier part of the session on that subject there would have been such a glaring inconsistency in acceding to a measure which would increase the local taxation without any arrangement on the part of the Government tending to alleviate an increase of taxation, that I myself, strong as are my views as to the absolute importance of this House proceeding with sanitary legislation, should have felt the greatest difficulty in giving my support to the measure of the Government. But the Government have made a proposition which has been considered by those who take a very great interest in the subject of local taxation as being on the whole a fair and reasonable proposition. It has removed the great difficulty I just referred to, and therefore I trust the House will assent to the passing of this measure. I have no doubt that, in considering the machinery which we are about to institute, many details will be found which may be fairly liable to criticism, and many suggestions may be made which may improve the proposition of the Government, or which may even remove such of their proposals as the House may deem objectionable; but the present is not an occasion on which we need enter into these details. What the House has now to do is to declare that it will support the policy of the Government in passing this measure. It is one which is not, in my mind—nor, indeed, is it in the opinion of the Government—adequate to the great subject we shall have ultimately to deal with, but it meets many difficulties that are now encountered, it renders more efficient existing legislation, and it is a preparatory step to the large measure which the Government have announced that they will on the first opportunity introduce.

ARMY HOSPITALS IN AMERICA.

ALTHOUGH somewhat late in the day to give an account of some of the hospitals during the war of Secession, yet it is considered that at the present time when the subject of Medical Administration is on the *tapis*, the following extracts from a report by a gentleman who visited Washington at the time in question, may not be without interest, more especially to our military readers.

The buildings at Washington used as temporary hospitals, in number about 35, are some of the finest and those most suited for the purpose in the city; the Medical and sanitary arrangements were excellent; every adjunct

tending to the health and comfort of the men was adopted ; their wants were sedulously attended to both by the Medical officers and those working under them, and the utmost liberality displayed in meeting all their requirements.

The "Armoury Hospital," so designated from its vicinity to a building of that description, is capable of accommodating 500 patients, its site is in the immediate vicinity of the railway communication with that portion of the country where the troops have been chiefly engaged, it is composed of eleven wards, each being a separate building ; they are arranged parallel to one another and at a distance apart of about 40 or 50 feet, they are erected entirely of wood, their plan of construction similar throughout, one story high with pent roofs, the floors are raised a foot from the ground with open space underneath to admit a free current of air, in length they measure 182 feet, breadth 25 feet, and height 14 feet ; for ventilating purposes there is a small opening on both sides of the edge of the roof extending the entire length, in each side wall are 15 large windows capable of being opened, and in the centre a door communicating by a roofed passage with the adjacent ward, on either side, in the lower part of the walls and under the beds are a number of openings about 10 inches square which can be closed when necessary, at the ends are two large windows with a door intervening ; the extremities of these buildings are partitioned off at one end into two rooms, in one those patients out of bed take their meals, the other is appropriated to the female nurses ; (2), at the opposite end are three compartments, one a sleeping room for the orderlies ; (3), one an ablution room with bath arrangement, the other a water closet. In both of the latter water laid on and floors tile, the remainder of the ward accommodates the patients, fifty in number, the beds are placed along both sides about 2½ or 3 feet apart, the cubic space afforded each man is 1,400 feet ; the beds are of iron with frame tops supporting curtains of fine white gauze for keeping off flies, &c., the mattresses are composed of hay with the usual covering of sheets, blankets, rugs, and pillows, &c., beside each bed is a chair and table, with utensils of delf. At the head of every bed is recorded the letter distinguishing the ward, number of bed, name of occupant, nature of injury or disease, with the daily treatment, and articles of diet shown in numerals. Those beds which contained patients with more formidable injuries are marked by a small coloured flag fixed to the foot rail. Through the centre of each ward between the beds thick matting extends the whole length, which, in addition to aiding towards cleanliness, adds much to the comfort of the sick in preventing noise being caused by passers through.

One of the wards is occupied differently to those (ten in number) just described, in its external appearance it resembles them, it is divided into a number of compartments, which comprise quarters for the assistant-surgeons, Medical cadets, Medical officers' mess, surgery, dispensary, store rooms for medicines, comforts, linen, and bedding, &c., private office for Medical officer in charge, also a large room for general purposes in which the Medical officer on duty remains during his turn ; one corner of this room contains a post-office. All the wards have a deep drain cut round them and the whole are enclosed by a neat wooden fence, together with the outbuildings pertaining thereto,—viz., a cook house on a very extensive scale with appliances for boiling, baking, and roasting, laundry with

drying room attached, pack store, general store, guard house, dead house, &c.

The atmosphere of the hospital, every bed full, is cool and pure. Chlorides are freely used in the waterclosets and urinals. Strict discipline is maintained among all. Both patients and their beds presented a most tidy and cleanly appearance. Religious books, periodicals and medicines in use are only sanctioned in the wards. As well as I recollect I was informed no cases of erysipelas or hospital gangrene had occurred, and pyæmia had been extremely rare.

Medical Staff and Attendants.—The entire management and control is invested in a Medical Inspector, under him are 10 Assistant-Surgeons (1 for each ward), Medical Cadets, 1 Head Ward Master, 10 Assistant Ward Masters (1 for each ward), 3 Assistant-Stewards, 30 orderlies (3 for each ward), and 20 female nurses (2 for each ward).

Respective Duties.—The Medical Inspector visits the hospital every morning, receives written daily reports from the Orderly Medical Officer, sees bad cases under the charge of the Assistant-Surgeons, examines returns, accounts, attends to correspondence, signs passes, &c. On Sunday morning he inspects all the wards, bath rooms, water closets, outbuildings, hospital drains, grounds, &c., and notifies their condition as "perfect," or otherwise. The Assistant-Surgeons reside and have their meals in the hospital, visit their wards at 7 o'clock a.m. and 6 o'clock p.m. by bugle call, act as Orderly Medical Officer by turn, whose duty is to attend anything required in the wards, to visit the guard at stated hours, day or night, to go round the wards during the meals and report complaints, to order diet for the following day for all patients out of bed, "table patients," and hospital attendants, and to register the same in a book in order to ensure variety. This being always referred to previously, furnishes a "morning report" to the Medical Inspector. Medical Cadets act as dressers in their respective wards. Head Ward Master has charge of all the stores, comforts, linen, bedding, pack, &c., keeps accounts of each, and overlooks Assistant Ward Masters in their duties. One Assistant Ward Master has charge of bedding and linen, furniture, of each ward, cleanliness, &c., and is under the orders of the Head Ward Master. Three orderlies to each ward ; these act under the Assistant Ward Master, they wait on the sick and maintain order and cleanliness, &c. Two female nurses also attend to the wants of the sick of each ward, administer medicine, linen, &c. ; one accompanies the Assistant-Surgeon round at morning visit and notes the diets prescribed, each article being distinguished by a numeral as shown on accompanying scale. Three stewards ; two are fully qualified dispensers of medicines and act as such, the other attends to the dieting and purchases articles as they are required. Cooks prepare lists of the different articles required for the diets from the female nurses, and these are examined by the Medical Inspector. Washing is done by "contrabands" in the hospital enclosure ; the grounds and drains, &c., are also kept clean by them.

Diets.—There are no formulæ of diets for hospital purposes laid down, the articles prescribed are left entirely to the discretion of the Medical officers. At the "Armoury Hospital" the plan adopted was, the patients were divided into two classes ; one included those out of bed, called "table patients," the other those unable to leave their beds. Each was dieted differently ; for the "table

patients" and attendants the ordinary soldiers' rations were drawn from the "Subsistence Department," the lists being prepared daily by the Orderly Medical Officer; for those in bed a "Numerical Diet Table" was prepared of all those articles most likely to be required, many of them being contained in store. From this table, in order to ensure variety, four separate lists were formed, each containing separate and appropriate ingredients for the various meals. From one of these lists articles of diet were selected for Mondays and Tuesdays, from another for Wednesdays and Thursdays, and so on for those so dieted and not drawing rations. Commutation of 18 cents per diem was granted, and which formed a fund for defraying the expense of those articles included in the list and not contained in store.

The gentleman from whose report we quote, thus continues:—

"The soldiers generally presented a robust appearance, though some were mere lads; they seemed to be well clothed and fed, and possessed of a fair amount of physical endurance. I saw some regiments pass through Washington, said to have marched seventeen miles, they appeared not fatigued and had no stragglers, they were in heavy marching order, packs supported by shoulder straps, leaving the chest free, their blankets were in a roll and carried across the left shoulder. I did not observe a single case of drunkenness among the men either at Washington or on the Potomac; the sale of spirits was completely suppressed, neither malt nor spirit formed part of the rations, coffee being issued instead. This arrangement was not departed from either on going into or after action; the men seemed invariably orderly and well-behaved."

Notes on Current Topics.

An Important Medico-Legal Decision.

JOHN HAMILTON, a notorious London quack, who was convicted some few weeks since, at the instance of Mr. Henry Chandler, for falsely using the title of "Doctor," and who has appealed through his solicitor to the Court of Queen's Bench, to quash that conviction, was on Friday last again summoned before the magistrate at Marlborough Street court by Mr. Deakin, house-surgeon to the Lock Hospital for a like offence. When the case was called, the prosecutor was unfortunately absent, and so the defendant's solicitor had it all his own way. Of course the summons was dismissed, but the most curious part of the affair was, the utter perversion of the opinions so frequently expressed by the Medical journals, upon the use of the title of "Doctor." The legal Profession is fond of a chuckle at the expense of the Medical, but in the present instance the scales are unquestionably turned, and the difference of opinion of the two judges is a very serious matter for reflection. About a fortnight since, Mr. Knox convicted this man Hamilton, "for that he fraudulently misled the public, by falsely calling himself, and using the title of 'Doctor,' to which a sham American diploma in his possession did not entitle him." On the other hand, Mr. Mansfield ruled on Friday, "that a person might call himself a doctor the same as a captain, if he pleased." The defendant's solicitor further stated, that the Medical press was totally opposed to the view taken by Mr. Knox, and in favour of that held by Mr. Mansfield. Now, this is

absolutely at variance with facts. The whole Medical press has never expressed such an opinion, it has been, and must be in the interests of the Profession and the public against fraud and imposition, when palmed off upon ignorant and unsuspecting victims, by diplomas which no more, either legally or morally, entitle their holders to pass themselves off as Medical men, than does the manufacture of base coin, because it is a good imitation of the real thing, exempt the coiner from a situation for a long term of years in one of Her Majesty's prisons. Mr. Ricketts, the defendant's solicitor, may take this as our opinion gratuitously: that one is just as much a swindle as the other, and that as the coiner touches only the pockets of his victims, and the quack doctor, both the body and the pockets, so the latter's punishment should be proportionately greater.

Electro-Therapeutical Apparatus.

At a recent meeting of the Boston Society of Medical Sciences Dr. Lincoln exhibited the electro-therapeutical apparatus of Brenner, consisting of a mahogany tablet thirty inches square, upon which are arranged the following instruments:—

1. "Current-selector" or switch-board, for introducing into the circuit any number of elements, up to sixty. Brenner himself prefers the use of pegs to that of the switch, but they are more troublesome to handle.

2. "Upright tangent-galvanometer," the wire of which measures 0.008 inch in diameter and offers 82.4 B. A. of resistance.

3. "Commutator," for instantly reversing the direction of a current, whether galvanic or Faradic, without changing the position of the electrodes in reference to the body.

4. "Rheostat," forming a portion of an accessory circuit. It contains 2,100 units of resistance (Siemens, = 200.7 B. A. units), and as these are arranged by tens, the instrument enables us to measure 210 grades in the intensity of the current, whether generated by one cell or several. Brenner attaches great importance to its use in treating the auditory nerve, as by it we are enabled to begin with a very minute fractional dose of electricity and to raise the quantity by degrees, so as to avoid the infliction of a sudden shock, which might prove a serious injury.

5. "Rheotome." This instrument acts in two ways, depending on the arrangement of certain pegs connected with it. In the first place, when a constant current is flowing, it can produce a single momentary interruption; in the second place, the current not flowing, it can produce a single momentary passage of the current; and the shock—from the interruption, or from the passage of a current, as the case may be—can be made to last a longer or shorter time by sliding a metal plate in or out. The instrument is essentially composed of a finger of brass, swinging horizontally upon a pivot, and its course impinging upon the plate of metal just mentioned—the current enters at the pivot—and is conveyed through the brass finger to the metal plate during the moment of contact.

6. "Automatic interruption of the constant current." This consists of a "Neef's hammer," similar to those attached to the electric alarm-bell. The rate of rapidity with which interruptions can be effected varies from four to ten in the second, which is sufficient for practical use. The indicator of the galvanometer, which during the passage of the uninterrupted current would mark 35°, points to the neighbourhood of 15° and 20° when the current is interrupted by this apparatus; showing that a great quantity of the current still passes.

7. Du Bois-Raymond's "sledge apparatus" for generating the Faradic current. The primary coil contains about 320 turns of wire, the secondary 9,970. The teta-

nizing effects of the current from the primary coil seems greater than that from the secondary; its *quantity* is distinctly apparent in the deflection of the galvanometer-needle to the extent of nearly one degree. The secondary coil gives a spark of a tenth of an inch only, its construction not being suited for the development of the enormous tension which some of Mr. Ritchie's coils display.

The hammer is made in two pieces, the inner of which may be drawn out like a telescope slide for the purpose of retarding the rate of vibration. By weighting it with two or three small copper coins it may be retarded still farther, giving as few as four strokes in the second: the extreme rate of rapidity being indicated by the production of the musical note F , proving that 168 interruptions per second are effected.

The motive power of this Faradic apparatus is furnished by two Leclanché elements; the galvanic current is obtained from sixty Daniell's cells, as modified by Siemens and Halske.

The Leclanché element consists of a cylinder of zinc immersed in a solution of sal ammoniac, and a piece of carbon packed with powdered binoxide of manganese and carbon in a porous cell. The cheapness of the exciting fluid—for only one fluid is required—is a recommendation of this form of battery; it is said also to be very constant, and it certainly makes very little trouble or dirt. It generates ammonia gas when in action, which would be an objection to the use of a large number of cells in an occupied room.

The Siemens-Halske element cannot well be described without a diagram. It is a very constant element and requires little attention. The metal and fluids are the same as in an ordinary Daniell's cell, but the diaphragm (of porous clay) is reinforced by a layer of papier-maché some inches thick, which increases the resistance very much.

The arrangement of switches in the apparatus is such that three patients can be operated upon at once, one receiving the current from the primary coil, another that from the secondary, and a third the galvanic current.

The apparatus deserves especial praise for the solidity with which all connections are made, and the accuracy with which the switches are adjusted, and the pegs fitted. The only instrument liable to be injured by careless usage is the Faradic apparatus, especially the hammer; it would not be a proper thing to entrust to the management of a nurse; but it is capable of producing a great range of effects, and its currents are very smooth and equable.

Krüger and Hirschman, of Berlin, constructed the apparatus.

In answer to a question from Dr. Bowditch, Dr. Lincoln said that the papier-maché served the purpose—First, in keeping the zinc and copper at a fixed distance from each other; and second, in offering a great *resistance*, which increases the penetrating force of the current. In passing from the zinc to the copper, the current had to traverse two inches of the densely-packed papier-maché besides the earthen diaphragm.

Alcohol as a Nutritive Agent.

We find in the new number of the *Boston Medical and Surgical Journal* a paper on this subject, read before the Boston Society of Medical Sciences, by Dr. H. P. Bowditch, in which he observes that the experiments of Dr. Subbotin were performed on rabbits enclosed in an apparatus by means of which the exhalations of the skin and lungs could be examined for alcohol. The urine was also collected and examined for the same substance.

The experiments showed that in the first five hours after the introduction of 3.45 grammes of alcohol into the stomach of a rabbit, about 2 per cent. was eliminated by the kidneys, and 4 per cent. by the lungs and skin.

Experiments extending over a greater length of time led

to the conclusion that, usually, during twenty-four hours at least 16 per cent. of the injected alcohol leaves the body in an unchanged condition (or perhaps as aldehyde), and that besides this elimination by lungs, skin and kidney, a portion of the alcohol is oxidized in the organism. Although by this oxidation force must be set free in the organism, the author does not consider that alcohol is on that account to be regarded as a nutriment, for the functions of the animal body depend for their performance, according to Dr. S., upon the transformation of living material, *i.e.*, of the constituent parts of the body, and not upon the decomposition of matter foreign to the body.

In a note appended to Dr. Subbotin's essay, Prof. Voit expresses himself as follows: "I do not agree entirely with Dr. Subbotin in his views on the importance of alcohol as a nutriment. I define a nutriment as a substance which is capable of furnishing to the body any of its necessary constituents or of preventing the removal of such constituents from the body. To the first class belong such substances as albumen (since it can be deposited as such in the body), or fat or water or the mineral constituents of the body; to the second class belong such substances as starch, which hinders the loss of fat from the body. If a nutriment is defined as a substance which by decomposition furnishes living force to the body, the definition would not be exhaustive, for it would exclude water and the mineral constituents of the body. Alcohol must, therefore, to a certain extent, be regarded as a nutriment, since, under its influence, fewer substances are decomposed in the body. It plays in this respect a similar (though quantitatively very different) part to that of starch, which also protects fat from decomposition and, when taken in excess, causes deposition of fat in the organs or fatty degeneration. If a part of the alcohol is decomposed in the body into lower forms of chemical combination it *must* give rise to living force, which either benefits the body in the form of heat or may perhaps be used for the performance of mechanical work; the same is true of acetic acid, which is also not to be considered as an ultimate excretory product, and from which, therefore, in decomposition potential force passes into living force.

"It is another question, however, when we ask what importance alcohol has for us as a nutriment, and whether we take it in order to save fat from decomposition and furnish us with living force, in other words, to introduce a nutriment into the body. Since alcohol, when taken in considerable amount, causes disturbances in the processes of the animal economy, we cannot introduce it in quantities sufficient for nourishment as we do other nutriments, and in the amount which we can take without injury its importance as a nutriment is too small to be considered. In this point, then, I agree entirely with Dr. Subbotin; we use alcohol not on account of its importance as a nutriment, but on account of its effects as a stimulant or relish."

Prof. Voit's definition of a nutriment is rather more comprehensive than those usually given, but it has the merit of great exactness, and of leaving no doubt as to its applicability to any given substance. Whether this definition or any other be adopted, it is, of course, essential, as a preliminary to the discussion of the nutritive value of alcohol or any other substance, that we should define as exactly as possible what we understand by the terms "nutriment" and "nutrition."

Although, as Prof. Voit says, alcohol cannot, under normal circumstances, be introduced into the body in sufficient amount to be of any importance as a nutriment without producing toxic effects, may it not be that in those morbid conditions of the system where large amounts of alcohol are borne without causing narcotism, the nutritive properties of the substance really become important, and that patients who are supported by alcohol through periods of great weakness or exhaustion are really nourished and not simply stimulated by it?

Dr. P. A. SIMPSON has been elected Professor of Medical Jurisprudence in the University of Glasgow.

The Small-Pox Epidemic in Canada.

DR. ALLISON contributes to the last issue of the *Canada Medical Journal* a statistical statement of the recent severe inroad of small-pox in that territory. The cases, so far as made known to the Board of Health, were 205 in all: 98 males and 107 females. Of these, 32 males and 39 females died; 71 in all, or nearly 34 per cent. of the whole number attacked. This heavy mortality was chiefly due to three circumstances, each of which claims a word or two for itself. 1st. The neglect of vaccination; 2nd. The large proportion of those who were attacked during the early months of life; and 3rd. The great malignity which has everywhere characterised the epidemic of 1871. Of 138 unvaccinated people who took the disease here last year, only one escaped with a varioloid attack, and 69, or just half of them, died; 25, or not far from half of these, again, had either hæmorrhagic small-pox, which is invariably or speedily fatal, or the petechial form, which, though a little more protracted in duration, is hardly less deadly. All the rest, except some eight or nine, had confluent or copious eruptions, which, even in epidemics of the ordinary type, prove fatal to a full third of those who exhibit them. On the other hand, 67 vaccinated people took the disease, and 30, or nearly half of them, got off with varioloid attacks. Only two of them died, or about 3 per cent., which is just the usual mortality of small-pox after vaccination. This furnishes us with an important addition to the argument in favour of vaccination, which I have not found dwelt upon as strongly as it deserves to be by any of our authorities, *i.e.*, that the malignity of the epidemic does not raise the percentage of mortality amongst the vaccinated. While the mortality from the natural disease, never lower than 12 or 15 per cent., may be swelled to 50 per cent., and upwards, by an increase of malignity in the type of the epidemic, small-pox after vaccination, is, on the contrary, an uniformly mild disease, and attended with an uniformly low rate of mortality, whatever the type of the epidemic may be. The malignity of the epidemic has been noted during the last two years in every locality where the epidemic has shown itself. It is evinced in the large number of hæmorrhagic and petechial cases, both of which are usually great rarities. Twenty-six, or more than a third, of these cases, died before the fifth day, only one lived beyond the nineteenth, and the average duration of the whole 71 cases was but seven days and a fraction.

The St. Bartholomew's Convalescent Home.

DR. FORSHALL, of Highgate, has been appointed visiting Medical officer to the new Convalescent Hospital, in connection with St. Bartholomew's Hospital.

The Looshai Expedition.

THIS expedition has now come to a close, the despatches describing its incidents and successes have been published, and a very fair share of credit and praise accorded all round to the officers. The Medical department has, the *Indian Medical Gazette* observes, not been forgotten. How largely the success of the expedition depended on Medical arrangements and officers, those who know its circumstances best can best testify. Deputy Inspector-General of Hospitals H. B. Buckle, C.B., has been highly complimented, and most deservedly, for his indefatigable exertions and judicious arrangements. Surgeon-Major F. F. Allen, of the 2nd Goorkhas, who was administrative

Medical officer of the right column, performed his share of the work most admirably, and most of the executive Medical officers who served with the expedition have been commended in the despatches for their zeal and willing exertions. Surgeon J. B. White, of the 42nd Assam Light Infantry, especially distinguished himself by the able manner in which he dealt with a serious outbreak of cholera among the Nepalese coolies. The general principle of the Medical arrangements, as described in the papers, contributed by Drs. Smith and Harvey, which we have recently published, was to provide a series of general hospitals in rear of the advancing columns to which the sick and incapable should be promptly carried for treatment.

Australian Meat.

THE *Cork Examiner* mentions the result of some trials of Australian meat undertaken by the Cork Board of Guardians, which appears to be highly favourable to its use as a substitute for fresh meat. On Sunday last the foreign meat was used in making soup for 136 children, and while the quality of the soup was quite satisfactory to the physicians, the saving effected was very considerable. From figures submitted by Dr. Wherland, it appeared that the cost of one meal of fresh meat to 416 patients was £1 18s. 1d., and by using Australian meat £1 11s. 6d., thus effecting a saving by the use of Australian meat of 6s. 6d., or about 18 per cent.; and by utilising the tins at the rate of 2d. each, there would be a saving of 9s., or about 21 per cent. The fresh meat for the children's soup cost for one meal £1 8s. 10d., while the Australian meat only cost £1 1s.; the use of the latter causing a saving in one meal of 27½ per cent., or by utilising the tins of 31 per cent. To make assurance doubly sure, the Board has resolved to continue the trials for another fortnight.

Adulteration of Food, Drugs, &c., Bill.

THIS Bill, which has already been printed, is set down for Committee on Thursday, July 11th. Lord Eustace Cecil has given notice of amendments in Clauses 4 and 5 that would have the effect of making compulsory the appointment of analysts and the duties of inspectors in procuring samples of suspected articles for analysis. He also proposes to add the following definition of adulteration:—

“The word ‘adulteration’ shall mean—

“1. The admixture of any mineral substance (excepting the harmless compounds of potash, soda, and ammonia) with any article of food or drink.

“2. The admixture of anything with an article of food or drink for the purpose of increasing its bulk or altering its natural strength or flavour, unless such admixture is declared by the dealer or vendor to the purchaser at the time of sale, or unless such admixture is clearly set forth in a label upon the article.”

The Cholera in Oude.

THE *Pioneer* gives the following figures, which fix approximately the mortality in Oude from cholera during the present year. To the 5th of May 7,456 persons had been attacked, and 5,221 had died. During the succeeding week 417 persons were attacked, and 288 died. The total, therefore, of cases up to the 12th was 7,873, and of deaths 5,509.

Doctors and Ladies' Dress.

SOME of our contemporaries are quoting with horror a statement in the *Swiss Times* that "several of our future 'doctoresses' are adopting costumes which are neither male nor female. They wear short dresses, their hair not so long as many of the students of the opposite sex, small round hats, &c. In a word, their whole appearance confirms the opinion that if a young girl wishes to study medicine she must cease to be a woman. In short, she must be, 'as was said of Queen Elizabeth of England, 'more than a woman, and less than a man.'" Why not? If the lady doctors should succeed in introducing comfort and common sense into the dress of either sex they will have done something for which we ought to be grateful. We groan this hot weather under chimney-pot hats and black-cloth coats. While ladies' dress in England is neither healthful, nor indeed at times, quite decent, a sort of compromise would be good for both sexes. And as to trousers being unfeminine, the ladies wear them on horseback, and they are certainly more delicate than what are called low neck dresses, but which retire to such a distance from the neck that it is quite a misnomer. We prefer half-masculine covering to no covering at all, both in the sense of health and modesty.

The Sanitary Condition of Edinburgh.

LORD KINNAIRD, in moving in the House of Lords for the return submitted to the Town Council of Edinburgh by the burgh engineer, stated that it gave a most alarming account of the sanitary state of that city, and it was a fact that the death rate in Edinburgh had increased so considerably that the insurance companies were contemplating the raising of their rate of insurance. Perhaps some of the companies will be prepared to take up the neglected risks, but the Scotch companies we fancy are too canny to let them go.

Italian Medical Journals.

WE beg leave to call the attention of English Medical men to the very great progress made of late years in Italy in all that relates to the sciences and art of medicine. Italy bids fair again to renew the days when her medical schools were resorted to by the Harveys, the Lockes, and other Medical men of renown. Let such as doubt this read the *Revista Clinica* of Bologna, the *Indipendente* of Turin, the *Ippocratico* or the *Sperimentale* of Florence, the *Venetian Journal of Med. Science*, and many others, and they will be ready to concur with us. Many of the Italian editors are well acquainted with all that goes on in England, can speak English and French well, and translate both languages with facility. Dr. Eugenio Rey, of the *Indipendente*, has contributed some valuable translations. His version of Dr. Tilt's "Change of Life" was recently mentioned in this journal, from which he has also translated Dr. Prosser James's articles on *Ozæna*, and *Syphilitic Diseases of the Throat*. The new number of the *Indipendente* also contains from his pen a criticism of Dr. C. R. Drysdale's new work on *Syphilis*, which cannot but gratify the author. We take the following words from Dr. Rey's review:—"Speriamo perciò che molti nostri compatrioti intraprenderanno la lettura di questo utilissimo libro."

Dr. G. H. SAVAGE has been elected Assistant Medical Officer to Bethlem Hospital.

Two Aspects of the Siege of Paris.

THE *Lyon Médicale* contains some valuable statistics from a work by M. Sueur on the Siege of Paris. Taking the population of the capital before that event at 1,900,000, it increased to 2,000,000 during the Prussian siege. From the 4th September, 1870, to 18th March, 1871, the deaths numbered 78,000, against 25,000 in the corresponding period under ordinary circumstances. Children, among whom the deaths in the same six months were 7,500, gain now 19,000, cold, want of care, and especially inanition, being the chief causes of the difference. Old people, that is, those beyond sixty years of age, died in great numbers, especially towards the end of the siege; those between the ages of forty and sixty appeared to resist the best, while the men between fifteen and forty years, and particularly those of fifteen to twenty-five, furnished the greatest death-rate, it being in the latter class six times its usual figure, nor was the increase caused so much by wounds as by disease, the young men being the most exposed to cold and fatigue, while their powers of resistance were less than in their elders. Typhus fever, so common in armies and during other sieges, did not appear, for the reason that, although the population suffered from insufficient food, there was no over-crowding. Dysentery was of comparatively mild form; diarrhœa was more frequent, arising from the combined effects of cold, insufficient food, and the inferior quality of what was to be obtained. Two affections followed a steady increase as the siege lasted, namely, typhoid fever and pneumonia, without apparent reference to temperature, while, on the contrary, the curve in the line of prevalence of small-pox and bronchitis followed that of the temperature. During the same eventful period, the conceptions as indicated by the subsequent occurrence of births and abortions descended to less than half their usual ratio, the causes of this being inanition, fatigue during the day, night duty on guard, the number of men constantly in the advanced posts, the decrease in the number of marriages, and the moral unrest of the people, the bare enumeration giving us a somewhat strange insight into the train of thought and social state of our erratic and gallant neighbours. "But," according to M. Sueur, "like the rainbow after the storm, so the armistice proclaimed the return of nature—*La courbe amoureuse est reconite*," en février et mars, "d'un bond à ses hauteurs premières."

Increase of Salary.

THE Guardians of the Edenderry Union, at a special meeting held on the 29th of June, unanimously voted an increase of £20 per annum to the salary of Dr. Saunderson, Medical Officer of Edenderry Dispensary. The Commissioners sanctioned the increase.

Mad Literature.

A NUMBER of our contemporaries seem to have been surprised at the appearance of "Loose Leaves," an elegantly got up little periodical, produced in the Church Stretton Lunatic Asylum. Mr. Hyslop, the Proprietor, deserves credit as the first in England to adopt an amusement and occupation that has elsewhere been such a success. Medical men will, of course, not be at all surprised to find the periodical well conducted, nor will they look in it, as some lay editors seem to have done, for indications of the insanity of the writers. Should

anyone doubt this let him read the "Portrait of a Gentleman" by "One who is thought Insane," and who, despite this article, very likely is. But the gem of this little periodical is "The True Method of Extracting Sunbeams from Cucumbers," which might pass anywhere as a capital satire on certain pseudo-scientific processes.

DR. SHEPHERD has been appointed Assistant-Physician, and Dr. Wiltshire Assistant Obstetric Physician, to St. Mary's Hospital.

THE *German Pharmacopœia* has just been published in Berlin, and is to come into use throughout the German Empire on November 1st.

THE *Société Française de Secours aux Blessés* has presented its bronze cross and diploma to Mr. J. B. Walker, of Clifton Gardens, Bayswater, for services rendered in the ambulances of Beaumont, Saarbruck, and Metz.

WE understand that Inspector-General of Hospitals, R. Dane, M.D., will shortly be given a distinguished service reward after thirty-four years' full pay. He was promoted to the rank of Inspector-General in March, 1869.

A COMPETITIVE examination for the admission of Assistant-Surgeons into the Royal Navy will take place at the University of London, Burlington-gardens, on Monday the 12th of August, and following days, at 10 o'clock.

DR. RAWDON MACNAMARA, of Dublin, continues to make, we are happy to learn, steady but slow progress towards convalescence. He is still resident at Howth, and is under the care of Dr. Stokes.

THE Annual General Meeting of the Medico-Psychological Association will be held at Edinburgh on Wednesday, July 31st, Sir James Coxe, M.D., Commissioner in Lunacy for Scotland, President, in the chair.

THE Mahometan Nawab of Rampoore has presented to the Bareilly Mission a large building for the purpose of a Medical school. Several women have already commenced a scientific course of instruction.

A COMPETITIVE examination for the admission of assistant-surgeons into the Royal Navy will take place at the University of London, Burlington Gardens, on Monday, 12th August, 1872, and following days, at 10 o'clock.

THE President of the meeting at Birmingham will be Alfred Baker, Esq., F.R.C.S., Senior Surgeon to the General Hospital. An error as to the President crept into our last issue.

THE meeting of the International Ophthalmological Congress will be held at the Royal College of Physicians, Pall Mall, on August 1st, 2nd, and 3rd. A preliminary meeting will take place at the College on Wednesday evening, July 31st, at 8 p.m. The meetings will be open to any member of the Profession. Tickets of admission (including the Reports) will be 12s. 6d.; for the meetings only, 8s. 6d. On Saturday there will be a grand banquet at the Crystal Palace at 6 p.m. Tickets, £1 1s.

AT an inquest last week Dr. Lankester said sixty children died the previous week from diarrhoea. He attributed the greater part of this mortality to the influence of the recent heavy thunderstorms upon milk, which was extensively consumed by infants.

WE are informed that the Medical Council has applied to the government for a site on which to build a temple dedicated, we presume, to the wind. We suggest that the Council should be housed in a portable iron house, and a contract made with the builder to take back the edifice when, a year or two hence, the Council shall be reformed out of existence.

MR. C. READ has given notice, in the House of Commons, that in consequence of the unsatisfactory working of the Act, he should, early next session, move for the appointment of a select committee to inquire into the operation of the Contagious Diseases (Animals) Act, and the constitution of the veterinary department of the Privy Council.

AT the Professional Examination now going on at the Faculty of Medicine at Paris, two ladies were candidates. Miss Archer passed well the "1^{er} Examen de fin d'année," and Mrs. Chaplin Ayrton passed well the "2^e Examen de fin d'année." The Faculty having, with their usual courteous liberality to foreigners, accepted the latter lady's certificate of study from Apothecaries' Hall and the University of Edinburgh as equivalent to the Baccalauréat and 1^{er} Examen de fin d'année examinations.

ONE of the latest deaths from chloroform has occurred under the hands of Professor Billroth, and has become the subject of an action at law. It was the occasion of critical reflections in the *Gazette Medicale de Vienne*. Reviewing all the unsuccessful operations of this celebrated surgeon, it remarks that an exactly similar casualty took place under his care in a similar case, of which he took no notice; that another chloroform death took place during his examination of a wounded finger; that, on another occasion, he tied the lingual vein instead of the artery; perforated the bladder in a lithotomy operation, &c., &c. The Journal remarks that if such errors occurred in the case of a provincial practitioner, imprisonment would be the result.

Professor Billroth has instituted an action for libel in order to vindicate his professional character.

Foreign Medical Literature.

UNITED TWINS,

Union of the two Heads by the Occipital Bones, completed on the Right by an Extra Bone common to both Occipitals, and to which I shall give the Name of third Parietal of the Right Side.

By DR. GINE.

(Translated from the *Independencia Medica* for the MEDICAL PRESS AND CIRCULAR, by Dr. AMADEO.)

ON the 29th of August of this year, at half-past ten in the night, I was called to give assistance to Teresa Gimener

de Dalmau, 22 years of age, married and primipara, who had been many hours in labour. Proceeding to the examination, I found the presentation of a foot, which organ was pretty cold, indicating the long duration of the labour. I proceeded to place the woman in the most convenient position, and taking a place before her, commenced the manipulations, and without any difficulty extracted the other foot, and afterwards both arms. In this state I was acting with great caution to bring down the head, and as I could feel the chin I predicted the termination of the labour. But it was not so, because if it is true that the head was descending slowly, and that the greater part of the face was already out of the vulva, there were still some clear indications of an obstacle in the way preventing the full termination of the process.

During the slight traction that I made I endeavoured to place the head of the child in a manner that the occipito-frontal diameter would correspond to the oblique of the mother, and I easily succeeded in this, but the resistance was still the same. Without saying anything to the family in presence of the difficulty, and as I could not cease the manipulations in the state in which the labour was, I suspected a monstrosity, but not the one that I found afterwards. With slight movements of rotation and slight tractions, and by placing the fœtus in the horizontal position and using it as a lever, I noted that the resistance gave way, and I terminated the labour. Then I saw with great surprise that instead of one fœtus there were two, being united by the head in the way seen in the adjoining diagram, and into the description of which I shall enter.



I cut both umbilical cords without ligating them, seeing that the fetuses were dead, although only a few days. I extracted the placenta, and that was attended with no difficulty. There was only one placenta, the cords proceeding near its borders (two centimetres), as I shall show hereafter.

At eleven o'clock the woman was in bed without any accident, and the puerperal state so happy that on the fourteenth day she was out of doors.

Although dead, neither fœtus showed any signs of putrefaction; they were of full term, as indicated by the good conformation, the complete formation of the nails, and other signs; and although they were not of the largest size, they presented sufficient regularity of development.

No other anomaly was exhibited, except the union of the two heads, and in an inverted position.

My wishes were to preserve them, but there was opposition on the part of the parents that prevented me. They only allowed me to take the adjoining drawing.

The monstrosity was only in the head, and consisted in the following:—Both fetuses exhibited the sagittal and parietal sutures well marked, and the union was in the middle and left part of both occipitals, and for prolonging the union in the same side there was an extra bone common to both occipitals, that might be considered as a third irregular parietal. In the right side a depression shows the separation between both heads.

The day following they allowed me to separate the fetuses, and, acting with care, I proceeded to incise the integuments that were common to both in all the circumference, and as the union of the bones was strong, with great care I used the costotome without destroying any part with this instrument. After having cut the bones, I proceed to investigate the condition of the cephalic membranes, each fetus having its own, except in the point of union where they were common to both. To my regret they would not allow me to proceed any further with my investigations, but it seems to me that the cephalic masses were of good conformation, and entirely separated the right from the left side. The orifice that remains in both skulls was of six centimetres in all directions, and almost of circular forms. As I said before, there was only one placenta, the umbilical cords proceeding from its border and being diametrically opposed; from the cords the main blood-vessels start, diminishing in size as they converge to the centre, until they get lost in it.

I shall say nothing here in regard to the classification of the union of the two fetuses, neither what could be the position in the uterus, as I did not observe any deformity that would indicate this.

I must add that the moveability of the bones in both heads over the respective sutures, was a great help for the happy termination of the labour, as this circumstance allows the diminution of the cephalic diameters.

Another Spanish physician, Don Pedro Salvador, writing the clinical history of the case remarks as follows:—

That the monstrosity in question belongs to the monstrosity that Geoffrey Saint Hilaire called "*Simplex Autostiticus*." In fact, each fetus enjoys an independent life, and does not offer in itself the least anomaly. The essentially teratologic, consisted in the fusion of both heads in the parietal regions. Although the observer said that the union was effected by the presence of an extra-parietal bone, we do not see this fact well proved, inasmuch as the section in the point of adhesion produced a hole in the head of one of the two fetuses through which the membranes protruded. For this reason we are inclined to think that, far from there being three parietals, only one existed common to both individuals, and in this way, instead of being a monstrosity by excess, it was by deficiency.

In other respects, the facts of *diplo-genesis* with adhesions are not rare in the science of medicine, one of the most remarkable, being that of the Hungarian girls, Elena and Pudit, whose history is given by Buffon; they had a common anus, and felt simultaneously the desire of going to stool, each girl had an urethra, and felt individually the desire to pass water. Pudit, that was the smallest crooked, had hemiplegia at the age of six, Elena remaining in good health. In opposition to that, both suffered simultaneously from measles. Their constitution was very different, Elena enjoying habitually good health, Pudit living always suffering and weak, until twenty years of age, when she had an attack of typhoid fever that caused the almost sudden death of Elena.

As a most recent fact of history, we may mention the Siamese brothers, of whom the *MEDICAL PRESS* has spoken, and which were the subject of curious debates in consequence of their separation by surgical means having been proposed.

All these cases have reference to adherences from some of the regions of the body, but we do not know of any by fusion of the heads, in which life has continued when once out of the uterus, for which reason, we think

that such monstrosity must be considered as a condition of no viability for both fœtuses.

The clinical observations relating to monstrosity would be all wanting in interest if we had to say of them, that they were aberrations of nature, we do not endeavour to find the causes that give origin to them, and the mechanism by which they are produced. This study is essentially of physiological importance, because it may lead to the illustration of many points little known in the intra-uterine development. Let us proceed to investigate the etiology of the precedent cases, but before doing this, it is necessary to take into consideration the theories emitted in regard to these anomalies of the organisation. The ancients allow a transcendental influence to the imagination of the mother, and still to day many vulgar people believe in this. Everyone knows the artifice employed by Jacob in order to obtain many spotted and speckled goats, which, according to agreement with his step-father Laban, ought to belong to Jacob. One princess accused of adultery, because she gave birth to a black child, was absolved by Hippocrates declaring that this fact was duo to the influence exercised upon the imagination of the mother, by seeing a negro picture hanging near her bed. Heliodoro relates that, when a queen of Ethiopia gave birth to a white fœtus, this particular fact was explained by the impression made upon the labouring woman by the portrait of the beautiful Andromeda. According to Malebranche, a woman gave birth to a child with the arms and legs broken, in consequence of the mother having seen torn into pieces a criminal; and Damaseno relates, that he knew a girl that was born with the body covered with hairs, in consequence of her mother, having, during the pregnancy, fixed her attention upon a figure of Saint John dressed with a sheep skin. In spite of the prestige of antiquity, and of the vulgar acceptance of this doctrine, it is so unscientific, that it does not deserve the honour of a formal or serious refutation. All know to what extent we must believe (or how we may look), in regard to the influence exercised upon the fœtus by the imagination of the pregnant woman, and in the representation of the desired object in the *nævus materna* or *ephelides* in the children. Experience contradicts in the most determinate way, the pre-occupations that are only professed in these days by persons that like to live in ignorance. The imagination of the mother cannot have any transcendental influences upon the organism of the fetus, inasmuch, as the blood of the first does not pass substantially into the veins of the second. The product of the conception has an independent life, and during the embryonic state, it has not any connection with the uterus.

Another theory much more satisfactory and more in harmony with physiology is that which attributed the monstrosity to alterations accidentally produced in the product of the conception during the different periods of the intra-uterine life. If in the embryonic, as well as in the foetal state, the new being enjoys an independent life, how can we deny that this organism, like the others, might be the seat of certain morbid changes affecting its development, under the influence of conditions analogous to those which after birth give rise to pathological states. For the same reason that it is a living being, it may get sick, and its functions being reduced exclusively to those of formation and development, those most necessary are to be affected in any perturbation occurring in the intra-uterine life. The causes giving rise to these changes might be materially inorganic, but are inherent to the body of the fœtus, or also depending on alterations taking place in the vital medium in which it resides. Only in this last way and remotely can the moral emotions of the mother take part in the monstrosities of the fœtus.

The doctrine of those that admit that the monstrosities resultant from the exaggeration of certain anomalies pre-existent in the germs, although not unscientific it is hypothetical. In order that such an assertion might be received, it would be necessary to demonstrate the existence of aberration in the germs before receiving

the prolific impulse. This is the reason why such explanation is only accepted when the precedent theories cannot be applied. In fact, it is not shocking to admit it, after conception, the germ can suffer alteration in its development; the same perturbations can occur before fecundation, because, although considering the germ as a mere product of secretion, we find that, as the humours secreted by the glandular structures suffer modification, so it may be the seat of analogous alterations of the product elaborated by the ovaries or by the testicles. Could not that explain the hereditary transmission of certain congenital deformities?

Making application of these theories to the case in question, we find that this, as well as those produced by excess, adherence, or fusion, may be explained much better by the accidental alterations, than by the aberrations of the pre-existent germs. We have, in fact, anatomical proofs of the duplicity of the germs; it is only necessary to look to the drawing to see this evidently in the seat of adhesion. It is a case of double conception in which the ovum, after being fecundated, adhered reciprocally. But when and where did the fusion take place? Probably in the Fallopian tubes in the descent of the ova through this passage during the glairous state of the embryonic period. The adhesion, in fact, does not take place by the integuments, but by the osseous system, which proves that the germs ought to be in contact in one period in which the parts were so soft and diffuent, that they allow its reciprocal penetration; had the fusion been later, or in a more advanced period of development, it should have been limited to the skin. The fissure that indicates the separation of the two organisms was persistent. There was not, therefore, any fecundation of a double germ, but two germs fecundated at the same time, and afterwards fused in a point where they were put in contact. It happens, as in a hybrid in which two distinct plants remain fused in a single one, giving each the proper fruits of its species, although partaking both of the same.

If the extra-uterine life of this monstrosity had been possible, each individual would exercise separately its functions; then it would have been curious to observe whether the functions of the brains were individually or simultaneously accomplished. Certainly, the life of these two beings would have been very important to illustrate many problems of transcendental physiology.

Literature.

SICK CHILDREN (a).

If we mistake not, Dr. Hogg is the writer of those clever and amusing, although somewhat disjointed, letters in a weekly Medical contemporary, which treat "*de omnibus rebus et quibusdam aliis*," which everybody reads and everybody likes. The lecture before us displays all the best, and some of the worst, qualities of the author's style. Full of humour, abounding in anecdote and illustration, yet suggesting and enforcing graver thoughts, and always leading his hearers' and readers' sympathies in the right direction—there is yet an abruptness of style, a rapid and sometimes jerking transition from one train of thought to another, which somewhat jars upon the critical ear, although it was, doubtless, far less perceptible in the spoken lecture than in the printed page. Dr. Hogg appears to have had two special objects in the lecture—one to call the attention of parents to the essentials of health, the other to awaken and sustain a wider and deeper interest in the children of soldiers. We need not say that he lends to both no small amount of eloquence.

(a) "Sick Children." A lecture delivered at the Royal Artillery Institution, Woolwich, April 22nd, 1872. By Francis R. Hogg, M.D. R.H.A., &c., &c. London: J. and A. Churchill. 1872. Pp. 32.

and erudition, which, we doubt not, will fully achieve its objects. One of the facts he mentions is so curious as to deserve quotation :—

“During the space of ten years, scarlet fever has but once appeared in the female hospital (and that a mild, isolated instance), although during that time Woolwich was never free from visitation, and no particular precautions could be adopted. The explanation seems to depend on the fact of the wards being very cold; and cold, like light, is opposed to pestilence.”

How far the explanation tallies with the marked prevalence of scarlet fever in the winter months we will not stay to enquire, but conclude by most cordially recommending Dr. Hogg's lecture to the perusal of our readers, and expressing our sincere wish for further contributions from his facile pen.

ON CLINICAL EDUCATION (a).

THERE are many still living who can remember the days when it was thought neither impious nor impolitic for a great surgeon to publicly thank God for his ignorance of both physic and physiology. Nor was the physician of the period less illiberal in his notions of the dignity of the Profession, for he denounced the use of the test-tube in uroscopy as “unfit for a gentleman.”

Mr. Furneaux Jordan is well-known as a leader of that advanced School of Surgeons who are bidding fair to accomplish the unity of the Profession in spite of Acts of Parliament, Charters, and of all vested interests and prejudices. On the Continent Billroth is the best representative of this School. In our own country we have, happily, many more like him, and to increase their number is the worthy object Mr. Jordan has set before him. A couple of extracts will best show the thoroughness and catholicity of the author's views. First, from page 9 :—

“One great art in clinically teaching the rules or facts of disease is to classify them according to their importance. To interest and impress the student it is necessary to group clinical truths very much as an artist groups objects in a picture. The large objects must be in the foreground, they must be well-defined and stand in a good light; next to these are objects a little less noteworthy, and still further in the shade—are smaller, but still visible objects. So, in disease, there are the large truths, the truths only a little less in size, and the crowd of smaller truths. To put these clearly in their proper place is a laborious, but a much more effective educational means than to relate a dull chronicle of facts. There is as much difference between the two methods as there is between Carlyle's ‘History of the French Revolution’ and the driest chronicle ever written.”

Again, at page 11 :—

“Acuteness of touch, of the muscular sense, of sight and hearing, quick action, endurance, courage, are all necessary to give ideas their fullest value. Trained sight for the use of the microscope, ophthalmoscope, and laryngoscope; trained hearing for the stethoscope; trained touch for the detection of fluctuation, elasticity, doughiness, crepitation, and crepitus, are necessary adjuncts to trained observation and trained reasoning power. I have a strong impression that high nerve functions run together. Oftenest in the same man are combined the most delicate touch, the truest eye-sight, the keenest emotions, the clearest ideas, the strongest will, the promptest action.”

The whole lecture should be read by every clinical teacher, and by every Medical student in the three kingdoms.

(a) “On Clinical Education.” The Introductory Address to the Clinical Session, 1871-2, at the Queen's Hospital, Birmingham. By Furneaux Jordan, F.R.C.S., Surgeon to the Queen's Hospital, Professor of Surgery at the Queen's College, &c., &c. London: J. and A. Churchill. Pp. 13.

Medical News.

New York Academy of Medicine.—Dr. Tilt, of London, has been unanimously elected a corresponding Fellow of this Society.

Sewage in Towns.—On Wednesday last, a meeting of municipal authorities and others, interested in remedying the nuisance of sewage in towns, was held in Stafford House, by the kind permission of the owner, the Duke of Sutherland. The meeting was very well attended, and the chair was occupied by his Grace. The immediate purpose for which the meeting was called was, to discuss the plan of Major-General H. Y. D. Scott, for getting rid of such nuisances by fire; and to devise measures for applying the principle to the removal of the present difficulties. It might be as well to mention that Gen. Scott's process is in actual operation at Ealing, and that the subject has been discussed by the Society of Arts and the Architectural Association, Conduit Street. The Chairman introduced the subject by expressing the pleasure with which he saw so large and intelligent a meeting assembled, and called on General Scott to explain his method of dealing with the question of sewage. General Scott then proceeded to give a sketch of his plan, and the method adopted by him, which he thus summarised :—The sludge must be taken out of sewage water before employing it for irrigation. If the sludge be allowed to deposit on the land, it choked the pores of the soil and created an intolerable nuisance. Subsidence and straining without proper chemical precipitation did not efficiently clarify sewage water. When filtration was necessary for the complete purification of sewage, the better clarified the sewage water the less was the area of ground necessary for the filtering bed. The best clarified sewage was also the best for irrigation. Sludge deposits, whether dried or not, had little or no value as manure. The chief manurial value of sewage passed off with the liquid. A great variety of remarks and questions on these several points, proceeding from Mr. Morgan (Barking), Mr. Hawkealey, C.E., Mr. Rawlinson, C.E., Mr. Webster, Colonel Hogg, M.P., Mr. Bennett, Mr. W. Hope, Mr. Jones (Ealing), Mr. Bramwell, C.E., and others followed, which were answered by General Scott.

Apothecaries' Hall of England.—At a Court of Examiners held on the 18th instant., the following gentlemen, having passed the necessary examinations, received the L.S.A., Diploma, viz. :—Messrs. William Edward Balkwill, of Kingsbridge, Devon; William Allison Dunn, of Louth; N. A. R. Harrison, of Lambeth; Arthur Graham, of Castle Street, London; Herbert Alfred Lawton, of York Street, Borough; Herbert Price Taylor, of New Cross; and Mr. George Williams Parker, of St. Thomas's Hospital, passed the primary professional examination.

Hampstead Hospital.—The managers of the Metropolitan Asylums Board have resolved that no more cases shall be admitted to the Hampstead hospital, and that when the beds at present filled are empty the place shall be disinfected and prepared for imbeciles now in the London workhouses. All the small-pox cases arising in the districts hitherto covered by the Hampstead Hospital, will be sent to the Homerton or Stockwell Asylum. This course has been adopted owing to the great decrease of the disease all over London.

College of Physicians, Ireland.—At examinations held on the 8th, 9th, 10th, and 11th of July, the following gentlemen obtained the licence in Medicine and Midwifery : *Medicine.*—Samuel Brereton, Walter Charles Skardon Burney, Robert Fair Frazer, John Armstrong Irvine, Ayres Moore, Joseph John Nolan, Terence O'Brien, John Baker Reid, Richard Edm. Ross, Henry Plunkett Esmonde-White. *Midwifery.*—Samuel Brereton, Hugh Doherty, John Armstrong Irvine, Elias William Kerr, Ayres Moore, John Baker Reid, Henry Plunkett Esmonde-White.

The Horton Infirmary, Banbury.—The commodious and costly infirmary, presented to the inhabitants of Banbury by Mr. John Henry Horton, was formally opened on Wednesday last by the Bishop of Oxford. The infirmary, which has been named after the founder, as a token of gratitude on the part of the town, stands in thirteen acres of land, about a mile out of Banbury, and commands some charming views across a piece of country beautifully undulated and wooded. In addition to this, the situation is a remarkably healthy one, and in every way adapted to the purposes to which it has been applied. The total cost of the ground and building—both given by Mr. Horton—is £10,000.

The Cholera in Russia.—The cholera, says the *Eastern Budget*, has now made its appearance in various parts of Russia. At Moscow official bulletins showing the progress of the malady are being published daily. There were 78 cases between the 1st and 16th of June, and on the 17th there were 20 more. The number of deaths is on the average eight times as great as that of cures. At St. Petersburg two persons have died of cholera, and the papers urge the inhabitants at once to take sanitary measures with a view to preventing the spread of the disease. The great number of cholera patients at Kieff is attributed to the crowd of pilgrims who have recently visited the convent of Kiero-Petchersky, where the accommodation is quite insufficient for sanitary purposes, and it is proposed, in order to prevent the influx of any more pilgrims, to post placards at the principal stations on the railway, warning travellers of the risk of visiting Kieff at this season.

Medical Bibliography for the Month.—Arnott (Henry) *Cancer, its Varieties: Their Histology and Diagnosis.* 8vo, pp. 94. 5s. 6d.—Berners (J.) *First Lessons on Health.* 18mo, pp. 92. 1s.—Braithwaite (W. & Jas.) *The Retrospect of Medicine.* Vol. 65. January—June, 1872. 12mo, pp. 450. 6s.—Elam (Charles) *On Cerebric and other Diseases of the Brain.* 8vo, pp. 140. 6s.—Habershon (S. O.) *On the Pathology and Treatment of some Diseases of the Liver.* Post 8vo, pp. 98. 3s. 6d.—Braune (Dr. W.) *Topographisch-anatomischer Atlas. Nach Durchschnitten an geforenen Cadavern.* Complete. 7 parts. Fol. £5 5s.—Fry (Danby P.) *The Law Relating to Vaccination, with Introduction, Notes, and Index.* 5th ed. 12mo, pp. 224. 4s.—Habitual Drunkards. Report of Select Committee appointed to inquire into the best plan for the control and management of Habitual Drunkards. 4d. Heath (Christopher) *Injuries and Diseases of the Jaws.* 2nd ed. 8vo, pp. 450. 12s.—Milton (J. L.) *On Spermatorrhœa: Its Results and Complications.* 9th ed. 8vo, pp. 118. 4s.—Moulin (P du) *Anatomie de la Mense.* 2 parts. 18mo. 4s.—Pratt (Dr. W.) *A Physician's Sermon to Young Men.* 1s.—*Pharmacopœia (The) of the Hospital for Diseases of the Throat (Golden Square).* Edited by Morell Mackenzie. 12mo, pp. 100. 2s. 6d.—Procter (William) *The Hygiene of Air and Water.* Post 8vo, pp. 78. 2s. 6d.—Ranken (F. A.) *The Strains in Trusses. Computed by Means of Diagrams.* 8vo. 6s. 6d.—Smith (J. L.) *A Treatise on the Diseases of Infancy and Childhood.* 2nd ed. Roy. 8vo, pp. 742. 25s.—Ward (Stephen) *On some Affections of the Liver and Intestinal Canal, &c.* 8vo, pp. 268. 7s.—Retzius (Dr. G.) *Anatomische Untersuchungen.* Part 1. With 5 copperplates. 4to. 15s.—Schimper (W. Ph.) *Traité de Paléontologie végétale.* Avec un Atlas de 110 Planches grand in-quarto. Tome 2. Deuxième Partie. 8vo. 25s.—Schoedler (F.) *Elements of Chemistry, Zoology, Botany, Philosophy, Astronomy, Mineralogy.* New ed. Post 8vo. Each 1s.—Wunderlich (C. A.) *De la Température dans les Maladies. Traduit de l'Allemand par F. Labadie-Lagrave.* Avec 40 figures dans le texte et 7 planches lithogr. 8vo. 10s.

NOTICES TO CORRESPONDENTS.

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

All communications intended for insertion, must bear the name and address of the writer; not necessarily for publication, but as a voucher of good faith.

Rejected MS. will always be returned, if a request be received from the author, within one week after the article or letter has been declined.

SUBSCRIPTIONS IN THE UNITED STATES.—A Correspondent has drawn our attention to the fact, that some of the houses in the United States are charging the enormous figure of 15 dollars per annum (more than £3) for supplying this Journal to different parts of the States. We beg, therefore, to state that we shall be happy to supply the same regularly post free per annum, if paid in advance, for considerably less than half this amount, viz. six and a-half dollars (about £1 6s. 6d.), either direct from our offices in this country, or through our recognised agents in the United States.

TO OUR SUBSCRIBERS.—It having been suggested to us that it would be a matter of great convenience to Subscribers visiting the metropolis to know where they can give instructions for their letters to be addressed previous to leaving home, we have pleasure in informing them that the Publisher has consented to take charge of letters addressed to

his care, and that he will place a desk at the disposal of Subscribers whose names are upon our lists, for short correspondence, where such accommodation is desired.

W. B.—A Licentiate of a College of Physicians is frequently called "Dr." by courtesy. Obviously he is not "legally" entitled to the appellation which implies the Doctorate in some University.

INTERNATIONAL SYSTEM OF WEIGHTS AND MEASURES.—In the House of Commons on Friday last, Mr. J. B. Smith asked the Under Secretary of State for Foreign Affairs whether any communication had been received from the French government inviting Great Britain to a congress of nations on the subject of an international system of weights and measures: and, if so, whether the government proposed to send a representative to the congress. Lord Enfield said that the French government had notified that the international commission which was suspended in 1870 would resume its labours on the 24th of September next, and it was intended by the Board of Trade to send out Professor Miller and another gentleman to attend on the part of this country.

WANTED, A DEAF DOCTOR.—Upon the hoardings in the streets of London may be seen a placard as follows:—"Wanted, another Deaf Doctor for the City Police Hospital. Apply, &c." We confess to a happy ignorance of the meaning of this strange advertisement, and fall back for information upon those of our readers who are good at enigmas. We throw out this suggestion; is it a printer's error, and the authorities are in want of a *deft*, or perhaps a *daft* Doctor? The latter, probably as an excuse for some of the idiotic measures set on foot by them. Police, you are wanted!

THE FOOD REPORTS.—We are favoured by "Erva Lens" with another letter relative to the above question, in which he repeats, although in somewhat more polite language, the statements in his last, which appeared in our issue of the 17th inst. We inserted that letter—notwithstanding the forcible language used—in accordance with our accustomed practice of giving space to both sides of a question. As "Erva Lens" adduces nothing new in his second communication, we are unable to find room for it; his first, with our reply appended, must therefore stand on its merits, and so far as we are concerned, close the controversy.—[Ed. Food Reports.]

DR. BURGESS.—We forwarded your letter with addressed envelope to the Secretary of the Hospital, requesting him to send you a reply direct.

MR. C. R. C. T.—The price was corrected in proof, and inserted in proper form.

COMMUNICATIONS, Enclosures, &c., have been received from:—Dr. Hy. Bennett, London. Dr. Handzel Griffiths, Dublin. Dr. J. Eames Brown, Morland. Dr. Waring Curran, Mansfield. Dr. Harding, Sutton-in-Ashfield. Dr. Chapman, London. Dr. Lane, Ludlow. Dr. Piersol, Scarborough. Dr. Wilmot. Dr. Davidson, Chester. Mr. Stevens, Mr. Frank Buckland. Mr. Kemp. Dr. Harris, Redruth. Mr. Blacker, Midsomer. Mr. Hy. Murray, Portsalon. Dr. Mitchell. Dr. Macnamara, Torquay. Mr. Fox, Manchester. Mr. Hammond. Mr. Lang, Glasgow. Anthropos. Mr. Hyslop, Church Stretton. Dr. Fowler, Winkfield. Mr. Gorham, Tunbridge. Mr. Black, Edinburgh. Mr. Tichborne, Dublin. Mr. Golding. Mr. J. T. Jones, Weedon. A. S. Cowes. Dr. Dwyer, Tuscum. Dr. Dudley, Kenneley. Dr. Preston, Kilkel. Dr. Wharton, Dublin. Dr. Crowley, Kinsale. Dr. Underwood, Loughrea. Dr. Fallon, Athlone. Mr. Morris, Callan. Dr. Callan, Dundalk. Dr. Madigan, Drumclogher. Dr. McKear, Coleraine. Dr. Stoker, Dublin. Dr. Haughton, Dublin. Dr. O'Connell, Kilmacthomas. Dr. O'Hanlon, Rathkeale. Messrs. Savory and Moore. Dr. Gordon. Mr. Claron, Melbourne. Dr. Lynn, Sligo. Dr. Francis Hogg, Woolwich. Dr. O'Reilly, Trinn. Dr. Bennett, Ludlow. Mr. Thacker, Dublin. Mr. W. H. Hatfield, Dewsbury. Dr. Stanton, Galway. Mr. Gangee. Dr. Parker, Killarney. Dr. Shackleton, Husband's Bosworth. Dr. Dennehy, Clonmel. Dr. Brown, Esketh. Dr. Andrews, Chapelizod. Dr. Fitzerald, India. Dr. Thomson, Billboro'. Dr. McDonnell, Dunmore. Mr. Morris, Kilmogaony. Dr. Hayden, Dublin. Mr. Ponsouby, Dublin. Dr. Mitchell, London. Dr. Burgess, &c.

ERRATUM.—In our list of Medical Appointments published in the MEDICAL PRESS AND CIRCULAR of July 10, the name of Dr. Frank Thorpe Porter is inadvertently printed as one of the Medical Officers of the Dublin Eye and Ear Infirmary, in lieu of that of Mr. G. H. Porter, Surgeon to the Queen in Ireland, and Surgeon to the Meath Hospital, who is Consulting Surgeon to the Infirmary.

VACANCIES.

West London Hospital, Hammersmith. Surgeon. Honorary. (See advt.)

Board of Police, Glasgow. Sanitary Medical Officer, at a salary of £6 0 per annum. (See advt.)

Royal Hospital for Diseases of the Chest, London. Physician. Honorary. (See advt.)

Manchester Royal Infirmary. Physician's Assistant. Salary £54, with board.

Dorset County Hospital. Honorary Physician.

Warneford Lunatic Asylum. Medical Superintendent. Salary £260, with board and residence.

Hertford County Lunatic Asylum. Assistant Medical Officer. Salary £100 per annum.

Stourbridge Dispensary. House-Surgeon. Salary £120 per annum.

Devonshire Hospital, Buxton. House-Surgeon. Salary £100, with board.

Township of Manchester. Junior Assistant Medical Officer. Salary £120 per annum, with residence.

East London Hospital for Children. Medical Officer. Salary £80 per annum, with board and residence.

OPERATION DAYS AT THE LONDON HOSPITALS.

WEDNESDAY July 24

MIDDLESEX HOSPITAL.—Operations, 1 P.M.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.

ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

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Original Communications.

ETHER versus CHLOROFORM.

ON THE USE OF ETHER AS AN ANÆSTHETIC IN SURGICAL OPERATIONS; AS A SAFER AND MORE EFFECTIVE AGENT THAN CHLOROFORM IN PRODUCING THE AVOIDANCE OF PAIN.

With a Description of an Inhaler, and the Mode of Administration.

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SINCE the all-important era of the introduction of anæsthetics into surgical practice, and the invaluable boon of the avoidance of pain, whether in small or large operations; claims have at times been set forth in favour of various means of attaining this desirable end—chloroform, ether, a mixture of both, nitrous oxide gas, &c., have had their advocates; and the great object of producing a temporary state of insensibility has been achieved by any one of these agents. Chloroform, undoubtedly, in these countries, has as yet carried the palm, and has had the most ample use: its successes can be counted by hundreds of thousands. No one who has either witnessed or experienced its value in the extinction of pain, can possibly doubt its efficacy, or can question the honours and laudations which have been so bestowed upon the late Sir J. Simpson as the introducer of this agent into practice; but in order to attain the state of "suspended sensation," even in small operations, and, in addition, to retain this condition for a length

of time, as is necessary in some of the larger and more tedious proceedings of surgery, the gauntlet of certain dangers, unfortunately, has to be run, which every practical surgeon will candidly admit, cause him much anxiety, and, I think I may add, in many instances impress him with responsibility far more than the operation in which he is about to engage.

The very appointment of special and skilled "chloroformists" to large institutions, and the anxiety felt that a Medical examination should be carefully made as to the condition of the heart and other organs of a patient about being operated on, lest any accident from chloroform should arise, proves the "arrière pensée" which admittedly exists in the minds of surgeons as to its dangers. How few would undertake the performance of even a simple operation, which involved the use of chloroform, without guarding against its risks, or without having by him the recognised means of restoring animation, and being prepared to apply them according to the emergency of the case; from the use of stimulants even to the last and critical resource of keeping up artificial respiration, as in ordinary instances of suffocation. Indeed, it must be admitted that in proceeding to operate, the surgeon should be accompanied not only by his assistants, but by a chloroformist, and the latter again should be furnished with the necessary means of combatting, not the results of the operation, but of the agent he is intrusted to administer, necessitating as it does an admission of responsibility, and of an inseparable amount of hazard, as proved by the arrangement of stimulants—ammonia, the galvanic battery, &c., so as to be at hand.

The danger of chloroform is an admitted one by the Profession, and is anxiously questioned by the Public. The chapters devoted to its consideration, and to the discussion of the use of "Anæsthesia in Surgery," by writers prove that, while chloroform stands as yet foremost in use in these countries, it has its inseparable difficulties, its dangers, and its anxieties.

The column "Death by Chloroform" is not unfilled, and the reports of coroners' inquests, where death has

been attributed to such cause, do not fail to produce so painful an impression of distrust on the public mind that a patient who has undergone its influence will, at times, recall his sensations in Endymion's words.

"Long in misery
I wasted, ere in one extremest fit
I plunged for life or death."

When to the deaths by chloroform we add those not unfrequent chloroform accidents, where artificial respiration alone restored the patient, where life was hovering on extinction, and where the faintest attempt at respiration was so anxiously watched for, and heard with such intense relief, though such cases do not come under immediate publicity, it must indeed be admitted they would tend very much to intensify the distrust which is more or less acknowledged, and is the real impediment of this "pain destroyer," when we are about, by its means, to use the words of a modern surgical writer (a), reducing the patient to a condition in "which, to the uninitiated, he appears in *articulo mortis*," and in "which very little more would place the circumstances in a most critical relation."

So important had the question of death by chloroform finally become, even in 1864, that a Committee was appointed by the Royal Medical and Chirurgical Society of London to inquire into the uses and the Physiological, Therapeutical, and Toxical effects of Chloroform. This Committee, composed of most eminent and painstaking observers, while investigating the subject of chloroform, indirectly considered the use of ether, which had been the first anæsthetic largely employed, and which is still employed in its birthplace, America, more largely, and far more successfully, than chloroform.

The accompanying tabular comparison gives a summary of the general conclusions arrived at by this chloroform Committee, with regard to the comparative dangers of chloroform and ether on the two chief functions of life—the circulation and respiration. It is interesting, as showing the more immediate interference of chloroform with them, and how easily, under any accident, a fatal issue might arise. We find as follows:—

**EFFECT OF CHLOROFORM
INHALATION.**

The Heart

Is first stimulated, and its contraction force augmented; but, after this, its action is depressed and, although the respirations go on properly, its action, as shown by the mercury of the hæmodynamometer when connected with the circulation of the animal, fails; and the mercury falls.

The Respiration.

With strong inhalation there is a temporary arrest of respiration dependent on spasm. This arrest, after a few seconds, ceases, and inhalation can again take place; with smaller quantities, the inspirations become gradually shallower, and for a time retain their natural order, but become less frequent; and after perfect insensibility

EFFECT OF ETHER INHALATION.

The Heart.

The muscular movement is but little influenced. The first or stimulating effect is less sudden, and more sustained. Even after insensibility is procured, its action is more vigorous. Ether may be considered as a stimulant in a certain degree to the heart's action. The mercury of the hæmodynamometer at first is absolutely raised—never falling till the respirations cease.

The Respiration.

With strong inhalation there is a temporary arrest of respiration, but it is less marked than with chloroform. With small quantities there is no arrest of the breathing, although the number and depth of the respiratory efforts are diminished; after a short time the respirations become slow and full, and next, while their frequency

produced, the amount of air entering the chest is extremely small.

How it Arrested Life.

Strong inhalation caused the pulse and respiration to cease nearly simultaneously. In the majority of cases the pulse stopped before the respiration, and the heart's action could be distinguished for some time after the pulse had ceased.

rises, the range of their movements is reduced.

How it Arrested Life.

The effects produced in a strong quantity, equalled those of chloroform in a small, but with an important contrast—that it exerted but a very slight depressing influence on the heart. Death occurred by the failure of the respiratory movements—the heart's pulsations continuing generally for sometime after the respiration has ceased.

The conclusion formed by the Committee was, that it is desirable to obtain an agent which shall produce the required insensibility, and yet is not so dangerous in its operation as Chloroform. Ether, to a certain extent, fulfils these conditions: it is less dangerous than chloroform; but its odor is disagreeable: it is slow in operation, and it gives rise to greater excitement than chloroform. The Committee, therefore, admit the comparatively greater danger of chloroform, while ether is objected to but for the three inconveniences mentioned.

The Committee states that "the only apparatus known for chloroform administration, which fulfils the necessary conditions, is that contrived by Mr. Clover; but at the same time it is open to objections," which can be easily understood, of non-portability, &c. Although the admixture of air is obtained by its means, yet even then the members admit that, "with every care, and with the most exact dilution of the chloroform vapour, the state of insensibility may pass in a few moments into one of imminent death!"

Dr. Ellis, in his treatise, 1866, since published, throws considerable doubt on the possibility of an even admixture of air and chloroform being attained by the instruments in use at the time of the Report of the Commission.

On examining the Report of the Commission at that date, June, 1864, a table of 123 deaths occurring "during, or immediately after, the administration of chloroform," is recorded—109 deaths being thus given:—

Under 5 years	-	-	0
From 5 to 15 years	-	-	9
From 15 to 30 "	-	-	30
From 30 to 45 "	-	-	32
From 45 to 60 "	-	-	12
Over 60 years	-	-	2

72 cases were in males, and 32 in females.

Many other dubious cases, no doubt, might be enrolled in this category; but for obvious reasons, deaths from chloroform may be pardonably, perhaps, excused recording. But when at that date so many were admittedly due to its influence.

How many more, it may be fairly asked, have occurred since?

On the other hand, Ether admittedly is comparatively free from this very unpleasant accident. I am assured by Dr. Godon, late Resident Surgeon at Charity and Bellevue Hospitals, New York, that he has, during the last four years, seen and assisted at thousands of cases of Etherisation where, while the most satisfactory results, were obtained, not the slightest accident occurred, nor was in any way anticipated. The usual "armamenta" accompanying the chloroformist, of stimulants, galvanic apparatus, &c., being absolutely unheard of. I have myself Etherised and operated on thirty patients during the last ten days with the most satisfactory results, and the most comfortable sense of security, as compared with chloroform, justifying almost the observation of M. Diday in the recent discussion on another death by chloroform at the Société de Médecine, Lyons, which puts the matter in so

(a) Miller's "Surgery," p. 682.

strong a light, that the advantage of Ether as "less dangerous than chloroform" must command attention.

The *Gazette Médicale de Paris*, July 13, states:—"A case of death from chloroform has just been reported, which occurred May 27th. Professor Billroth was proceeding to amputate at the hip-joint—the femoral artery had been tied—and he was about to divide the soft parts with the galvano-cautery, when the breathing became stertorous. Tracheotomy was performed, the windpipe opened without delay, and the other means used for re-animation, but all was useless—the patient was dead." Another case of death by chloroform, during an amputation of the thigh, was given by M. Cabasse to the Société de Médecine at Lyons.

The Society then entered into the discussion of the comparative merits of ether and chloroform as anæsthetic agents; when, for the third time, the Society pronounced in favour of *Etherisation*.

In Lyons the generality of surgeons employed ether to the exclusion of chloroform. Some surgeons there, however, still were in favour of chloroform. M. Diday indeed proposed the adoption of conclusions by the Society so strong as that "chloroform is dangerous, and that the surgeons who use it are culpable," which, in fact, would be a foregone condemnation of any surgeon who used it, should a death occur while under its influence. A Commission of Enquiry was formed by the Medical Society, and a report by Mr. Valette of the conclusions arrived at was read. Subsequently, the Society hesitated to take upon itself the responsibility of adopting the sweeping proposal of M. Diday, and limited itself to pronouncing in favour of *Etherisation*, and admitting that the comparative study of the two anæsthetics was far from being complete.

The Society voted the permanent sitting of the commission on the subject for further investigations.

The report of the London Commission of 1864 states "That the sequence of the phenomena during the experiments on animals is similar to that observed in man, and if the same percentage of the agent be administered, the results produced are nearly uniform." Much valuable information may, therefore, be obtained by comparative testings on animals, they are of so simple and reassuring a nature that a performance of them will go far to show the superiority of ether as an anæsthetic agent, leaving the triple argument of "disagreeable odour" (a), "greater liability to cause excitement," and "its greater tediousness," to be further discussed and observed upon; objections, which seem to me so insignificant, even if we admit them (which I do not) as compared with *danger to life*, that I cannot believe they could for a moment be of weight. I have made some careful enquiries on the subject, and I made, amongst others, the following very interesting observations:—

Four healthy rabbits of the same clutch were selected.

OBSERVATION No. I.

Nos. 1 and 2 were comparatively tested as follows:—

No. 1 was enclosed in a 10-inch glass bell, with two drachms of chloroform on cotton.

No. 2 was similarly enclosed, with four drachms of methylated sulphuric ether.

Result.—No. 1 became influenced in two minutes, slightly convulsed, lay over on its side in one minute more, the bell was then raised, and the rabbit found in a state of anæsthesia, in which it remained for five minutes, and then gradually recovered.

No. 2 became evidently influenced in four minutes, and in five minutes more the bell was raised; was in a state of anæsthesia, in which it remained for seven minutes longer, and then gradually recovered.

The rabbit treated by ether had no convulsive stage whatever, but gradually sank as it were into a deep sleep, lying out flat and not on its side; the respirations were

hastened, and not interfered with as to regularity; but they were rendered very irregular in the one treated by chloroform.

OBSERVATION No. II.

Rabbit No. 3 was enclosed under a glass with 1 oz. (by measure) of methylated sulphuric ether. In two minutes it became influenced, and went quietly asleep; breathing quicker, 128 per minute.

Rabbit No. 4, tested with four drachms of chloroform, in two minutes it became influenced, was convulsed slightly, and uttered piercing cries; breathing became slower, 44 per minute.

Both recovered gradually (within eight minutes), the etherised one more gently and naturally.

OBSERVATION No. III.

After the lapse of half an hour, rabbit No. 1, which had been before chloroformed, was again enclosed in the glass cover, with eight drachms of chloroform sprinkled on wadding. In one and a-half minutes it became influenced and tolerably convulsed; the eyes were greatly suffused; it uttered cries in two minutes; total and profound anæsthesia ensued in four minutes; respirations, 80 per minute.

Rabbit No. 2, which had been before etherised, after the lapse of half an hour, was enclosed by the glass bell with twelve drachms of ether. In two minutes it became heavy and sleepy, and in five minutes was thoroughly insensible; it uttered no cry; the respirations were 112.

In this experiment the etherised rabbit became sensible after twenty minutes; it gradually recovered and crept about, scenting its companion which lay beside it, thoroughly insensible and congested, in ten minutes more the chloroformed rabbit became gradually restored, but remained unsteady and evidently "dazed" for some time longer.

OBSERVATION No. IV.

A small quantity of chloroform and ether respectively was now tried with the rabbits used in the second experiment, and after a lapse of twenty minutes full recovery.

Rabbit No. 3.—Two drachms of the same ether was tried in the same manner under the glass bell. In one minute, the animal became influenced and gradually became insensible within five minutes.

Rabbit No. 4, which had before been chloroformed, was tried in the same manner, with but two drachms of chloroform. In one and a-half minutes it became influenced, and within five minutes was insensible. Within fifteen minutes both gradually recovered, but the one etherised more rapidly and perfectly.

On analyzing these observations, the superiority of ether is evident as to its harmlessness. In Observation Nos. 2 and 3 it would seem that the animal suffered from the chloroform, as the piercing cry heard from a rabbit when in extreme terror, or pain, was uttered.

The convulsions in experiment No. 3 (where the larger quantity was used) were very marked, and persisted during half the period of recovery, and though so large a quantity of ether (one ounce and a-half by measure) was used in the same experiment, there was no spasmodic symptoms whatever. The sleep (if it may be so termed) was much more natural in the etherised rabbits; the respirations were somewhat increased.

The anæsthesia from one agent was apparently as profound as the other, while the ether acted more gently, more equably, and without the convulsive stage, which is so unpleasant to witness in patients, and sometimes so difficult to control. The etherisation tested both in large and small quantities gave parallel results, producing a more equable, gentle, and unalarming insensibility. From the mode in which these experiments were conducted under glass bells of equal dimensions laid on a table—of course, a certain amount of air was inhaled, and the agents were so diluted—I further tried the comparative results of inhalation, with undiluted ether and

(a) Dr. Godon, who has seen in America many etherisations, both on animals and human beings, kindly assisted me, and witnessed the results.

undiluted chloroform, on the rabbits which had already been tested. Accordingly, about one drachm of ether was dropped on a cloth, and the nose of No. 2 rabbit enveloped by it, so that nothing almost but the ether vapour was inhaled. In one minute the animal became influenced, and sank gently into insensibility, from which it recovered within five minutes, and seemed as well as ever.

No. 1 rabbit was exposed in like manner to the inhalation of about half a drachm of chloroform. The cloth was wrapped round the nose. In one and a-half minutes it sank into insensibility, uttered cries, and was slightly convulsed. The cloth was immediately removed, respirations ceased in four minutes, and the animal died just in the circumstances such accidents as "deaths from chloroform" have been reported. These comparative observations on animals which had been subjected to the same testings, and within the same time, tend to put the superiority of Etherisation strongly in contrast with that of Chloroformisation; the crucial test of the inhalation of undiluted ether *versus* chloroform, showing that insensibility could be produced for the third time, within one hour and a-half, with perfect success, and without any bad consequence; while a small quantity of undiluted chloroform produced death when similarly tested. These observations are of so simple a character that anyone can repeat them who may doubt the effect—of course, such reasonable precautions should be taken with both agents as would be applicable in the case of human beings.

(To be continued.)

Hospital Reports.

MEATH HOSPITAL, DUBLIN.

Cases under the care of Mr. L. H. ORMSBY, Surgeon to the Meath Hospital, and Demonstrator of Anatomy in the School of Surgery, Royal College of Surgeons in Ireland.

(Reported by Mr. P. TUTHILL.)

CASE I.—*Extensive Syphilitic Ulceration of Throat—Recovery.*

WILLIAM CORCORAN, *æt.* 26, a harness-maker by trade, was admitted into the Meath Hospital on the 10th of June, 1872, suffering from extensive ulceration of the throat.

History.—He states he had a chancre on the glans penis about a year ago, the chancre healed in a short time under treatment, his testicles were both very much enlarged at the time; four months afterwards, a rash came out on his back between his shoulders, and he had great pain in his back and loins. About a month ago his throat became very sore, and gave him great pain in swallowing, his voice became husky, and being very intemperate and greatly addicted to drink, his throat became greatly worse, so much so, that he could only swallow liquids, and those with great difficulty.

State on admission.—He was greatly emaciated and hardly able to walk; saliva running from his mouth in great quantities; he also had a husky racking cough, which kept him awake at night; on looking into his throat, the soft palate was found extensively engaged, the anterior half-arch of his palate, the uvula and an ulcer was seen on the posterior and upper part of the pharynx; there was no sore on the glans penis or prepuce, but both his testicles were very much enlarged, the right rather more than the other.

Treatment adopted.—He was ordered to lie in the recumbent position—a mixture containing

R Iodidi potassii, ℥j.;
Chlorate potassa, ℥j.;
Tinct. cinchona, ℥ij.;
Syrupi aurant, ℥v.;
Infusi cinchona, ad ℥vij.

Fiat mist. cujus sumat coch. duo ampla, *ter indie.*

A gargle containing eight ounces of the lotio. nigra was ordered to be used often in the day; the man was put on good generous diet, and four ounces of wine in the day.

11th of June.—The day after his admission he could hardly swallow even liquids, the slightest movement of the muscles of deglutition giving him pain; his throat was then swabbed out with a dossil of lint steeped in a solution of chloride of antimony. This gave him great pain and uneasiness, but the next day he seemed greatly relieved. He frequently gargled, with the black wash, and the ulcers very soon began to heal. He was allowed to get up on the 16th of June, and the iodide of potassium was increased from a drachm to a drachm and a-half to the eight ounces of infusion of bark. On the 26th of June, the ulcers had all healed, his uvula had not been destroyed, and his speech was perfect. He left the hospital on the 27th June, 1872, perfectly well, with the exception of a slight enlargement of the right testicle, the left being of the normal size.

Mr. Ormsby drew the attention of his class to this case, enumerating the many and varied situations and ways in which syphilis affects the system, and also the importance of a correct history of the receipt of a chancre—a bubo—rash—as all contributed to form a true diagnosis. He then spoke of the treatment, saying that the gargle he had ordered was rather uncommon, and perhaps unpleasant to the patient's taste, but it was most efficacious in healing up all kinds of syphilitic sores on mucous surfaces. He also said that iodide of potassium in all stages of syphilis was admissible, and in those cases where it was not, you might then use mercury. He also spoke of the great use of the application of lint steeped in buttyr of antimony, to the edges of the ulcer, having the advantages over the other liquid caustics by not spreading beyond the part touched, and the marked improvement which resulted from its application in this case.

CASE II.—*Extensive Scalp Wound—Recovery.*

James Dunne, admitted into the Meath Hospital on April the 22nd, 1872, suffering from a very extensive scalp wound, which he states he received by knocking his head accidentally against an arched iron gateway, as he was passing through. The wound extended from the frontal eminence, passing across the vertex of the skull to the occipital protuberance, laying bare the bone—the lips of the wound were wide apart and gaping.

Treatment adopted.—The hair was shaved along the edges of the wound for about two inches, and the edges of the wound were gently brought together with adhesive plaster and simple water dressing employed. The man was put to bed, and kept on low diet. In two days the wound began to suppurate, which rapidly extended beneath the scalp, and caused a great deal of pain to the patient. A linseed meal poultice was then applied, and the wound was sponged out twice a day, and afterwards syringed with Condy's fluid; all pus that had formed was passed out, and the greatest cleanliness observed, his bowels were kept gently open by the administration of mild aperients, and the following mixture ordered to procure sleep, as he complained very much for the want of his night's rest:—

R Hydr. chloral, gr. xv.;
Tinct. hyoscyami, ℥ss. = $\frac{1}{2}$;
Aqua camphora, ad ℥ij. m

To be taken every night.

May 10th.—Less suppuration, and the wound cleaner and studded with florid granulations; the linseed meal poultice discontinued, and a solution of chloride of lime ordered to be applied; he was then put on liberal diet,

with a pint of porter, and was discharged on May 24th, quite well.

Mr. Ormsby gave a short clinique on this case, and drew the attention of his class to the mode in which he brought the edges of the wound together, saying that it was not considered good practice to apply sutures of any kind in scalp wounds. The next point he mentioned was to cleanse perfectly the wound from clay, hair, and all foreign matter, so as to ensure healing by the first intention if possible, and also to bring the edges in perfect apposition. He also said that of all wounds, wounds of the scalp were most often followed by erysipelas, and that in this case, that was the danger he was most afraid of, but happily it did not occur, and that was the reason he kept him on low diet and his bowels freely moved, and that, when suppuration ceased and the danger more or less passed away, he then changed his treatment, and, lastly, he said that in these wounds sleeplessness was nearly always complained of, and he commended strongly for such a case the mixture ordered.

CASE III.—*Fracture of Humerus.—Recovery.*

Catherine St. Ledger, *æt.* 58; admitted into the Meath Hospital on the evening of the 19th of April, 1872; suffering from fracture of surgical neck of humerus. History states that she had fallen from a ladder about four feet in height while cleaning a window.

Treatment.—The limb was put up comfortably in two splints, one a short piece of scored splint-wood, reaching from the axilla to the elbow on the inner side of the arm; the other, a piece of gutta-percha moulded into the shape of the limb and extending from above the shoulder to the elbow on the other side, the hand, forearm, and arm evenly bandaged, and the arm confined to the side with the forearm flexed across the chest. The woman went on remarkably well till about four weeks after admission, when she caught cold and got an attack of acute bronchitis which very nearly carried her off. The usual medicines were ordered, but she became much worse—she was then ordered mustard poultices to her chest, and after turpentine stupes as she felt no relief from the mustard, and after that a large linseed meal poultice to be applied to the back of her chest, and twenty drops of spirits of turpentine to be taken in punch ordered. She soon rallied under this treatment, and left the hospital on May 30th.

Mr. Ormsby said a few words about this case. Mentioning the diagnosis of fracture in this situation, and enumerating the symptoms, namely, slightly shortening crepitus, the upper fragment drawn upwards and outwards and the lower drawn inwards, and a correct knowledge of the anatomy of the part would aid you greatly in a correct diagnosis. He also enumerated the successive stages that take place in the repair of a fractured bone, and that in about six weeks you might allow your patient to use the arm slightly but in a very cautious manner, and, of course, the older the patient the longer period you would expect for its repair.

CASE IV.—*Nasal Polypus.*

Rose Walsh, *æt.* 73, was admitted into the Meath Hospital on July 17th, 1872; suffering from a large polypus, blocking up the left nasal cavity. History states that about three months ago she caught a heavy cold, and ever since she felt a stiffening sensation in her nose, and always felt worse in damp and wet weather.

Treatment.—The polypus was removed by a polypus snare, which was introduced cautiously into the nostril and the woman desired to blow through the affected cavity, which at once became surrounded by the wire loop of the snare which was then tightened and the polypus removed without further difficulty.

Mr. Ormsby drew the attention of the class to this case:—1st. Enumerating the different kinds of polypi met with in this situation, and the different modes of treatment recommended by surgical writers. The treatment adopted in this case was, to his mind, simple, rapid, and efficacious.

Transactions of Societies.

MEDICAL SOCIETY OF THE COLLEGE OF PHYSICIANS.

MR. CHARLES R. C. TICHBORNE, F.C.S., M.R.I.A., read a paper on

DISINFECTION IN CONNEXION WITH SMALL-POX.

It has been conclusively proved that all rooms are filled with a certain amount of dust moving about in variable quantities—at least, to all intents and purposes, it may be considered as never being absent. The greater proportion of this dust, as shown by Tyndall in the analysing tube, is organic, or, in other words, can be destroyed by heat. As regards experiments performed upon the development of bacteria, they would properly only bear upon epidemic diseases from this point of view; but I myself do not see that there is anything particularly to connect them with small-pox or such like contagious diseases. They are always the forerunners of putrefactive change where atmospheric air has been in contact, but this simply proves that the germs of bacteria are always present in ordinary atmospheric air. Here is a substance that was once a solution of milk sugar, now converted into solid lactate of lime by germs taken at as high an altitude as the top of Nelson's Pillar. But these results can be obtained equally well when there is no small-pox in the city.

There is, however, another view to take of the atmospheric propagation of disease, which, I think, has been too much lost sight of. This is the mechanical action of this dust, or the raft theory, as I will call it. I, however, lay no claim to the use of the word raft. It was used by Professor Tyndall in one of his lectures to explain how the particles of a *non-volatile* salt, chloride of sodium, were always found in the air. Now, as we know that the virus of small-pox may be dried without impairing its activity, we have all the requisites for dissemination by the atmospheric rafts. If we consider the immense amount of inoculable matter that is disseminated in a city like this, where 600 to 700 lie ill of the same contagious disease, we shall see no difficulty at arriving at this conclusion. I have no hesitation in saying that there is not a cubic inch of atmosphere in Dublin where the small-pox virus is not. But, like all poisons, there is, I suppose, a point of attenuation where it is inert, and to keep it below that point is the great use of volatile disinfectants. The dried virus floating upon those rafts cannot be affected by non-volatile disinfectants.

I am of opinion that it would be dangerous in the extreme to cast away these now old and well recognised friends. In fact, to me it seems to be only within the last few years that we have been beginning to understand the principles of disinfection. Does not the real difficulty of disinfection lie in our misapplication of each particular disinfectant which has its peculiar function, and our want of knowledge of its action on those germs at present unknown? If we use chlorinated lime to disinfect a room (chlorinated lime being simply an oxydiser), what do we do but facilitate the efforts of the atmospheric oxygen to purify by oxydation. We charge the air with nascent oxygen, or that element in its most active form. Thus this air that had been already artificially deprived of its activity outside by contact with contagious matter, is re-oxydised to its maximum capacity. Now, although this is quite consonant with our chemical knowledge, it might be said that, after all, it is but a theory; but let us see how it agrees with our experience.

On the first week in November, 1871, in an establishment the name of which, from obvious reasons, it is not desirable to mention, a case of small-pox occurred. As there were about 200 beds upon this establishment, it is almost needless to remark that considerable alarm was felt by those with whom rested the responsibility of management. A consultation was held, and a well-known and well-advertised disinfectant was used with every precaution as regards cleanliness. Imagine the consternation when case after case was sent out of the house, until the eleventh was taken to the hospital on the 6th January, who died on the 11th of the same month—a case every fifth day. A consultation was again held, and with advice the following plan was adopted. The disinfectant was changed, and the use of carbolic acid and chlorinated lime was agreed upon. The carbolic acid (pure) was chiefly used in

water-jugs, a few drops in each jug. A man was told off especially to disinfect the place, and to do nothing else. In the morning he made his solution of "chloride of lime," about $\frac{1}{4}$ lb. or 1 lb. to the gallon of water, in a large tub. It was allowed to subside, so that it was quite bright and clear when he wanted it for use. At three o'clock p.m. he went through all the rooms, sprinkling the solution over every floor, and the windows were left open, so that the rooms were dry by the time they were required for use, equal attention being paid to the mechanical cleaning of the walls. The change in the system of disinfection was made on the morning of the 11th of January, the day when the last case was buried, and from that day to the present there has not been a single case of small-pox in this seething mass of humanity (a). Permanganate of potash is invaluable for certain special applications. Here is a simple experiment, which, I think, conclusively proves the value of chloride of lime as an oxydiser. I blow through a series of wash bottles and tubes. In the first bottle the air traverses a fermenting mass containing a weak solution of a ferrous salt. If the air contained any readily available oxygen (it matters not whether we consider it ozone, or condensed oxygen, or nascent oxygen, if it does its work), it will be deprived of it. This fact is demonstrated by being passed over ozone test-paper contained in the next tube. There is no evidence of decomposition. It is then passed in the next bottle through water containing a few drops of chlorinated lime, and then through a wash bottle containing a solution of ammonio-chloride of silver to remove any trace of chlorine. It lastly passes through a tube containing the ozone paper, which is now seen to be rapidly acted upon by the air. It is completely changed in its character, and is now a powerful oxydiser; and it is immaterial to our purpose how this has been brought about. It is now replenished, ready to do its duty and fight the battle with the rafts of contagion, and if it only succeeds in further attenuating the effects of this poison by burning up a fraction, the "disinfectant" has done some good.

Xylol's action is said to be due to the fact that it becomes an antiseptic in the blood. Now it is probable that if it does act as such, it is due to some product of oxydation. That it is really rapidly oxydised there can be no doubt from the fact that a peculiar odour, distinct from xylol, can be perceived in the urine.

From the reports of the Medical men I should consider the efficacy of xylol as doubtful, but it is self-evident that it may not necessarily possess specific properties to be an active medicine. I would require a lengthened experience of its capabilities at the bed-side to determine its actual value in the human laboratory. Although its action may be generally prognosticated, it can never be proved in the test-tube.

I have tried experiments upon dilute solution of albumen and vibrios from which it would appear to me that the dilute solutions of carbolic acid destroy the activity of the vibrios before they coagulate the albumen. The more diluted the solution of carbolic acid the more marked is the phenomenon. The sulpho-carbolates being crystalloides are more suitable for diffusion than the carbolates, whilst the residual carbolic molecule acts as if uncombined. In addition to the sulpho-carbolates of iron and sodium, I should suggest the use of the potash salt, which, from its action upon the skin and kidneys, would probably be useful. It is readily prepared.

In seeking for a remedy for internal disinfectives of the blood, it is evident, from my point of view, that we should try to search into the substances which will produce in the blood the antiseptics slowly, but in a nascent condition.

As I have studied the subject of disinfection and atmospheric dust with some care for years, I thought that these observations might be of use from the very fact of being trammelled by the ideas of a chemist. Out of a great mixture often comes good compounds. I almost feel that we are in a degree neglecting our duty in not constructing committees of investigation upon such occasions as the present visitation.

DR. CAMERON said, as he had recently read a paper on this subject he wished to make a few observations, more especially as he apprehended that the views Mr. Tichborne had put forward might appear to clash with those which he had submitted to the Society. He (Dr. Cameron) did not at all doubt the efficacy of gaseous disinfection to a certain extent, but what he said was this—and he spoke from the results of his own experience—that gaseous disinfection, as ordinarily carried out,

was totally inefficacious as a means of wholly destroying germs in a room. He held that the recent experiments of Chauveau—who occupied the first position as an investigator in this department of Medical science—and more recently the experiments of Dr. Burdon-Sanderson, one of the Medical inspectors of the Privy Council and professor in the Brown Institution, rather indicated that as a rule the contagious matter of zymotic diseases was deposited on solid substances. The great use of the disinfection at present employed was that it obliged people to open the windows and let in the fresh air. They all knew how well the Germans did everything in scientific and Medical matters, and he would mention the results of their experience of disinfection during the visitation of cholera in Leipsic in 1866. The chemical Professor, Carus, was appointed head disinfecter of the town, which was divided into 100 districts, each of which had a separate inspector. Never was disinfection more thoroughly carried out. Every house in which cholera appeared was disinfected with chlorine gas. And what was the result? There had been thirteen outbreaks of cholera in Liepsic since the first appearance of the disease in Europe, and never was the attack so severe as in the year 1866, when disinfection was carried out in so careful a manner. It was the same in Stettin and Erfuth, where disinfection was carried out under the orders of the Government and by a staff such as we could not have in this country. His views had been adopted by the Public Health Committee of the Corporation. They had increased their staff, and now, instead of merely disinfecting a room with chlorine gas, they removed the paper, if there were any, from the walls; scraped off the old whitewash, and whitewashed the walls afresh. If the whitewash did not destroy the infectious matter, at all events it imprisoned it. By the use of common water and whitewashing more good would be effected than by the circulation of thousands of feet of chlorine gas.

DR. HAYDEN said he was particularly pleased at hearing Mr. Tichborne's paper read so soon after the paper of Dr. Cameron, which, with all respect to him, he thought missed the point. Dr. Cameron seemed to think the atmosphere could not be a medium for the conveyance of disease. That, however, he (Dr. Hayden) doubted. Dr. Cameron, that evening, said it would be sufficient to cleanse the walls, but if it be true that the air was impregnated with organic matters, every one of which might be the medium for conveying the *morbis materia* of disease, he could not see how that could be neutralised without acting on the whole body of air in the room. He was glad to hear this practical paper of Mr. Tichborne, because the opinions urged in it had fallen in with his own preconceived views.

MR. TICHBORNE, in reply, said that Dr. Cameron, who had not heard the whole of his paper, had mistaken the drift of it. His theory was that the contagious matter of small-pox was a substance which was carried on the atmospheric rafts, and deposited on the clothes. Before it could be deposited on the clothes it must have passed through the air; and he proposed to act upon it by gaseous disinfectants. Dr. Cameron believed in the germ theory of disease generally. There was evidently something in it; but if he believed in it, one thing was self-evident—namely, that non-volatile disinfectants could do no good, for they could not touch it; but volatile disinfectants would be found effectual; and this was wonderfully borne out by the case he had stated that evening, which was only one of several similar cases that had occurred under his own observation.

The meeting then adjourned.

Extract of Meat.

PROFESSOR ARTUS, of Jena (*Wim. Med. Zeit.*, No. 3, 1872), recommends a new method of making extract of meat, which possesses the advantage over that of Liebig in retaining the albumen, gelatine, and fat, which are all removed by Liebig's process, and which would seem, from recent experiments, to be the only really nutritious elements of the meat. For this purpose, by a very simple apparatus, an extract of the meat is made first with cold water; this dissolves out the soluble salts, the albumen, and part of the gelatine and creatine. The meat, after extraction in this way with cold water, is then boiled for an hour in a Papin's digester, and the liquid pressed out. The fat is skimmed off the surface, and this extract is mixed with the cold extract. The mixed extracts are then evaporated down to a proper consistence in a sand-bath, or better, in a vacuum-apparatus.

(a) On the 24th of June, when this paper was going through the press, this house was still free from any case of small-pox.

SPECIAL REPORTS ON FOODS,

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FARINACEOUS PREPARATIONS FOR INFANTS AND INVALIDS,

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[PREPARED EXPRESSLY FOR THE "MEDICAL PRESS AND CIRCULAR."]

REPORT ON THE FARINACEOUS FOODS NOW BEING ADVERTISED AND LARGELY USED FOR DIETETIC PURPOSES.

(Continued.)

MELLIN'S EXTRACT FOR PREPARING LIEBIG'S FOOD FOR INFANTS.

Manufactured by J. Mellin, 16 Tichborne Street,
London, W.

SPEAKING of this Food, Mr. Mellin remarks:—"A satisfactory substitute for mother's milk has long been sought after by persons who have witnessed the evil effects produced by every kind of food which is ordinarily administered to the infant when, from any cause, the mother cannot sufficiently nourish it. It is proved beyond dispute that the amazing amount of mortality among infants arises chiefly from disorders of the stomach, caused by their being fed with food deficient in nutriment and difficult of digestion, and so producing convulsions, diarrhoea, and other ailments, of which death is but the unhappy climax. Baron Von Liebig, having for some time noticed these evils, at length set his wonderfully acute and inventive intellect to solve the problem how infant life could best be preserved, and, after much study, succeeded in producing an artificial food which is as easy of digestion and as nutritious as mother's milk itself. Experience has, in fact, shown it to be so admirably adapted for the purpose he had in view, that it scarcely needed the recommendation of the chief men of the Medical Profession, many of whom (including all the great hospital physicians of London) have pronounced it to be invaluable, and prescribe it regularly for infants and invalids insufficiently nourished. By evaporation, the nutritious parts of the food are reduced into a powdered extract, suitable for transportation by sea or land into any climate, without in the least injuring the composition or altering its properties. By means of this extract the genuine Liebig's food can be prepared by mothers or nurses for their infants more easily and speedily than common milk pap. Liebig's invention is thus brought within reach of everyone, both at home and abroad, in the most compact and portable form. The extract has been obtained by most faithfully adhering to the original formula, by means of which the flour is so thoroughly transformed into dextrine and grape sugar by the malt, that the digestive organs of the weakest infant or invalid can assimilate the food without difficulty."

"Dr. F. Versmann's Report on Analysis of Mellin's Extract for preparing Liebig's Food for Infants.

"150 Fenchurch Street, E.C.,
"April 20th, 1871.

"Sir,—I have analyzed a sample of your Extract, and I find it to contain the following constituents, viz.:-

Grape Sugar	27.07 per cent.
Dextrine	9.59 "
Bicarbonate of Potash	1.82 "
Soluble Phosphoric Acid, 0.41 per cent., equal to Soluble Phosphate of Lime	0.79 "
Nitrogen	2.56 "
Insoluble fixed residue	0.32 "

"It does not contain any starch, showing that the decomposition of the flour into soluble grape sugar and dextrine has been completely effected. It is also free from caramel—a proof the care and attention you pay to the evaporation of the Extract.

"I am, Sir, your obedient,

"FRED. VERSMANN, Ph.Dr."

Mellin's extract is sold in bottles containing 8 ozs. at 1s. 6d.

It is in granules having a sweetish taste of malt, and is nearly soluble in water. It contained:—

Moisture	5.6 per cent.
Grape-Sugar and Dextrine	44.5 "
Ash, rich in the Phosphate of Potassium	2.3 "
Nitrogen	2.0 "

This preparation is, in fact, an excellent attempt to give the extractive and soluble portion of Liebig's food without the cellular and indigestible part of the meal. In the other preparations of this class this was partially avoided, but not wholly so by straining. It is not, however quite so palatable, in our opinion as that made directly from the meal. There is no evidence of starch remaining in this preparation (it having been all converted into grape-sugar dextrine), and there is no reason to believe that it is prepared from anything but malt and wheat. As a food for delicate infants there can be no question as to its great value.

EVANS'S EXTRACT OF MALT

Prepared by J. Evans, M.D., Dublin and London.

Testimonials and analyses from Professors Apjohn, Tichborne, and Galloway, are given. The following is printed on the label of the bottles:—

"TRINITY COLLEGE, DUBLIN,
"12th May, 1871.

"Dear Sir,—At your desire I have made a careful analysis of a specimen of your Extract of Malt, and, though unable to speak from experience of its action as a therapeutic agent, I am now in a predicament to put you in possession of its exact constitution.

"It is a liquid, of the colour such as genuine Extract of Malt ought to have, perfectly transparent, and having the specific gravity of 1.005. It is slightly acidulous, somewhat sweet, and has a taste such as might be given it by vegetable tonic substances. It has undergone a certain amount of fermentation. In 100 parts, by weight, it consists of:—

Water	71·88
Alcohol	7·54
Saccharine Matter	9·12
Azotized or Proteinic Compounds	4·40
Non-azotized Vegetable Extract	6·50
Ash	0·56

100—

“Of these constituents the most remarkable are those which include Nitrogen, the amount of which is unusually large—reaching as it does nearly 5 per cent. The Proteinic compounds in an ounce of it weigh 22·32 grains, and the analogous compounds in an ounce of beef-steak 98·43 grains. Hence, weight for weight, the alimentary value of the Extract is very nearly one-quarter that of the beef-steak. It is, therefore, nutritious in a high degree, and being no doubt easy of assimilation, it must constitute an useful supplementary food in cases of debility and weak indigestion.

“To John Evans, Esq., M.D. “JAMES APJOHN.”

“This pure preparation of malt, combined with the aromatic bitter of the hop, possesses in a most remarkable degree the elements admirably adapted for yielding nutrition to persons of constitutional debility, or of low vital power.

“Its use has been accompanied with decided benefit in asthma, bronchitis, consumption, atrophy, indigestion, (especially when accompanied with nervous irritability), and in stomach coughs.

“It is a highly nutritive tonic, and, from the process of fermentation through which it has passed, the starch has been converted into glucose, and is thus rendered perfectly digestible, and most suitable for building up the waste tissues, and invigorating the frame.”

Although this malt extract does not strictly come within its term of a farinaceous food, such a preparation is almost identical with the one previously examined—namely, Mellin's. Except that this and similar ones are liquid, and contains alcohol produced by allowing them to undergo a partial fermentation, and are, therefore, not suited for children. They are supposed to be modes of giving nutrition to invalids in an assimilable form, combined with a stimulant and tonic.

Evans's malt extract is sold in bottles containing 12 oz. fluid at 2s.

The specific gravity was 1·059.

It contained :—

Extractive Matter	20·6 per cent.
Proof Spirit	18 ”
Ash, consisting of Phosphate of } .47 ”	
Potassium, &c.	

The extractive consists of sugar and dextrine, 9·4, nitrogen, 4·1.

This preparation seems to be a pure fermented infusion of malt of the most concentrated form—flavoured with some aromatic bitters. It is, in fact, rather curious to see a fermented liquid of such a body. It has the dark amber tint of infusion of malt, and seems pure and genuine.

HOFF'S MALT EXTRACT.

“For obstinate coughs, bronchitis, asthmatic affections, and disorders of the chest and lungs, it is to be taken at breakfast time in the morning, and before going to bed, after well warming and frothing it, with the addition of a piece of sugar. It may be taken cold during the day. The dose on each occasion is a wine glass full ; for children one-half that quantity.

“For stomach and bowel complaints, impaired digestion, hæmorrhoids, &c., it should be taken cold and unmixed, either a little before or during the meal. The dose in these cases is the same.

“During the time the malt extract is used, everything, fat or acid, as well as spirits, have to be carefully avoided.” The specific gravity at 23·6 was 1022·5.

It contained :—

Extractive Matter	8·06 per cent.
Proof Spirit	7·2 ”
Ash, consisting of Phosphate of } .14 ”	
Potassium and Chloride of }	
Sodium	

The extractive contains sugar and dextrine, 3·5, and nitrogen, 1·4, and other extractives. The fluid was made with high dried malt from its containing caramels, and being black like porter. In fact, it bears a wonderful resemblance to ordinary porter, flavoured with absinthe or some other bitters. The amount of extractive is not equal to what would be found in Guinness's XXX porter.

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The Medical Press and Circular.

“SALUS POPULI SUPREMA LEX.”

WEDNESDAY, JULY 31, 1872.

THE BRITISH LUNACY REPORT.

THIS important blue book was published last Thursday, and we proceed to extract a few notes from it. There are no less than 180 asylums, hospitals, and licensed houses for the reception of the insane in England and Wales ; and at the beginning of this year there were 58,640 persons detained therein, of whom 51,998 are classed as pauper lunatics, these numbers showing a considerable increase on the previous year. The private patients increased during last year in county and borough asylums by 18 ; in registered hospitals by 57 ; in licensed houses by 47 ; in naval and military hospitals by 41 ; and as “single patients”

in private charge by 28 ; while there has been a decrease of three in this class at the Broadmoor Criminal Asylum. The pauper patients increased in county and borough asylums by 644 ; in registered hospitals by 31 ; in Broadmoor Criminal Asylum by 32 ; in workhouses by 1,447 ; and as out-door paupers by 105 ; while the number of this class in licensed houses has decreased by 562. The county and borough asylums number 54 ; registered hospitals, 16 ; State asylums, 4 ; metropolitan licensed houses, 41 ; provincial licensed houses, 65. The total admissions of certified patients (12,573) are largely in excess of those of the year 1870, when they were 11,620. The increase, however, is not solely due to fresh admissions, but is owing in a great measure to the fact that a much larger number of patients were transferred in 1871 from certain asylums and licensed houses to other asylums. During last year, 219 workhouses were visited, containing (including the Metropolitan District asylums at Leavesden and Caterham), 9,738 patients, showing an increase of 2,043 upon those seen the previous year. Generally (the Commissioners observe), the reports were of a favourable character. The larger workhouses, and those having lunatic wards, are visited by one or more of the Commissioners annually, when insane inmates are examined, the question of their fitness for workhouse or asylum treatment considered, and the arrangements for their proper care and accommodation not only fully inquired into, but reported upon to the Local Government Board. To a very great extent many of the workhouse wards are used as asylums. During the past year upwards of 2,500 patients were seen in 17 of the larger workhouses alone, each containing more than 100 patients, and one, the New Manchester, as many as 275. The Commissioners still continue to have frequent occasion to direct the attention of the guardians to the importance of giving the insane in workhouses a more liberal dietary and a larger amount of animal food than is allowed to the ordinary inmates ; and also, whenever there are separate wards for this class, of providing a sufficient number of paid attendants to take charge of them.

Several deaths from injuries or violence occurred in county and borough asylums, and in licensed houses, during the past year, in all of which full inquiries have been instituted by the visitors or the Commissioners, as well as by the district coroners. Eighteen men and 13 women, were dismissed for various acts of cruelty or harshness to patients ; 21 men and 3 women for intemperance ; and 43 men and 23 women for various other offences, unfitting them for the responsible situations they held, such as insubordination, immorality, neglect of their duties, theft, and absenting themselves without leave.

The numerous changes which take place in the attendants both in public and private asylums, observe the Commissioners, has frequently been commented upon by us, and affords abundant evidence of a defective system urgently calling for attention on the part both of the governing bodies of public, as well as proprietors of private asylums. The proportion of day attendants to patients, although varying considerably in public asylums, is found to be as a general rule sufficient, but in most the night supervision is totally inadequate, large asylums, such as Stafford, containing upwards of 500 patients, having only one night attendant in each division. This we consider to be quite inadequate, more especially as the practice of placing attendants to sleep in dormitories which prevails in licensed houses is not, as a general rule, carried out in

county or borough asylums. In large asylums having infirmaries a special night attendant is obviously required for the proper nursing and care of the sick and dying ; and yet in many instances these patients are left to the uncertain, and often unfrequent, visits of the ordinary night attendant. So, likewise, we think it of the utmost importance in all asylums that arrangements should be made for the more efficient night care of the epileptic patients, and also those having known suicidal propensities.

The large number of epileptics in asylums who are found dead in bed, remark the Commissioners, and the frequent occurrence of suicides during the night, have induced us for some time to recommend special arrangements, and the appointment of night attendants exclusively for these classes ; the only means, as we believe, whereby accidents amongst them can be effectually guarded against. In some of the new asylums, and in several of the old ones, these arrangements have been carried out.

THE SMALL-POX HOSPITALS.

THE Committee of the Managers of the Metropolitan Asylum district have just issued a most valuable report with statistics as to the cases of small-pox treated in their several hospitals during the small-pox epidemic of 1870-71-72. The following are briefly some of the conclusions arrived at by the committee from the data furnished by carefully prepared statistical tables, viz,—11,174 cases reported as vaccinated have been treated, of which 6,169 were males and 5,005 females ; 3,634 unvaccinated cases have been treated, of which 1,884 were in males and 1,750 in females ; that the rate of mortality in vaccinated cases has been 10·15 per cent., in unvaccinated 44·80, the per centage in both classes being higher in the males than among the females. The death rate in the whole number has been 18·66 per cent., but of 2,763 deaths 394 occurred within forty-eight hours after admission. If these are subtracted, the average rate of mortality is 16·4 per cent., including children under 5 years of age. The Committee observe that much has been said by the opponents of vaccination upon the fact that the vaccinated cases received into the hospitals are three times as numerous as the unvaccinated cases ; but, for this to be of any importance, it ought, at the same time to be shown that the number of the vaccinated population is not more than three times the number of the unvaccinated ; so far, however, from this being the case, it is estimated that, even previously to the commencement of the present epidemic, the vaccinated were about nineteen times as many as the unvaccinated ; that the proportion of children under 10 years of age was 8·79 per cent. of the whole number of vaccinated cases, and 43·56 per cent. of the whole number of unvaccinated cases ; that between 10 and 30 there were 73·96 per cent. of vaccinated cases, and 42·39 per cent. of unvaccinated cases ; and that the percentage of deaths among the vaccinated children under 10 was 8·63 of the whole number of deaths, and among the unvaccinated 49·45 per cent. Whilst the admissions between the ages of 10 and 20, of vaccinated cases were 40 per cent. of the whole number admitted, the deaths were 20 per cent. of the whole number of deaths, showing the chances of recovery to be about twice as great as the chances between 20 and 30, when the death rate was 36 per cent. and the proportion of admissions 35 per cent. The mortality,

which in unvaccinated cases was no less than 47.5 per cent., and in badly vaccinated cases 25 per cent., varied in well-vaccinated cases from 5.3 in those showing one good mark, to 1.1 in those showing four or more good marks; and that of the total of 620 well-vaccinated cases under 15 years of age, the death rate was only 0.47 per cent., giving a comparative immunity from fatal results.

More males than females have been treated (the numbers being 8,053 males and 6,755 females), and the percentage of deaths in the former has been higher than in the latter, viz., 19.50 males, and 17.64 females. The reasons given by Dr. Grieve for this are the extra wear and tear undergone by the man, his more irregular habits (which unfit him to cope with the disease), and his occupation generally bringing him more into contact with the disease. The differences in the numbers and in the death rates of the two sexes arise chiefly in adults. Up to 20 years of age the numbers admitted were 4,112 males and 3,803 females, and the death rate was nearly the same—17.9 per cent. males, and 17.6 females. The average duration of treatment of a well-vaccinated case is about 21 days.

The following suggestive remarks conclude the report:—

“The necessity of re-vaccination when the protective power of the primary vaccination has to a great extent passed away, cannot be too strongly urged. No greater argument to prove the efficacy of this precaution can be adduced than the fact that out of upwards of 14,800 cases received into the hospitals, only 4 well-authenticated cases were treated in which re-vaccination had been properly performed, and these were light attacks. Further conclusive evidence is afforded by the fact that all the nurses and servants of the hospitals, to the number at one time of upwards of 300, who are hourly brought into the most intimate contact with the disease, who constantly breathe its atmosphere, and than whom none can be more exposed to its contagion, have, with but few exceptions, enjoyed complete immunity from its attacks. These exceptions were cases of nurses or servants whose re-vaccination in the pressure of the epidemic was overlooked, and who speedily took the disease; and one case was that of a nurse, who, having had small-pox previously, was not re-vaccinated, and took the disease a second time.”

Notes on Current Topics.

Hypertrophy and Lengthening of the Femur and Tibia in a Case of Syphilis.

At a late meeting of the *Société Médicale des Hôpitaux*, M. Guibout exhibited a patient from one of the wards of Saint Louis, suffering from tertiary syphilitic ulcerations, whose right leg had undergone considerable lengthening. Both femur and tibia were found to share in this lengthening, which amounted to at least two-thirds of an inch. M. Guibout remarked that hyperostoses are, as a rule, confined to a limited portion of a bone, but that in the case of this patient, two entire bones exhibited throughout a well-marked hypertrophy, as manifested by their increased thickness as well as length, showing that under the influence of a syphilitic diathesis as in case of scrofula, the process of nutrition and growth may be inordi-

nately stimulated, inducing hypertrophy of the bones, without deformity. M. Bergeron had seen an analogous hypertrophy of the bones of the leg in the case of a scrofulous patient.

Hydrate of Chloral.

From the third edition of the work on this drug by Professor Oscar Liebreich, we gather that in his opinion the action of hydrate of chloral depends upon the formation of chloroform in the blood. When administered in appropriate doses, it produces in the course of 10—20 minutes a natural sleep, which comes on quietly and lasts from four to ten hours. After awaking, the patient may continue in a drowsy state for several hours, but when this feeling has disappeared, no other unpleasant after-effect is experienced. On the contrary, one usually feels refreshed, as after an ordinary night's rest. The sleep produced, then, by this hypnotic, differs in no respect from the natural physiological sleep. If the sleeper is aroused, perfect consciousness is at once restored. The pupil of the eyes, which contracts during this sleep, is dilated again when the individual awakes, as in the case of normal sleep, but differing in this respect from the sleep produced by opium.

Both the circulation of the blood and the respiration are retarded during the sleep induced by chloral, but not more so than in the case of ordinary sleep. Chloral interferes in no way with the process of digestion, tending rather to stimulate the appetite. In exceptional cases only is vomiting induced. The temperature of the body does not seem to be influenced by its use. Congestion of the brain, such as is sometimes produced by opium, has never been observed to follow the administration of chloral. The anti-spasmodic effect is produced only by comparatively large doses. As an anodyne, also, large doses are required. As a sure anæsthetic, too, it is effective only in very large doses, such as may be followed by serious results, so that it is not to be recommended for this purpose.

The administration of chloral is therefore indicated in all cases of sleeplessness, whether attended by fever or not. It may be given advantageously in all cases of convulsions, especially those depending upon some lesion of the central nervous system, without regard to the acute or chronic character of the affection. As an anodyne in neuralgic affections, in the lancinating pain of cancer, and the like, its value is rather doubtful. In these cases it seems to be more efficacious when administered in connection with morphine. Chloral, owing to its pungent, acrid taste, is contra-indicated in all affections involving the destruction of the mucous membrane of the *primæ viæ*. If given at all in this case, it should be in the form of an enema, or else largely diluted with water. It should not be given in arthritis. In typhoid fever, and in all diseases of the heart, it should be administered with great caution, and in very small doses. In hysteria it seems to induce the convulsions accompanying this affection, and its use is therefore contra-indicated.

The Cost of a Bottle Cover.

ANY of our readers, who have been also readers of the *Pharmaceutical periodical*, will recollect the interminable series of law battles which took place a year ago over the

tin foil capsules which are largely employed for hermetical sealing of bottles. Mr. Betts claimed sole patent rights in these capsules, and instituted chancery suits against a dozen different druggists who used similar appliances not made by him. After litigation, only exceeded in extent and expense by the Tichborne case, Mr. Betts was beaten, and has had to pay the whole of the taxed costs, and he must have been a wealthy man if his finances have survived the depletion. We observe that even after he has done so a little balance of £700 remains due to the attorney of the victorious party—being the margin between the taxed and untaxed costs, and the defendants, although they remain in possession of the field, are losers to that extent.

We should be interested to know whether the capsules will ever pay their own lawyer's bill.

Novel Method of Taxis.

A MOST extraordinary case, but one which has important therapeutic relations, is reported by the *Gazette de San Francisco*. A prisoner at San Rafael was attacked with intestinal strangulation and stercoraceous vomiting, Dr. Taliaferro, chief surgeon to the prison, regarded the case as hopeless, and left, when W. Lebrun, the student in attendance, determined if possible to falsify this prognosis by an original method of treatment, which happily met with complete success. He injected into the rectum a solution of carbonate of soda, and after it a solution of tartaric acid, and by a forcible pressure on the anus with a sponge, prevented the evacuation of the gas caused by the effervescence. Three such injections were repeated, one after the other, with which four ounces of carbonate and eight grammes of tartaric acid were used. The rapid distension of the large intestine appeared so beneficial, that the strangulation was reduced, and an abundant evacuation took place. The patient was cured, but a subsequent attack of parotitis with suppuration caused death.

Competency of Surgeons to Act as Apothecary.

CHIEF JUSTICE WHITESIDE has given utterance last week to a ruling which is of much interest and some importance to the Profession in Ireland.

At the Meath Assizes application was made on behalf of Mr. Daignan, a ratepayer, that a sum of £7 10s., allowed by presentment to Dr. Nicholson, surgeon to Trim Jail, for compounding medicines, be disallowed. The Board of Superintendence had elected Dr. Nicholson as a duly qualified surgeon, but not as an apothecary, and counsel contended that he was not entitled to receive the amount in question, not being a duly qualified apothecary.

Dr. Battersby, Q.C., contended, *contra*, that the board were justified in paying their surgeon the additional sum.

His Lordship said that in this case he should hold the objection raised on behalf of the ratepayers to the claim of Dr. Nicholson to be a sum of £35 for the salary of the surgeon, but had added the disputed presentment—a sum of £7 10s.—for compounding medicine; and the question for him to consider was, whether the latter sum could be allowed. He was of opinion that it could not. It was clear that according to the Act of Parliament—the 7th Geo. IV., ch. 74, sec. 72—the offices were different, and that the apothecary was not permitted to do more than

administer the medicine, but not to advise as a physician or act as a surgeon. He was, therefore, of opinion that a surgeon was not entitled to receive any compensation for dispensing medicine, and that the presentment was void, because the section under which it was alleged to have been made had not been specified.

Dr. Ritmann on Prostitution.

IN the *All. Wien. Med. Zeit.*, 9th July, Dr. Ritmann continues some observations on professional prostitution which he has been making in previous numbers of that excellent journal. "I was," says our author, "myself a witness in Hamburg how at every hour of the day the alluring of men into the tolerated houses goes on in the most shameless way, and I saw a tired European wanderer thrice in one day allured by various pretexts into such houses, when the poor man, whose time of life had arrived at its frigid period, was each time turned out again with contemptuous laughter by the inmates. I see in police houses of this kind (he continues) nothing more than pattern taverns of completely professional prostitution and just as little as we should expect that only healthy persons should be found outside of our magnificent hospitals—or that only quite intelligent people should be found outside of our lunatic asylums—or only honest people outside the walls of our prisons, &c.—just as little shall we expect by means of such houses, that modesty will be found enshrined outside of these prisons and their infamous walls. The difference between hospitals, lunatic asylums, and prisons, on the one side—and police bordels on the other—only consists in this, that in the first institutions we endeavour to free men from their diseases; in the last, on the other hand we provide by police means for the coming evil, and whatever good police regulations may do, it is a hundredfold over-weighted by the disadvantages which accrue to a state, which makes concessions to a privileged police-managed professional prostitution." Our author remarks that in his professional capacity he has noticed that the inmates of such houses in Vienna are almost always orphans or foundlings, or daughters of persons who have come down in the world. In ancient Rome, such children were legally devoted to prostitution, and modern policemen seem to wish to revive this ancient custom. "If the police of prostitution suppose that statistics prove that violation and lewdness are removed by bordels, their idea is erroneous, for violation and lewdness of the most coarse description are far more frequent among country populations than in large towns."

Intra-Uterine Stem Pessary, &c.

AT a meeting of the Gynæcological Society of Boston, Dr. Ingham showed a new kind of intra-uterine galvanic pessary, made of very slender coils of zinc and copper wire twisted upon each other, and mentioned that he had used this in a few cases of obstinate menorrhagia occurring in a sub-involved uterus, with great benefit. Dr. Blake liked galvanic stem pessaries, but was inclined to prefer the current more directly applied. Dr. Storer was glad to see that so much interest was shown in the intra-uterine application of galvanism. He exhibited apparatus to show that he had devised plans for treating the cavity and cervix of the uterus many years before. Dr. Newman related a case of operation for ovariectomy, with-

out anæsthesia. The operation lasted twenty-five minutes, and the pain was but trifling, and little greater than what she had experienced when tapped on previous occasions. Dr. Brown mentioned a visit he had paid to the New York State Women's Hospital, and mentioned that Dr. Emmet's operations are chiefly carried on by scissors, instead of the knife. "One of the first things that strikes an observer," says Dr. Brown, "is Dr. Emmet's substitution of scissors for the knife, the latter being very rarely used in his operations. The advantages claimed are—less risk of subsequent inflammation, a smaller loss of blood, and a gain of time. Experience has demonstrated that where the pelvic tissues are clipped with scissors, lacerated by hand, or gnawed with the *écraseur*, the risk of inflammation following is reduced to a minimum. It is a fact somewhat difficult of explanation, but still it is a fact that inflammation is much more likely to follow the use of the knife in the pelvis than of any other methods just mentioned. There can be no reasonable doubt that less hæmorrhage is attendant upon the use of scissors than the knife—a circumstance often of great service to the operator, as well as saving to the patient. Since the publication of Dr. Emmet's work on vesico-vaginal fistula, in 1868, I have used scissors in numerous minor operations, and am fully satisfied that the hæmorrhage is less. The freshening of the edges of a fistula can be done in about half the time with scissors, with a greater certainty, leaving no part of the surface undenuded."

Glucose in Healthy Urine.

DR. HUIZINGA (*Bull. Soc. Chim.*) uses tungstic and molybdic acids, in testing for the presence of sugar in urine. When tungstate of sodium is boiled with a liquid containing glucose and with the addition of a little potash, and when a little hydrochloric acid is added, the liquid takes a bluish colour, which disappears if excess of acid be added. Molybdic acid behaves in a similar manner, but the blue colour is more stable. The liquid is acidified by hydrochloric acid, molybdate of ammonium added and boiled; if the solution contain grape sugar, there is a bluish tinge formed. The author has thus been always able to find sugar in human urine as also in that of dogs and rabbits.

A Lady House Surgeon.

THE first appointment of a lady doctor as officer of a public hospital has taken place at Birmingham, where Miss Louisa Atkins, holding the degree of M.D. after five years' study at Zurich, has been appointed resident Medical officer and secretary to the Birmingham and Midland Hospital for Women. How about registration? The holder of such an office ought surely to be registered. We have no wish to depreciate the course of study of the lady in question, but we think the law requires all such officials to be registered.

Medical Man Frozen to Death.

THE heat of the summer need not make us quite forget the terrors of the winter. Those desirous of assisting and able to do so may be reminded that an appeal is being made to the members of the Medical Profession and their friends on behalf of the widow and

three children of the late F. B. Eaton, surgeon, Nuneaton, who was frozen to death on the night of the 27th of November last.

The late Dr. Eaton being in pecuniary difficulties at the time of his death, the widow and children were left without any resources, so that the circumstances of the case are peculiarly distressing; especially as the children are all girls, consequently they cannot be admitted into any Medical school, and their tender age (all being under two years and a-half old) renders it impossible for the widow to do anything towards her own maintenance.

The following gentlemen will bear witness to the facts:—

The Rev. W. S. BUCKNOLL, M.A.
T. BLAND, Esq., Solicitor.
R. B. NASON, Esq., M.R.C.S.
A. K. ROBINSON, Esq., M.D.

References will be answered, and subscriptions received, by Mr. T. J. Craddock, The Poplars, Nuneaton. The deceased was a Freemason in the Nuneaton Lodge.

Hydropathic Establishment in Italy.

IN the *Independent*, 5th July, we have a notice of the Hydropathic Establishment of St. Vincent, which, it seems, is amply furnished with all the apparatus used in hydropathy, warm baths, simple and medicated baths, an ample swimming bath, and perineal baths for affections of the bladder. Treatment is directed by Dr. Carloti. The salubrity of the air and beauty of the climate and neighbourhood constitute a powerful aid to treatment. The establishment will contain eighty persons. This establishment is not far from Turin, and we doubt not, will be frequented by some of our Anglo-Italians.

Lunacy in Cheshire.

IN the Annual Report of the Chester County Lunatic Asylum before us, we find some interesting statistics and remarks by Dr. Davidson, the Medical Superintendent. The county of Cheshire is happily low down in the scale of lunacy, the proportion being only 1.79 per 1,000 of the population. During the year 64 patients were discharged cured; of these, five-sevenths had been brought to the Asylum during the earlier stages of the maladies, thus proving, as Dr. Davidson remarks, that the sooner patients are brought under the influence of therapeutic and moral agents the greater are their chances of recovery. There were fifty deaths during the year; of these 35 were males, 15 females. The disparity in the proportion of deaths in the sexes is mainly owing to the prevalence of general paralysis among the males, which is a disease considerably less frequent among women.

Excessive indulgence in alcoholic stimulants ranks again as the most prominent on the list of causes; an evil which the House of Commons has, during the past week, set about with real earnest to remedy.

Death of Dr. Curran, of Dublin.

WE announce with regret the death of Dr. Henry Curran, which took place on Thursday, at his residence, 13 Blessington Street, Dublin. Dr. Curran was one of the physicians to the Mater Misericordiæ Hospital, a teacher in the Carmichael School of Medicine, and one of the Medical officers of the Blackhall Street Dispensary. Some

months ago he had a severe attack of typhoid fever, from which he never completely recovered, and, like many others of his noble Profession, he may be said to have fallen a victim to his exertions for the relief of the poor.

Postal.

HAVING incessantly remonstrated with the Dublin Postal authorities on the complete inefficiency of their Returned Letter Department without achieving any instalment of a remedy for the grievance, we publish the following from a provincial newspaper in the hope that the hint may be more persuasive than our own supplication:—

"CAUTION TO POST-OFFICE OFFICIALS.—Our subscribers and ourselves are put to serious inconvenience and loss by our papers being purloined whilst passing through the post-offices. Papers upon which we have put private marks, and posted in Ennis—and which, we have no manner of doubt whatever, have been despatched from Ennis—have not reached the subscribers to whom they were addressed, though they had only to go through one other post-office. Any official in a post-office, or letter carrier, purloining a newspaper—which is private property—would, if detected, be liable to transportation; and if we show that we strongly suspect any one post-office our means of punishment is short and sure. So much for the present!"

Dundrum Lunatic Asylum.

WE have authority for stating that the announcement of the name of Dr. Joseph Hatchell, Resident Medical Superintendent of the Maryboro' Lunatic Asylum, amongst those of probable candidates for the appointment rendered vacant by Dr. Corbet's death, was an error. Dr. Joseph Hatchell has never been an applicant for the vacant office.

Irish Military Medical Movements.

DR. DANE, Inspector-General of Hospitals in Ireland, has retired upon half-pay.

Staff Assistant-Surgeon Connolly has been ordered to proceed to Navan, to take Medical charge of the troops stationed there.

Staff Assistant-Surgeon Holmes will accompany the men of the Army Service Corps ordered from Ireland for the Autumn Manœuvres.

Staff Surgeon Hardinge takes Medical charge of the men of the Army Service Corps at Aldborough House and Portobello Barracks.

The Jefferson Medical College.

A LARGE endowment fund is being raised for the New College and Hospital Buildings for the Jefferson Medical College in America, and a large legislative appropriation is expected.

Lunacy Certificates.

IT has always been a favourite fallacy of the uneducated that lunatic asylums are, as often as not, receptacles for the incarceration of some persons whom it is desirable to get out of the way. It would appear that, if there be none, there might, under existing law, be some truth in this idea, and while, at the present moment, Parliament is legislating for the control of habitual drunkards, it would be worthy of inquiry whether the present system of certifying lunatics is as safe and perfect as it might be, and

whether it is not—while troublesome and intricate in cases of real urgency—too lax to afford a perfect check against abuses.

Mr. Baron Cleasby was occupied for two days in trying an action in which Mr. Walker, an upholsterer, claimed from the Nottingham Board of Guardians £500 as damages for his illegal detention in the imbecile ward of the Nottingham Workhouse. It was shown that on the 14th April, a man named Pilkington, a relieving officer of the Nottingham Union, called at his house and induced Mr. Walker to get into a cab and go along with him. The relieving officer then conveyed Mr. Walker to the Nottingham Workhouse, and he was detained there. On the following morning the plaintiff was placed among a number of people in different stages of insanity; his clothes were taken from him, and he was ordered to put on a dress which was used for lunatics in the workhouse, and which, in this instance, had been worn by lunatics before, and was not in a very cleanly state. In this condition the plaintiff was detained from the 14th to the 25th April, although on his arrival he had been reported sane by the Medical officer of the Union. The plaintiff, in his examination, said—"I was fed very badly indeed. The breakfast was half a slice of bread, and what they call tea, but which was milk and water. At dinner there was half a slice of bread, potato, and one and a half ounces of meat. I had not enough food, and lost a stone and a half whilst there. At the end of ten days I was taken before a committee. I was then in the same dress that I had on in the ward. I was asked a few questions by them, and was ultimately told to take my discharge." Mr. Seymour (for the Guardians) said the plaintiff's wife, frightened for her husband's safety, applied to Dr. Stanger, and from him received the following certificate:—"13th April, 1872. I certify that I have this day seen Mr. George Walker, of Lister Gate. He is subject to uncontrollable fits of delirium, and the life of his wife is in jeopardy while he is under their influence. It is very necessary that he should be at once placed under restraint."

It would certainly appear that if it should be proved that the plaintiff was sane when he was locked up with a ward full of pauper lunatics, he had a good claim for slashing damages. The result proved once again the glorious uncertainty of the law, for the jury awarded him three pounds.

The Quekett Microscopical Club.

THE seventh annual meeting of this club was held on Friday at University College, when the retiring president, Dr. Lionel S. Beale, F.R.S., gave his valedictory address. This club, which was established to afford young microscopists that assistance in working out the various details of microscopical science which only association with the more experienced can give, now numbers over 540 members, and its career has been attended by unprecedented success, and its results have been satisfactory in the extreme. The new president is Dr. Robert Braithwaite, F.L.S. The four vice-presidents are Dr. L. S. Beale, F.R.S., Mr. Arthur E. Durham, F.R.C.S., Mr. Henry Lee, F.L.S., and Dr. Matthews. The four vacancies on the Committee have been filled by Mr. John Fagpen, F.R.M.S., Mr. B. D. Jackson, Mr. Fred. Oxley, and Dr. Ramsbotham. The following gentlemen have been re-elected to serve during the ensuing year:—As hon. treasurer, Mr. Robert

Hardwicke, F.L.S.; as hon. secretary, Mr. T. Charters White, M.R.C.S.; and as hon. secretary for foreign correspondence, Mr. M. C. Cooke, M.A.

The St. Louis Operation for Vesico-Vaginal Fistula.

At the late meeting of the American Medical Association, Dr. Pallen exhibited the instruments, and described the method, employed in what has come to be known as "the St. Louis plan" of operating in vesico-vaginal fistula. Not every one had the skill or the opportunities of a Sims, or an Emmet; it was desirable, therefore, for the majority of the Profession that the operation should be simplified as far as possible.

The instruments exhibited were these:—1. *Scissors*, for paring the edges of the fistula. There are several pairs of these, some straight, others bent flatwise, near the pivot, at various angles, so as to operate with the greatest convenience upon a wound in any position. The special peculiarity of these scissors is that they have but one cutting edge, which is opposed to a square edge of softer material. This is to insure the opposition of the blades so necessary to trimming smoothly the often indurated tissues. They are the invention of Mr. Leslie, an instrument maker of St. Louis. 2. *Needles*, which are the finest cambric sewing needles ground to trocar points. These are threaded with fine but strong silk, doubled so as to make a loop without a knot, through which may be passed the small end of (3.) the *suture wire*. This is made of moderately large silver wire, sand-papered to extreme thinness at one extremity, so that its small end, even when doubled through the loop of silk, is no thicker than the fine needle used. The object of this is to allow the wire to follow the thread with perfect ease, while, as it is drawn through, its larger portion plugs up the hole made by the needle so as to prevent any bleeding. 4. The *needle-holder* requires no special mention. 5. The *suture-gauge*. From a handle extends a shaft of flexible copper, terminating in a flattened extremity. This flattened portion has a base next the shaft perhaps five-eighths of an inch broad, while its apex is about one-eighth of an inch. It does not taper gradually, but by three or four opposed rectangular notches. This gauge, and we believe also the tapered wire, were invented by Dr. Hodgson. 6. *Forceps*, for seizing and twisting the wire.

In paring the edges of the fistula it is often advisable not to take away the rejected tissue piecemeal, but to remove it as a complete ring, since thus it can be more easily held. The wire having been drawn through both flaps nearly to its thick extremity, it is cut off at the proper length, and the edges of the wounds are approximated to the exact degree at which it is desired they may be permanently retained. The suture-gauge is then placed flat upon them in such a manner that it shall just touch the wire on either side at its points of entrance and emergence. The ends of the wire are next seized by the forceps, and twisted as firmly as possible down upon the gauge, which securely protects the tissues from injury. The gauge is now removed, and the relaxation consequent upon this gives sufficient room for swelling. It may be mentioned that if the same wire is used for more than one suture it should be freshly annealed in a candle flame every time it is passed.

In fissures of the neck of the uterus, so common after parturition, the fine needles above described were found to pass with the greatest ease through the hard tissue of the part; and such was the facility with which the edges of the fissure might be at any time approximated by the aid of the suture-gauge, that the speaker was accustomed to allow his patients to walk about immediately after the operation.

Out of 153 candidates for the M.R.C.S.E. only 24 were unlicked—a decided improvement.

ONLY 1,467 deaths were registered in London during the past week, being 144 below the average.

HIS ROYAL HIGHNESS THE PRINCE OF WALES has graciously consented to become the patron of the Hospital for Diseases of the Throat.

A MEDICAL College has been organised at Wilmington, North Carolina, under the title of the College of Physicians and Surgeons.

It is announced that M. Ricord will be present at the Meeting of the British Medical Association, and will deliver an exposition of his views on the subject to which he has specially directed his attention.

WE have satisfaction in announcing that the progress of Dr. Macnamara, of Dublin, towards convalescence is so satisfactory that it is hoped he will shortly be able to resume his professional avocations.

DR. BROWN-SEQUARD was lately married to a young lady in Cincinnati. He will return to France shortly, but is expected again to return to America in September, when he will deliver a course of lectures at the Harvard Medical School.

DR. PITCHER, an eminent Physician of Hudson, N. Y., died May 31, from the effects of poison introduced into his system while performing a *post-mortem* examination on a subject who had died from erysipelas a few days previous.

ON Friday last Lord Gifford pronounced an interlocutor finding that Miss Jex Blake and the other lady students at the University of Edinburgh are entitled to complete their full Medical curriculum, and to graduate on the same footing as male Medical students.

BY the last return, the total number of paupers in the metropolitan district was 102,333, of whom 31,820 were in the workhouses, and 70,513 received out-door relief. Compared with the corresponding weeks of 1871, 1870, and 1869, these figures show a decrease of 18,045, 24,981, and 21,746 respectively.

At a meeting of the new Glasgow Convalescent Home at Lenzie in connection with the Royal Infirmary held last week in the Secretary's office, Hope Street—Wm. Wilson, Esq., chairman—D. P. Stewart, M.R.C.S.E., and William Whitelaw, M.D., F.F.P. and S. Glas, both of Kirkintilloch, were unanimously appointed joint Medical Officers of the Institution. In a month or two the Home will be ready for convalescents.

A SHIP with Scandinavian immigrants arrived recently at Wellington, New Zealand, having on board some cases of small-pox. Considerable alarm had been occasioned, as it would appear that the Vaccination Act has never been enforced in Wellington, and that the native population has never yet submitted to it. The Medical officer of the ship had been placed under arrest for having reported the disease as measles.

THE Secretary of State for India has, on the recommendation of the Secretary of State for War, decided that in future, British Medical Staff officers proceeding to or from India shall receive servant's allowance at the rate of 1s. 6d. a day, for one servant only, in accordance with the War Office Circular of the 23rd December, 1857.

THE *Medical Times and Gazette* states in its last issue that there will be no summer session of the General Medical Council this year. The Branch Medical Council for Scotland have just met, and given the *coup de grace* to the abortion which has been named the Scottish Scheme for a Conjoint Board. The Scottish Branch Council have declared by a vote that the whole thing is at an end, as far as Scotland is concerned. Our contemporary says:—"The conjoint 'practical examination' scheme we always considered as a sham, and a transparent one; but it has served its use as a show of compliance with the recommendations of the General Medical Council, to which no Medical authority in Scotland had ever the slightest intention of meekly submitting." We concur entirely with the *Medical Times* in its estimate of the Scotch scheme, and we look upon the attempt of the Scotch Licensing Bodies to retain the "Dutch auction" on which they have subsisted as conclusive reason for a prompt and decisive action of Parliament in their case.

Special Report

ON

DISEASES OF THE THROAT.

Edited for the "MEDICAL PRESS AND CIRCULAR."

By PROSSER JAMES, M.D., M.R.C.P.,

Physician to the Hospital for Diseases of the Throat and to the North London Consumption Hospital; Lecturer on Materia Medica and Therapeutics at the London Hospital.

(Continued from page 31.)

BEFORE proceeding further, I am desirous of expressing my sincere thanks for the courtesy already extended to me in reference to these Reports, and my regret that their design should have been in some cases misunderstood.

Each Report was intended to be an incomplete one, so that from time to time additions might be made as new material came under notice. It was, moreover, not intended to attempt any classification of the material, but merely to collect a series of paragraphs on the whole range of diseases of the throat. The use of these would be to serve those who might be investigating the literature of the subject, or engaged in the practice of this branch of our art.

The favourable reception of my perhaps rash promise induces me to attempt rather more than was proposed. It seems that by some correspondents I am expected to give a clinical report on each subject separately. To some extent this shall be done, but it will perhaps cause a little delay. It will, however, be impossible altogether to abandon the design originally traced out, though in accordance with the wishes of some of my professional friends, one or two subjects will be taken up in the manner they suggest. One of the first of these is Laryngoscopy, as already announced. Originally, I proposed

merely to enumerate the various instruments employed in the diagnosis and treatment of diseases of the throat, stating as far as memory served the names of their inventors, and giving figures of those I preferred. The offer to lend some of their engravings by inventors and makers induce me to give more numerous illustrations, and as the artist has not completed some of the drawings of my own, I am obliged to postpone what was intended to appear this week. I therefore take the opportunity of reiterating my former offer to receive such suggestions and references as may be furnished me, with the thanks I now express for those already supplied. They cannot fail to be of use sooner or later, and if my correspondents will, so far as may be necessary, excuse me from writing a personal reply, they will add greatly to the obligation they confer.

I will only then repeat that the Reports will extend to all diseases involving the mucous membrane of the fauces, of the nose and mouth, of the larynx and trachea, of the pharynx and œsophagus. Notes on the mucous membrane generally may here and there be introduced. Croup and diphtheria, as well as syphilis, and other diseases in which this membrane suffers, will find a place in due course, and some forms of consumption cannot be excluded. But besides these, the diseases of each organ separately will be taken into account. The fauces, the larynx, the pharynx, and the posterior nares constitute, so to say, the subject of the reports.

Bronchocele and some other diseases will come forward, though perhaps at a later period. In the meantime, should authors or others send me notes and references in regard to any of these or allied topics, I can assure them they will be welcome.

P. J.

18 Dover Street, Piccadilly, 27th July, 1872.

Foreign Medical Literature.

CONTRIBUTIONS TO THE PATHOLOGY OF THE BLOOD.

By PROF. S. STRICKER, of Vienna.

(Translated for the MEDICAL PRESS, by E. B. BRONSON, M.D., from the *Archiv. fuso Dermatologie und Syphilis*, II. Heft, 1872 (a).)

I UNDERTOOK the investigation here reported, in order to solve two questions. In the first place, I wished to ascertain the nature of the corpuscles discovered by Losterfer, and in the second place, I desired to learn for my own inspection whether these corpuscles occur as Losterfer has asserted, only in the blood of syphilitic persons.

I began my investigations with the blood from three syphilitic men, who were placed in succession at my disposal. In all three cases were the corpuscles in question to be seen in great abundance after several days of incubation, and thus for the first question, I believed that I had found ample material.

At this point, a preliminary question arose, which was, whether the corpuscles of Losterfer do not also occur in fresh blood.

Before entering, however, upon the reply, I will precisely describe the method according to which I prepare and preserve my specimens.

(a) The article appears also in the *II. Heft des Wiener M. Jahrbucher*, 1872.

Method.—When I prepare the blood preparation merely for the purpose of examining it in a fresh condition, and by the strongest magnifying power, I endeavour to make the preparation as thin as possible. This can be best done, first, if the glass slide be thoroughly cleaned and dried, and then if the covering glass, held with thumb and forefinger at two parallel sides, be touched at its central part to the fresh drop of blood oozing from the slight puncture, in such a manner, that on lifting the glass, a very minute drop remains upon its surface. Then the glass being quickly laid upon the slide, the small drop will usually spread itself out to a sufficient extent. If that be not the case, a gentle pressure upon the cover suffices to spread it sufficiently. Inasmuch as these examinations are always made with immersion lens, and moreover since it is desirable to come as near the edges of the object as possible, the overflow of water to the borders, however, rendering the preparation useless, the remark may not be superfluous, that I bring the water for immersion on to the covering glass, in the form of an exceedingly minute drop, by means of pipets thinly drawn out at both ends.

The appearances which we see in fresh blood are extremely multiform.

In the blood of many individuals one sees, indeed, only the well known form-elements, viz., red blood corpuscles, colourless blood cells, and smaller colourless granules. Very often, however, colourless particles appear from the size of an enucleus, to the average size of the nucleus of a colourless blood corpuscle. You become aware of their presence more especially in working with very high magnifying powers.

I will now describe the variety of forms of these bodies, as this can be of but slight value. In general, I will only remark that many of these corpuscles have the appearance as though they were bits of young cells, while others look as if they formed nodules of coagula. The latter occur mostly where the preparation is somewhat thicker, and in places free from blood corpuscles which are traversed by numerous delicate fibres. Hence the supposition that these fibres, as well as also the ramified nodules, are *fibrine* is not to be at once discarded. These and the particles looking like bits of colourless blood corpuscles as well, are mostly multiform in shape, but seldom spherical.

Where abundant fibrine-meshes occur, there are always present also large numbers of very fine granules. One can, however, easily convince himself that these are produced merely by the optical transverse sections of fibres which run parallel or oblique to the axis of the microscope.

Beside the elements described, there appear in the perfectly fresh blood of many individuals very small granules, with No 10 immersion lens, scarcely to be defined, which are frequently in lively oscillation.

Whether these oscillations are solely the so-called Brownian, or whether one has not to do with organisms sometimes, which show vital movements, I am unable to determine. It seems to me worth while, however, to call attention to the circumstance that the existence of very minute lower organisms in the circulating blood of healthy individuals is not excluded from discussion.

Concerning the occurrence of such bodies as may with certainty be recognised as adventitious bodies, each one will be able to satisfy himself who pursues the microscopic investigation of the blood in the proper manner.

There also occur, seldom to be seen, in fresh blood, corpuscles of which it is difficult to declare whether they are accidental admixtures, or whether they were also present in the circulating blood; they are mostly spherical, darkly contoured, and distinguished in that, when seen by high power (lens 15, Hiernach), and by exact adjustment they are quite dark.

The object to be attained in incubation for the purposes which I have here in contemplation consists in preserving a good preparation under access of air as long as possible. This object is attained when the preparation is kept in a space where, on the one hand, it is protected from drying up, and on the other, from admission of vapour. That drying is unfavourable to the culture is

to be comprehended at once. Almost the same holds good of the admission of vapour, of the dilution of the blood. The form elements of the blood are exceedingly sensitive to a dilution of the plasma in which they exist. The red corpuscles become pale, and the plasma takes up the colouring matter instead and becomes cloudy. I shall show later that the gradual admission of water is also in high degree prejudicial to the object which we have here in view. I can only state in general how both ends are to be attained—that is, so that the preparations do not dry up, and yet also do not take up water. The finer shades must each experimenter find out for himself. The preparations are to be put into a chamber in which relatively to the space of the chamber, an inconsiderable surface of water is offered. For an ordinary exsiccator glass as used by the chemists for drying, a wet sponge of the size of a walnut will suffice to protect the enclosed preparations from drying. Within the exsiccator glass I insert a stand, in such a manner that it will hold about a dozen preparations. The slides being provided with etiquets, preparations from different individuals may be placed in one glass and on the same stand.

For the purpose of culture I do not make as thin preparations as above described. Before I prepare the object I make upon the warmed slide two little ridges of wax, so that the cover may rest upon them. After preparing the specimen, I press the cover down upon the ledges of wax till the blood corpuscles adhering together in the form of rolls of money, are arranged in the form of a network. Within the meshes filled with plasma of this net-work are spaces for culture presented, which are excellently suited to our purpose.

For reasons to be given later it is expedient to make the preparation relatively to the covering glass so small, that the borders of the former can be examined with the immersion lens.

By such a condition of the preparation it is easy to test micro-chemically the granules within the field. The preparation will be changed into a relatively hard cake by means of the fibres of fibrin which traverse it; the granules themselves are frequently entangled in a texture of fibrin; one or more can be optically fixed while the re-agent in very small quantity is allowed to flow to it from the edge of the covering glass.

The significance of this method will be comprehended if one considers that in fresh and even in older thin blood specimens, every addition of fluid put forms the elements into motion, which by high magnifying power appears very rapid. If now any one wishes to convince himself how a certain granule is altered by the re-agent, it is necessary to try and follow it by a corresponding movement of the slide. But since the granule does not alone move, but the red corpuscles swim with it, the former is soon hidden, and hand and eye must both be kept actively in play in order to pursue the granule in its rapid course. At all events the judgment will never obtain that sureness which is possible when the granule lies at rest, and the re-agent operates upon it slowly. Especially if there be a number of corpuscles in a field near the edges of the preparation, and the re-agent be allowed to flow from the corresponding side of the cover, the reaction can be perceived as soon as the fluid reaches the specimen.

When it happens that I have to observe a certain spot or a certain granule several hours together, I build about the slide a wall of four slips of folded and moistened filtering paper. The paper is, from time to time, moistened from a drop-glass. In such a manner it is possible without difficulty to preserve the specimen 8 or 10 hours under the microscope.

I have obtained some interesting results by means of keeping the specimen several hours in observation upon the heated object table. For this purpose I affixed to the heating table (a) constructed by me a copper wire about 25 centimetres in length, and pushed a small spirit flame

(a) Stricker, Handbuch des Gelbelehre. Allgem. Methodik.

from the further end gradually towards the microscope, till the desired temperature was attained. I then wrapped the two side parts of the slide in wet filtering paper, so that while the middle of the slide rested upon the metal, the side parts by means of the filtering paper found upon the hard caoutchouc a safe resting plate. I placed two other strips of paper, several times folded, and moist on the slide, so that one lay before and the other behind the line. While from time to time I moistened these strips. My preparation, in spite of the artificial heating, was still sufficiently protected from drying. Before the microscope I erected finally a large shade so that it hid the spirit flame from the observer's eye. By this means, moreover, my retina was protected as well as possible from lateral light. I can therefore, in spite of the loss of light which I suffer on account of the heating table, still always work with strong lenses.

If it be desired to attend to a greater number of preparations at one time, when it is not possible to keep the preparation continuously under the microscope, and yet desirable to follow the processes in certain situations, it is well to mark the preparation with characters. In connection with this, untwisted silk fibres render excellent service.

Two parallel ledges of wax having been melted on to the slide, if two untwisted silk fibres drawn out of the cocoon, if to be had, be stuck upon them at right angles, and then the covering glass provided with the little drop, be laid down in such a way that the silk fibres pass through the preparation, this will easily offer the necessary marks for finding again without difficulty a given place even with the strongest powers. The keeping of notes in which the characteristic one indicated in writing and diagram will then be scarcely dispensable.

(To be continued.)

NARROWING OF THE AIR-PASSAGES BY SYPHILIS.

(From the German, by DR. C. R. DRYSDALE.)

DR. TRENDELENBURG (*Arch. f. Klin. Chir.*) remarks that narrowing of the trachea, not in consequence of compression through strumous or other swellings, but narrowing of its calibre by contraction of scars of the mucous membrane after ulceration, or through thickening of the submucous tissue, is not often met with; as a general rule this is the consequence of syphilitic inflammation. The symptoms of tracheal stenosis are in general the same as in narrowing of the larynx, i.e., gradually increasing dyspnoea. As to therapeutics, the experience of the author teaches that such strictures of the windpipe as are caused by thickening and scars of the mucous membrane, if they are at the level of the thyroid cartilage, can be treated quite like strictures of the urethra, and dilated. If early seen, they may be treated by bougies passed into the trachea through the mouth. In the great majority of cases, the narrowing is first noticed after great dyspnoea has been caused by it, and we must perform tracheotomy. Tracheotomy must then, of course, be made below the level of the thyroid cartilage, and it is advisable to make it as far below as possible in order that, later, the stricture may lie entirely above the air fistula, and still be separated from it by a piece of healthy mucous membrane. We can also be pretty certain that after tracheotomy acute purulent oedema is a most rare occurrence. When tracheotomy is performed beneath the stricture, we wait for some weeks for the treatment of the disease, until the patient, who has been exhausted by long want of breathing, becomes quite recovered. Then there are two methods of treatment which may be adopted—(1) The passage of bougies, and keeping in of two tubes in the stricture without incision; and (2) the external splitting of the stricture. The first method can be tried in not too narrow strictures in all

cases. But we do not go far by passing bougies through the fistula; it is far better to pass them through the mouth and larynx. The author uses as bougies the ordinary English oesophagus bougies, or rectum bougies, conically formed, which are first of all oiled, and are easily bent. The passing in of the bougies into the larynx is usually easy, as also their extraction. Leaving of the bougies for a short time hinders the quickly supervening and profuse salivation. If the stricture cannot be widened in this way, we must split it from without. The author has but little experience of syphilitic necrosis of the larynx. Dyspnoea from affection of the epiglottis comes on where there is oedema, necrosis, and bending back of the organ. Scars in the pharynx so severe as to cause dyspnoea are very rare indeed.

Literature.

A DICTIONARY OF CHEMISTRY AND THE ALLIED BRANCHES OF OTHER SCIENCES (a).

NEARLY four years have elapsed since the fifth and concluding volume of Watts' Dictionary of Chemistry was completed, but in the preface to the last volume the author refers to the changes that had already taken place in our knowledge during the nine years which were required for the writing of this laborious work. As the suggestion for a periodical supplement first appeared in the pages of this journal, we need hardly state that the design of the present undertaking meets with our hearty approval. Indeed, we imagine that the idea must have equally grown with the author during his labours—for the necessity is obvious.

It is impossible to read such a work through—but from the practical and searching test that we have put this 6th, or supplementary volume to, we have no hesitation in saying that it fairly represents the chemistry of the last four years. Some few oversights there are and must be in such a compilation. Extraneous articles are also included by Professor Foster on Electricity, Paul "On the Metallurgy of Iron," and Roscoe "On the Chemical Action of Light," "Spectrum Analysis," &c. Watts' Dictionary is now become so thoroughly an institution in connection with English chemistry that as long as the author is in harness we are sure he will find himself under a moral obligation to write up a supplement; we might be allowed to suggest in less periods than four years. A *propos* of Dr. Paul's article upon the metallurgy of iron, it reminds us of the more technical character of some of the articles in this volume than those of the previous ones. This phase might be pushed still further with advantage. Thus, under the head of "Phenylamine" we have all the recent chemistry done in connection with its derivatives, whilst under the head of "Aniline" we have the most recent improvements in the manufacturing of that body. Continual reference to other works is more suited to the views of publishers than the convenience of the readers, or the utility of the work. All matters connecting chemistry with biology are carefully collated, such, for instance, as C. Bernard's physiological classification of the opium bases.

LECTURE NOTES FOR CHEMICAL STUDENTS (b).

THIS work is to supply the students attending lectures with glyptic formula and graphic notation of the most important compounds; at the same time the author avoids description of the properties of bodies. We have now merely to notice the completion of the new edition of this

(a) "A Dictionary of Chemistry and the Allied Branches of other Sciences." Supplement. By Henry Watts, F.R.S., &c. London: Longmans, Green and Co., 1872.

(b) "Lecture Notes for Chemical Students." By Edward Frankland, F.R.S., &c. Vol II. "Organic Chemistry." Second edition. London: J. Van Nostrand, 1872.

book, viz., the organic part. The author's definition of organic chemistry is ingenious, although it is perhaps doubtful if it would bear a thorough investigation. Thus, carbonic anhydride is mineral or inorganic according to Professor Frankland's definition, because the oxygen is not directly combined either with carbon, nitrogen, or hydrogen, but is combined with oxygen. It is curious to observe that Laurent, who also made carbon his divisional element, and said organic chemistry was the chemistry of carbon, classified this very carbonic anhydride as an organic substance. It is hardly fair, however, for the writer of this review to criticise this definition, as he is peculiar in his views, and holds that there should be no division of chemistry into inorganic and organic—which is unphilosophical. Also that if such a division is made, it would be better to adhere to the simple definition, that organic chemistry deals with those compounds produced by animal or vegetable life, and the derivatives of such compounds. In this second volume we have a systematic attempt to convey the principles of molecular arrangement, or constitutional formula, and, although in some cases the range of demonstrated phenomena is overstepped, it is self-evident that the chemists of 1872 have advanced too far to be satisfied with anything less than constitutional formulæ.

"POPULATION, OR THE LAW OF INCREASE" (a).

WE have been favoured with some pamphlets by an American *confrère*, which are very curious as evincing the great interest taken in population by our brethren in the United States. In his last pamphlet entitled "Lessons on Population suggested by Grecian and Roman History," our author quotes Professor Seely, who asserts that, whatever the remote and ultimate cause may have been, the immediate cause to which the fall of the Roman Empire may be traced is a physical, not a moral, decay. While the aversion to marriage and the unwillingness to multiply are mentioned as becoming stronger and stronger, the historian nowhere undertakes to explain the cause of such perversity of disposition. Professor Seely adds—"The same phenomenon had showed itself in Greece before its conquest by the Romans. There the population had even greatly declined; and the shrewd observer Polybius explains that it was not owing to war and plague, but merely to a general repugnance to marriage and reluctance to rear large families, caused by an extravagantly high standard of comfort." "For when," says Polybius, "men gave themselves up to ease and comfort and indolence, and would neither marry nor rear children born out of wedlock, or, at least, only one or two in order to leave these rich and to bring them up in luxury, the evil soon spread imperceptibly, but with rapid growth; for when there was only a child or two in a family for war or disease to carry off, the inevitable consequence was that houses were left desolate and cities by degrees became like deserted hives. And there is no need to consult the gods about the modes of deliverance from the evil, for any man would tell us that the first thing we have to do is to change our habits, or, at all events, to enact laws compelling parents to rear their children."

Dr. Nathan Allen remarks that—"Some comparison may be made between the population of the United States of the present time with ancient Greece and Rome. He states that, whereas among the first settlers there was an average of about eight children to a family, it is doubtful whether the average number of children to each family now exceeds three. It is estimated that the number of families having no children or only one composes now about one-third of all New England families. Closely connected

with this topic is another ominous feature of the times, that the marriage rate is relatively decreasing."

"Again," says Dr. Allen, "connected with and growing out of this selfish view of marriage, the sacredness and permanence of the institution sit lightly upon such parties. Causes for divorce are easily found. If divorces continue to multiply, as they have done for a few years past, this will certainly tend to weaken the relation and make it more and more unstable." After speaking of arts of prevention and destruction, of which he says it is difficult to decide which is the most pernicious, he adds, "one thing is certain, they are all in motive, in inception, and in execution, criminal in the sight of the Creator." To this eloquent appeal to *ad verecundiam* we might reply in the words of one of the Roman authors—"Divis injuriæ, Diis curæ."

Within the last half-century there has grown up in Massachusetts a foreign element by birth and parentage, equal to almost one-third of its whole population. This foreign element is increasing far more rapidly than the native class, having, relatively, nearly one-third more births yearly than the strictly American people. It is now two hundred and fifty years since the first settlement of New England, and "as a people," says Dr. Allen, "we are already reaching a crisis—a culminating point in history—where it is becoming a question whether there is from year to year any actual increase or not of native population."

Correspondence.

MALTHUS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In your journal of the 3rd inst. I observe a notice of the well-known work of "Malthus on Population." This notice is by Dr. Drysdale, of London. With the object of the work or its general principles I have nothing here to do. But it has often struck me as strange that so little exception, even by the Profession, has been taken to the pervading idea which runs through the whole work, viz., that the increase of the population is only limited by the supply of food. In other words, if the supply of food be without limit the population will increase in the same ratio. Now, this view of the question is erroneous, and though it has been objected to and even written against, it still seems to hold possession of the public mind. As physiologists, however, I think we are called on to set the matter right. But I cannot at present do more than draw attention to the question.

I am, Sir, yours,

HENRY KENNEDY.

Dublin.

CONTAGIOUS DISEASES ACTS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I am glad to see that some able Liverpool physicians have at last spoken out against the Acts which are such favourites with some of your contemporaries. Much as I should desire to agree with yourself and with the editors of the *Lancet* and *British Medical Journal* in all points, (if that were possible), I cannot help saying that, whatever there may be to be said in favour of the Contagious Diseases Acts, there are so many points against such partial Acts, that I am sure no one can expect that a free people like the British, or the Americans of the United States will be likely to accept them without due evidence in their favour. Now this is precisely what is wanting. Your able contemporaries are so convinced of the value of the Acts, that they cannot bear that anyone should be heard on the negative side. A mode of treating a subject which is often successful enough in countries where liberty of the press does not exist, but which does not now succeed so well as formerly in England, because dissenters from the dominant opinion, often get up a paper of their own. This is what has been done by the opponents of the Acts, in publishing their weekly organ, the *Shield*.

(a) "Population, or the Law of Increase." "Intermarriage of Relations." "Physical Deeneracy." "The Physiological Laws of Human Increase." "Lessons in Population suggested by Grecian and Roman History." By Nathan Allen, M.D., of Massachusetts, U.S.

You are good enough to say, that although you do not always agree with me in questions of public hygiene, yet that I am *suaviter in modo*, if perhaps rather *fortiter in re*, and thus do not offend more than is necessary when stating my opinions. Will you then allow me to say that it seems to me that the extension of the Contagious Diseases Acts to the whole population of this country, would in my idea be a most retrograde step. At present we are hoping that woman may become less helpless and better educated, and therefore less liable to being deceived by those who are supposed to "protect" them, but these Acts certainly tend in the opposite direction. They are most partial, and let men off without any fine or punishment, for Acts which entail both on women. It would, I affirm, be much better to have an army of domestic soldiers, than to lose so many of our men's services by syphilis as we now do. Similar Acts on the Continent do not succeed in very much lessening syphilis. Why then should we be asked to accept such legislation in a hurry and without argument? Please to prove your case, Sir, and let your brother editors do the same, hearing all our remarks on the other side, and then, but not till then, shall we leave off opposing these Acts.

I remain, yours, &c.,

CHARLES R. DRYSDALE, M.D., M.R.C.P.L., F.R.C.S.E.

Medical News.

University of London.—The following are lists of the candidates who have passed the Preliminary Scientific (M.B.) Examination:—

FIRST DIVISION.

Barnard, John Henry, private study
 Blake, William Henry, University College
 Blamey, James, University College
 Briggs, Harry Beecham, King's College
 Carrington, Robert Edmund, Guy's Hospital
 Chremont, Claude Clarke, University College
 Evans, Charles Walter, University College
 Fox, Richard Hingston, London Hospital
 George, George Aldridge, University College
 Goodchild, Francis, Epson and University Colleges
 Bellier, John Benjamin, Leeds School of Medicine
 Henderson, George Courtenay, University College
 Hooswood, William Francis, Manchester Grammar School
 Le Queue, Edwin Joseph, St. Bartholomew's Hospital
 Lowe, Howard Griffiths, Queen's College, Birmingham
 Marshall, A. Mines, B.A., St. John's College, Cambridge
 Mercer, Charles Arthur, London Hospital
 Neale, John Edward, University College
 Stewart, Howard Douglas, King's College
 Trard, Nestor Isidore Charles, King's College
 Whitelegge, Benjamin Arthur, University College
 Wilton, James Cecil, private study
 Worthington, William Barton, Owen's College

SECOND DIVISION.

Anderson, Richard John, Belfast College
 Baker, Albert de Winter, Guy's Hospital
 Batebury, Richard Legg, King's College
 Blake, Henry, St. George's Hospital
 Bury, Judson Sykes, Owens College
 Duke, Herbert, Guy's Hospital
 Ferrier, John Christian, Guy's Hospital
 Finch, Alfred, Guy's Hospital
 Giles, George Michael James, St. Mary's Hospital
 Gray, Alexander, Guy's Hospital
 Hancock, John Gatehall, King's College
 Hunt, Joseph William, University College
 James, Alfred, University College
 Jude, Richard Henry, Christ's College, Cambridge
 Kidd, Walter Aubrey, Guy's Hospital
 Mabery, William Henry, Edinburgh University
 Miller, Frederic Daniell, King's College
 Pinnel, Thomas Mark, University College
 Powell, Joshua, University College
 Roughton, James Woolley, King's College
 Seward, William Joseph, University College
 Simmonds, William Allason, Guy's Hospital
 Snell, Edward Arthur, King's College
 Vane, Arthur Bayly, Queen's College, Birmingham
 Wilding, Sidney Pateshall, University College

Royal College of Surgeons of England.—The following gentlemen, having passed the required examinations for the diploma, were duly admitted Members of the College at meetings of the Court of Examiners on Monday, Tuesday, Wednesday, Thursday, and Friday last:—

Adams, John, Kingsbridge
 Applesand, John, Burnley
 Armstrong, Robert Stow, Bedford
 Armstrong, Thomas Britten, Leeds
 Athness, Walter Mark, L.S.A., Chesnut, Hereford

Baker, Charles E., Shrewsbury
 Balkwill, William Edward, L.S.A., Kingsbridge, Devon
 Barber, Oliver, L.S.A., Sheffield
 Barfoot, George Harry, Leicester
 Bartlett, Edward, Cunnaght Square
 Bradnell, George David, L.R.C.P. Edin., Newton Abbott
 Bell, George Pearson, Leicester
 Bellingham, Joseph, Dudley
 Blackburn, Charles W. A., Mauritius
 Blackburn, Herbert Belayse, Petworth
 Blackbaw, Thomas Wilkinson, Stockport, Cheshire
 Boeson, George, L.S.A., Barnstaple, Devon
 Bracey, Herbert Richard, L.S.A., Birmingham
 Brewer, Reginald E. W., Newport, Monmouthshire
 Brown, James, Edinburgh
 Brown, William, Carlisle
 Burgess, Edward Arthur, L.S.A., Bethnal-green Road
 Carolan, James Frederick, Maida Hill
 Colgate, Henry, Eastbourne
 Cole, William James, Harrow Road
 Collinson, Alfred Cockburn, Egin Road
 Cripps, William Harrison, Mitre Court, Temple
 Davies, George Augustus, L.S.A., Newport, Monmouthshire
 Davies, John Hopkin, L.S.A., Lampeter, South Wales
 Dodd, Thomas Anthony, Newcastle-on-Tyne
 Dorin, Arthur F. L., L.S.A., The Grove, Brompton
 Duncan, Andrew, L.S.A., Henrietta Street
 Dunn, William Allison, L.S.A., Louth, Lincoln
 Eastes, Thomas, L.S.A., Folkestone
 Edge, Abraham Matthewson, Manchester
 Elam, Shroffeld, L.S.A., Woburn Square
 Eskell, Maurice Moses, Grosvenor Street
 Fagg, Thomas H., L.R.C.P. Lond., Bayswater
 Finzi, Judah Moses, Gower Street
 Gheny, George Wallis, Barking, Essex
 Godlee, Rickman I., Walthamstow
 Godding, Charles Lane, Fostonmouth
 Greenfield, William Smith, Haverstock Hill
 Grant, Garden Milne, Dover
 Greaves, Frank, L.S.A., Eastleigh, Hants
 Griffiths, Alfred Vavasour Stone, Staffordshire
 Griffiths, William E., L.S.A., Kensington
 Hall, James Thomas, Ashbourne
 Hansall, William Charles, Caen, France
 Harrison, Henry Baskcomb, St. Lawrence Road, Notting Hill
 Hartridge, Gustavus, L.S.A., Shrewsbury
 Hawkins, Henry Baillie, Topcliffe
 Heald, George Henry, Leeds
 Hey, Edward, Leeds
 Hex, Henry, Plymouth
 Hughes, Robert Harry, Putney
 Hulder, William, L.S.A., Hull
 Imlach, Francis, M.B. Edin., Liverpool
 Irving, William George, Long Bennington, Lincolnshire
 Kebbell, Alfred, Hackney
 Lawrence, James, M.D., Queen's University, Ireland
 Lawton, Herbert A., L.R.C.P. Lond., York Road
 Lucas, Thomas D'Acy, M.D. McGill Coll., Stratford, Canada
 Lungley, Frank, L.S.A., Lewis
 Madden, Edward Monson, M.B. Edin., St. John's Wool
 Massingham, John Payne, Warrington
 Mawson, William Arthur, Boston Spa, Lincolnshire
 Measures, John William, Spalding, Lincolnshire
 M'Conkey, Thomas Clarkson, M.D. McGill Coll., Ontario
 Monro, Charles Edward, Hurstperpoint
 Morgan, John Hammond, Sussex Place
 Morgan, William Lewis, L.R.C.P. Lond., Merthyr Tydfil
 Morley, John Lacy, Leamington
 Murray, Thomas, Indian Army
 Murrell, Clement F. F., L.S.A., Great Yarmouth
 Mutch, Robert Samuel, Prince Edward's Island, Canada
 Nankivell, Charles A., Torquay
 Norther, Gilbert William, Tavistock
 O'Reilly, Walter William Joseph, Queen's University, Ireland
 Otley, Walter, Twickenham
 Owen, Albert L., Holloway
 Paramore, Richard, L.S.A., Hunter Street
 Parry, Thomas Sharp, Mold, Flintshire
 Peacey, William, Bermondsey
 Phillpott, Joseph Henry, Croydon
 Poignaud, Malcolm, Jersey
 Porter, Joseph Francis, Dublin
 Reid, Frank, L.R.C.P. Edin., Torrington Square
 Richards, John Edward, L.R.C.P. Lond., Ruabon, N. Wales
 Riedman, George Owen, Dolton, North Devon
 Robinson, Mark, Portsmouth
 Robinson, John Edward, Rotherham
 Rogers-Harrison, Napoleon A., L.R.C.P. Lond., Lansdowne Bldg.
 Sayer, Charles Watlen, L.S.A., Yatton, Somerset
 Scott, John Walter, L.S.A., Torpoint, Cornwall
 Scithorpe, Alfred Milward, L.R.C.P. Edin., Tamworth
 Smith, George Cockburn, L.R.C.P. Edin., Winchester
 Smith, Henry Hammond, Devonshire Place
 Smith, George F. K., L.S.A., Northampton
 Smilhart, Charles Lawson, Manchester
 Snell, John, Leeds
 Sobey, Arthur Lyne, Saltash, Cornwall
 Spencer, Lawrence Wilson, Preston
 Stirling, Edward Charles, Queen's Gardens
 Stocker, Charles Joseph, Stratford
 Strother, William H. H., L.R.C.P. & L.M. Edin., Darlington
 Taylor, Seymour, Burton-on-Trent
 Toone-Smith, Thomas W., M.D., Austrey, Warwick
 Turner, George, L.R.C.P. Lond., Portsea, Hants
 Utting, James, L.S.A.
 Verley, Reginald Louis, L.R.C.P. Edin., Gower Street
 Walker, William Newman, L.S.A., Tooting Park

Wallace, William, Kingalund
 Ward, Joseph, Warwick
 Warne, William Colston, M.B. Edin., Rochester
 Welchman, Edward, L.R.C.P. Lond., Winchester
 Welsh, William K. B., Cornwall Road
 White, George Bentley, Nottingham
 Willmott, Julius John Eardley, Fenge, Surrey
 Withers, Robert, Stoke, Devonport
 Williams, William, Fishguard
 Williams, Howell, Great Hamston, near Cardiff
 Woodhouse, Robert Hall, Anstey, Dorsetshire

The following gentlemen passed the primary examination in Anatomy and Physiology on the 18th inst. :—

J. H. Gilmour, J. Crossman, F. T. Jones, and A. Turle, St. Thomas's Hospital; E. A. White, F. H. Elliott, and J. H. Badcock, University College; H. M. Barker, H. H. Bathe, and A. K. Bisall, St. Bartholomew's Hospital; C. S. Canbie, Dublin; A. Carter, E. S. Newton, and J. H. Paley, Guy's Hospital; A. F. Hawkins, Leeds; H. H. Hughes, King's College; Thomas D'Arcy Lucas, Canada; H. E. Paxton, London Hospital; J. M. Raye and G. P. Stockwell, St. Mary's Hospital.

Death of Dr. Aldis.—On Friday last, this eminent member of our Profession passed away as suddenly as the fact is melancholy to chronicle. He had attended the Council of the Royal College of Physicians of London on Thursday evening. On Friday morning he went to his Hospital, and on his return partook of luncheon, and dozed in his arm chair as usual. From this he never awoke. Dr. Aldis's life was one of too great usefulness not to need a longer notice than this at our hands, and we propose to revert to it in our next.

Apothecaries' Hall of London.—At a Court of Examiners held on the 25th instant the following gentlemen, having passed the necessary examinations, received the L.S.A. diploma, viz. :—Messrs. Gerald Bomford, of Vernon Place, Bloomsbury; Frederick Canton, of Great Marlborough Street; A. F. Loch Dorin, of Thistle Grove, Brompton; Alfred William Emms, of Ilminster; Matthias Groves, of Radpole, Weymouth; Henry Baskcomb Harrison, of St. Lawrence Road, Notting Hill; John O'Connell Hynes, of Nottingham; and William Wallis, of Hartfield; and at the same court Messrs. John Rendall, of Guy's Hospital, and Herbert Henry Thomas, of University College, passed the primary professional examination.

Parliamentary Intelligence.

HOUSE OF COMMONS.

THE PUBLIC HEALTH BILL.

THE House having resolved itself into Committee on this Bill, Clauses 1 and 2 were passed without discussion.

On Clause 3, which divides the country into urban and rural sanitary districts, Mr. GOLDNEY said that the proper and successful carrying out of the provision of the Bill would depend much upon the selection of a suitable body in whom to vest the powers. Boards of Guardians had failed to discharge the duties imposed upon them by previous statutes, and he believed that a County Board would perform the duties created by the present Bill in a more effective manner. Its accounts would be regularly published, and its proceedings would receive greater publicity and be more widely criticised than those of the guardians, the only effectual check to whom would be the Local Government Board. The County Boards he proposed would be formed of county magistrates elected at quarter sessions, with an equal number of representatives elected by Boards of Guardians.

Mr. CORRANCE concurred in the amendment, as also did Mr. DALRYMPLE; and in reply to a remark made on a former occasion as to the power the Bill would place in the hands of the Medical Profession, the latter gentleman said that without the aid of that Profession sanitary reform would be nowhere. There were some hierarchies that were probably worse than a hierarchy of doctors.

Sir M. BEACH thought the Bill eminently unsatisfactory in the choice of local authorities, and was opposed both to Town Councils and Boards of Guardians.

Sir C. B. ADDERLEY, on the other hand, was strongly in favour of Boards of Guardians, which, among other advantages, existed already, and could be set to work at once.

Mr. STANSFELD, in defending the Union as the unit of administration, denied that the Guardians had failed to do their

duty, and stated that he had ascertained that the majority of them were prepared to undertake these sanitary functions.

Mr. HURST objected to Boards of Guardians which had been tried and found wanting. He preferred a County organisation.

Mr. GOLDNEY having withdrawn his amendment, the opinion of the Committee was taken on an amendment moved by Mr. CORRANCE to Clause 5, which raised the point in a more direct form. On a division, the Committee decided in favour of Boards of Guardians by 84 to 7.

The House remained in Committee until long past two o'clock, and succeeded in disposing of all the clauses up to Clause 41.

Gleanings.

Spasmodic Muscular Contraction—Arterial Compression.

M. BROCA had under his care, a few months ago in the Hôpital de la Pitié, a man who had broken both bones of his legs an hour before his admission to the hospital. The muscular contraction was so violent that it was impossible to reduce the fracture. M. Broca thereon employed a method which he had found successful in cases of painful cramp of the lower limbs viz., compression of the femoral artery. Almost immediately the muscles became relaxed, and reduction was effected with ease. Subsequently in re-applying the splints, the contraction returned, and was overcome by the same means.—*Medical Record.*

Spina Bifida Cured by repeated Tapping and Pressure.

At the meeting of the Lisbon Society of Medical Sciences on February 17th, Dr. Camara Cabral communicated a case of congenital spina bifida which he had successfully treated. The patient was a child aged twenty-five days, which was brought into the St. Joseph Hospital on November 21st. It had in the lumbo-sacral region a swelling forty centimeters in circumference, seventeen in vertical, and ten in transverse diameter, and six in depth. It fluctuated, was transparent like a hydrocele, and appeared to contain not only fluid but some solid body. Pressure on it did not produce any convulsions, nor were there any paralysis or other symptoms denoting lesion of the spinal cord. It was therefore concluded that the tumour consisted exclusively of a hernia of the meninges, filled with fluid. On the 29th it was tapped with a Dieulafoy's trocar, and 400 grammes of a transparent yellow fluid, containing an abundance of albumen, were removed. Compression was applied by means of adhesive plaster. No symptoms followed the operation, beyond some vomiting and loss of appetite. Some days later, the tumour having again enlarged, 250 grammes of liquid were removed; and on December-14th, 425 grammes. The defect, which was found to be in the situation of the fourth and fifth lumbar vertebrae, was gradually diminishing. On a fourth and a fifth occasion, puncture was performed at intervals of some days; the quantities evacuated being respectively 175 and 125 grammes, and the fluid being more highly albuminous than before. After the last two operations, there was some meningitis, which yielded to ordinary remedies. The child made a good recovery, and was exhibited at the meeting at which the case was described.

NOTICES TO CORRESPONDENTS.

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

All communications intended for insertion, must bear the name and address of the writer; not necessarily for publication, but as a voucher of good faith.

Rejected MS. will always be returned, if a request be received from the author, within one week after the article or letter has been declined.

SUBSCRIPTIONS IN THE UNITED STATES.—A Correspondent has drawn our attention to the fact, that some of the houses in the United States are charging the enormous figure of 15 dollars per annum (more than £3) for supplying this Journal to different parts of the States. We beg, therefore, to state that we shall be happy to supply the same regularly post free per annum, if paid in advance, for considerably less than half this amount, viz., six and-a-half dollars (about £1 6s. 6d.), either direct from our offices in this country, or through our recognised agents in the United States.

To our SUBSCRIBERS.—It having been suggested to us that it would be a matter of great convenience to Subscribers visiting the metropolis to know where they can give instructions for their letters to be addressed previous to leaving home, we have pleasure in informing them that the Publisher has consented to take charge of letters addressed to his care, and that he will place a desk at the disposal of Subscribers whose names are upon our lists, for short correspondence, where such accommodation is desired.

Dr. BOLTON.—Thanks for your complimentary note. The proposition is perfectly satisfactory.

PSYCHOLOGIST.—1. The meeting of the Medico-Psychological Association takes place to-day (Wednesday), under the presidency of Sir James Coxe, M.D. The date given by our contemporary, the *Lancet*, is obviously a clerical error. 2. Write to Dr. Take, the honorary secretary.

THE STUDENTS' COLUMN.—Dr. Handzel Griffiths's article, "Synoptical Review of the Official Preparations of the British Pharmacopoeia"—(continuation)—will appear in our next.

Dr. G. E.—We can hardly understand that our contemporary should be guilty of such discreditable proceedings, and hope you are labouring under a mistake.

INFLUENCE OF MEDICAL MEN OUTSIDE THE PROFESSION.—At the annual meeting of the Scottish Midland and Western Medical Association on Friday last, Dr. Boyd, of Slamannan, in the chair, Dr. Moffat, of Falkirk, read his report as secretary, and Dr. Goff, Bothwell, read the treasurer's report, which were both adopted. The report stated that the association had used its influence with some success in respect of the Master and Servants Wages Bill, in communicating with different members of Parliament. The meeting resolved that a communication be made with both masters and workmen in collieries and other works, with the view of getting the monthly medical off-take raised from 6d. to 1s. per month, and expressed confidence regarding the reply from both employers and employed.

A CASE OF REAL DISTRESS.
 "Perhaps you will hardly believe it when I tell you that for the last eleven weeks a piece of meat of any kind has not been upon my table. Please destroy this letter when you have read it, as I would sooner starve than that the world should know it." The above melancholy picture is drawn from the letter of a Professional brother, now full of years, and in deep distress. The writer is an author of no mean pretensions, and the contributor of several clever papers to this Journal in times past. He is a M.D. of a British University by examination, and to our personal knowledge is in every sense of the word, fully deserving the sympathy of the Profession. The cause of his distress is an old told story. He became security for a friend, that friend (sic) bolted, and the poor fellow was sold out of house and home, and the few hundreds he had saved, as some provision for old age, went with his furniture to satisfy the demands of the holders of his guarantee, and save himself the disgrace of imprisonment. The victim of these cruel circumstances has no idea that any appeal is being made on his behalf; and it is only by a mere accident that we have become acquainted with the real facts of the case. Upon reading this, should anyone feel disposed to join in aiding him; any contributions—however small, even a sixpence, or a shillings-worth of postage stamps—will be thankfully received and acknowledged in our next number if sent to Mr. A. Tindall, at the London office of this paper, 20 King William Street, Strand. In deference to the feeling of the gentleman concerned we have refrained from mentioning any name, but our readers may feel perfectly certain that the foregoing and story is but too true.

OPERATION DAYS AT THE LONDON HOSPITALS.

WEDNESDAY, July 31.

- MIDDLESEX HOSPITAL.—Operations, 1 P.M.
- ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations 1½ P.M.
- St. BARTHOLOMEW'S HOSPITAL.—Operations 1½ P.M.
- St. THOMAS'S HOSPITAL.—Operations, 2 P.M.
- St. MARY'S HOSPITAL.—Operations, 1½ P.M.
- KING'S COLLEGE HOSPITAL.—Operations, 2 P.M.
- GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
- UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
- St. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1½ P.M.
- LONDON HOSPITAL.—Operations, 2 P.M.
- CANCER HOSPITAL.—Operations, 3 P.M.

THURSDAY, August 1.

- St. GEORGE'S HOSPITAL.—Operations, 1 P.M.
- ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
- UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
- ROYAL ORTHOPEDIC HOSPITAL.—Operations, 2 P.M.
- CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 3 P.M.

FRIDAY, August 2.

- ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
- ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
- CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 3 P.M.

SATURDAY, August 3.

- HOSPITAL FOR WOMEN, Soho square.—Operations, 9½ P.M.
- ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
- ROYAL FREE HOSPITAL.—Operations, 2 P.M.

MONDAY, August 5.

- ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
- St. MARK'S HOSPITAL.—Operations, 2 P.M.
- METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
- St. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
- KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
- CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

TUESDAY, August 6.

- ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
- GUY'S HOSPITAL.—Operations, 1½ P.M.
- WESTMINSTER HOSPITAL.—Operations, 2 P.M.
- NATIONAL ORTHOPEDIC HOSPITAL.—Operations, 2 P.M.
- ROYAL FREE HOSPITAL.—Operations, 2 P.M.
- WEST LONDON HOSPITAL.—Operations, 2 P.M.

VACANCIES.

- Board of Police, Glasgow. Sanitary Medical Officer, at a salary of £60 per annum. (See advt.)
- Fever Hospital Dublin. Two Resident Pupils. (See advt.)
- Royal Hospital for Diseases of the Chest, London. Physician. Honorary. (See advt.)
- Warneford Lunatic Asylum. Medical Superintendent. Salary £260, with board and residence.
- Westminster Hospital. House-Surgeon. Board and residence, without salary.
- Shoreditch, East London, Parish of St. Leonard. Dispenser. Salary £120.
- London. Lambeth Parish. Medical Officer. Salary £100, with board and residence.
- Liverpool Royal Infirmary. Lectureship on Comparative Anatomy and Zoology. Also the Demonstratorship of Physiology in the Medical School.
- Newtown and Llanidloes Union. Medical Officer. Salary £80.
- Halifax Infirmary. Assistant House-Surgeon. Salary £40, with board.
- Ballyshannon Union, Ballintra District. Medical Officer. Salary £70 per annum, exclusive of fees. (See advt.)

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

- A Treatise on the Causes of Heart Disease. By F. W. Moinet, M.D. Edinburgh: Bell and Bradfute.
- Cooley's Cyclopædia of Practical Receipts. Edited by Prof. Tuson. London: J. and A. Churchill.
- The Beginning of Life. In 2 vols. By H. Charlton Bastian, M.D., F.R.S. London: Macmillan and Co.
- The Case of Clarkson v. Blair in Melbourne.
- La France Médicale; The Monthly Review of Dental Surgery; Boston Medical Journal; Canada Medical Journal; Allgemeine Wiener Medizinische Zeitung; Le Mouvement Medical; Pharmaceutical Journal, &c., &c.

APPOINTMENTS.

- CATON, R., M.D., Lecturer on Physiology at the Liverpool Royal Infirmary School of Medicine.
- COUGHNEY, M., M.B., Demonstrator of Anatomy at the Liverpool Royal Infirmary School of Medicine.
- GUNNING, J. St. C., L.R.C.S.I., Resident Medical Officer to the Ramsgate and St. Lawrence Royal Dispensary and Seamen's Infirmary.
- HACKNEY, A. H., M.R.C.S.E., Medical Officer for the St. Mary District of the Parish of St. Marylebone, London.
- HIGARTY, J., M.D., Medical Officer, &c., for the Cloonbar No. 1 Dispensary District of the Oughterard Union, co. Galway.
- KENNY, J., L.R.C.S.I., Medical Officer and Public Vaccinator for the Whitwell District of the Workop Union, Notts.
- LLOYD, R. E., M.B., Resident Medical Officer to the Fever Hospital and House of Recovery, Cork Street, Dublin.
- MILLER, J., M.D., Surgeon to the G Division of the Metropolitan Police.
- MILLER, J. A., M.R.C.S.E., Surgeon to the G Division of the Metropolitan Police.
- ROSS, D. M'C., L.K.Q.C.P.I., L.R.C.S.I., Medical Officer to the Workhouse, Monaghan Union.
- SANSOME, T., M.R.C.S.E., Honorary Surgeon to the West Bromwich District Hospital.
- SUTCLIFFE, H., M.R.C.S.E., Honorary Surgeon to the West Bromwich District Hospital.
- WATERS, A. T. H., M.D., Lecturer on the Principles and Practice of Medicine at the Liverpool Royal Infirmary School of Medicine.

Marriages.

- HELDON—NICHOLS.—On the 18th inst., at Southrepps, Fred. A. Haldon, M.R.C.S.E., of North Walsham, to Elizabeth Cross, only daughter of John Nichols, Esq., of Southrepps Hall, Norfolk.
- MORRIS—COX.—On the 18th inst., at the Abbey Church, Dorchester—Thomas, Malcolm Alexander Morris, M.R.C.S., to Fanny, elder daughter of Thomas Cox, Esq., of Dorchester.
- SMITH—SMITH.—On the 18th inst., at the Parish Church, Marske, Jas. Broom Smith, Esq., of Loftus in Cleveland, to Maud, youngest daughter of the late Rev. William Henry Smith, M.A., Rector of Hinderwell, Whitby, Yorks.
- THOMPSON—WATKINS.—On the 25th inst., at Potter's Bar, Edmund Symes Thompson, M.D., Physician to the Hospital for Consumption, Brompton, to Elizabeth, younger daughter of the Rev. H. G. Watkins, M.A., Vicar of St. John's, Potter's Bar, Middlesex.
- WILLIS—WHITE.—On the 18th inst., at All Saints', Sheffield, Julian Willis, L.R.C.P.E., &c., of Sutton-Scotley, near Michaldever Station, Hants, to Fanny Alicia, eldest daughter of Robert White, Esq., of Woodhill, Grimsthorpe.

Deaths.

- CALDER.—On the 25th of June, Gillies Calder, M.R.C.S.E., of Warbleton, Sussex, aged 57.
- CUMMING.—On the 16th of July, W. S. Cumming, M.R.C.S.E., of Limehouse, aged 78.
- EGAN.—On the 28th of June, Edward Egan, M.R.C.S.E., of Aungier Street, Dublin, aged 52.
- JONES.—On the 12th of July, R. Jones, M.D., of Newtown, Montgomeryshire, aged 57.
- LACEY.—On the 23rd of July, John Lacey, L.S.A.L., of the Wyle Cop, Shrewsbury.
- LAMBART.—At Steamer Point, Aden, R. B. Lambert, L.R.C.S.I., Staff Asst.-Surgeon Army.

BALLYSHANNON UNION.

BALLINTRA DISPENSARY DISTRICT.—The Committee of the above Dispensary District will, at their Meeting, to be held in BALLINTRA, on TUESDAY, 6th August, at One o'clock p.m., proceed to appoint a MEDICAL OFFICER for the District, at a Salary of £70 per annum, exclusive of Vaccination Fees. Applications with Testimonials, &c., to be sent to JOHN ATKINSON, Esq., J. F., Cavangarden, Ballyshannon. Personal attendance of Candidates required. The Medical Officer appointed will have to reside in Ballintra. July 25th, 1872 J. B. CHISM, Clerk of Union.

LEDWICH SCHOOL OF SURGERY.

SUMMER SESSION, 1872.

At the termination of the above Session the following GENTLEMEN were awarded PRIZES for Superior Answering in the subjoined Subjects—

Materia Medica—J. H. COURTENAY (1st); W. KEAYS (2nd); and R. BAXTER, Certificate.
Chemistry—W. KEAYS (1st); T. LEONARD (2d).
Forensic Medicine—W. KEAYS.
Botany—M. TAAPPE (1st); P. GORMAN (2nd).

KDW. LEDWICH, Secretary.

The School will re-open for DISSECTION on the First of October. July 16th, 1872.

TO PHYSICIANS.—The friends of a Lady, whose mind is occasionally affected, desire to place her in a Physician's family where she would be treated with care and kindness, and have a happy home. Please state terms in reply. References given and required. —P. D., Office of MEDICAL PRESS, Molesworth Street, Dublin.

NAVAL MEDICAL DEPARTMENT, ADMIRALTY,

Somerset House, W.C., 6th July, 1872.

NOTICE of EXAMINATION for ENTRY of ASSISTANT-SURGEONS in the ROYAL NAVY.—Notice is Hereby Given that a Competitive Examination for the admission of Assistant-Surgeons into the Royal Navy will take place at the University of London, Burlington-gardens, on MONDAY, 12th August, 1872, and following days, at 10 o'clock.

Candidates must present themselves at this Department on THURSDAY, 8th August, 1872, bringing with them the various certificates of qualifications specified in the Regulations of the 24th June, 1871, when, should they be found in all respects eligible, they will be permitted to appear for examination. A. ARMSTRONG, Director-General.

BOARD OF POLICE OF GLASGOW.

SANITARY MEDICAL OFFICER WANTED.—The Board of Police of GLASGOW hereby invite Applications for the Office of MEDICAL OFFICER for the City, to perform the duties of said Office as specified in "The Glasgow Police Act, 1866," and the "Public Health (Scotland) Act, 1867," and such other Sanitary Medical Work as may from time to time be required by the Board or its Health Committee. The gentleman to be appointed to devote his whole time to the duties of the office. Salary £630 per annum.

Applications to be lodged in the hands of the Subscriber on or before 2nd August, proximo, marked "Application—Medical Officer." JOHN LANG, Clerk to the Board. Central Police Chambers, Glasgow, 7th June, 1872.

MAUGHAM'S

COMPOUND SOLUTION OF IRON.

The tonic influence of Iron on the living tissues, its promoting digestion by stimulating the digestive organs to extract more nutritive matter from our food, and causing a larger quantity to become more adapted for assimilation, has long rendered it a valuable agent in the hands of the Medical Practitioner.

Some of the preparations of Iron in use are objectionable, either on account of being nauseous or from being in an inconvenient and uncertain form for administering to patients. This SOLUTION OF IRON will be found devoid of the objections alluded to, it being even so palatable as to cause children to become partial to it.

It is scarcely necessary to remind Medical Practitioners of the efficacy of Iron when administered in cases of relaxation of substance in the living tissues, or in weakness arising from a deficient supply of nervous energy. This Solution of Iron is therefore offered in a fit state for administering either simply with water and syrup, or with quinine, or any other desirable medicine, if in certain cases such adjuncts be deemed requisite.

Prepared only by the Proprietor at the Chemical Works, Park road, Clapham; and sold in stoppered bottles, half-pints 2s. 9d., pin 5s. 6d., and quarts 8s. by all Wholesale Chemists.

N.B.—See Medical Certificates.

QUININE WINE,

AS SUPPLIED TO THE SICK AND WOUNDED DURING THE LATE WAR.

THE many and expensive forms in which this well known medicine is administered too often preclude its adoption as a general tonic. The success which has attended WATERS'S QUININE WINE arises from its careful preparation by the manufacturer. Each wine-glassful contains sufficient Quinine to make it an excellent restorative to the weak. It behoves the public to see that they have Waters's Quinine Wine, for the result of Chancery proceedings, a short time since, elicited the fact that at least one unprincipled imitator did not use Quinine in the manufacture of his wine. All grocers sell Waters's Quinine Wine at 30s. per dozen.

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Established 1848.

PROFESSIONAL AGENCY AND MEDICAL TRANSFER OFFICE.

50 LINCOLN'S INN FIELDS, W.C.

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PRACTICES AND PARTNERSHIPS NOW OPEN for Negotiation (in addition to those advertised in Dr. Langley's List (which is sent post free on application).

Y 512. First-class COUNTRY PRACTICE, in a pleasing part of the Home Counties. The connection is very old-established, and is wholly transferable to a suitable gentleman; average receipts upwards of £500 a-year. The residence is pleasantly situated in its own grounds of about an acre. One horse does all the work. No assistant required. All expenses small. Railway station in the village, with easy access to the neighbouring town or to London. No Union appointment or low class Midwifery. The district is improving, and the practice increasing.

Y 511. Non-dispensing PRACTICE, in a charming locality, within a few miles of LONDON. The Vendor having private means, has not pushed the Practice, which could be largely increased. The receipts have averaged £350 a-year, but the patients are only of the best class. Visits charged three for £1 ls.; Midwifery has been declined. The present residence is large, convenient, and well situated, with ample facilities for the reception of resident patients. Highest references can be given. The opening would prove highly advantageous to a gentleman with first-class diplomas, accustomed to good society.

Y 519. VALUABLE PARTNERSHIP, in one of the best districts of LONDON, private Practice, exclusive of appointments, upwards of £2,000 a year. Patients of the best class. Midwifery fees, £5 5s. and upwards. Visits, three for £1 ls. No dispensing. A suitable partner could largely increase the practice. One-third share is offered on the basis of two years' purchase. The Diplomas of the College and Hall would be all that are necessary; but a graduate of the London University would be preferred. No gentleman need communicate unless he has at command £1,000.

Y 520. RESIDENCE of a deceased Surgeon TO LET. The House is situate in a pleasant part of the S. W. district, and can be let for £75 a year, or the lease can be sold for £665 subject to a ground rent of £10 a year, part of the purchase money may be left on mortgage.

Y 518. OPEN SURGERY in a pleasant Suburb of the Metropolis, held by Vendor six years. Gross receipts between £400 and £500 of which about £200 is taken in cash. House contains six good rooms, shop, &c. Rent, £40. An efficient introduction would secure to a doubly qualified gentleman a very large scope for practice.

Y 517. Established half a Century, a profitable COUNTRY PRACTICE, the whole of which can be transferred to a suitable gentleman. Average receipts are £500 a year, including appointments easily worked. There is no opposition within five miles. The house is a good old-fashioned family residence, fitted with modern conveniences; it contains ten rooms, and there is a large garden, meadow, stabling, orchard, &c. Rent, £35. No assistant necessary; one horse does the work. The patients consist chiefly of farmers who pay well. Midwifery fee, £1 ls. and mileage. There is a railway station within a short drive; and good shooting and hunting can be had in the vicinity.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 7, 1872.

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NOTES IN OPHTHALMIC PRACTICE.

BY ARCHIBALD HAMILTON JACOB, M.D. T.C.D., F.R.C.S.,
Surgeon to the Dublin Infirmary for Diseases of the Eye and Ear.

No. I.

SECONDARY CATARACT.

THE term "Secondary Cataract" is strictly speaking a misnomer, and the pathological conditions to which it is applied are incorrectly described by it. In the great majority of cases the opacities of the lenticular capsule to which the name is given are not secondary formations, and in those instances in which the opacity is the result of a deposit occurring subsequently to the removal of the lens itself, the conditions cannot be at all truly called a cataract. Secondary cataract is, in fact, as I have said, either an opacity of the capsule of the lens or a pupillary obstruction caused by bands of lymph, resulting from inflammation which involves the iris. In many cases, especially those occurring in early life, cataract involves both lens and capsule, and the capsular portion of the opacity may easily be observed before operation, showing as an irregular chalky patch upon the milky or waxy back-ground of the opaque lens. It is now denied by Müller and others that the capsule itself can ever become opaque, and these writers maintain that the opacities result from the deposit of layers of new material and portions of altered lens material, but the distinction is not of any importance as regards treatment. Supposing the capsule to be uniformly transparent before the removal of the lens, it frequently becomes opaque afterwards—no doubt in consequence of an injury received in the progress of the operation or some slight inflammation supervening. This is a much more usual sequence of the operation for cataract by division than of any other procedure, and it is the opprobrium of that operation, and almost the only cause of failure to restore sight by that means. Lastly,

the name of secondary cataract has been applied to bands or threads of lymph passing across the pupil, the result of iritic inflammation after cataract operations. I have seen many of these latter obstructions as a sequence of those extraction operations which are accompanied by an iridectomy.

On the 20th of last month I removed, in the Dublin Eye Infirmary, two secondary cataracts—illustrations of the second and third forms of "Secondary Cataract" described above.

T. D., the first patient, was a country labourer, æt. 45. Many years ago his left eye had been operated on for soft cataract by another practitioner, but was now amaurotic and squinting. His right eye was operated on by myself in May, 1871, by my father's method of keratonyxis. The removal of the lens was successfully effected, and with a dilated pupil the sight was sufficient to enable him to work. But the centre of the pupil was occupied by a very white and dense tag of capsular opacity without any adhesion to the iris, which in the undilated condition of the pupil, completely obstructed vision. As soon as the entire lens had been absorbed, I made an attempt, according to the method usually pursued, to remove the opacity with the needle out of the field of vision, but though I was successful in doing so at the moment, it returned to the original position, and the vision was no better than before. At his request I determined now to extract the opaque capsule. Ether having been administered by Dr. John Morgan, I steadied the eye with the fixation forceps, and with the spear-shaped keratome incised about a sixth of the perimeter of the cornea. I then passed an iris forceps into the anterior chamber, and seizing the opaque tag of capsule twisted it from any adhesions which might exist by turning round the forceps twice or thrice between my fingers, and having done so, gently withdrew it. Having carefully disengaged the iris from the edges of the wound, and satisfied myself that it was well retracted within the globe, I closed the lids with court-plaster, applying no compress nor any bandage, and prescribed neither local application nor therapeutic treatment. The convalescence of the patient was unimpeded by any inflammatory symptom, and he returned to the country five days subsequently with as perfect vision as the absence of his lens would allow of.

The removal of a secondary cataract in this way, though apparently a simple proceeding, is one which is liable to very embarrassing accidents, and it is agreed by all authors, attended with a good deal of danger to the eye. Mr. Soelberg Wells remarks respecting it—"Formerly the favourite mode of operating was by the removal of the obstructing membrane. But this is falling more and more into disuse, as it often proves a very dangerous operation, and is far less safe than opening up the membrane by the needle" (which, it will be remembered, I had done without beneficial result), "which is attended by much less risk of setting up inflammation." The prognosis of the operation will depend almost altogether on the extent and strength of the synechiæ or adhesions of the capsule to the iris and the intimacy of its connexion to the vitreous body. In this case there were no synechiæ, but in a former patient I broke down the adhesions with the needle a week previously to the removal of the opaque capsule. In order to free the secondary cataract completely from its connexion with the vitreous body before drawing it out of the eye, I resorted to the manoeuvre of twisting the forceps two or three times after it had seized the capsule, and I think that it will be found that this proceeding, which is effected without the least disturbance of the intra-ocular structures, will effectually relieve the operator of the danger of pulling away a part of the vitreous, or causing a laceration or prolapse of the iris.

ETHER *versus* CHLOROFORM.

ON THE USE OF ETHER AS AN ANÆSTHETIC IN SURGICAL OPERATIONS;

AS A SAFER AND MORE EFFECTIVE AGENT THAN CHLOROFORM IN PRODUCING THE AVOIDANCE OF PAIN.

With a Description of an Inhaler, and the Mode of Administration.

By J. MORGAN, M.D., F.R.C.S.,

Professor of Surgical and Descriptive Anatomy Royal College of Surgeons, Dublin, Surgeon to Mercer's Hospital, &c.

I NOTED this day four patients I etherised. One, a very strong man, where extraction of a cataract (a) was performed. Insensibility was obtained in ten minutes; the pulse remained steady; there was no sickness of stomach; and the operation was most successfully and happily terminated—just as in a similar case which I etherised a few days previously.

Another vigorous patient, of 17, in four and half minutes sank quietly into insensibility with the most perfect result; pulse from 80 to 86; respirations increased six per minute. I occupied about five minutes in operating; and the patient emerged from insensibility equably and gently—there was no excitement or sickness.

Another, of 24, became influenced in ten minutes, with no excitement beyond bursts of laughter; there was no sickness of stomach. I occupied five minutes in operating; the recovery was most equable.

Another, of 30, became influenced in eight minutes, and fully so in ten minutes, with no excitement or approximation to convulsions, and no sickness. I occupied six minutes in operating.

In the last case I had used chloroform three times previously, and ether once; and in the second last case I had used chloroform five times, and ether once. In both, but in the second last more particularly, the convulsive stage under the use of chloroform was always very severe and protracted.

(a) By D. Jacob.

Ether produced *incomparably* superior results in every way, accompanied by a sense of much greater security. I particularly noted these instances, as I had observed the previous effects of chloroform on the patients.

It is but natural that we should examine with attention the expressed opinions of surgeons as to an agent which has been most used in America, the country which may be allowed to have been the birthplace of the application of anæsthetics in surgical practice. Since the time when Dr. Morton, so long since as 1846, introduced the use of ether as a "pain-destroyer," Ether has stood the test for the period which has since elapsed, and ether is still, in that country, the more universally adopted means of obtaining insensibility.

I find in the last very accurate surgical work which has issued from the press, 1871, the question of Ether *versus* Chloroform is thus reviewed (a):—

"Chloroform is more prompt in its effects; the patient is usually quieter while coming under its influence; it is less apt to cause vomiting; a smaller quantity suffices to produce anæsthesia, and the patient reacts more quickly when the inhalation is stopped. It, however, requires greater care in its administration than ether, and its use is attended with *much greater risk to life!* This statement gives my own estimate of the relative merits of these agents, and I believe corresponds pretty closely with the opinions usually entertained on the subject. It is right, however, to state that Dr. Lente and Dr. Squibb, of New York, believe that anæsthesia may be induced by means of ether, as quickly as can safely be done by means of chloroform, and with a quantity costing less, and weighing very little more than the requisite amount of the latter; and other writers have maintained that vomiting is, at least, as frequently caused by chloroform as by ether."

In support of the latter observation, I myself can refer to the cases I have just witnessed, and that in the last thirty patients I etherised, within ten days sickness of stomach occurred but in two, and in these instances, some food had been taken one hour and a half before operation.

"For my own part," says Dr. Asshurst, "I confess I prefer Ether in a very large majority of cases; it is certainly, I think, *safer* than chloroform, and is sufficiently convenient for almost every case that the surgeon is called upon to treat. There is *no danger*, as in the case of chloroform, of the vapour being too concentrated; indeed, some surgeons, as Dr. Lente, endeavour to prevent even the slightest admixture of air" (b).

We have thus reported, by the most recent authority, the value of the arguments for either chloroform or ether, "*Safety to life*" and the avoidance of those very unpleasant accidents, "deaths by chloroform," presenting the strongest claims in favour of Etherisation, and justifying the candid remark of Mr. Erichsen (c), of London, when he states,—"*The fatal consequences which have attended the employment of chloroform, have caused American surgeons almost entirely to trust to ether in preference. Ether is certainly a safer agent than chloroform, but few deaths having resulted from its administration; and the only argument in favour of the use of chloroform rather than ether is, that chloroform is the most convenient agent! its effects being produced more quickly, and no disagreeable smell being left, as in the case of ether.*" Fortified with such an opinion from so eminent an authority as Mr. Erichsen, M. Diday would be well supported in passing the condemnatory resolution I have already referred to, "that any surgeon using chloroform instead of ether as an anæsthetic would be culpable."

Surely, it would be a small solace to a husband for the death of a wife, or to a wife for that of a husband, to be told that chloroform, which caused the loss of what was held most dear, was used, simply because, while it was far more dangerous, "it was more convenient." Indeed, in a case of

(a) "Principles and Practice of Surgery." By J. Asshurst. P. 75.

(b) *Ibid.*, pp. 75-77.

(c) "Science and Art of Surgery," p. 17. London, 1869.

death by chloroform, it appears to me that legal if not moral culpability might be strenuously urged against the administrator, for using an agent admittedly *more dangerous* than another, simply on the ground as stated, and "the only argument" in its favour, that it was "*more convenient*." The question is thus becoming daily more serious and debatable.

The late American War furnished enormous opportunities of testing the merits of Ether. In one of the most recent and critical treatises on Military Surgery (a), the preference is given to ether, supported amongst other arguments by the fact that, taking the reports of the general hospital (Mass.), for ten years, 1850 to 1860, where Ether was exclusively used, "notwithstanding the greater severity of the cases (mostly railroad and street accidents) and the more crowded condition of the hospitals, the average mortality was substantially the same as before its introduction. This testimony demonstrates the superiority of Ether as compared with chloroform." "Ether, ought generally to be preferred to chloroform as being less liable to destroy life immediately."

Few more cogent arguments could be collected than this ten years' epitome of the successful result of ether, when it is remembered that these cases did not even occur in military practice, where healthy and active soldiers were the unfortunate sufferers, but in a general hospital, where cases of all varieties, and in diverse circumstances of life, were encountered. It may also be admitted that operations were undertaken with the assistance of Etherisation, which, previous to its introduction, would have been unattempted; yet, while pain was absolved by this "comparatively, though not absolutely, innocuous agent," as styled by Prof. Hamilton, the statistics prove that it in no way contributed to an increased mortality rate.

On inquiring as to the recent practice in the large American institutions, I find in the excellent and compendious Reports of the Boston City Hospital, 1870—including 1,113 operations on in-patients, and 1,062 on out-patients—that amongst all those reported, with such critical procedures as excision of the upper jaw, œsophagotomy, ligation of large arteries, including that of the arteria innominate, excision of the hip-joint, amputations, &c. Ether alone was invariably used, and no ill-consequence or apprehension has been noticed.

In Bellevue Hospital, New York, with something like 1,800 beds, chloroform has never been used for the last four years, with the many hundreds of operations necessarily constantly performed there. In the Charity Hospital, Blackwell's Island, New York, where Etherisation alone is used constantly, not hundreds, but thousands of cases have been submitted to its influence without one *contretemps*. This I have the authority of the Resident Officer for stating, as he himself administered the ether in a very large number of these patients (b); while, on the other hand, in the cases in which he saw chloroform used, namely, two cases of hernia, one of hare-lip, and one for repair of a bitten-off nose, there was always much reason for apprehension, and he witnessed the death of one of the patients from the effect of the chloroform, which was being given where an operation, though painful, but no way involving life (the formation of a nose), was about being performed; it was never commenced, as the patient, a strong healthy looking woman, of 35, died on the table, notwithstanding all the means anxiously and actively used for reanimation.

Dr. Mott is said to have preferred chloroform to Ether (c). Evidently, however, Dr. Mott failed to leave the impress of his preference behind him, as in neither of these Institutions—to both of which he was attached—has anything but Ether ever been used since his death. I have obtained the summary of one very remarkable case of a large aneurism of the thoracic aorta, treated by

galvano-puncture, at Bethove Charity Hospital, where Ether was used on several occasions without any ill consequences, and with a feeling of perfect safety, where chloroform would have been inadmissible. It is so remarkable that I append it in illustration.

Bridget Dillon, aged 57, an Irish woman, and comparatively strong; suffering from a large thoracic aneurism; submitted to the attempt of obtaining occlusion by the galvano-puncture; she was etherised, and came under its influence in about eight minutes; needles were introduced through the chest into the tumour, and connected with a current of seventeen cells. There was no pain or ill consequence whatever. On one occasion the use of the needle was tried *without ether*; but the pain was excruciating beyond endurance.

The whole question of the comparative use of the various anæsthetics has been lately very fully reviewed by Dr. W. Coles, who read an elaborate paper replete with overwhelming evidence, at the Medical Society of Virginia, this last session. The arguments in favour of Ether *versus* Chloroform are unanswerable when the great question of *danger to life* is considered. By combining the American statistics, collected by Dr. Andrews, of Chicago, and those of England, by Dr. Richardson, of London, we obtain the following general view of the absolute and relative mortality caused by the several anæsthetic agents in use:—

	Deaths.	Inhalations.	
Ether	4 to	92,815 .	or 1 to 23,204.
Chloroform	53 „	152,260 .	„ 2,873.
Mixture of Chloroform and Ether	2 „	11,176 .	„ 5,588.
Bichloride of Methylene	2 „	10,000 .	„ 5,000.

These figures the author regards as the most valuable and reliable that have ever been published in reference to the *mortality* in anæsthesia. They demonstrate a state of facts so absolutely at variance with the received opinions of five years ago, as to become *perfectly startling*. They indicate that chloroform is *eight times more dangerous than ether, twice as dangerous as a mixture of chloroform and ether*, and, as far as experience goes, it is *more dangerous than bichloride of methylene*.

In view of these facts the question arises—Will chloroform maintain its present popularity as an anæsthetic in surgery? We do not believe it will; unless some method, other than we have at present, is devised to lessen the risk dependent on its use, we cannot but think its popularity must decline. In the face of such figures as adduced, *chloroform cannot, and ought not, to supersede ether*. The inconveniences attending the use of ether are more than compensated for in the risks from chloroform (a).

Nothing can put the question in a plainer light. One death from ether in 23,204 cases reduces the risk to a nominal amount.

It is to be recollected that in Etherisation there is not the constant and harassing danger ever present; the surgeon is freed from the anxiety that more or less accompanies him into the operating chamber, and his attention can be altogether devoted to the operative procedure in which he is immediately engaged, not, as is too frequently the case, distracted by inquiries as to the condition of the patient, and the influence which the chloroform is exciting. Friends who are intensely interested, are relieved from an additional cause of anxiety which the occasional notice of "Death by Chloroform" may have impressed them with, while equal, if not greater, security of the avoidance of pain is secured, with *Eight times less danger*. Facts such as these cannot fail "to become perfectly startling," and deeply to impress a patient about precipitating himself into the mysterious sleep of insensibility.

With such convincing statistics from the mother country of anæsthetics, where Ether is used, and from Great

(a) Dr. Hamilton, Professor of Military Surgery, Bellevue Hospital, New York, p. 621.

(b) Dr. Godon.

(c) Hamilton's "Military Surgery," p. 612.

(a) Hay's American Journal, April, 1872, p. 488.

Britain, where Chloroform was introduced and is used,—with the opinion expressed in the latest standard work (a) from the former country of unalterable faith in the use of Ether,—with the opinion, also, of the author of a standard work (b) in great Britain, where, though chloroform is the more largely used, its danger is admitted, and the only argument adduced in its favour is that of convenience. In the face of the discussion at present being agitated on the Continent (c), and with the occasional reports which crop up of deaths from chloroform, the dangers of chloroform, and the hairbreadth escapes from chloroform, it is evident that its popularity must wane when calmly contrasted with Ether as an anæsthetic agent.

The surgeon who makes use of chloroform will employ an agent not only *eight times more dangerous* than Ether, but actually the *most dangerous* of the other agents in use.

Should he not have put these issues before the patient, and should any casualty occur, his responsibility may be indeed seriously brought into question.

(To be continued.)

Special Report

ON

DISEASES OF THE THROAT.

Edited for the "MEDICAL PRESS AND CIRCULAR."

By PROSSER JAMES, M.D., M.R.C.P.,

Physician to the Hospital for Diseases of the Throat and to the North London Consumption Hospital; Lecturer on Materia Medica and Therapeutics at the London Hospital.

Laryngoscopy. Introductory. Early use of Mirrors by Dentists. Reflected Light. Forms of Apparatus. Shapes of Laryngeal Mirrors. Supports of Reflectors. The Light. Forms of Lamps. Direct Light. Concentrators.

LARYNGOSCOPY ($\Delta\lambda\rho\upsilon\gamma\acute{\iota}\sigma\kappa\omicron\pi\acute{\alpha}\tau\omicron$) is the art of examining the interior of the larynx. This is accomplished by means of a mirror sometimes called the laryngoscope, but this name is more usually assigned to the complete apparatus used to obtain a view of the larynx.

It is obvious that a dark cavity situated in such a position as the organ of voice can only be seen in the living person by the aid of a reflector. In fact, in the practice of laryngoscopy we do not look at the interior of the larynx itself but at its image in a mirror.

The laryngoscope, then, is only a contrivance to enable us, so to say, to see round a corner, and it is a little remarkable, considering the length of time that reflectors have been employed for similar purposes, that physicians should not long ago have availed themselves of the same principle.

In its very simplest form the laryngoscope may be said to exist in the mirrors used by dentists, and indeed the earliest efforts at laryngoscopy consisted in the use of such mirrors mounted on a long handle. The difficulty was so to place the patient as to allow sufficient light to fall upon the mirror, and practically this was not attained until a second mirror was used to reflect the rays and direct them upon the first.

This was essentially the starting point of laryngoscopy. Nevertheless, the simpler method of utilising the direct

rays of light involves the principle of the laryngoscope, and those who persevered in the attempt thus to obtain a view of the larynx are entitled to the credit of having in some degree contributed to the progress of the art.

A second great step in advance was the employment of artificial light, for this being always at command experiments could be carried on at any hour and in any room.

As soon as this step was taken the modern laryngoscope may be said to have been completed; for the many variations in the shape of the mirrors, the mode of supporting the reflector or the lamp, can scarcely claim to do more than render the apparatus more convenient.

This brings us to a consideration of the several forms of laryngoscope in common use. To describe them it is necessary to take each portion separately.

The most important part of the apparatus—the laryngoscope itself, so to say, is the faucial or laryngeal mirror, as it is designated. It consists of a plane reflecting mirror mounted on a long stem. It may therefore be made of silvered glass, of burnished steel, or of any other good reflecting surface. Steel, however, is very apt to rust, and ordinary looking-glass is therefore most commonly used.

The shape of these mirrors has been discussed with some gravity, but is a matter of little importance. Some prefer them round, others think square, with the corners rounded, more convenient. Others maintain oval ones to be best. It is easy to see with either. Where the tonsils are enlarged an oblong shape may be essential, and in a few other cases it is very convenient.

The shape of the stem is equally a point of little importance. The mirrors may be mounted on a handle, similar to an ordinary pen-holder, or they may be furnished with any other stem. The following illustrations show the more common forms. The square mirrors are preferred by many French authorities, and these illustrations are taken from them. The round ones with the handle are an English model, made by Maw, who also supplies the French shape.

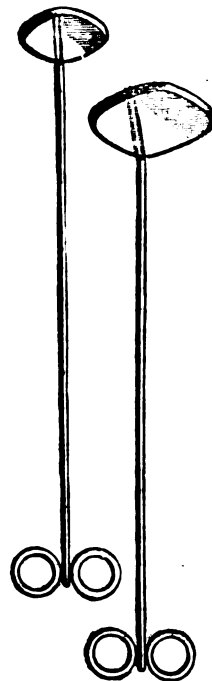


FIG. A.

(a) Anshurst.

(b) Erichsen.

(c) Société de Médecine.

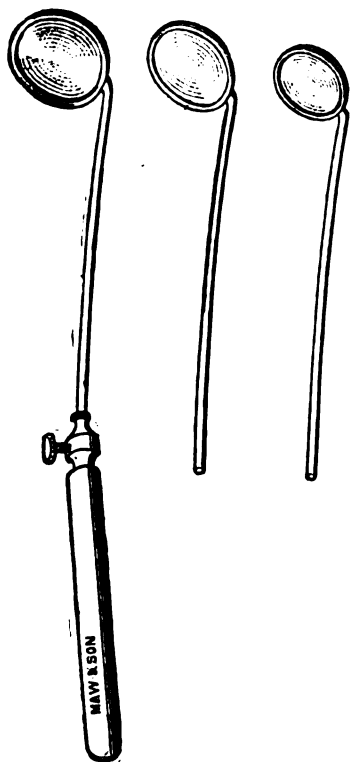
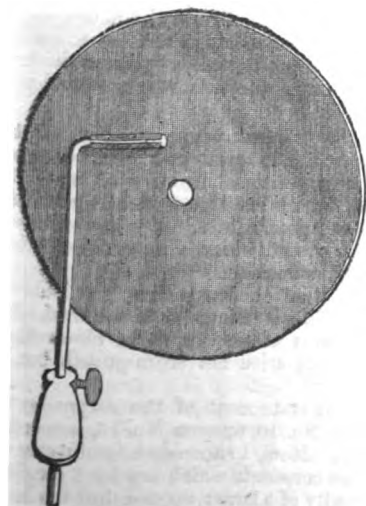


FIG. B.

It will be seen that a single handle is made to serve by means of a screw for three sizes of mirrors. This is convenient for portability. To increase this convenience I have had them made to slide in the whole length of the handle, an improvement that has been adopted by many. It will be seen that the mirrors are mounted at angles of about 120 degrees. This is the most convenient for general use, and it can easily be varied by bending the flexible stem to suit special cases. In hospital practice it is better to have a large number of mirrors, mounted at different angles, and of all sizes, but for ordinary cases the three sizes depicted, and the angle mentioned will suffice.

The next part of the apparatus is the reflector. This is only a concave mirror, by means of which we can divert the light wherever we please. Whether it should be perforated in the centre, like the ophthalmoscope, has excited some controversy. One of the earlier shapes is seen in this cut.



C.



FIG. D.

This is still made by Maw, together with an additional lens (E) so as to serve as an ophthalmoscope.



FIG. E.

The mode in which the reflector is supported is the next point. I have tried all plans, and am not at all particular which I now use. In the early days of laryngoscopy I had a reflector mounted on a distinct stem to stand on a table, and still sometimes employ it in the consulting room. But it is not portable in comparison with other modes. Czermak had a mouthpiece to hold it by the teeth, and Messrs. Weiss made me an instrument on his model, which I have used for many years. It is not easy for those whose teeth are defective. Semeleder, Stellwag, and others had the reflector mounted on a pair of strong spectacle frames, an arrangement adopted by many others, the frame having been rendered lighter by Mackenzie's suggestion to dispense with the upper rim. These frames can also be fitted with a suitable concave or convex lens to suit the sight of any operator, or with a pair of different focus for persons who are very binocular. This I consider important, as many persons require a correcting lens. Indeed, in teaching, I become more and more convinced of the importance of the learner adopting such a lens as may be desirable, even though his vision be such as he may have previously considered normal.

Frames of this kind have been lately furnished by Messrs. Mayer and Melzer to pupils at the Hospital for Diseases of the Throat.

Messrs. Arnold also made them for me at an early period, and now keep in stock a case which the following illustration shows to be very portable.



FIG. F.

Schrötter prefers Kramer's forehead-band, and in this he is strongly supported by Dr. Johnson, who also dispenses with the central perforation.

That the forehead-band forms a good support, and is easy to use, is undeniable. This illustration will serve as a sufficient description.

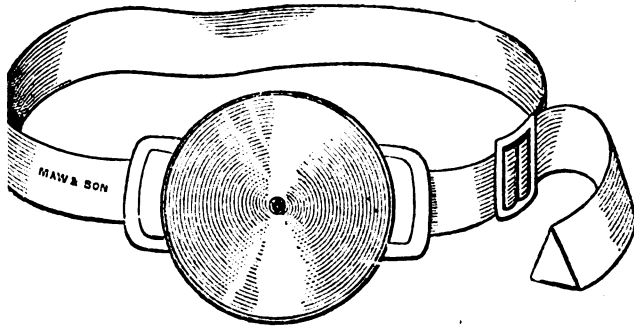


FIG. G.

(To be continued.)

Foreign Medical Literature.

CONTRIBUTIONS TO THE PATHOLOGY OF THE BLOOD.

BY PROF. S. STRICKER, of Vienna.

(Translated for the MEDICAL PRESS, by E. B. BRONSON, M.D., from the *Archiv. für Dermatologie und Syphilis*, II. Heft, 1872.)

(Continued from page 97.)

EXAMINATION.

AFTER what has been related it will no longer surprise any one when I declare that in a large number of preparations I have followed the fate of the form-elements visible in fresh blood, through several days. Based upon such observations I can now declare that those bodies which I have conjecturally indicated as products of coagulation, or as detached bits of protoplasm, as a rule, after culture of some twenty-four hours, disappear from view. It is for our purpose indifferent whether my explanation of the corpuscles is correct or not. For the only question which here concerns us is whether these bodies are identical with those discovered by Losterfer, or whether the former are produced by the latter. In either case it were then evident that Losterfer's corpuscles are to be found in the fresh blood of normal as well as of diseased individuals. This, however, proves not to be the case. In a number of fields in fresh preparations I have registered with precision all occurrences in connection with position or form, and have satisfied myself with all positiveness that those bodies visible in fresh blood, as described at page 96, were with undefined contours and quite pale, still to be seen, while round about them, new granules before not visible came in view, which at successive observations appeared larger and larger, till finally they presented such distinctly marked appearances, that there remained no doubt that they were the corpuscles of Losterfer. A discussion of the manner in which the corpuscles visible in fresh blood perish cannot be here entered upon, nor does such a discussion pertain to the question here in hand.

The preliminary question which I proposed in the beginning—viz., whether Losterfer's corpuscles are to be found in fresh blood—is already in part answered. I am able, however, to report an observation which still more conclusively settles the matter.

In the month of March of this year there was a patient in the department for syphilis, under the charge of Prof. Zeissl, uncommonly favourable to my investigation. It was the case of an individual, twenty-two years of age, badly nourished, who had for four months suffered from

syphilis. There had been at first an ulcer, then followed an exanthem and iritis. I took a small quantity of blood from the *vola manus*, prepared several specimens, and after twenty-four hours found the borders of the specimens perfectly studded with the corpuscles I was seeking. A second series of preparations exhibited the same result. In a third series no result was obtained for the first thirty-six hours, and the bodies did not appear in view till forty-eight hours had elapsed.

Just at this time we had ceased to heat our working room, notwithstanding the temperature was pretty low. The consideration of all the circumstances which could have occasioned this want of success led me now to take into account the temperature. The following day I had my room heated up to 22° C., took new specimens, and having examined them throughout, made careful note of several points situated near the periphery. After a lapse of some three hours, the corpuscles were present in great number. Some of them were so large, however, that I was forced to the following alternative: Either in spite of all my previous observations I have been deceived, and the corpuscles were after all present in the fresh blood, and escaped my observation, or their growth is in this case exceedingly rapid, and I must be able to directly observe it.

The next day I took still another preparation, had my room heated as on the previous day, brought a certain point near the periphery under the immersion lens No. 10 (Hartnack), and took observations. About thirteen minutes had passed since the blood had been taken from the patient, when it seemed to me I saw in the otherwise clear field under observation several granules. In the course of ten minutes more these granules had taken such a certain character, that I could now precisely mark their situation. At the same time it appeared to me that in the same islands numerous new granules emerged. I was unable continuously to regard them, since I was obliged from time to time to look away for the relief of my eye; but I had so precisely marked certain granules according to their position, that I recognised them at once as often as I again looked. A half hour after the first emerged granules had become so large that I could recognise them with certainty as being the ones sought. At the expiration of an hour and a half the first granules had grown to about the size of a small pus-corpuscle, while the whole field was beset with similar but smaller granules. There remained no longer the slightest doubt that I had the corpuscles of Losterfer before me. They had sprung up in a clear field and grown under my eye.

On the following day I repeated the experiment. I did not have the room heated, however, but laid the preparation upon the heating table, which I warmed up to 25° C. The result was the same. I repeated the observations made upon the previous day with perfect positiveness. What I had concluded from the numerous observations which I had previously made, but extending over several days, was now supported by direct observation; and the preliminary question was answered with all certainty.

Let us now turn to the first prime question, what is the nature of these bodies in question? The bodies are either organisms or anorganisms. From what up to this point we know of them, we are able to decide positively for neither of these two possibilities. We know of them that they grow. But growth alone is no sufficient criterion to justify a positive decision.

Losterfer has stated that the corpuscles have bud-like processes (Knospen). This statement is also correct. But I have learned by means of very positive observations that certain of the buds arise not from growth, but by apposition.

In the perfectly fresh state most of the corpuscles are spherical, and seen by No. 10, or even No. 15, immersion appear homogeneous. Now, I succeeded in directly observing how a smaller corpuscle which lay for a considerable time in the vicinity of a larger, approached the latter

and then rested as a detached head upon it. After some time the contours were altered in such a way that the constricted interval, sharp as seen in section, was changed into two concave sinuosities, one on each side; then the sinuosities were smoothed out, and I had a club-shaped body; the extremities were then gradually drawn in, and the club became a ball.

I could not say, of course, whether all the corpuscles provided with processes arose in this way. But it was enough that I had observed at all such a mode of origin. It was enough to be able to assert that the completely formed processes prove nothing at all with regard to the life of these structures.

Lostorfer has also stated that the corpuscles grow out in ascidia. I have but a single time seen a corpuscle with a long attached stem. But on this single occasion I have also observed again the mode of origin of the process with certainty. It was by means of the juxtaposition of three smaller bodies which at the commencement of the observation lay quite near to each other, and contributed to form one large one. The constricted intervals were smoothed out, and the homogeneous stem projecting from the large corpuscle was completed. We can, then, neither from the buds nor from the stems which the corpuscles exhibit, infer their organisation.

My observation of the mode of origin of the buds leaves the phenomenon of growth, spoken of above, in a still more doubtful light. If it be once made out that the smaller corpuscles become blended with the larger, why should it not be that the smaller grow through smaller ones still being annexed to them? It is true it is impossible to see that the corpuscles whose growth I have watched have grown by means of apposition, but that signifies but little.

I have at any rate ascertained that the corpuscles have sprung up into view within the field of the microscope, and, indeed, as structures so minute that it was scarcely possible to see them. Hence it must be that there are corpuscles of such a minuteness there. Yes, and still more. It is fair to assume that they were at first without the range of vision, and first became visible by growth. What hinders us now from supposing that these corpuscles which we have seen grow under our eyes do grow by apposition of invisibly minute bodies? One may object that this is a process of which we know not a single instance except in crystalline bodies. But do we know of an instance where an organism grows so rapidly as must be the case when an organism in the course of an hour from beyond the range of vision with immersion lens No. 10, grows till it attains the size of a very large nucleus?

It seems to me, therefore, to be established that from the growth alone we are able to conclude nothing with regard to the nature of the corpuscles. So much only is established that we have to do with a quite unknown structure.

I have meantime learned still another fact which led me still nearer to an appreciation of the nature of these bodies. I have learned, namely, that the structures in question react differently under chemical action, immediately after their development upon the heating table, to what they do when kept for several days as bodies of considerable size in the incubating chamber. In the latter case they resist the action of acids and alkalis; they shrivel a little, but are not destroyed. Shortly after they have developed they are destroyed by acids and alkalis, and even by water.

For this reason also it is important that at the commencement of the incubation the preparation take up no water. If the bodies have once developed, they maintain themselves for days, even when the blood corpuscles are destroyed by the admission of vapour.

The peculiarity here described could be very well explained under the supposition that the corpuscles in question are organisms. We had then the state of youth and age before us, and it would in every particular cor-

respond to the conditions of youth and age in animal cells. In the youthful state we had bodies with relatively soft external layers, while in the later stages the more outer layers had become hardened.

If, however, we assume that the corpuscles be not living, then they must at least consist of colloid matters, and so the possibility remains that their outer layers in the course of days may become hardened.

I was on the point of terminating my investigations with regard to this question, with the indefinite results which have been thus far depicted, and only wished once more to make the trial as to whether it might be possible by means of more strongly heating the specimens, to collect any practical experiences. I had already made the trial before with the blood of another patient and the corpuscles gradually becoming visible, were lost in formation of vacuoles. Now I desired to learn more precisely the mode of origin of these vacuoles.

Meantime, having with all precaution very slowly warmed up to about 33° C. a preparation of blood from the above-mentioned patient, a remarkable sight was presented to my view. A perfectly clear field was in the course of some fifteen minutes so thickly studded with the finest granules, that I was obliged to think a precipitate had suddenly formed. It was not possible to watch any particular corpuscle in its growth. Their number was too great, they lay too near to each other, so that each time I looked away I was unable to judge as to whether the corpuscle just fixed upon was identical with one regarded before. One thing, however, was not to be mistaken; the number of the quite distinctly visible corpuscles gradually increased, and some of them were soon so large, that I could recognise them with certainty as the corpuscles in question. It was at the same time apparent that a large number of them were provided with appendices. I now fixed in my eye such a corpuscle as long as I could look continuously in the microscope and found that two corpuscles, a larger and a smaller soon approached each other, and then separated again. After so fatiguing an observation I was obliged for a short time to rest, and at each new look I must, for the reasons given above, take a new pair, of which there were many within the field. At the same time my attention was called to the fact that at different points of the field each pair of corpuscles lying near each other were connected by extremely delicate fibres. I then saw that every two such corpuscles conducted themselves in oscillatory movements in such a way towards each other as if there were a firm connecting bridge between the two. While they were in motion I was enabled also, by means of alteration in the light, to see the thin and structureless fibre of connection. Further, I observed with all certainty, how two such bodies first slowly approached each other, and then again separated, again approached, again parted, and finally rapidly left each other.

The number of the granules apparently increased, the field was now thickly beset with them, but there was no considerable growth; the corpuscles remained much smaller in size than they had attained by slow warming to 22°—25° C. In spite of attentive observation, I was not enabled this time to observe the blending of two corpuscles. I had seen in very many cases the band of separation between two corpuscles become broader and shorter, so that the two seemed sometimes to represent one body, with a rather wide mark of division.

After the phenomena here described had repeated themselves on the following day in the blood of the same patient, and under the same conditions, I regarded the prime question as answered. According to the information up to the present time at our disposal, we can explain the appearance of the repeated approach and separation of two corpuscles only on the supposition that the fibres of connection between them are contractile, that the corpuscles themselves are organisms.

(To be continued.)

STUDENTS' COLUMN.

SYNOPTICAL REVIEW OF THE OFFICIAL PREPARATIONS OF THE BRITISH PHARMACOPEIA.

BY W. HANDSEL GRIFFITHS, Ph.D., L.R.C.P.,
L.R.C.S. Edin.,

Assistant-Librarian Royal College of Surgeons in Ireland.

LIQUORS (SOLUTIONS).

THERE are thirty-seven formulæ for the preparation of these in the Pharmacopœia. With two exceptions (Liquor Antimonii Chloridi and Liquor Epispasticus) they may be defined as consisting of substances, sometimes gaseous, dissolved in, or diluted with, water.

They may be conveniently divided into groups as follows:—

CLASS I.—SOLUTIONS OF METALLOIDS.

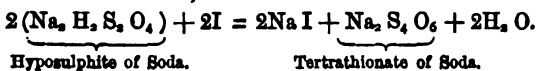
Liquor Iodii.
Chlori.

Liquor Iodii.—Prepared by dissolving 20 grains of iodine in 1 ounce of water by the aid of 30 grains of iodide of potassium. The solubility of iodine in water is greatly increased by the presence of the iodide.

Liquor Chlori.—This is a solution of chlorine gas in half its volume of water. It is prepared by passing the washed gas (made by the action of hydrochloric acid on black oxide of manganese— $4HCl + MnO_2 = 2Cl + 2H_2O + MnCl_2$) into water.

As this solution is liable to be decomposed by light and exposure to air, at first into hydrochloric and hypochlorous acids, and ultimately into hydrochloric acid and oxygen, it is directed to be preserved in green glass bottles well-stoppered, and to be kept in a cool, dark place.

Liquor Chlori is of a yellowish-green colour with a strong odour of chlorine; it instantly discharges the colour of a dilute solution of sulphate of indigo. Its specific gravity is 1.003. If no fixed impurities are present there will be no residue on evaporation. The Pharmacopœia directs the following quantitative test, which indicates that the proper amount of chlorine (2.66 grains to the fluid ounce) is present:—When a solution of 20 grains of iodide of potassium in an ounce of water is added to a fluid ounce (439 grains by weight) of the *Liquor Chlori*, the mixed solution acquires a deep red colour, owing to the liberation of iodine, thus:— $KI + Cl = KCl + I$. On adding to this coloured solution 750 grain-measures of the Volumetric Solution of Hyposulphite of Soda, the colour is discharged, owing to the reaction of the free iodine on the soda salt forming colourless iodide of sodium and tetrathionate of soda, thus:—



CLASS II.

Solutions of Alkalies or Alkaline Earths whose neutralising power is estimated by the amount of Volumetric Solution of Oxalic Acid which they are capable of saturating (a).

- Liquor Ammonia Fortior.
- „ Ammonia.
- „ Potassa.
- „ Soda.
- „ Calcia.
- „ Calcia Saccharatus.

We will consider consecutively the method of preparation, neutralisation, strength, specific gravity, and tests for purity of the foregoing.

(a) 1,000 grain-measures of the Volumetric Solution of Oxalic Acid contain half an equivalent in grains (63) of Oxalic Acid and will therefore neutralise an equivalent in grains of an alkali or alkaline carbonate.

Preparation.

Liquor Ammonia Fortior is made by passing ammoniacal gas (made by the action of slaked lime on chloride of ammonium—



into water contained in a Woulf's bottle under pressure until the requisite strength is attained.

Liquor Ammonia is simply made by diluting one part of the strong liquor with two parts of water.

Liquor Potassa and **Liquor Soda** are solutions of the hydrate in water, and are both made by the action of slaked lime on the carbonate



In each the carbonate of lime is deposited, and the supernatant liquor is directed to be decanted or drawn off with a syphon, as filters are acted upon by it.

Liquor Calcia is very simply made by saturating water with slaked lime, and decanting or drawing off with a syphon (for the same reason as in *Liquor Potassa*) the clear solution.

Liquor Calcia Saccharatus is made by digesting for some hours a mixture of 1 part of slaked lime and 2 parts of refined sugar in 20 of water.

Slaked lime is very sparingly soluble in water, requiring 732 parts of cold, and 1,500 of boiling water. Sugar greatly increases the solubility of lime, so that the saccharated solution is fourteen times stronger than the simple solution, a fluid ounce of the latter containing only half a grain of lime.

Liquor Potassa, **Liquor Soda**, and **Liquor Calcia** all strongly attract carbonic acid from the atmosphere, and hence they are to be kept in well stoppered bottles; they are furthermore directed to be kept in green glass bottles, the reason of which is that they exert a solvent power over the oxide of lead of white glass.

Neutralisation.

	Grains weight.	Grain-measures of Vol. Sol.
<i>Liquor Ammonia Fortior</i>	52.3	= 1,000
<i>Liquor Ammonia</i>	85	= 500
<i>Liquor Potassa</i>	462.9	= 482
<i>Liquor Soda</i>	458.0	= 470
<i>Liquor Calcia</i>	4,380.0	= 200
<i>Liquor Calcia Saccharatus</i>	460.2	= 250

Strength.

Liquor Ammonia Fortior.—32.5 (of NH_3) per cent. One fluid drachm contains 15.83 grains.

Liquor Ammonia.—10 (of NH_3) per cent. One fluid drachm contains 5.2 grains.

Liquor Potassa.—5.84 (of KHO) per cent. One fluid ounce contains 27 grains.

Liquor Soda.—4.1 (of NaHO) per cent. One fluid ounce contains 18.8 grains.

Liquor Calcia.—One fluid ounce contains half a grain of CaO .

Liquor Calcia Saccharatus.—One fluid ounce contains 7.11 grains of CaO .

Specific Gravity.

<i>Liquor Ammonia Fortior</i>	0.891
<i>Liquor Ammonia</i>	0.959
<i>Liquor Potassa</i>	1.058
<i>Liquor Soda</i>	1.047
<i>Liquor Calcia Saccharatus</i>	1.052

Tests for Purity.

Liquor Ammonia Fortior:—

1. When diluted with four times its volume of water it gives no precipitate with—

- (a) Solution of lime = absence of carbonate;
- (b) Oxalate of ammonia = absence of lime;
- (c) Sulphide of ammonium = absence of oxide of copper;
- (d) Ammonio-sulphate of copper = absence of sulphide of ammonium.

2. When treated with excess of nitric acid it is not rendered turbid by—

- (a) Nitrate of silver = absence of chlorides ;
- (b) Chloride of barium = absence of sulphates.

When "pyrrol" exists as an impurity of the commercial liquor, it may be detected by affording a red colour with pure nitric or sulphuric acid.

Liquor Potassæ and *Liquor Sodæ*.—The following tests are directed for both of these solutions :—

1. No effervescence with diluted hydrochloric acid.
2. Mixed with an equal volume of distilled water there is no precipitate with—

- (a) Solution of lime = absence of carbonate ;
- (b) Oxalate of ammonia = absence of lime.

3. Treated with excess of diluted nitric acid and evaporated to dryness, the residue forms with water a nearly clear solution, which may be slightly precipitated by—

- (a) Chloride of barium = trace of sulphides ;
- (b) Nitrate of silver = trace of chlorides ;

but is merely rendered turbid (or unaffected in the soda solution) by—

Ammonia = trace of alumina.

Liquor Ammonia Fortior is employed in the preparation of *Ammonia Phosphas*, *Linimentum Camphoræ Compositum*, *Liquor Ammonia*, *Liquor Ammonia Citratis*, *Spiritus Ammonia Aromaticus*, and *Tinctura Opii Ammoniata*.

Liquor Ammonia is used in *Linimentum Ammonia*.

Liquor Calcis enters into the formation of *Linimentum Calcis*, *Lotio Hydrargyri Flava*, *Lotio Hydrargyri Nigra*, and is used in making *Argenti Oxidum*.

CLASS III.—EFFERVESCING SOLUTIONS OF ALKALIES.

Liquor Lithiæ Effervescens.

" *Potassæ Effervescens*.

" *Sodæ Effervescens*.

These are made by passing as much carbonic acid gas (generated by the action of sulphuric acid or chalk) as possible, under a pressure of seven atmospheres, into a solution of 30 grains of the bicarbonate (or in the case of Lithia 10 grains of the carbonate) in 1 pint of water. They all effervesce strongly when the containing vessel is opened owing to the escape of carbonic acid gas.

The following are the tests directed :—

Liquor Lithiæ Effervescens.—10 fluid ounces evaporated to dryness yield 5 grains of white residue, which answers to the tests for carbonate of lithia.

Liquor Sodæ Effervescens.—10 fluid ounces boiled for five minutes require for neutralisation 178 grain-measures of the volumetric solution of oxalic acid.

Liquor Potassæ Effervescens.—10 fluid ounces boiled for five minutes require for neutralisation 150 grain-measures of the volumetric solution of oxalic acid.

Five fluid ounces evaporated to one-fifth, and 12 grains of tartaric acid added yield a crystalline precipitate (of acid tartrate of potash) which, when dried, weighs not less than 12 grains.

CLASS IV.—CHLORINATED SOLUTIONS.

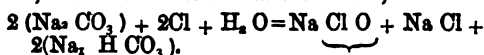
Liquor Calcis Chloratæ.

" *Sodæ Chloratæ*.

Liquor Calcis Chloratæ is prepared by digesting 1 pound of chlorinated lime in 1 gallon of water. Hypochlorite of lime, chloride of calcium, and a little caustic lime are dissolved, but any carbonate of lime which may be present, and excess of caustic lime are thrown down and are to be separated by a calico filter.

Liquor Sodæ Chloratæ is a mixed solution of hypochlorite of soda, chloride of sodium and bicarbonate of soda, and is known as "Labarraque's Disinfecting Fluid." It is made by passing washed chlorine gas (made by the action of hydrochloric acid on black oxide of manganese) into a solution of 12 ounces of carbonate of soda in 36 ounces of water. By the action of chlorine on the solution

of the carbonate of soda, hypochlorite of soda, chloride of sodium, and bicarbonate of soda are formed, thus—

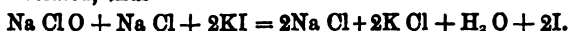


Hypochlorite of Soda.

The following are the tests directed, the explanation of which are given under *Liquor Chlori*:—

Liquor Calcis Chloratæ.—One fluid drachm (80 grains by weight) added to a solution of 20 grains of iodide of potassium in 4 ounces of water, and acidulated with 2 drachms of hydrochloric acid, gives a red solution, which requires for the discharge of its colour 500 grain-measures of the volumetric solution of hyposulphite of soda, corresponding to 13 grains of chlorine in a fluid ounce.

Liquor Sodæ Chloratæ.—One fluid drachm (70 grains by weight) added to a solution of 20 grains of iodide of potassium in 4 ounces of water, and acidulated with 2 drachms of hydrochloric acid, gives a brown solution, which requires for the discharge of its colour 500 grain-measures of the volumetric solution of hyposulphite of soda. By the mutual reaction of *Liquor Sodæ Chloratæ* and iodide of potassium in an acid solution, iodine is liberated, thus—



Liquor Sodæ Chloratæ has an alkaline reaction, due to the presence of the bicarbonate ; it derives its property of bleaching vegetable colours from the chlorine. On adding hydrochloric acid to it effervescence ensues, owing to the evolution of carbonic acid gas and chlorine, and a solution is formed which gives no precipitate with perchloride of platinum indicating the absence of potash. It should give no precipitate with oxalate of ammonia indicating the absence of lime.

Liquor Sodæ Chloratæ is contained in *Cataplasma Sodæ Chloratæ*.

(To be continued.)

SPECIAL REPORTS ON FOODS,

INCLUDING DIFFERENT KINDS OF

FARINACEOUS PREPARATIONS FOR INFANTS AND INVALIDS,

MEAT EXTRACTS, AUSTRALIAN MEATS, &c.,

Together with reliable Chemical Analyses by
Competent Professors.

[PREPARED EXPRESSLY FOR THE "MEDICAL PRESS AND CIRCULAR."] —

REPORT ON THE FARINACEOUS FOODS NOW BEING ADVERTISED AND LARGELY USED FOR DIETETIC PURPOSES.

(Continued.)

In concluding our reports upon the farinaceous group of foods examined, it may be as well to classify them.

The dietetic classification into nitrogenous substances, fats (hydrocarbons), sugar starch, &c. (carbo-hydrates), and the so-called regulators or compounds not capable of oxidation will be found the most convenient form under which to consider these substances.

Four of the foods examined may be viewed as pure starches or carbohydrates ; the second of these consists of rice starch, all the remainder being maizes, or Indian corn starch—viz. :—

Brown and Polson's Corn Flour.

Coleman's British Corn Flour.

Duryea's Maizena.

Kingsford's Prepared Onwego.

These are all retailed at the same price and are all good and pure. We have three preparations purporting to be the glutinous part of wheat—viz. :

- Bullock's Semolina.*
- Mayar's Semolina.*
- Kean's Spanish Semolina.*

These contain variable proportions of starch (see analyses), but still are genuine preparations of the glutinous part of wheat. The semolinas are about the same price as the starches, with the exception of Bullock's, which is dearer. It is certainly, however, an exceptional preparation as regards the per centage of gluten. In fact we have never examined a semolina so rich in that substance. Another group of foods, five in number, may be specified as those in which both the nitrogenous food and starch are included—viz. :

- Chapman's Entire Wheat Flour.*
- Densham's Farinaceous Food.*
- Hard's Farinaceous Food.*
- Neave's Farinaceous Food.*
- Ridge's Patent Food.*

These are all wheat preparations. The first and two last are retailed at one shilling per pound, the remainder at two shillings. They are all supposed to have been submitted to special processes (in some cases patented processes); by which they are rendered more easy of assimilation. Therefore, although at first sight it might appear that some of these foods are rather dear, due allowance must be made for the rights of the inventor or patentees. It is self evident, however, that such preparations can never become general articles of food, except for invalids and young children.

The next group is similar to the above, except that they contain diastase introduced in the form of malted barley for the conversion of the starch into glucose, or the starch has already been converted thereby. They are five in number—viz. :

- Evan's Malt Extract.*
- Hoff's Malt Extract.*
- Hooper's Food for Infants.*
- Mellin's Liebig's Food.*
- Savory and Moore's Food for Infants.*

Two of these are fluid extracts (Evan's and Hoff's preparations), one is a dry granular extract (Mellin's preparation), whilst the other two are mixtures of the malt and wheaten meal. These are sold respectively at 1s. and 1s. 4d. per pound. Mellin's Extract 3s., Evan's at 2s., and Hoff's at 1s. 9d. As good malt yields nearly half its weight of extractive matter after the conversion of the starch, and if we take the alcohol present in Evan's fluid extract as representing starch, we find that this preparation represents about its own weight of malt, and that Hoff's preparation is much less than half this strength; considering its price, this is an inferior preparation. Mellin's extract might at first sight appear dear, but it must be borne in mind that it is actually a dry extract, representing a very considerable quantity of the original cereals from which it is prepared. The other preparations examined were :

- Robinson's Prepared Barley (Pure), 8d.*
- Robinson's Prepared Groats (Pure), 8d.*
- Sea Moss Farine (pure, but exorbitant in price), 4s per pound.*
- Barry du Barry's Ixvalenta, 3s. (chiefly Lentil Meal).*

The two first have special applications and speak for themselves. We shall say nothing further of the two latter as we have no intention of recommending their use and their characters have been already described.

The natural standard for infant's food must of course be the mother's milk, and failing in this we naturally make use of the cow's.

The relative composition of these two milks will vary under different circumstances, and it would seem as if even the complexion of the mothers materially affected the composition of the milk, but at the same time will equally affect the constitutional peculiarities of the offspring. The following will, however, we think, fairly represent the peculiarities of the two milks :—

	Human.	Cow.
Sugar	4.3	3.8
Casein	3.9	4.5
Fat	3.3	4.38
Salts . . . . .	.23	.66

Solid ingredients in the } 11.73
1,000 } 13.22

We thus see that although specimens of milk either of human or otherwise, may vary considerably, yet, as a rule, the human milk is not nearly so rich as cow's, except as regards the sugar. Thus, the nearest approach to human milk would be by the addition of $\frac{1}{4}$ water, but unfortunately it still lowers the sugar without altering the relative proportions of casein. Thus, three parts cow's milk and one of water gives the following :—

Sugar or Carbo- hydrates	2.82	with the addition of two per cent. starch.	4.82
Casein	3.35		3.35
Fat	3.28		3.28
Salts	0.49		0.49
	9.94		11.94

So that we see that the nearest approach to mother's milk that we could get would be three parts cow's milk, one part water, and two per cent. of arrowroot or sugar. Such a mixture would represent an extremely rich human milk nearly in the same relative proportions. We are here speaking of the ordinary milk of the mother not colostrum or even the second week's milk. But if the infant's stomach has a horror of any of the substance present in its food it is the casein and fatty substances. Its chief digestive power is salival, and it is really wonderful to see the immense quantity of liquid starch that a few drops of saliva will instantly, even at a low temperature, convert into sugar. This can be beautifully demonstrative in a test-tube by iodine and potassio-tartrate of copper tests. Thus, we cannot give an infant diet too weak in reason, the only class of foods it is tolerant of in excess being the sugars and starches. As the being progresses in years then comes in the foods richer in proteinic compounds. The nitrogenous food will be always essential, the requisite amount being chiefly dependent upon the mental and bodily life of the consumer. They must, however, in all cases be presented in a form capable of digestion and assimilation.

In conclusion, we must speak in special commendation of Brown and Polson's "Corn Flour," Bullock's "Semolina," Mellin's "Liebig's Food," and Evans' "Malt Extract." To Messrs. Brown and Polson would seem due the credit of having first introduced into this country the maize in a desirable form as food. The others are exceptional preparations, and have been thoroughly described in their proper places. It should be borne in mind in connection with Bullock's Semolinas and the other protein foods, that wheat gluten is one, if not the most easily assimilated, of all the nitrogenous compounds.

The semolinas and the group of foods commencing with Chapman's "Entire Wheat Flour," are good preparations, and should be recommended by the medical man according to his own judgment, based on the idiosyncrasy and surroundings of the would-be consumer.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 7, 1872.

THE ADULTERATION SHAM.

THE *Pharmaceutical Journal* mentions with some exultation that the Council of the Society has been successful in the endeavour to obtain from the Government some modification of the stringency of the Adulteration Clause of the Public Health Bill in favour of persons who merely adulterate by dilution. The Pharmaceutical Society considers that one part of clause 2, which provided that "every person who shall sell as pure and unadulterated any article of food or drink or any drug which is adulterated or not pure" should be liable to a penalty of twenty pounds and other inconveniences, was, if carried out, sufficient to make the words "pure and unadulterated" a terror to all sensible men.

A deputation of the society, says the *Pharmaceutical Journal*, sought an interview with the Marquis of Salisbury, who has charge of the Bill, to urge their objections to certain features of it as it stood; and, fortunately, they succeeded in obtaining his consent to the modification of one or two of its most obnoxious points.

It will occur to many of our readers that the word "pure," in the penal clause, when applied to some drugs, might be so constructed as virtually to prohibit their sale. The omission of the words "pure and" removed this danger, but still left the difficulty as to what constituted an adulteration. This it was sought to meet by adding a clause containing a definition of "adulteration,"

which, especially as it is now qualified by the important word "fraudulently," introduced at the request of the deputation, will have the effect of considerably narrowing the range of interpretation that might have occurred had it been left to the individual opinion of judicial authorities. The following are the words of the new clause:—

"Any person who shall sell any article of food or drink or any drug, knowing the same to have been mixed with any other substance with intent *fraudulently* to increase its weight or bulk, and who shall not declare such admixture to any purchaser thereof before delivering the same, shall be deemed to have sold an adulterated article of food or drink or drug as the case may be, under this Act."

We are not surprised that a Government which lives upon the support of the shopkeeping class—the adulterators and vendors of adulterated articles—should be ready to emasculate a measure honestly framed for the suppression of adulteration. The amendment squeezed into the Bill by the Pharmaceutical Society will, however, prove one obstruction more to the effective operation of the measure, inasmuch as it will become necessary for the prosecutor not only to show that the article is adulterated, and that it has been sold as pure, but also that the adulteration has been effected with a fraudulent intention—an *inuendo* that it will be almost impossible to sustain.

The original definition of the crime legislated against was precise, simple, and comprehensive, and it is the only phrase which accurately expresses the object of the Bill.

Without doubt "every person who shall sell as pure and unadulterated an article which is adulterated and not pure," commits an act of roguery, and the word "fraudulently" is mere surplusage. As we have said, we expect no result from the make-believe of anti-adulteration legislation, which is gone through each year, but we are happy to believe that the public is being educated to see that a shopkeeper who sells wooden nutmegs for the price of genuine ones, and on the assurance that they are the real article, is a rogue and should be punished as such.

Notes on Current Topics.

Irish Medical Directory.

THE editor announces that as it is intended to re-compile and extend the greater part of the Directory, the circulars will be in the hands of the entire Medical profession in Ireland in a few days. The price of the Directory will be reduced to five shillings, with a further discount for cash payment.

Lunatics.

THE 26th Report of the Commissioners of Lunacy just issued, shows that the total number of lunatics, idiots, and persons of unsound mind in England and Wales, registered on the 1st of January last, was 58,640, being an increase of 1,885 upon the cases recorded on the 1st of January, 1871. These numbers do not include 170 lunatics so found by inquisition, and residing in charge of their committees, elsewhere than in asylums, hospitals, and licensed houses. The total of 58,640 is made up of 6,642 private patients, and 51,998 paupers; and the increase upon the year is represented by 188 of the former

and 1,697 of the latter. With the exception of 148 paupers in the Broadmoor Criminal Asylum, all the patients maintained in the various State asylums are placed in the private class, inasmuch as they are not chargeable to parishes, unions, counties, or boroughs.

Parliamentary Papers of the Month.

REPORT of Commission on Habitual Drunkards, with Evidence. Lunacy, 26th Annual Report of Commission. Lunacy (Scotland), 16th Annual Report. Annual Report of the Meteorological Department for 1871. Poor (Ireland), Annual Report for 1871.

Consumption—Its Treatment.

THIS subject has lately attracted renewed attention, and been the theme of articles in many Medical journals. The following from the *Cosmos* shows the direction of American thought:—

While the natural history of phthisis proves its spontaneous resolution by the unaided powers of nature alone, therapeutical experience demonstrates its curability by art. That this desirable result is not more frequently obtained is in consequence of its insidious character, the complex conditions of society and bad modes of living, with the reckless empiricism of resorting to any and everything promising relief, without the least regard to the true principles and practice which should govern the treatment of such a formidable disorder. Thus, from misapprehension of impending danger, neglect of, or inability to procure the means of relief, defective or bad treatment, and other causes, many are disabled or perish who otherwise might be saved by a timely and rational *methodus medendi*. Unfortunately, we can speak from some personal experience upon this subject, having been so seriously affected with hæmoptysis, expectoration of tuberculous matter—pustular, caseous, and calcareous, constant and chronic cough, dyspnoea, loss of appetite, great emaciation and debility, with frequent diarrhoea and other well known concomitants of this destructive malady, as to be declared by competent Medical authority twenty-two years ago to be a “hopeless case” of consumption, from which, however, we have recovered by a conservative course of hygienic and therapeutic measures. The curability of tubercular phthisis should therefore be more generally recognised, and more positive efforts be made for its successful treatment. The natural history of the disease shows that it tends to spontaneously resolve in two directions, viz., by softening and hardening of the tuberculous matter, through pustular, fatty, corneous, and calcareous degeneration, the latter being most conservative, as the former are apt to run into the more destructive forms of liquefaction connected with suppurative and colliquative disintegration generally of the plasma, tissues, and organs implicated. Hence the prominent indications in the treatment of phthisis *ab initio*, are to overcome the tendency to tuberculisation, prevent undue softening and destructive colliquation after its inception, and to promote hardening or the more conservative induration of the tuberculous substance, while at the same time allay all irritation resulting therefrom, obviate secondary disorders, and cause the removal of that already formed with as little disturbance of contiguous tissues as possible, in connection with the general efforts to hold in abeyance all exciting causes of the disorder, restore the healthy activity and harmony of every part and function of the body, and re-establish the normal integrity and tonicity of the entire organism. To meet these indications most fully requires all influences of a sanative character, both hygienic and therapeutic, especially good food, warm clothing, pure air, proper exercise of body and mind, sunlight, and an active out-door life rather than a sedentary and confined occupation. Indeed, plenty of fresh air and the invigorating influences included under the term of

climate with even a defective dietary, scanty clothing, and other privations, seem to be sufficient to quell and keep this disorder at bay, though the special peculiarities thereof which appear to be of most value are dryness and equability, for it is found that tubercular phthisis prevails most extensively in a damp and variable atmosphere, while it diminishes and disappears in a dry and equable climate, temperature being of less import, as both heat and cold are beneficial therein in connection with the preceding. Notable instances of this are presented in the arid plains of Africa and mountainous regions of South America. In our own country the same law prevails, as in Minnesota, Colorado, New Mexico, Florida, South Carolina, and other parts of the South and West. In the East some parts of New York, Pennsylvania, and New Jersey afford a favourable climate for the prevention and relief of this affection, especially those forms in which a very dry air is not required, as in the more purely nervous temperament, wherein it is apt to be too exciting. In parts of New Jersey for instance, during even the driest and hottest season, we have experienced prompt amelioration of this disorder with marked improvement in general health, while a change to the variable temperature and moisture of a neighbouring State was followed immediately by a return of the disturbance and debility. But usually climate is of little avail without proper nourishment. It is the privation of this which so often renders the most favoured climes a nullity, and so grievously disappoints the phthisical wanderers therein as well as those otherwise favourably situated, who either neglect or are unable to procure food suitable to the varying exigencies of this disorder. Hence it is all-important to secure a due supply of appropriate aliment in the form and condition, and at such times most acceptable to the invalid. With regard to the general character of this the teachings of physiology, pathology, and therapeutics point to the conclusion that the hydrocarbonaceous variety tends to the prevention and cure of tuberculosis, while an undue proportion of the nitrogenous promotes its inception and retards its resolution. In conjunction with these and other fundamental hygienic requirements, rational medication is of the greatest value to aid in obviating the abnormal tendencies and correcting morbid states. But as neither time nor space will admit at present of a discussion of the more purely medicinal agencies applicable in the different cases, stages, and complications of this affection, we will treat of them in detail as opportunity offers, our immediate object being to invite more particular attention to the general hygienic measures necessary to prevent and remove this dire disease, consumption.

“Arsenal de la Chirurgie Contemporaine.”

UNDER this title, the second volume of an important work has just been published by Messrs. Baillière & Co. The first volume, by Professor Gaujot, appeared in 1867; and the second, by Professor Spillmann, now completes the work. It is not a dry record of surgical instruments, but a practical and scientific treatise on the use of the latter, the illustrations being numerous and well executed.

To both civil and army surgeons such a work must prove simply invaluable, and so far as we are aware, there is not such a complete and practical work on the subject in any other than the French language. An English translation would no doubt command extensive patronage in this country and America.

German and French Watering-Places.

SOME talk has lately taken place about the several spas, and French practitioners are determined to discountenance all German resorts. They say France possesses everything she needs. The *Gazette des Eaux* has just published

a sort of list of errata for all books that mention German spas. It is as follows :—

Instead of	Read
Aix-la-Chapelle	Uriage.
Baden-Baden	Bourbon-Lancy, Bourbon-l'Archambault, Luxeuil, Châtel-Guyon.
Borcette	Uriage, Saint-Gervais.
Bruckenaun	Saint-Alban, Couzan, Evian, Nérès, Royat.
Ems	Royat, Saint-Nectaire, Mont-Dore.
Hombourg	Bourbonne, Balaruc, Salins, Saint-Nectaire.
Kissingen*	Bourbonne, Bourbon-l'Archambault, Balaruc, Saint-Nectaire.
Krankenheil	Nérès, Sail-les-Bains.
Kreuznach	Salies-de-Béarn, Salins, Moûtiers.
Nauheim	Salies-de-Béarn, Salies (Haute-Garonne), Salins, Moûtiers.
Neundorf	Saint-Honoré, Marlioz, Cauterets.
Neumarckt	Cauterets, Luchon, Saint-Honoré, Aix-les-Bains.
Pyrmont	Sources ferrugineuses froides de Vichy et de Vals, Saint-Alban, Couzan, Châteldon, Bussang, Orezza.
Rippoldsau	Bussang, Orezza, Chabetout, Châteauneuf, Andabre, Saint-Alban.
Schlangenbach	Nérès, Vic-le-Comte.
Schwalbach	Bussang, Orezza, La Bauche, Andabre, Moudang.
Weilback	Saint-Honoré, Enghien, Pierrefonds, Saint-Gervais.
Wiesbaden	Balaruc, Bourbonne, Bourbon-l'Archambault.
Wildbad	Bains (Vosges), Bourbon-Lancy, Luxeuil, Hammam-Meskoutin
Néant	Les eaux sulfureuses, sodiques, et calciques de France.
Néant	Les alcalines fortes, Vals et Vichy.

Vesico-Vaginal Fistula.

DOCTEUR ROUBAIX (*Presse M. Belge*, July, 1872) mentions several cases of the above operation recently performed by himself. In one woman, *æt.* 35, the mother of eleven children, after the eighth labour, which was terminated by forceps, she felt that the urine passed by the vagina. She had three children since then. The fistula was simple, and seated one centimetre behind the neck of the bladder; measuring two centimetres transversely. After menstruation, on the 25th January, Dr. Roubaix proceeded to the operation on the 31st. With a tenotomy knife and a long-toothed forcep, the operator practised the paring of the fistula for the extent of a centimetre around the orifice. For suture he made use of Sim's needles with a double thread, for which he substituted a silver thread. Seven points of suture were thus placed without any incident, and the operation terminated in three-quarters of an hour. A sound of pewter was kept in the bladder and fastened to the hair of the vulva. Nothing particular occurred until the 9th February, when the points of

suture were removed. Patient left hospital cured on the 19th.

In the second case, a woman with vesico-vaginal fistula had been subjected to the actual cautery, and to cautery with nitrate of silver with no good effect; but still there remained a small fistula which would not close up. On the 21st February, Dr. Roubaix parod, by means of a tenotomy knife and a long-toothed forceps, the wall of the vagina in the extent of a centimetre around the fistula. Simpson's needles were used, and silver threads at once placed in six sutures from before backwards. The operation lasted an hour. Under the dry diet used in such cases the patient did well, and the sutures were removed on the 1st March, when union was found to be perfect.

In the third case, a girl, *æt.* 20, was delivered by forceps in hospital, and on the second day she remarked that the urine came through the vagina. On the 21st February it was found that the perineum had been split down as far as the rectum; but there was no incontinence of *feces*. On introducing Sim's speculum, there was seen in the bottom of the vagina, a little to the left of the middle line, a loss of substance measuring a centimetre and a half, obliquely directed to the right and upwards, through which the vesical mucous membrane tended to prolapse. Behind the fistula there was a *cul de sac*, but it was impossible to see the cervix uteri, as it had been completely destroyed. As the fistula was so far from the orifice, an assistant drew down the vaginal wall by a tenaculum; and bent tenotomy knives were employed to pare the mucous membrane of the fistula. The operation took an hour and a half, and succeeded.

Oculists and other Specialists.

WE recommend to our readers who desire to read Spanish an essay in *El Pabellon Medico*, June 28th, by Dr. Trill, in which the question of specialities is admirably treated in a leading article. According to Dr. Trill, the teaching of ophthalmology dates from the commencement of this century. A lady at the Court of Maria Teresa was obliged to betake herself to Paris, as there was no one who could operate on the eyes in Austria. A chair of ophthalmology was then created at Vienna. In 1813 the first clinical teaching took place at Vienna, under Dr. Beer. The revolution in France retarded the development of the study of ophthalmology, and it was only in 1830 that it began to be taught in France. In 1832 Sichel (père) gave some clinical instructions in the art. Desmarres, chef de clinique of Sichel, then established a dispensary. These are not attended much by Medical students, since they are not obligatory. In ancient Rome, there were numerous persons who adopted specialities: these were soon reduced in numbers; but the oculists remained. If the operation of cataract were distributed in equal parts among all Medical practitioners, each one would probably have to practice this difficult operation once in two years. Hence the advantages of specialities on this point.

Vaginismus.

THE operative procedure of Dr. Marion Sims in this affection, says the *All. Med. Central Zig.*, 1872, is scarcely ever made use of in Germany, on account of Scanzoni's earnest dissuasion. Dr. Scharlan mentions a case where all remedies ordered had been useless, and which was cured by Sim's operation. He therefore approves of the

operation in fit cases. Von Haselberg has seen in several severe cases of the disease very good results obtained by painting over the vulva and the clitoris with chloroform and oil of hyoscyamus, equal parts. Dr. Louis Mayer praises the operation of liquor hydrargyri nit. ox. Dr. Gusserow recommends painting with nitrate of silver, or tincture of iodine, when there is no symptom of inflammation.

Ovariectomy.

DR. E. MARTIN (*Berlin. Klin. Woch.*) says that in seven cases of ovariectomy performed by him in Berlin, with two deaths, he has come to the following conclusions:—

1. Whilst adhesions of the tumour with the front wall of the abdomen, and also with the epiploon, as also traces of any fresh peritonitis in the anterior surface of the abdomen, or coils of the intestine only make the prognosis bad in a certain degree, adhesions of the tumour with the walls of the pelvis, with the uterus and rectum, cause very grave complications, on which account the latter are a contra-indication to the operation. Indications of the existence of these are in the living patient, when the tumour passes deeply down into the foramen Douglasii, and is to be felt clearly through the vagina and rectum, inasmuch that movements impressed on the tumour from the abdomen do not cause a notable disturbance of the part of it felt through the vagina or rectum.
2. Previous puncture of the tumour through the abdominal walls, recommended by some, the author limits to those cases in which a palliative treatment is not possible in any other direction.
3. Great weight is to be laid on the careful cleansing of the abdominal and pelvic cavities by means of repeated new sponges, soaked in a lotion containing a little nitre, and also a little carbonate of potash. The sponges must be carefully cleansed by washing in hot water before being used. Before closing up of the wound in the abdomen, the other ovary ought to be inspected, and extirpated if it is cystic in its nature. The most successful treatment of the pedicle consists in grasping it in the pincette of Krassow and its division with a red-hot iron, which latter usually succeeds in effecting cessation of hæmorrhage. The closing of the wound in the abdomen takes place by means of short sutures and strips of plaster. After treatment consists locally in placing a piece of linen, dipped in carbolic acid lotion, on the wound, and over this warm water compresses: in cases of burning, pain, and tympanites, bladders of ice are used. The patient takes at first spoonfuls of cold water or iced water: In the first week she takes only fluid food. The opening of the bowels is only desirable in the second week. In obstinate vomiting some drops of laudanum upon a piece of ice are recommended. The sutures are not removed before the 5th day; and the pedicle comes away often not before the 11-14th day.

Efficacy of Iodine in the Incontinence of Urine in the Aged.

In the *Independente* of July 5th it is said that Dr. Schmidt has obtained the best results from iodine in palsy of the bladder. In a woman of seventy-five years old, who had suffered for four years from incontinence of urine and involuntary dribbling, she was able after only twenty-four hours to retain the urine, by taking one drop of tincture of iodine every hour. She continued the medicine

for fifteen days (one drop every two hours), and the success remained complete. The medicine was then left off and the incontinence reappeared. She recommenced with it, and the incontinence entirely disappeared for two years until her death. In an old man of over seventy, who suffered for six months from the same disease, he obtained progressive amelioration and radical cure by using pills, each of which contained 50 milligrammes of tincture of iodine.

THE Public Health Bill passed the third reading in the House of Commons on Friday.

MR. TEEVAN has been elected a corresponding Fellow of the Medical Society of Odessa.

LORD JERVISWOODE has decided that firms, as well as individuals, are entitled to vote in the General Court of Contributors to the Edinburgh Infirmary.

At the recent distribution of prizes at University College, London, the greatest number were gained by Dairoki Kikuchi, a Japanese.

PRINCE BISMARCK has ordered rigorous precautions to be taken in all the Pomeranian ports against the importation of cholera. Two cases of cholera are reported in Berlin, Unter-den-Linden having been attacked, but it has not been finally ascertained if it is the true Asiatic epidemic.

THE Profession will participate in the unfeigned gratification with which we announce that Dr. Rawdon Macnamara, of Dublin, is almost completely restored to his accustomed health, and is again actively engaged in the practice of his profession.

THE annual meeting of the Medico-Psychological Association held, as we have announced, on Wednesday, at Edinburgh, under the presidency of Sir James Cox, the Senior Commissioner in Lunacy for Scotland, was an unusually successful one. The Association decided that their next place of meeting should be London, and elected Dr. Harrington Tuke as president for that year. We have no doubt he will worthily bear the honour that thus comes to him.

WE take the following from the *Boston Medical and Surgical Journal*:—

LEARNED V. VULGAR CREDULITY.—A QUERY.—“In the seventeenth and eighteenth centuries it was a very common belief, and accepted on the most slender evidence, that there were poisons in use so subtle that they might be conveyed in a letter, which would prove fatal to the reader, or (might be) inhaled in the fragrance of a bouquet. We might to some extent credit these accounts if we had grounds for supposing that the poisoners of old were skilful enough to isolate the zymotic poisons—the only poisons we know which can be carried in such a way.”

We would like, in all seriousness, to ask Prof. Ferrier, from whose very learned lecture on Forensic Medicine at King's College last May, we take the above extract, on what “evidence” he affirms that we “know” that there are “zymotic poisons”; and, more especially, on what more than “the most slender evidence” do we know that

such poisons, if there be such, "can be carried in a letter which would prove fatal to the reader, or can be inhaled in the fragrance of a bouquet?" Has not the term *zymotic* up to the present time been merely a learned expression to cover ignorance? Mr. Simon, an undoubted authority, "scouts the notion of any true fermentation," says Dr. Watson in his last edition; adding that Liebig could only have meant "analogically, just as we all speak now-a-days, of zymotic diseases."

What can be expected of poor "ignorants" if learned professors with their superior knowledge and wisdom show such credulity in their very teachings from the college desk?

We pause for a reply.

THE BRITISH ASSOCIATION.

As already announced in our columns, this year's meeting of the British Association for the Advancement of Science will be held at Brighton. The meeting will commence next Wednesday, August 14, and continue till Thursday, August 22, when it will close with the usual excursions for members and associates. The President-Elect is a member of our Profession, Dr. W. B. Carpenter, F.R.S., &c., who will deliver his inaugural address on the evening of the 14th. On Thursday evening, the 15th, and on Tuesday evening, the 20th, *soirées* will be held. The entire northern block of the Pavilion property is allotted to these, namely, the Dome Assembly Room, the adjoining large building used in the days of the Regent as the Royal riding school, but now converted into a corn-exchange, and the recently-built free library and museum. The exhibition of pictures, articles of vertu, philosophical instruments, and objects of artistic and scientific interest, will be very large and varied. The Brighton Natural History Society are arranging a complete flora of the south coast, both living and dried specimens; also a microscopical display, to which the most eminent London makers and the leading metropolitan societies will contribute, and which cannot but be attractive. It is anticipated that about 400 microscopes will be in use during each *soirée*. On Friday evening, the 16th, and Monday evening, the 19th, lectures will be delivered by leading scientific men. The various sections will sit daily. An announcement has been made by the *Athenæum* that whatever information is received from Dr. Livingstone will be communicated at this Brighton meeting of the association, and few things can be more interesting than news of this renowned and intrepid Medical missionary. The Town-hall room, designated for the Geographical Section, will hold some 900 people; but it has been suggested that the Livingstone communications should be read in the Dome Assembly Room, which will seat from 2,500 to 3,000 persons. Four half-day excursions are arranged for Saturday, August 17, and five for Thursday, August 22. In connection with these several county noblemen and gentlemen will display liberal hospitality. The new Brighton Aquarium will be opened and stocked for the meeting of the association. Many invitations have been sent through the Mayor of Brighton, Mr. Cordy Burrows, another member of our Profession, to Continental and American *savans*, who will attend the meeting as the guests of the municipality. Numerous acceptances have already been received. Working men delegates are also invited from London and the chief centres of industry and manufactures, and a special lecture for working men will be delivered by Mr. W. Spottiswoode, F.R.S. As to the railway arrangements, return tickets will be issued by the Brighton Company to members of the association, available to travel by any train between London and Brighton for the term. The railway company will also allow these fortnightly and monthly tickets to be issued to members of other scientific bodies in London on production of proof of membership. This is of the greatest importance to the Profession, as the members of our Medical societies will

thus have the opportunity of attending on the best terms. We beg to suggest that these societies should save their members trouble by preparing a certificate of membership for those who wish. We presume the company would also accept the diplomas of either of the Royal Colleges of Physicians or Surgeons. Applications for association tickets and local information should be addressed to the Rev. J. Beck, secretary of the Local Executive Committee, at the Royal Pavilion, Brighton. We heartily wish the great scientific congress of the year may be one of the most brilliant.

Literature.

HEALTH AND COMFORT IN HOUSE-BUILDING, OR VENTILATION WITH WARM AIR BY SELF- ACTING SUCTION POWER (a).

THIS is a very important contribution to the difficult subject of warmth and ventilation of private or public houses. It is the contribution of two Medical men to a knowledge of the vexed question of how to combine warmth and purity of air in our houses. All who know how the attempt has failed in the construction of some recent French Hospitals, such as the Lariboisière and others, will be interested in reading this clear and very precise treatise.

To procure a sufficient supply of fresh air in houses may, at first sight, appear a very simple and easy matter, but in the first place, there must be two openings, an inlet and an outlet. MacKinnell and others think that this is all that is required; but it must be remembered that the outer air is cold air, which in winter cannot be admitted freely without danger, so that although it is not difficult to warm a house or to ventilate it, it is a very difficult problem how to do both. Houses should be built for winter necessities in our climate. Captain Galton, of the Royal Engineers, has advised that the smoke flue be surrounded by a fresh air flue, the contents of which are discharged at the upper part of the apartment. The air of the room may thus be changed more than thrice in an hour. This plan is only applicable to single rooms; but our authors say that "no plan of ventilation by fire-suction applicable only to single rooms can possibly supersede the necessity of a general plan for the whole house." The kitchen fire is the only one in the house that is kept in throughout the year. "A general plan that includes the whole house is then absolutely necessary, and this, of course, involves the maintenance of an agreeable warmth in all the central thoroughfares and passages, in order that the air which enters the rooms from them may be warm."

Unless a certain portion of the daily life of all persons, especially children, is passed in the open air, the health will surely deteriorate. But we must not fall into the error of supposing that a badly ventilated and draughty house escapes any of the evils of indoor life; on the contrary, whilst destitute of the former it possesses the latter in an aggravated degree. "We do not hesitate to say that a properly warmed and ventilated house is of the very greatest consequence to health and comfort, and in many cases to life itself."

Reference is made by the authors to the present change in the views of physicians relating to the causation of pulmonary consumption: many cases are said to be nothing more than the result of inflammation in the chest, imperfectly cured, or continually renewed by fresh cold brought on, doubtless often by imprudent exposure out of doors.

(a) "Health and Comfort in House Building, or Ventilation with Warm Air by Self-acting Suction Power." By John Drysdale, M.D., and J. W. Hayward, M.D. Lond. E. and F. Spon, Charing Cross. 1872. Pp. 113, with five plans.

The making an opening at the top of a room is not sufficient for ventilation, because air must enter as well as go out. To prevent waste of heat, care should be taken in the original plan of a house to have a central hall, corridor, lobby, fresh-air chamber, or vestibule, separate from the stairs lobby, and into which no outer door should open. A double entrance to the front vestibule is necessary. Rooms may be warmed by Stephen's fire-stoves. The authors are no advocates for warming the house by means of heated air; all they recommend is, that the incoming air which is necessary for ventilation should be heated to about 65° Fah., which is best done by passing it through or over coils of hot-water pipes. In one of the houses mentioned in this work the air is warmed by hot water on the low-pressure system with large pipes. The cost of this warming must not be considered an extra expense, for it is theoretically saved in the smaller fires necessary for the rooms. The opening into the house may be in the basement, and the position for the hot-water pipes is the basement of the central hall.

There is an inlet into each room near the top of each room through the cornice by numerous small openings. The air is let into the room at 65°, and if ventilation is required there are either persons in the room or a fire, which causes the foul air to be heavier than that which enters. The windows are made close-fitting, or are hermetically sealed in such a system. The vitiated air has outlets at the ceiling over the gas leading by a flue to the foul-air chamber at the top of the house. The suction power described by our authors is always acting. The up-cast foul air flue is separated from the back of the kitchen fire by a sufficient thickness of brickwork, and the kitchen chimney is made of considerable length and contracted at the top by means of a chimney-pot fit for the purpose. If this be not sufficient to give enough draught, a few coils of Perkin's inch-bore water-pipes are recommended to be placed within the up-cast shaft. The air from the house passes through a foul-air chamber in back of the house by means of a shaft down to the back of the fire-grate in the kitchen.

By the combined use of such means the authors assure us that they have attained the desiderata of a healthy and comfortable house—viz., an abundant supply of sufficiently warmed fresh air, and a continual process of removal of the vitiated air.

In Chapter II., a detailed description is given of two houses in Liverpool built according to the principles spoken of in the preceding chapter. One is a villa at the sea-side belonging to Dr. J. Drysdale, the other a town house, the residence of Dr. Hayward. In Chapter III. there are some suggestions given with regard to the materials to be used for house-building which are very practical. The Appendix gives the result of thermometric experiments made at the town residence of Dr. Hayward, and narrates the velocity of the ventilating current observed at various points in its course in that house by several gentlemen posted in various parts of the house before and after the lighting of the fire in the kitchen.

This is a very important contribution to the subject of ventilation and warmth, and shows how necessary it is that such subjects should be investigated by physiologists and not only by engineers. We are much mistaken if builders and architects do not find this treatise of immense importance, and to all such and to the practical physician and student of hygiene we most confidently recommend the perusal of this acute and most ably-written work on ventilation and warmth.

THE CONTAGIOUS DISEASES ACTS (a).

THE author of this pamphlet of thirty-eight pages is in favour of the Acts of 1866-69, and quotes a good deal of

(a) "The Contagious Diseases Acts and the Contagious Diseases Prevention Bill." By Anthonos. Beshaw. 1872.

evidence *pro* and *contra*. But the subject is so full of thorns that we are reluctantly obliged to leave it for a future epoch, when men and women are more able to discourse about such topics without squabbling.

VACCINATION AND THE VACCINATION LAWS (a).

THIS is a trashy production written, of course, by a clergyman. We really do wish that some change would take place in the studies of our clergy, whether in or out of the Establishment. Would it be too much to ask that they should pay some little attention to science as well as theology, or at any rate until they do remember the dictum *ne sutor ultra crepidam*, and abstain from writing about what they do not understand?

Correspondence.

ON THE EXPANSIONS AND CONTRACTIONS OF THE BRAIN.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—When attending hospital in a case of compound fracture of the skull with displacement of bone, I noticed with very great interest the alternate heaving and subsiding of the cerebral mass, which phenomenon was thus deeply impressed on my mind. Since that time in the practise of my Profession observations have occasionally helped to confirm me in the view, that this cerebral motion is an independent motion. I have lately been attending a child which during teething had fits and many other symptoms of a disturbed brain. Sometimes with this child the breathing would become very rapid (40 per minute), yet the child would go to sleep as usual; and without any special treatment the rapidity of breathing would in a day or two cease. Nerve substance appears to move muscular fibre, and nerve substance is seen in the brain to be itself in motion. Hence, it seems natural to suppose that that which moves another should have in itself a power of motion. Believing, therefore, that the alternate expansions and contractions of the brain, which are synchronous with respiration, are the moving powers which cause the respiratory movement, I am anxious to know what are the physiological facts or arguments which uphold the contrary conclusion, viz., that respiration causes the alternate heaving and subsiding of the cerebral mass, and I shall be glad if any of your readers can correct my views.

I am, Sir,

Yours obediently and obliged,

DUNCAN R. McNAB, M.R.C.S.

pping, August 1872.

Legal Intelligence.

SUMMER ASSIZES, GUILDFORD,

JULY 31ST, 1872.

(Before Mr. Baron MARTIN and a Special Jury.)

MAUNDER v. WAKLEY.

THIS was an action by a Medical gentleman against the proprietors of *The Lancet* for libel. The case appeared to excite great interest in the Medical Profession, and a large body of the members of that Profession were present in court.

The plaintiff is one of the surgeons of the London Hospital, and had criticised an operation by another surgeon

(a) "Vaccination and the Vaccination Laws, a Physical Curse and a Class Tyranny." By Rev. H. Rothery. Manchester. 1872.

there; on which a controversy had arisen, in the course of which *The Lancet* published an article commenting on Mr. Maunder's conduct as unprofessional.

Mr. Hawkins, Q.C., Mr. Day, Q.C., and Mr. T. Salter, were for the plaintiff; Mr. Serjeant Parry, Sir George Honyman, and Mr. A. L. Smith were for the defendants; Mr. Kenelm Digby watched the case on the part of the Committee of the London Hospital.

When the cause was called on, a conference was held between the counsel and the parties on both sides, which lasted half an hour. In the result,

Mr. Hawkins stated that they had come to an arrangement which would obviate the necessity for a trial of the case. His client, Mr. Maunder, he said, had brought the action to vindicate his honour and character as a member of the Medical Profession, and as one of the surgeons of a great public institution. That object, however, would be abundantly attained by the course which was about to be taken. There was a right, no doubt, to discuss any topic of public or professional interest, so that improper motives were not imputed and no improper imputations were made upon character. Any imputations upon his client's character would be fully withdrawn, and that being so, he would be satisfied with a verdict for 40s. and the payment of costs, which would be an indemnity to him for the expense of this action.

Mr. Serjeant Parry said he appeared for the Messrs. Wakley, the proprietors and editor of *The Lancet*, who had felt it impossible to pass over in silence the controversy which the plaintiff had raised, and which was certainly a matter of interest to the Profession; but they had no intention of making any imputation upon the character of Mr. Maunder, who himself had been a contributor to *The Lancet*. They, therefore, had no hesitation in withdrawing any imputations, and, indeed, in declaring that none were intended, and they assented to the course proposed to be taken.

The learned Judge intimated that he quite approved the course suggested. He observed that he believed the parties had supposed that in this action for libel the original matter of controversy could be gone into, but that was an entire mistake, and he should have allowed nothing to be gone into in this action but the libel and the libel alone.

The verdict was then entered for the plaintiff for 40s.—*The Times*.

Obituary.

THE LATE DR. ALDIS.

We announced last week the untimely demise of this gentleman. We cannot do better than cite, as a proof of the estimation in which he was held, the following resolution. At a special meeting of the monthly committee of the Surrey Dispensary, held at the Dispensary, Great Dover Street, Southwark, on Tuesday, the 30th day of July, 1872, Henry Palmer, Esq., in the Chair, it was moved by Mr. Millman, seconded by Mr. Rockley, and resolved unanimously—

“That this Committee desire to offer their most sincere and heartfelt condolences and sympathy with Mrs. Aldis and her family in the great affliction they have sustained by the recent decease of the deeply lamented Charles James Berridge Aldis, Esq., M.D., the Senior Physician to this Institution, and at the same time to express their acknowledgment of the irreparable loss the Charity will sustain by the death of so valuable and efficient an officer, admired and respected by his fellow-workers for the conscientious, upright, and able manner in which for so many years he discharged the arduous and trying duties of his office, and beloved by the poor for the uniform kindness and attention he at all times paid to the patients under his care.”

Thus it is seen that a committee he had long served with fidelity appreciates his worth.

To this we will add an extract from the *Birmingham Daily Gazette*, which gives some interesting particulars of him:—

“The death is announced of an eminent Medical man, one of the old school, who, together with the gentlemanly traditions and Conservative tendencies of former days, was a

practical Reformer. Dr. C. J. B. Aldis, the most efficient and painstaking of the officers of health, whose name is familiar to all readers of the daily papers for his voluminous and useful reports as to the sanitary condition of St. George's, Hanover Square, was the son of Sir Charles Aldis, also a Medical man. He devoted his whole life, not merely to the active duties of his Profession (in which, besides being a member of the Council of the College of Physicians, he held appointments which filled nearly half a column of Medical directories), but was associated in early life with the Earl of Shaftesbury in ameliorating the condition of the dwellings of the poor in the worst parts of Westminster. He took great interest in the question of workhouse reform, but his memory will probably be most fondly cherished by those who benefited by the act, passed mainly through his influence, to prevent the overworking of dressmakers' and milliners' apprentices. The act was never efficiently carried out by other officers of health, as it was a troublesome and unremunerative duty; but in his own district woe betide the fashionable milliner or dressmaker who ill-treated an apprentice or worked her beyond the legal hours. The best testimonial to the memory of this good man would be some really efficient measure for the protection of overworked seamstresses. Dr. Aldis took a large share in the foundation of the St. Paul and St. Barnabas Dispensary, in Ebury Street, of which he was the honorary physician since its establishment some fourteen or fifteen years ago, and his unceasing labours as Medical officer of health for the large parish of St. George, Hanover Square, no doubt brought on his premature death. For some time he had been ailing, but he died in harness, the extreme heat of the weather last week and his testing some gas in the very midst of it, being no doubt the immediate cause of his decease. On Thursday evening he had been at the council of the College of Physicians, and when he came home he said to his family that he wished he had stayed to dinner, as he felt so much better, but no doubt the prudent course was best. On Friday he went to his hospital, and after luncheon, as usual, dozed in his chair, when, his wife coming in, she found he had passed away without any pain. Dr. Aldis was educated at St. Paul's School and at Trinity College, Cambridge, and took the degrees of M.A. and M.D. He continued throughout life to take the greatest interest in his old school and university, regretting that comparatively few of his profession did so. He rarely missed the Speech-day at St. Paul's, and was not only on the committee of nearly every Conservative candidate for the University of Cambridge, but took an active part in all university matters, so far as a busy non-resident could do. Dr. Aldis was delighted at the return of Mr. W. H. Smith for Westminster, and the last public affairs in which he was interested were the sanitary commission of which Sir Charles Adderley was chairman, and the election of Viscount Mahon for the School Board. He has left a widow and one son (who, singularly enough, on the day of his death was coming home with the joyful news of an unexpected appointment of £1,500 a year in India) and two daughters, one of whom is married to Mr. Turner, a Norfolk rector, and the other, who was her father's righthand in preparing his reports, is single.”

Another citation will conclude our obituary:—At a meeting of the St. George's (Hanover Square) Vestry, the Rev. H. Howarth, B.D., the rector, moved—“That this Vestry desire to record their sense of the great loss this parish has sustained by the death of their esteemed Medical officer. To his eminent qualities as a physician were added scientific talents of a high order, the whole of which were brought to bear upon the important interests entrusted to his charge with a conscientious zeal and faithful diligence that cannot be too highly appreciated. That this resolution be communicated to Mrs. Aldis and the family, with the assurance that the Vestry sympathise with them most sincerely in their present position.”

Medical News.

Bequests, &c., to Medical Charities.—The Grocers' Company have given £500 to the London Hospital. The Leeds Public Dispensary has received £200 from the representatives of the late Miss Philippa Hamilton, of Harrogate. Miss Louisa Yea bequeathed £200 to the Taunton and Somerset Hospital.

Royal Medical and Chirurgical Society.—By order of the Council, the library will be closed from August 12th to September 12th, both days inclusive.

The British Medical Benevolent Fund.—At the monthly meeting, held last week, the committee considered twenty-two applications for relief, and among thirteen of these the sum of £115 was distributed in grants of £5 or £10. Donations were reported of £31 10s. from the Merchant Taylors' Company, and of £52 10s. from the Drapers' Company; also a new annual subscription of £20 from Sir Richard Wallace.

The International Ophthalmological Congress.—A preliminary meeting of the members of the Congress took place at the Royal College of Physicians of London on Wednesday evening last. The time was chiefly occupied in the transaction of formal business. Among the foreign visitors were Prof. Donders, Drs. Warlomont, Galezowski, de Wecker, Delgado, Meyer, Noyes, Green, Joy Jeffries, Jugo, Horner, Zehender; and nearly all the London and many of the provincial ophthalmic surgeons were present. On Thursday morning the members assembled at eleven o'clock, and Mr. Critchett, the Chairman of the Executive Committee, welcomed them to England in the names of himself and of the other ophthalmic surgeons of London. Professor Donders was then elected as President of the Congress; Dr. Williams, of Boston, U.S., and Dr. Warlomont, of Brussels, as Vice-presidents; Dr. Zehender, of Berne, and Messrs. Soelberg Wells and Hulke as Secretaries. The scientific business was then commenced, and continued up to Saturday night.

Society for Relief of Widows and Orphans of Medical Men. Founded 1788. Incorporated 1864.—The Quarterly Court of Directors of the Society was held July 10th at 53 Berners Street. The chair was taken by Charles Hawkins, Esq., V.P. Fifty-eight widows and forty children made applications for grants, and the sum of £1,312 10s. was distributed amongst them, the amounts varying according to the wants of the respective applicants. Five widows were added to the list of annuitants. A donation of £100 was announced by the acting treasurer, James G. Ware, Esq., as having been received from Dr. Hare, to whom a vote of thanks was unanimously passed. The directors again appeal to their professional brethren for assistance to enable them to meet the increasing demands on the funds of the society.

Royal College of Surgeons in Ireland.—At the Quarterly Examination held on the 9th, 10th, 11th, 12th, and 13th of July, the following gentlemen passed the first half of their examination for Letters Testimonial of the College, viz.:—James H. Allen, William Charters, James Creagh, Anneley, C. C. De Renzy, Patrick C. Devany, George H. Dundas, Arthur B. Finney, William A. Fitzgerald, John Going, Patrick A. Hayes, Michael Healy, Christopher J. J. Hughes, William Irvine, Francis B. Kane, Kingston, D. L. Kirkwood, Henry Longford, Michael Loughman, Richard H. Lyon, Charles M'Clintock, John Creary, Henry G. Murray, George Rogers, Patrick A. Shannon, Patrick J. Slevin, Charles C. Smith, George L. B. Stoney, Auster F. Walker, Wm. Walter, Thomas I. D. C. Williams, and Joseph Wybrants. At the preliminary examination held on the 17th July, the following candidates were adjudged certificates of qualification. The names in the first and second classes are arranged in order of merit. *First Class.*—John Cristal. *Second Class.*—Wm. Folliot, Abraham W. Browne, Edwin Young, James Mathews, George Brown, Michael Fitzgerald, and Louis E. Delmege. *Unclassed.*—Andrew F. Adams, Arthur Barron, W. A. Bonyng, John J. F. Cassidy, John Crean, John Emerson, Richard J. Hassard, Samuel Keays, Edward E. Lennon, George Lyndon, Henry M'Carthy, John P. Nicolls, George Stoker, and Daniel N. Wallace. At the quarterly examination held on the 23rd, 24th, 25th, and 26th of July, the following gentlemen passed their second, third, and final examinations for the Letters Testimonial, and were admitted licentiate of the College, viz.:—James H. Allen, John Barton, John H. Borwell, Andrew J. Brady, David J. Carleton, Michael J. Clune, Robert N. Denning, Rowland J. Denny, Charles J. Diamond, William C. Downing, Robert J. Eyre, Thomas Fenton, William A. Fitzgerald, Robert H. Foot, Nicholas French, James N. Frood, Raptist Gamble, Thomas Griffin, Patrick A. Hayes, George C. Jackson, Robert G. Johnstone, Wilmot J. Jones, Francis B. Kane, Robert G. Loverock, Michael J. Malone, Brownlow R. Martin, James M'Gann, Archibald M'Kinlay, Joseph P. M'Sweeney, Robert J. Miller, Patrick Mulcahy, Edward R.

Mulock, James W. Murtagh, Joseph J. Nolan, Edwin Page, James R. Panter, Gabriel O'C. Redmond, Robert Sproule, John R. H. Sutton, James C. Weld, Thomas A. Woods, and Frederick E. Young.

The Cholera in Russia.—According to the last accounts from Kieff, says the *Eastern Budget*, the cholera has almost entirely disappeared from that city. Even in the monastery (Iarra) of Kievo-Petchersky, which was the principal centre of the epidemic owing to the great number of pilgrims who assembled there, the number of new cases has become quite insignificant. The total number of persons who died of cholera during the short period of the prevalence of the epidemic at Kieff was 1,300, or nearly one half of the total number of sick in the city. At St. Petersburg, according to the *Police Gazette*, the number of deaths from cholera on the 19th inst., was 23. Since the disease broke out in the capital (on the 23rd of June) the number of patients was 896, of cures 133, and of deaths 367. There have also been 262 deaths from small-pox since the 13th of April.

Gleanings.

Biliary Calculi.

DR. J. C. VAN WYCK reports F. T., æt. 59, female—a case which he treated at intervals, for the space of five years. Prof. N. R. Smith, of Baltimore, had observed the case twenty-five years previously, at which time, although she was residing in a malarious district, she speedily recovered her usual health. Shortly before Dr. Van Wyck was called in attendance she had suffered greatly from "bilious attacks," and had become reduced from corpulency to a condition of extreme emaciation. These attacks were of irregular occurrence, varying from ten to sixty days. The general health was not very good, appetite irregular, bowels constipated, and, owing to a constant dread of a return of the trouble, together with family afflictions, she became very despondent and depressed. The attacks would be instantaneous; with no previous warning she would be seized with vomiting, intense pain over the liver, and complete jaundice occurring within half an hour from the time of seizure. The jaundice hue differed from any previously seen, being the tint of a not fully ripe lemon, and the skin presented a shining appearance, in lieu of the usual flat, dead colour of icterus. The paroxysm would last from one to two hours, with intense, uninterrupted suffering. The application of mustard to abdomen and feet, Ac. hydrocyanic to quiet stomach, and morphine to allay pain, would generally control the attack, and, after a mercurial purge on recovery, she would be as well as ever. During the intervals every remedy that could be suggested by different Medical men called in consultation, and who all diagnosed as above, was tried, sometimes with apparent prospect of permanent relief, but all eventually failed, and the attacks now after one year, increased in frequency until for the space of three weeks, forty-eight hours rarely elapsed without a severe one, and the patient rapidly failed, when Dr. Van Wyck determined to try the effects of strychnine, which was accordingly given in doses of 1-50th of a grain every three hours. The beneficial effect was so immediate that all other medicine was discarded, and the strength supported by it and easily assimilated articles of food. In three weeks the patient left her room; the bowels acted freely; and the general improvement was so marked that the medicine was increased to 1-10th grain daily.

The patient faithfully persisted in the use of strychnine for six months, increasing the quantity to 1-5th grain daily, when believing herself free and cured, she abandoned its use, to be seized again in three weeks with another familiar attack, which necessitated the continuance of the remedy. Within the next two years she passed from the observation of Dr. V., but he learned that while away from home she had again left off the only remedy that had ever been of the slightest service to her, and, in a paroxysm of the well-known attack, had died. There was no autopsy made. The question that naturally arose in the mind of Dr. Van Wyck was, was this a case of biliary calculi, or a spasmodic action of the hepatic duct, causing a distension of all its ramifications, and cutting off the flow of bile?

Long before the patient had passed from his observation,

the Doctor had taken the latter view, for the reason that with every attack, gall stones had been diligently sought for and never found; and this gall bladder could not be detected on examination after these innumerable attacks, as would have been the case were it distended with calculi sufficient in quantity to account for the frequency of the seizures. Again, spasm of the duct is frequently followed by instant jaundice, as in the present instance, while Villeneuve, and other eminent authorities, teach that slow, depressing passions of the mind are fruitful causes of producing spasm of the duct.

Dr. Van Wyck added that, during the past three years, he had visited another female, æt. 41, whose case he diagnosed as biliary calculi. It resembled the first one reported; in fact, the only difference being that the resultant jaundice was not observed until several hours after the seizure, and its hue was the typical icteric one. The treatment has been—hydrocyanic acid to allay nausea, morphine hypodermically, and a pill of podoph. assafœt. and nux vom. Owing to the infrequency of the attacks, the constant use of the nux vom. was considered unnecessary. There had been no attack for eight months.

Dr. Thos. Buckler, of Baltimore, published an article in the *Half Yearly Abstract*, July, 1868, on this subject. He gave chloroform in teaspoonful doses every hour during the attack, and one dose after each meal, for five subsequent days; he then used hyd. succinat. ferri per ox ʒjss, aquæ. ʒvjss. M. S. ʒj., after each meal; this was continued for three months with benefit. Three other cases submitted to the chloroform treatment were promptly relieved.—*St. Louis Med. Journal*.

We believe we are not premature in the statement that the filling of the vacancy in the Medical Staff of the City of Dublin Hospital caused by the resignation of Dr. Hargrave has been practically decided upon, and that Dr. William Ireland Wheeler will succeed to the surgery of the hospital.

The Admiralty having decided to establish in the Navy a personal record of the Medical history of every petty officer, seaman, marine, and boy in the Service, have issued the necessary instructions accordingly. The *United Service Gazette* says that on board ships carrying Medical officers, the Medical officer in charge is to keep the Medical history sheets, and where there is no Medical officer, the duty is to be performed by the Officer in Command.

THERAPEUTICS :

An Address delivered at the Annual Meeting of the Norfolk (Massachusetts) District Medical Society, May 8, 1872.

By B. E. COTTING, M.D. Harv.

(From the *Boston Medical and Surgical Journal*, July 4.)

MY FIRST QUESTION

As a Medical Student,—

ITS SOLUTION A SURE BASIS FOR RATIONAL THERAPEUTICS (a).

TWENTY years ago, on the unexpected failure of the appointed speaker, at the solicitation of the officers of this Society, I prepared the paper (b) which was read at the annual meeting. That service was performed in early acknowledgment of the duty incumbent on each member to contribute his allotted share for the advancement of the Society and our common profession. In continued recognition of the same duty I return to note a few of the changes in the interval, and to indicate, in one direction at least, the difficult task we must leave unfinished to our successors.

The Address of 1852 urged the necessity of solving *The First Question* I asked my teacher when, for the first time, I

(a) I prefer to be called a fool for asking the question, rather than to remain in ignorance.—Dr. JOHN HOMANS (while a Medical student, 1800) to an upbraiding Professor.

(b) Entitled *NATURE IN DISEASE*; published in the *Boston Medical and Surgical Journal*, October 13, 1852.

was taken as a medical student into the presence of a sick man;—*what will be the course and result of the disease if left to itself, without medicine?* This question my teacher, than whom never existed a more observant or conscientious practitioner, honestly and frankly confessed that he could not answer; such a case had never to his knowledge been left to itself. The reply rather surprised the young beginner; for then, as now, it seemed a most befitting question to ask, and one that should be answered before any rational administration of drugs should be determined on. Elsewhere an answer was sought for, but in vain. The books did not give the desired information. All the cases they furnished had been submitted to remedial agents of real or supposed efficacy. The question appeared never to have been thought of; or, if thought of, not to have been deemed worthy of solution, or even of consideration. Nevertheless, it seemed not an unreasonable question; and the resolution was tacitly formed to seek opportunities to solve it, so far as practicable, if only for myself. Some of the results of observations made for that purpose were cited in the paper read to this Society. It had been proved, even at that time, to my own satisfaction at least, that some of the gravest or most painful diseases, left without drugs, but otherwise properly cared for, will go on quite as favourably, and with—as many recoveries, as when submitted to customary medication, and much better than when violently, or as the word then was, *heroically* treated.

Although the Address did not contain any suggestion inconsistent with the firmest faith in the efficacy and usefulness of medicines when properly tested, or in the incalculable good to the sick to be derived from the attendance and care of the educated and scientific physician, yet human diseases had been treated so invariably with drugs, and every recovery had been so universally attributed, by the public and the Profession, to the efficacy of the particular drug administered, that no sooner was the statement promulgated that unaided Nature (c) was adequate to the cure of diseases in a large proportion of cases, than there arose the cry of “heresy.” But this cry was also raised, about that time, in regard to some of the foremost men in the Profession, who apparently were not very much deterred thereby from proclaiming their convictions to their associates.

New suggestions are seldom received at once without hesitation. Often, at first, they meet with much opposition, though destined, soon after it may be, to be fully accepted. Thus, five years later, in 1857, when Sir James Forbes (*Nature and Art in the Cure of Disease*) urged with great earnestness a zealous study of the Natural History of Diseases, averring that, “on the profounder, more critical, and purer study of *Nature* as manifested in *Disease* rest, in my judgment, the best hopes of improvement in the Medical Art,” he was constrained to admit that, “the finding of a proper field for such observation and study is by no means so easy a task as might, at first sight, appear,” and to declare it to be a lamentable defect that there was “no distinct chair for instruction in the Natural History of Disease” in any of the Medical Schools. Labouring hard to establish these positions, and feeling, he said, that they were at variance with those of most Medical men, the best informed as well as ordinary practitioners, he showed that all along the ages there were numbers of cases so absurdly or so inertly treated that they must have recovered through Nature alone, though the credit of the recovery had uniformly been given to Art. And, on such inadequate cases as these, he was content, as it were in a spirit of compromise, to rest an elaborate plea for a mode of treatment of disease that might “occupy the happy medium between doing too little, and doing too much,”—between, on the one hand, the fashion of mystified trifling then coming into vogue, and, on the other, the not less objectionable perturbative measures so often resorted to. On such unstable foundations, and without ascertaining for himself in a single instance what Nature of itself could do, he proposed a method of treatment which, after the manner of the times, he maintained in its result “must be accepted as superior to that which unassisted Nature can supply.”

(To be continued.)

(c) Nature, “with a capital N,” by which is meant, not a “vague external secondary personification,” nor a “metaphorical subcutaneous female entity,” but the forces and laws of the Universe (to make the statement broad enough) so far as concerned in disease, its existence in the world, its inception in individuals, its progress, culmination, decline, and departure (uninfluenced by human interference); and always presupposing an Originator, Law-giver, or, if any one prefers term, “Great Artificer.”

NOTICES TO CORRESPONDENTS.

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

All communications intended for insertion, must bear the name and address of the writer; not necessarily for publication, but as a voucher of good faith.

Rejected MS. will always be returned, if a request be received from the author, within one week after the article or letter has been declined.

SUBSCRIPTIONS IN THE UNITED STATES.—A Correspondent has drawn our attention to the fact, that some of the houses in the United States are charging the enormous figure of 15 dollars per annum (more than £3) for supplying this Journal to different parts of the States. We beg, therefore, to state that we shall be happy to supply the same regularly post free per annum, if paid in advance, for considerably less than half this amount, viz., six and-a-half dollars (about £1.6s. 0d.), either direct from our offices in this country, or through our recognised agents in the United States.

TO OUR SUBSCRIBERS.—It having been suggested to us that it would be a matter of great convenience to Subscribers visiting the metropolis to know where they can give instructions for their letters to be addressed previous to leaving home, we have pleasure in informing them that the Publisher has consented to take charge of letters addressed to his care, and that he will place a desk at the disposal of Subscribers whose names are upon our lists, for short correspondence, where such accommodation is desired.

VACCINATION MEDICAL OFFICERS AS PROSECUTORS.—*Appropos* of the subject, we are informed that the Sheffield Board of Guardians decided at their meeting on Wednesday last that they would not permit their vaccination officers to prosecute, at their own discretion, parents who object to have their children vaccinated. No prosecutions will be permitted unless specially sanctioned by the Board, and then only after each case of non-compliance with the Vaccination Act has been fully considered. There was an evident disposition on the part of several of the guardians that prosecutions should not be resorted to.

J. E. R.—Yes, an authority upon the subject.

STUDENT.—We shall publish full particulars in due course; some of the arrangements have not been settled yet.

IS IT A FACT?—Last week, at the annual meeting of the Devonshire Association for the Advancement of Science, Mr. W. Pengelly, F.R.S., read a humorous paper entitled, "Is it a fact," in which he pointed out how statements passing from one person to another became frequently distorted and twisted in the most curious manner. He related some very interesting and amusing specimens of the sort, evidencing the credulity of people in general, and how prone most were, particularly when scandal was the topic, to believe and add thereto a few gentle touches of their own.

"A CASE OF REAL DISTRESS."

We have great pleasure in acknowledging the receipt of the following sums in reply to the appeal in our last. Some of the subscribers to their donations have added a kindly sympathetic note, and the wish that it were more. Of the few who have contributed, not one has asked the name, which we scrupulously withheld in our last, in deference to the feelings of the recipient. Since then this gentleman, seeing the appeal in our columns quoting a portion of his own letter, has written a most touchingly grateful letter, acknowledging the unexpected kindness, and begging us that if any money be sent in response, we will bestow it upon others who may possibly be worse off than himself; as "he has just received a small sum to supply immediate wants." Of course we cannot think of adopting this course, and we assure him that his natural dread lest it should be known that he is the recipient of charity, need not trouble him for an instant. It has not, and will not be known beyond ourselves.

Dr. W. P. Harrison, F.R.C.S., Ilkley, Yorkshire, £1; Dr. Barr Meadows, L.R.C.P., M.R.C.S. Lond., £1 1s.; A. A. T., London, 2s. 6d.; G. C., Dundee, 5s.; W. H., Church Stretton, 2s. 6d.; M. L., Howth, 8s.

COMMUNICATIONS have been received from:—Dr. Cullen, Kilmeaden. Dr. McKeogh, Thurles. Dr. Bodkin, Tuam. Dr. Burrows, Riverstown. Dr. Lawler, Tralee. Mr. Connolly, Mullinarnham. Mr. Brennan, Dublin. Mr. Allen, Dublin. Dr. Butcher, Dublin. Dr. Crane, Mullinavett. The Secretary General Post Office, Dublin.

ERRATA in the "Contributions to the Pathology of the Blood," in the last Number (July 31st, 1877).—In the 2nd line, for "Archiv. f.uso Dermatologie, &c.," read "Archiv. für Dermatologie, &c." In note at the bottom, for "II. Heft des Wiener M. Jahrbücher," read "II. Heft des Wiener Medicinischen Jahrbücher." In the 4th line from the top, for "to learn for," read "to learn by." Page 96, 1st column, 23th line from the top, for "an enucleus," read "a granule." 32nd line from the top, for "I will now describe the variety of forms," read "I will not describe the varieties of form." 42nd line, for "fibrine," read "fibrin." 14th line from the bottom, for "seldom to be seen," read "seldom to be sure." Second column, same page, 29th line from the bottom, read every addition of fluid puts the form-elements in motion. In note at the bottom, for "Handbuch des Gelvebelne," read "Handbuch der Gewebelehre." Page 97, at the end of the 9th line from top, instead of a period, a comma. 2nd line from the bottom, for "the characteristic one indicated," read "the characteristics are indicated."

OPERATION DAYS AT THE LONDON HOSPITALS.

WEDNESDAY, August 7.

MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 2 P.M.

ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 2 P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1½ P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
CANCER HOSPITAL.—Operations, 3 P.M.

THURSDAY, August 8.

ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

FRIDAY, August 9.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

SATURDAY, August 10.

HOSPITAL FOR WOMEN, Soho square.—Operations, 9½ P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.

MONDAY, August 12.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. MARK'S HOSPITAL.—Operations, 2 P.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

TUESDAY, August 13.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.

VACANCIES.

Westminster Hospital. House-Surgeon. Board and residence, without salary.
Shoreditch, East London, Parish of St. Leonard. Dispenser. Salary £120.
Westminster Dispensary, Soho. Resident Medical Officer. Salary £100.
Notting-hill Dispensary, W. Resident Medical Officer. Salary £100.
Surrey Dispensary, Southwark. Physician.
Uttoxeter Union. District Medical Officer. Salary £32, exclusive of fees.
Liskeard Union, Cornwall. Medical Officer. Salary £65, exclusive of fees.
Sudbury Union, Suffolk. Medical Officer. Salary £41, exclusive of fees.
Newtown and Llanidloes Union. Medical Officer. Salary £30.
Northampton General Infirmary. Dispenser. Salary £100.
Dover Hospital. House Surgeon. Salary £20.
Ventnor Hospital for Consumption. Resident Medical Officer. Salary £30.
Ladies Medical College, London. Lectureship in Midwifery. Amount guaranteed by fees, £120 per annum. (See advt.)

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

A Manual for Hospital Nurses. By E. J. Donville, L.R.C.P. London: J. and A. Churchill.
The Graft Theory of Disease. By James Ross, M.D. London: J. and A. Churchill.
On the Functional Diseases of the Urinary Organs. By D. Campbell Black, M.D. London: J. and A. Churchill.
On Diet and Regimen in Sickness and Health. Fifth Edition. By Horace Dobell, M.D. London: Lewis.
Address before the Carolina Medical Association. By Dr. F. P. Porcher.
La Presse Médicale Belge. Pacific Medical Journal. Cincinnati News. Indian Medical Gazette. Allgemeine Wiener Medizinische Zeitung. British Journal of Dental Science.

APPOINTMENTS.

BLAIR, J. O., M.D., Medical Officer and Public Vaccinator for District No. 2 of the Newbury Union.
BROWN, H. J., F.R.C.S., Medical Officer for the newly instituted Out-door Department of the City of London Lying-in Hospital.
BRUCE, R., L.R.C.S. Ed., a Medical Officer for the newly instituted Out-door Department of the City of London Lying-in Hospital.
BURCHELL, P. L., M.B., F.R.C.S., Consulting Surgeon for the newly instituted Out-door Department of the City of London Lying-in Hospital.
CHESMAN, T., F.R.C.S., re-elected a Surgeon to the Sheffield Hospital.
FOWLER, R., M.D., M.R.C.S., a Medical Officer for the newly instituted Out-door Department of the City of London Lying-in Hospital.
GREENWOOD, M., M.D., a Medical Officer for the newly instituted Out-door Department of the City of London Lying-in Hospital.
GRIFFITH, J. C., M.B., a Medical Officer for the newly instituted Out-door Department of the City of London Lying-in Hospital.
HALSE, C. S., M.D., a Medical Officer for the newly instituted Out-door Department of the City of London Lying-in Hospital.
MACKENZIE, L., M.R.C.S., House-Surgeon to the London Hospital.
MACLEAN, A., L.S.A., House-Surgeon to the Rotherham Hospital and Dispensary.
MAJOR, H. C., M.B., C.M.; late Clinical Assistant at the West Riding Asylum, Wakefield, promoted Assistant Medical Officer.
ODLING, T. F., M.R.C.S., Junior Resident Medical Officer to the Royal Free Hospital, Gray's Inn Road.
POWELL, J. T., M.D., L.R.C.P.L., a Medical Officer for the newly instituted Out-door Department of the City of London Lying-in Hospital.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 14, 1872.

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Original Communications.

CLINICAL LECTURE ON A CASE OF LOOSE SCAPULA.

By C. HANDFIELD JONES, M.B.Cantab., F.R.S.,
Physician to St. Mary's Hospital.

M. A. N., æt. 37, seen Feb. 21st, 1872. Has been suffering with her right arm twelve months; the disorder came on gradually; she had not strained or injured the arm in any way before. Had rheumatism some years ago, but has no traces of it now, unless the arm affection be regarded as such. Health always rather weakly. Catamenia regular, rather scanty. Mouth is dreadfully nasty in mornings. Bowels open. Was in St. George's Hospital four months ago in the surgical wards; was galvanised, and had cold shower bath, but did not get any better. She can't use her right arm, "has no power in it in the least, it aches so much." Most pain is felt at upper and back part of right shoulder; there is a good deal of tenderness in this situation when the part is handled. She can move the arm a good deal in almost any direction, but almost any movement causes some pain, and extensive movement much pain. No dislocation of shoulder joint. Right forefinger quite dead the last two days; it is, however, tolerably sensitive this morning. Grasps more strongly with left than with right hand; the effort causes a 'drawing' pain up right forearm. Right hand is colder than left. The scapula is often most markedly displaced; the spinal border is thrown backwards and outwards so as to project considerably. The above notes were taken just after she had been examined by a skillful hospital surgeon, who pronounced her case to be one of dislocation of the "latissimus dorsi" muscle from the lower angle of the scapula, and that the application of a bandage round the thorax to keep the bone in its place was the only measure likely to afford any relief. Without by any means discrediting this opinion altogether, I was not inclined to

adopt it exclusively, for the reason that there existed evidently so much sensory and motor disorder that I could not but think that if these were amended there was considerable hope that the functional power of the limb might be in great measure restored.

She was admitted into St. Mary's under my care, Feb. 24th, and I took the following notes:—As she sits up in bed the right scapula's inner border projects abnormally to a great extent, and its upper and inner angle is drawn upwards, while its lower is tilted backwards and separated more or less from the chest walls. Her dorsal spine is curved a good deal backwards. She finds it difficult to get up in bed, it causes her pain in the lower dorsal or lumbar region, and hurts the shoulder too. When her back is not supported the scapula projects much more; its inner border and upper angle are more elevated. When she takes a deep breath the right lower ribs rise well, and the scapula remains pretty well *in situ*. Pressing the right shoulder hurts her very much, and so does moving it passively in any direction. The displacement of the scapula seems to be produced by spasm of the rhomboid muscle and levator anguli scapulae. In deep inspiration the diaphragm descends but little; her arms are about equal in size; face rather red; she perspires very much, even when lying in bed. Port, 4 oz.

Strychnia, gr. 1-20;
Acidi Nitric, ℥ ij.;
Spt. Chlorof., ℥ x.;
Aq. ʒi. i.d.;

Ord. D. Porter, Oj.

26th.—Inner border of scapula much approximated to spine, and its inferior angle considerably raised, so as to be two inches higher than the inferior angle of the left. Urine palish, not albuminous, feebly alkaline, with scattered flocculi floating in it. Pt. Ferri Carb. Sacch. ʒj. *ter die*.

29th.—Manner not at all fussy, spasm continues, inner edge of scapula drawn close to spine, and the bone considerably raised. I injected Morphia muriat. gr. ʒ and atropia, gr. ʒ near the spine.

March 4th.—Much less pain after the injection, feels better in herself, arm same.

Succi Conii, ℥ij.;
Aq., ℥vj., *ter die*.

Shoulder is very quiet at night. Mr. — examined the patient to-day, and ascribes the disorder to dislocation of the scapula from the latiss. dorsi. Injection repeated.

March 8th.—I inject her again at her own request. She has much less pain in arm and shoulder, and has more use of the arm. In inspiration both scapulae diverge from the median line, and the ribs rise well. When I press forcibly on the right scapula, so as to prevent the displacement of the lower angle—which otherwise is still considerable—she says it affords her great support. I have to press hard, or else the lower angle is tilted out. This tilting out takes place during the first part of the act of raising the arm, and ceases after the arm has passed the horizontal position. Faradised the serratus magnus. As she has a good deal of leucorrhœa, I order—

Zinci Chloridi, gr. xx.;
Ad Aq. Oj., pro inject.

12th.—Much better, has more use of arm, no pain in arm now, injection not needed.

14th.—Some pain in dorsal region. Liq. Opii, Sedat. ℥ x., injected at inside of posterior border of scapula.

Ri. Succi Conii, ℥ij. Repr. pulv.

18th.—Improving, urine very pale and aqueous, sp. gr. 1.007.

Ferri et Quinæ Citratis, gr. x.;
Tr. Nucis. Vomica ℥ x.;
Aq. ℥j., *t. d.*

28th.—The lower angle of left scapula is now at about the same level as the right, the posterior border is still very apt to project, and it is easy to pass the finger between the bone and the ribs. The rhomboid muscle is seen to twitch occasionally. She says she is twice the person she was, she can use the arm much better, but still feels that the scapula is not fixed enough, and that she can not exert the arm as she might if the scapula were more fixed.

April 2nd.—Can do some needle-work now, which she has not done for three months; using cold plunge bath daily since 31st ult.

April 8th.—The arm is now so well that she could have kept her last place if it had been as well then as it is now, she can do almost anything with it.

22nd.—Can now take up a kitchen chair and hold it out at arm's length in her right hand; when she was admitted she could not take an empty plate off the table, or a cup of tea without supporting the right arm with the left hand. The lower angle of the scapula is still prominent when the arm is passive, but when I ask her to raise the arm it passes outwards and remains close to the thorax. Going to Walton.

Remarks.—It was quite evident in this instance that the loss of power in the arm was largely dependent on the want of fixity in the scapula, and that the main point to be aimed at was to restore the latter, so that the humerus might have a steady *point d'appui* whereon to execute its movements. The question then arose how to do this. The chirurgical view referred the looseness and liability to displacement of the scapula to a purely mechanical defect, viz., the slipping off of the upper edge of the latissimus dorsi muscle from its usual position across the lower angle of the scapula, and consistently dismissed the sorrowful patient with the dictum that there was no room for curative treatment, but that relief might be afforded by a properly applied bandage. The Medical view on the other hand, regarded defective action of the muscles as the cause of the want of fixity of the scapula, and proposed to remedy this by restoring to the muscles more tone and vigour. The surgical view took little notice of the pain caused by any movement of the arm, and by pressing the shoulder or

passive movement of the part, and made little count of the spasmodic action of the rhomboid and levati ang. scapula. On the Medical view, these symptoms were very significant of failure in nervo-muscular power. The pains were recognised as those of myalgia, and the spasmodic contractions of the muscles as the usual results of hyper-excitability generated by weakness. The Medical view appeared to be confirmed by the argument that, if the latissimus dorsi was to be regarded as a swathe or bandage, retaining the scapula *in situ*, it would be essential that both its extremities should be fixed, whereas it was evident that only the spinal attachment usually was so, the humeral remaining mobile. Under these circumstances, even admitting that the muscle in question was displaced, it seemed probable that the loss was of no material importance. On the Medical view, the most important agents in retaining the scapula *in situ* were the rhomboid and serratus magnus muscles, which attach the posterior costa respectively to the spine and ribs, and keep the venter applied by the resultant of their combined forces against the posterior surface of the thorax. The marked projection of the posterior costa afforded proof that the above mentioned muscles were acting defectively, while the tilting outwards of the lower angle was probably caused by the supra-spinatus and deltoid, whose action continued to the last to preponderate over that of the inward and outward braces. The Medical view is also supported by the fact that, it is common for the latissimus dorsi to take some fibres of origin from the lower angle of the scapula. This surely implies that the scapula is fixed during the contraction of the latissimus dorsi. Indeed, as the fixity of the scapula is necessary to the proper action of the arm muscles, it seems that in any case where the latissimus dorsi is in action we must assume the previous fixation of the scapula.

The only objection which seems of some force against the Medical view, is that the serratus magnus during inspiration appeared to act fairly well. In answer to this it may be said that although the muscle might function well as part of an excito-motor apparatus, in response to a physical stimulus, the case might be very different, when it had to act in concert with a number of purely voluntary muscles. The medulla oblongata is nearer to the spinal origin of the external respiratory nerve than the corpi striat., and the vitality of its nerve cells is more persistent and steady than that of the higher centre, so that it is quite conceivable that the contractions determined by its influence, might be orderly and sufficient, when those originated by another centre were defective. Moreover, it is to be remarked that it is not so much the faculty of active contraction which was at fault in this instance, as of that minor and more sustained contraction which we designate '*tone*,' or with Todd and Bowman passive contraction, and which is probably dependent on a normal state of the nerve cells of the gray matter of the spinal cord where the nerve roots are implanted. By this rather than by active contraction the several parts of the body are kept in their proper positions.

The view I am advocating is that adopted by M. Duchenne, and Mr. Barwell, no mean authorities, as you may read in a case described by the latter in *Path. Trans.*, XVII, 436.

The success of the treatment suggested by the Medical view of the pathology was striking and testifies materially to the correctness of the latter. At the same time the surgical suggestion could it have been duly carried out would certainly have been of much benefit, and I would have you bear it in mind if you have to deal with such cases. The condition was, I believe, only remarkable from the existence of an unusual amount of nervo-muscular disturbance in a separate locality. The cause of this was no doubt in great measure over-exertion, a frequent cause of similar troubles, the exhaustion as it so often happens not generating mere paresis, but paresis and hyperexcitability. I should add, however, that the patient had probably an hereditarily infirm nervous system, as a sister suffers from a well marked quasi-hysterical cough.

CLINICAL REMARKS ON CLIMATE AS REGARDS THE PARSEES.

By DR. OGLE.

In a clinical lecture containing observations upon the capacity of the human body to bear varieties of temperature and climate, Dr. Ogle alluded to the case of certain Parsees who were sent over by the Government from Bombay to be educated and to graduate in London as Medical men, with a view to their entrance into the army as surgeons. When some of them, who were highly intelligent and apt in learning their profession and acquiring a knowledge of the Latin language and other collateral subjects, were on the point of graduating, it was determined at head-quarters that for certain reasons these Parsees ought not to enter the army. The Parsees themselves understood that those reasons were political, but the plea put forward was that they would be unable to endure the rigors of such climates as they would, as surgeons in the army, have to be sent to. To show the untenability of this view much correspondence arose, and the following were some of the statements that were made by those who had much knowledge of Parsees in general, and of the individuals in question, and were competent to speak regarding them.

Referring to two Parsee youths, of the ages of ten and twelve, who, when brought to England, were at once placed at a boarding school in Liverpool, the schoolmaster, when they had been about a year with him, writing in May, 1861, remarked "that in spite of the first winter which they spent in England, being one of the severest on record, they have never had the least ailment of any description, nor have they, on the score of health, been absent one single day from their school duties. So far indeed from their seeming to suffer from our climate, they contrasted most favourably with a nephew of my own who was born in Newfoundland, and who has been about a year and a half in England. In short they seem as well able to encounter the changes of our climate as any boy in my school, and much better than many."

About the same date, a Medical man, living in Liverpool, who was in large practice in that town, and had charge of a jail, wrote as follows:—

"You ask me," he observes, "my opinion whether the natives of India are capable of enduring the rigors of a cold climate for a lengthened period of time? I have no hesitation in answering in the affirmative. If the question applies to the climate of England, I should say that in the cases which have fallen under my observation of Parsees resident in Liverpool and its neighbourhood, the constitution seemed invigorated and strengthened by the change, and I have no doubt that they are quite as able to endure the climate of Europe or Canada, as Englishmen are that of India."

CLINICAL REMARKS ON SOME VARIETIES OF FEVER.

By DR. OGLE.

WHEN speaking of varieties of fever, Dr. Ogle referred to a form which had been described to him by a non-medical friend as having existed in the neighbourhood of Taunton. It went by the name of the "Hill Fever," and appears to have prevailed from the spring of 1853 to that of 1858, in one village, which consisted of a small cluster of houses near the church. In reference to this fever, about which he made enquiries, Dr. Cordwent, of Taunton, a former pupil of St. George's, had been so kind as to furnish Dr. Ogle with the following particulars. In a letter written in September, 1870, that gentleman remark

of a fever or fevers which existed about sixteen years ago, and through seven or eight years subsequent, that they were epidemic in the vicinity of Taunton. "One of these was very virulent in character, and attacked persons residing on the slopes of secondary elevations, having a northerly aspect and a geological formation of clay over blue lias, that association undoubtedly existed in the vale of Taunton, for during the successional periods of the first two forms of fever I was officially associated with Medical duties on both sides of the valley. On the West Monkton side, *i.e.*, the north side (red-sand stone) having of course a south aspect, not a case occurred; but on the opposite side (clay and blue lias) having a south aspect, fever, such as I will briefly indicate from memory, was frequent, and when well marked, as it mostly was, was fatal in about 20 per cent. The onset of this malady was so insidious, that during some days (usually five or six) the affected person scarcely complained of illness; and even later, when experience proved the case extreme, lassitude was usually what the patient spoke of. Sometimes there was pain in the head, but there was neither thirst nor a flushed countenance. The appetite diminished, but far from ceased. The pulse beat was not increased in number, but was lessened in force. The temperature of the hand was nearly always lower than in health. Usually within a fortnight the fauces became much affected, as also did the parotid glands (or rather, as I thought from grouping the symptoms the entangled absorbent glands). In the latter stages the tongue *sometimes* became dry, but it was always tremulous when the disease had completely developed, and so were the hands. Neither the intellect nor the respiration was usually much affected—at least the mind was congruous, but very slowly resumed its faculty after sleep. Pain was little complained of. Contemporary with the later season, and the dying out of this fever and co-local with it, and doubtless another phase of its toxæmia, was a fever whose first declaration—even before ordinary malaise, was a scarlet minute papular eruption generally affecting the entire surface. It did not occur in patches. Sore throat, but not always severe, was connected with this eruption, which would frequently disappear and reappear during three or four weeks at irregular intervals of two or three days without the throat affection or other internal disorder being apparently increased. On the third or fourth day there was invariably a craving for cider, which rarely continued more than two days. This disease, of which I have just given the outline, was not diphtheria; that appeared a year or two later, and so far as my observations went, in the same side of the country. I heard of diphtheria otherwise occurring in the private practice of others, but neither in public nor in private practice, did a case occur to me, except on the slope of the southern side of the village. Other circumstances being equal, the modes of living were similar on each side—the water was chalybeate in the district then most pregnant of the disease; whether as a coincidence or cause, I cannot say. I doubt if direct medicine did any service, but I believe air charged with chlorine gas did. Subsequent to the diphtheritic invasions was that dire one of cerebro-spinal fever. This latter seemed to obey no law of locality, and certainly none of contagion; it attacked fewer persons than did either of the other two forms spoken of, but was even more deadly. I need not attempt to describe its phenomena—these are familiar to you, but I believe there was an alliance in those fevers more intimate than that of mere succession. In the first of the series, besides the tremulous hand and tongue, there was sometimes paralysis of the urinary bladder, whilst among the second or diphtheric, not unfrequently there occurred cases of insidious debility, in which a zymotic toxæmia could scarcely be proved by direct manifestation, but was suspected chiefly because attacking the young and previously healthy, and because of the course it ran. In such occasional cases there was no sore throat, nor eruption, and scarcely febrile action in the ordinary sense of the term, yet patients so affected not unfrequently died

calmly, and of no evident cause, but probably there became engendered on some of the nerve-centres an extra intensity of poison, or the power of excreting it had become less. At the time when cerebro-spinal fever was rife here, that is, from 1863 to 1865, there was certainly an increase, and a great increase, of cases of other cerebral disease, such as persistent mental delusions, and of sub-acute mania. I often mentioned my convictions and the evidence to other Medical men, and though the observation was not corroborated, I am convinced of the subtle fact, and if an epidemic *proneness* to cerebral disease did then exist, as I have no doubt it did, and no especial horror, as that of war, acting on the public mind produced it, it could only be attributed to some subtle toxemia taking its especial lien on the sensoria. In neither of the nine or ten cases of cerebro-spinal fever which between the years of 1864 and 1866 here and there fell under my care, was there any eruption, or if existing, it was so slight as not to attract attention. I ought to have mentioned that the fever whose season preceded that of diphtheria, had in its earlier stages a markedly intermittent character; so much so, that if the locality and season had been suitable, many cases may at first have been mistaken for cases of ague."

ON A CURIOUS FORM OF INJURY TO A FEMALE PRODUCED BY A GOAT.

By Staff Assistant-Surgeon W. CURRAN.

THE following particulars of a very rare, if not absolutely unique, injury to the recto-vaginal parts of a young female are so peculiar as to justify their reproduction in full in this place, and warrant the belief that they are without a parallel in the records of our art; as such they are offered for publication in this Journal, and I shall be glad to hear of any instance in point that may have transpired during the reading, or occurred in the practice of any of my brethren. I am indebted for them to the courtesy of my friend Dr. Hayes, of Tralee, who attended the girl referred to in them, and from whose dictation they were taken down by me on the occasion of my late visit on election duty to that place. I have never seen myself, nor can I find mention made in any of the books to which I have access, of any, similar case, and the Medical men to whom I have mentioned it have manifested equal ignorance and surprise. That the accident occurred, as detailed more fully below, is, however, quite certain, and the result is such as does credit to the judgment and skill of my informant.

"M. A., *æt* 20, unmarried, of delicate organization and somewhat cachectic habit, was the subject of copious leucorrhoeal discharges, occasional paroxysmal headache, and almost constant lateral pain, which however did not 'lay' her up, or otherwise incapacitate her for the discharge of her domestic duties, and she sustained the injury referred to above while in the execution of one of these. The circumstances under which this occurred are briefly as follows:—It appears that, while carrying a bundle of clothes, which prevented her from seeing objects in front of her, she had occasion to pass over a stile that interposed between the garden and her house, and at the opposite side of which a goat was lying. Irish girls of her class do not, I believe, usually wear drawers, or other protection between the chemise and the trunk, and in the instance under review no such dress was used. The great apertures of the body were therefore fully exposed by the effort she made to pass the stile, and while in that enforced attitude, the goat disturbed by her approach, suddenly started up, and, in doing so, thrust his horn forcibly through the anus for about two or more inches up the rectum, thence forcing it through the bowels and intermediate parts, he pushed it into the vagina, just

above insertion of hymen, and withdrawing it as she flinched or fell back produced an openness, which included the lower part of the rectum, and the vagina, the sphincter ani, the fourchette, and perinæum. A large jagged wound which bled very freely, and caused excruciating pain, was the result; she fainted on the spot from shock and hæmorrhage, and had to be carried in an unconscious state to bed. Such is the modesty of our countrywomen, or so remote was the residence of the sufferer, that Medical aid was not procured at once by her attendants, and, when seen three days afterwards by my friend, she was very feverish, with a pulse of 120, a hot burning skin, uncontrollable irritability of stomach, some tympanites of the belly, and considerable tumefaction of the perinæum and vagina. Some antiphlogistic treatment, combined with local applications, having reduced the fever and relaxed the swelling, the edges of the wound were renovated, and brought together with three deep and four superficial wire sutures. Rest in the recumbent position was enjoined, and opium was exhibited to control the bowels. On removing the sutures the parts were found to be cicatrised—not, however, so firmly as to retain their union, for a small fistula subsequently appeared, which however soon yielded to applications of nitrate of silver; and in due course closed up. The perinæum is now shorter than it was, and the opening of the vagina is, perhaps, a trifle larger. With these exceptions, however, and some puckering between it and the anus, there is no disfigurement or deformity, and the girl's general health is as good, or perhaps better, than it was before."

Such in substance is the communication made to me by Dr. Hayes, who has kindly authorised me to make any use of it I might think fit; and I think I cannot better consult his wishes, or fulfil my own, than by placing it on record, and bespeaking for my very imperfect description of it that courtesy and consideration which its interest and my incapacity may appear to command or suggest.

Hospital Reports.

CASHEL FEVER HOSPITAL (Under the care of Dr. LAFFAN).

Defaced Typhoid—Death on the 63rd day from Atonic Ulceration.

J. C., *æt* 60, a butcher's man, was admitted into the Cashel Union Hospital, July 16th, 1871, for vomiting and diarrhoea. A suspicion of fever having been excited by the persistence of the diarrhoea, he was sent on the 19th to the Cashel Fever Hospital. The man had none of the symptoms proper to enteric fever. There were no rose spots, nor did the tongue, abdomen, or stools present any definite indication of that form of fever. The pulse varied between 90 and 100. Signs of chronic bronchitis extensively prevailed. The diarrhoea persisted, alternating with occasional constipation. The pulse, which was at first 100, fell during part of the time to 80, and rose again during the last weeks to 100 and 108. The temperature, which was at the commencement but $96\frac{3}{4}^{\circ}$, fell during the intermediate period to 90° , and again rose towards the close to 94° . He slept well during the day, but poorly at night; he was much harassed during the entire period with the bronchitic symptoms. He began to complain during the last fortnight of pain in the abdomen, but there was no gurgling or tympanitis. The stools at this time assumed somewhat of the ochrey character, and were mixed with green and shreddy matters and some blood. The appetite, which for a long time was fair, failed; he became more and more emaciated, and at length died quietly on the 27th September.

Autopsy twelve hours after Death.—The peritoneal cavity was healthy, but portions of the peritoneal surface of the small intestines were very vascular. The stomach and duodenum were healthy, the spleen was slightly, the mesenteric glands immensely, enlarged. The entire small intestines, particularly the lower portion of the ileum, were lined here and there with unhealthy ulcers, having eroded angry edges and foul surfaces. Many of these involved Peyer's patches, while most of them had eaten through all but the peritoneal coat of the intestines. There were appearances of cicatrices in some places, but they were not sufficiently distinct for positive identification. The lining membrane in the intervals between the ulcerated patches was congested, and in some places the entire walls of the intestines were thinned. The largest ulcerated patch was placed at the junction of the ileum and the cæcum. The ulceration extended into the ascending and transverse colons, and one or two ulcers with inflamed intermediate patches were present even in the rectum. The lungs and pleura were extensively diseased. The case presents the following features of interest:—

1st. The duration, sixty-three days, as compared with 24.6, the mean noted by Murchison.

2nd. The temperature, which never attained the elevation laid down by writers on typhoid fever.

3rd. The disguised form which rendered positive diagnosis impossible.

4th. The non-occurrence of perforation, or of much hæmorrhage, either or both of which might have been expected from the great extent of ulcerated surfaces.

STUDENTS' COLUMN.

SYNOPTICAL REVIEW OF THE OFFICIAL PREPARATIONS OF THE BRITISH PHARMACOPEIA.

By W. HANDSEL GRIFFITHS, PH.D., L.R.C.P.,
L.R.C.S. Edin.,

Assistant-Librarian Royal College of Surgeons in Ireland.

CLASS V.—SOLUTIONS OF THE INORGANIC SALTS.

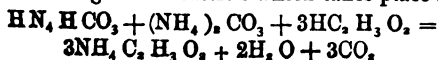
Liquor Ammonia Acetatis.
" Ammonia Citratis.
" Antimoni Chloridi.
" Arsenicis.
" Arsenic Hydrochloricus.
" Bismuthi et Ammonia Citratis.
" Ferri Perchloridi.
" Ferri Perchloridi Fortior.
" Ferri Pernitris.
" Ferri Persulphatis.
" Hydrargyri Nitris Acidus.
" Hydrargyri Perchloridi.
" Magnesia Carbonatis.
" Plumbi Subacetatis.
" Plumbi Subacetatis Dilutus.
" Potassa Permanganatis.
" Soda Arseniatis.
" Zinci Chloridi.

We will study consecutively the mode and *rationale* of preparation, the strength, specific gravity, character, and tests of the foregoing—

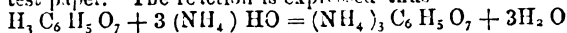
Preparation.

Liquor Ammonia Acetatis.—This is commonly known as "Mindererus's Spirit," and is a solution of acetate of ammonia ($\text{NH}_4\text{C}_2\text{H}_3\text{O}_2$) in water. It is made by adding gradually powdered carbonate of ammonia to 10 fluid ounces of acetic acid until a neutral solution is formed, and then adding $2\frac{1}{2}$ pints of water.

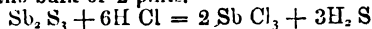
The following is the reaction which takes place:—



Liquor Ammonia Citratis is a solution of citrate of ammonia ($\text{NH}_4)_3\text{C}_6\text{H}_5\text{O}_7$) in water. It is made by adding to a solution of 3 ounces of citric acid in 1 pint of water strong solution of ammonia until the liquid is neutral to test paper. The reaction is expressed thus—

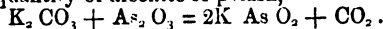


Liquor Antimoni Chloridi.—This, which is often known as "Butter of Antimony," is a solution of trichloride of antimony (SbCl_3) in hydrochloric acid. It is prepared by dissolving 1 pound of black antimony (Sb_2S_3) by the aid of heat in 4 pints of hydrochloric acid, and boiling down to the bulk of 2 pints.



During the reaction the materials are directed to be placed beneath a flue with a good draught, in order to carry off the sulphuretted hydrogen gas.

Liquor Arsenicalis.—Commonly known as "Fowler's Solution." It is made by dissolving, by the aid of heat, 20 grains each of arsenious acid and carbonate of potash in 10 ounces of water; when cool adding 5 drachms of compound tincture of lavender, and finally adding distilled water to make up the bulk to 1 pint. The solution of arsenious acid in water is facilitated by the presence of the alkaline carbonate, which is slowly decomposed by it. The officinal solution therefore contains a small quantity of arsenite of potash,—



The compound tincture of lavender is merely added as a colouring and flavouring agent in order to prevent mistakes.

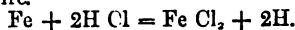
Liquor Arsenici Hydrochloricus.—Made by boiling 80 grains of arsenious acid with 2 drachms of hydrochloric acid and 4 ounces of water until it is dissolved, and then adding water to make up the bulk to 1 pint (a).

Liquor Bismuthi et Ammonia Citratis.—Mix 2 ounces of nitric acid with 1 ounce of water, and add 430 grains of pure bismuth in successive portions. When effervescence ceases heat moderately for 10 minutes and then decant. Evaporate to 2 ounces, and add 2 ounces of citric acid dissolved in 4 ounces of water. Add gradually solution of ammonia until the precipitate at first formed is dissolved, and the solution is neutral or slightly alkaline. Dilute with water to 1 pint.

In the above process trinitrate of bismuth is first formed; on adding ammonia to this, oxide of bismuth would be precipitated, were it not that by the previous addition of citric acid, citrate of ammonia is formed in which oxide of bismuth is freely soluble. The nitric acid, which is set free, is saturated by the excess of ammonia present, and, hence, the liquor contains nitrate of ammonia, as well as citrate of bismuth and ammonia. It differs somewhat from the celebrated "Schacht's Solution of Bismuth."

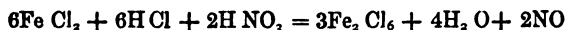
Liquor Ferri Perchloridi Fortior.—An aqueous solution of perchloride of iron (FeCl_6). Dissolve 2 ounces of iron wire in a mixture of 8 ounces each of hydrochloric acid and water by the aid of a gentle heat. Filter, add 4 ounces of hydrochloric acid and 9 drachms of nitric acid, and heat until red fumes are evolved, and the liquid becomes orange brown. Evaporate down to 10 ounces.

The first stage in the above process is the formation of protochloride of iron by the action of hydrochloric acid, or the iron wire.



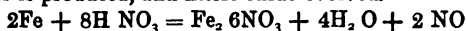
(a) We may here mention another arsenical liquor which, although not now officinal, was in the *Dublin Pharmacopœia*, and is still so very generally used as to warrant special notice *via*, *Liquor Arsenici et Hydrargyri Hydriodatis*, or "Donovan's solution." It is made by triturating together 6 grains of arsenic, 16 grains of mercury, 5 1/2 grains of iodine, and 1 drachm of alcohol, until a dry mass is obtained; this is then rubbed with 8 ounces of water in successive portions, and then heated to ebullition; when the solution has cooled it is filtered, and as much water is added as will make up the bulk to 8 ounces and 6 drachms. In this preparation the iodine combines with the arsenic forming the triiodide (AsI_3), and with the mercury forming the periodide (HgI_2). One fluid drachm of it contains 1-12th grain of arsenic, 1-4th of mercury, and 3-4ths grain of iodine.

This protochloride (containing excess of hydrochloric acid) is then converted into perchloride by the action of nitric acid.



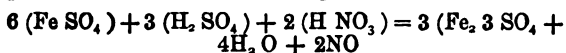
Liquor Ferri Perchloridi.—Made by diluting 1 part of the strong solution with 3 parts of water.

Liquor Ferri Pernitrat.—An aqueous solution of pernitrate of iron ($\text{Fe}_2, 6\text{NO}_3$). Dissolve 1 ounce of iron wire in a mixture of $4\frac{1}{2}$ ounces of nitric acid and 16 ounces of water, moderating the action, if necessary, by adding more water. Filter, and add water to $1\frac{1}{2}$ pints. In the reaction which ensues pernitrate of iron is formed, water is produced, and nitric oxide evolved.



Liquor Ferri Persulphatis.—An aqueous solution of persulphate of iron ($\text{Fe}_2, 3\text{SO}_4$). Dissolve 8 ounces of sulphate of iron in a mixture of 6 drachms of sulphuric acid and 10 ounces of water by the aid of heat. Add 6 drachms of nitric acid diluted with 2 ounces of water. Concentrate by boiling until the mixture changes from black to red. As long as the solution gives a blue precipitate with red prussiate of potash, add a few drops of nitric acid, and renew the boiling in order to convert all the sulphate into persulphate. When cold add water up to 11 ounces.

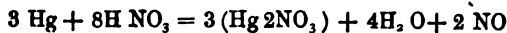
When nitric acid is added to a solution of sulphate of iron in sulphuric acid, the proto is converted into the persalt, and nitric acid is developed.



The nitric oxide is not at once evolved, but is absorbed by, and blackens any protosulphate which may be present. This black compound is afterwards decomposed.

Liquor Hydrargyri Nitrat.—A solution of pernitrate of mercury ($\text{Hg}2\text{NO}_3$). Dissolve 4 ounces of mercury in a mixture of 5 ounces of nitric acid and $1\frac{1}{2}$ ounces of water without heat. Then boil gently for 15 minutes to ensure the formation of the pernitrate, and to cause the expulsion of the nitric oxide.

The reaction is thus expressed :—

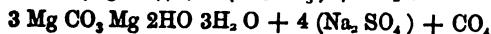


Liquor Hydrargyri Perchloridi.—An aqueous solution of the perchloride of mercury (HgCl_2). Dissolve 10 grains each of perchloride of mercury and chloride of ammonium in 1 pint of water.

The chloride of ammonium is to increase the solvent power of the water.

Liquor Magnesiæ Carbonatis.—To a solution of 2 ounces of sulphate of magnesia in $\frac{1}{2}$ pint of water heated to boiling point, add a solution of $2\frac{1}{2}$ ounces of carbonate of soda in $\frac{1}{2}$ pint of water. Boil until carbonic acid is no longer evolved. Collect the precipitated carbonate of magnesia on a filter, and wash until the washings give no precipitate with chloride of barium (absence of a sulphate). Mix the washed precipitate with 1 pint of water, and saturate it with washed carbonic acid gas passed in under slight pressure. Filter the liquid after 24 hours to remove any undissolved carbonate of magnesia, and again pass carbonic acid gas into the filtered solution. Preserve in a well stoppered bottle.

The following is the reaction :—

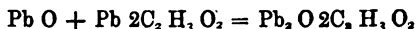


In this reaction the water decomposes the carbonate of magnesia, some of the carbonic acid of which is given off, and a combination of a hydrate and a carbonate of magnesia results.

This solution resembles "Murray's Fluid Magnesia."

Liquor Plumbi Subacetatis, commonly known as "Goulard's Extract." Boil 5 ounces of acetate of lead and $3\frac{1}{2}$ ounces of oxide of lead in 1 pint of distilled water for

half an hour. Filter and when cold add water up to 20 ounces. Keep in stoppered bottles. The acetate of lead combines with the oxide of lead to form a mixture of oxyacetates, which is collectively known as the subacetate, thus,—



Liquor Plumbi Subacetatis Dilutus, commonly known as "Goulard Water." Mix 2 drachms each of solution of subacetate of lead and rectified spirit, with $19\frac{1}{2}$ ounces of distilled water; filter and keep in a stoppered bottle.

If this preparation be not made with distilled water it becomes milky from the formation of other salts of lead, as the carbonate and sulphate.

Liquor Potassæ Permanganatis.—Similar to, but half the strength of, "Condy's Disinfecting Fluid." Made by dissolving 80 grains of permanganate of potash (K Mn O_4) in 1 pint of distilled water.

Liquor Sodæ Arseniatis.—Dissolve 4 grains of arseniate of soda (rendered anhydrous by a heat not exceeding 300°) in 1 ounce of water.

Liquor Zinci Chloridi.—Represents "Sir W. Burnett's Disinfecting Fluid." Dissolve 1 pound of zinc in a mixture of 44 ounces of hydrochloric acid, and 1 pint of water by the aid of gentle heat until gas is no longer evolved. Boil for half an hour, add water to supply the loss by evaporation, cool, filter. Add solution of chlorine gradually with frequent agitation, until a permanent odour of chlorine is acquired by the liquid. Add $\frac{1}{2}$ ounce of carbonate of zinc gradually until a brown sediment appears. Filter, and evaporate down to 2 pints.

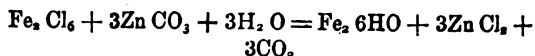
The following is the reaction :—



The object of the chlorine is to free the zinc from iron by converting the latter into perchloride, thus—



This perchloride is then, by the action of carbonate of zinc, converted into the brown peroxide and is precipitated as such, thus—



STRENGTH.

<i>L. Arsenicalis</i>	} 1 in 120 ($\frac{1}{4}$ grains to the ounce).	
<i>L. Arsenici Hydrochloricus</i>		
<i>L. Sodæ Arseniatis</i>		
<i>L. Potassæ Permanganatis</i>		
<i>L. Ferri Perchloride Fortior</i>		1 in 1.
<i>L. Ferri Perchloridi</i>		1 in 4.
<i>L. Ferri Pernitrat</i>		1 in 6.
<i>L. Magnesiæ Carbonatis</i>		1 in 37.
<i>L. Plumbi Subacetatis Dilutus</i>		1 in 80.
<i>L. Hydrargyri Perchloridi</i>	1 in 960.	

Liquor Magnesiæ Carbonatis contains 13 grains of carbonate in the fluid ounce; one fluid ounce of *Liquor Bismuthi et Ammonii Citrat* contains 24 grains of oxide of bismuth, and one fluid ounce of *Liquor Zinci Chloridi*, contains 366 grains of chloride of zinc.

Specific Gravity.

The Pharmacopœia mentions the following :—

<i>L. Antimoni Chloridi</i>	1·47
<i>L. Arsenicalis</i>	1·009
<i>L. Arsenici Hydrochloricus</i>	1·009
<i>L. Bismuthi et Ammonii Citrat</i>	1·122
<i>L. Ferri Perchloridi Fortior</i>	1·338
<i>L. Ferri Pernitrat</i>	1·107
<i>L. Ferri Persulphatis</i>	1·441
<i>L. Hydrargyri Nitrat</i>	2·246
<i>L. Plumbi Subacetatis</i>	1·26

TESTS, &c.

(To be continued.)

Transactions of Societies.

BRITISH MEDICAL ASSOCIATION.

THE annual meeting was held at Birmingham last week. President, Mr. Alfred Baker, Senior Surgeon, Birmingham Hospital.

PRESIDENT'S ADDRESS.

Mr. Baker, after welcoming the visitors to Birmingham, said:—[This address will be found in next column.]

Addresses were also delivered on Medicine by Dr. Wilks, and on Surgery by Mr. Oliver Pemberton.

The Presidents of the Sections also opened them with addresses.

MEETINGS OF SECTIONS. SECTION A.—MEDICINE.

The President (Dr. Bell Fletcher) occupied the chair.

Mr. Martin Onley read a paper on "A Case of Skin Disease of an Uncertain Type;" Dr. Arthur Ranson read one on "Bending Ribs in Forced Respiration;" Mr. S. M. Bradley, F.R.C.S., on "Tricelarian Human Heart;" and Dr. Althaus on "The Treatment of Rheumatic Gout by the Constant Galvanic Current." He advocated Moore's battery. Dr. S. Spratley also contributed a paper.

Dr. Balthazar Foster, Physician to the General Hospital, also read a paper on the Lactic Acid Treatment of Diabetes. He began by calling attention to the low bodily temperature which he had described, and the bearing which this had on the respiratory theory of diabetes. He, by means of a diagram, showed the daily excretion of sugar, water, and the body weight of the patients. He concluded, as the results of his analysis, that the lactic acid diminished the sugar excretion and the quantity of water passed. It increased the bodily temperature, and restored the skin functions.

Dr. John W. Ogle narrated the particulars of two cases which he had treated at St. George's Hospital with similar results.

Dr. Edward Woakes read a paper on "Scarlet Fever and Syphilis: a Suggestion."

Dr. Drysdale, "On Syphilis."

Mr. James Johnston, M.B., "A Case of Cyanosis, with Deficiency of the Interventricular Septum."

Dr. W. Moxon, "The Conduction of Sensation of Heat in Progressive Locomotor Ataxy."

Dr. T. L. Rogers, "Case of Pyæmia mistaken for Mania."

SECTION B.—SURGERY.

Sir W. Fergusson, President.

The following papers were read:—

Mr. Reginald Harrison, "On the Relative Value of certain Methods of Treating Stricture of the Urethra."

Mr. William Adams, F.R.C.S., "Three Additional Cases of Subcutaneous Division of the Neck of the Thigh-bone, with Remarks."

Dr. Charles Warden, 1. "On Polypus of the Ear and Perforation of the Membrana Tympani, and the instruments used in the Diagnosis and Treatment of Diseases in the Ear, at the Ear and Throat Infirmary, Birmingham; also, upon a new form of Artificial Drum." 2. "Spinal Curvature, Club Feet, and other Deformities, and the instruments used in their Treatment at the Birmingham Orthopædic Hospital."

Dr. William Stokes, "Reduction of Dislocation by a modification of Jarvis's Adjuster."

Mr. Edward Lund, "Removal of both Astragali in a Case of severe Double Talipes."

Mr. Charles Steele, "On Colotomy for Intestinal Obstruction."

Mr. T. H. Bartleet, "Two Cases in which the Femoral Artery was tied for unusual Pathological Conditions."

Mr. W. Acton, "Treatment of the advanced states of Constitutional Syphilis."

Mr. W. F. Teevan, 1. "On the Treatment of Impassable Stricture." 2. "Clinical Remarks on Stone in the Bladder." 3. "On Impotence."

Mr. James F. West, "Syphilitic Constriction of the Esophagus."

Mr. Charles Steele, "On Colotomy for Intestinal Obstruction."

Mr. George Southam, "Dislocation of the Patella on its Edge."

Dr. Charles B. Taylor, "The Modern Art of Tinting Opacities of the Cornea."

Mr. T. H. Bartleet, "Two Cases in which the Femoral Artery was tied for unusual Pathological Conditions."

SECTION C.—MIDWIFERY.

Dr. Evory Kennedy, President.

The following papers were read:—

Professor Simpson, "On the Removal of Portions of Morbid Tissue in Cases of Carcinoma Uteri."

Dr. Alfred Wiltshire, "On the Plan of Treatment of Cancer proposed by Professor Simon of Heidelberg, with Cases."

Dr. C. H. F. Routh, 1. "Further Remarks on the Treatment of Uterine Cancer, more especially by Gastric Juice." 2. "The Use of Raw Beef Juice in the Treatment of Disease."

Mr. James Thompson, "Remarks on the Use of Scæle Cornutum in cases of Labour Complicated with Feeble Action of the Heart."

Mr. Thomas Chambers, M.R.C.P., "Case of Retroflexion of the Uterus, Progressive Hemiplegia with great loss of Temperature, Replacement of the Uterus, Recovery."

Dr. A. B. Steele, "On the Treatment of Puerperal Eclampsia."

Mr. John Bassett, "Secondary Uterine Hæmorrhage."

Mr. Lawson Tait, "A Case of Bitro-Uterine Pregnancy, Diagnosed and Operated on during Life."

SECTION D.—PUBLIC MEDICINE.

This section was presided over by the Rev. Dr. Haughton.

SECTION E.—PSYCHOLOGY.

President, Dr. Maudsley.

The following papers were read:—

Dr. Browne, 1. "Erysipelatous Encephalitis." 2. "Instruments for measuring the Depth of the Grey Matter of the Brain."

Dr. J. Batty Tuke, "Morbid Specimens and Microscopic Slides demonstrating certain Forms of Cerebral Disease."

Dr. T. S. Clouston, "The Local Distribution of Insanity."

Dr. J. Lockhart Clarke, 1. "A Case of Mania." 2. "Morbid Specimens of Brain Tissue."

Dr. Thompson Dickson, "Microscopical Specimens of Morbid Nerve Tissue."

Dr. W. Wood, "On the Use of Concrete in Asylum Buildings."

Dr. Stanley Haynes, "On the use of Restraint in the Treatment of Mental Disease."

There was of course a dinner and a soirée, besides which the hospitality of our Birmingham brethren was equal to its reputation.

The Report showed as usual a miserable financial condition, in spite of the many promises made.

A great deal of routine business was transacted. The several committees presented reports lauding everyone, and the meeting was throughout pervaded by an atmosphere of mutual admiration amongst the permanent officials.

THE PRESIDENT'S ADDRESS.

Situated at the north-western extremity of the county of Warwick, forming most probably a part of the old forest of Arden, Birmingham is built on the eastern slope of three undulating hills, on the banks of two streams, the Rea and the Tame, and is one of the highest towns in the kingdom. All the approaches are by ascent, excepting that from the west, where the highest point of the borough is reached. This spot, at the top of the Hagley Road, is 617 feet above the sea-level, whilst the lowest point, at Saltley, on the east, is 283 feet. Between these extreme points, the ground-level of St. Philip's Church, in the centre of the town, is 462 feet, and that of King Edward's School, in which we are assembled, is only thirty feet lower. The absence of any dominant hill surmounted by a lofty public building prevents these elevations from being realised at a glance, but the height and the undulations in surface may be inferred from the fact that most of the streets pursue a diagonal course so as to lessen the declivities. The ground is naturally poor, in an agricultural sense, and consists of sand, gravel, and clay. The substratum is of new red sandstone, which passes from the river Tees southward to Birmingham, and thence northward to the Mersey. The southerly and oldest part of the town, running from High Street to Deritend by a deep descent, is the lowest and dampest portion. It is here crossed by the river Rea,

and has much clay in the sub-soil; this clay extends up the valley of the stream to Sparkbrook, and ceases only at Moseley, which has a higher level and a sandy subsoil. From the conformation of surface and the character of the ground, it is clear that Nature has supplied every requisite for surface drainage into the streams, and for the rapid percolation of storm-water through the porous sub-soil: hence floods are rare. In former times, as the late Dr. Darwall told us in the *Medical and Surgical Reporter* of 1828, after heavy storms or unusually wet seasons, Deritend, in the neighbourhood of the Rea, was liable to inundations; but this evil is now, rectified by the strengthening of the banks of the stream, by the interception of the current for manufacturing purposes, and by the erection of bridges. In order to render the drainage of the town more perfect, a system of deep artificial sewers has been designed and nearly completed. By means of these channels all sewage is conveyed to a spot at the extreme east of the borough, three miles from its centre. At this outlet the mains are large in dimensions, are placed five feet above the level of the top-water of the Tame, and have storm-outlets to aid in carrying floods into the river. These sewers, constructed according to the dictates of modern science, are on the gravitating principle, so as to require neither machinery nor steam-power. The levels are so arranged between eleven, the minimum, and forty-two feet, the maximum depth, as to ensure a current that will carry refuse from the most distant part of the borough to the outlet within the space of two hours. This rapid flow is said to prevent decomposition and the generation of foul gases in the sewers; but pedestrians in close weather may complain that unsavoury odours occasionally escape through the ventilators into the roadway, and that some contrivance for ensuring the conveyance of these gases to a higher level, where they would be speedily diluted, oxidised, and diffused by the upper currents of air, would be very acceptable, and must be contributory to health. There is one portion of the borough, the Small Heath district, which is unconnected with this system of drains. It is on the south side, consists of 930 acres of ground, of which 750 are under cultivation, and has a population under 6,000, and has a daily dry weather flow of sewage of 214,000 gallons, which passes into a tributary of the river Cole. The area of the borough, 8,420 acres, when divided between 350,164 inhabitants, the estimate of the last census, gives upwards of 124 superficial square yards to each person, an allowance that probably accounts for our freedom from typhus, as fully as the absence of marshes and bogs explains our immunity from ague. The distribution of this area, however, is not so equal as might be wished for sanitary purposes: the space per head varies in the different wards from 695 square yards in Edgbaston to thirty-one yards in St. Martin's Ward. Seven other wards yield a smaller superficial area than 100 square yards for each inhabitant. The density of population in the central and older parts of the town may be comprehended, but that districts which have been built since the importance of sanitary rules has been known should have been allowed to exceed the limits of health in house accommodation, is only to be attributed to the anomalous position of a corporate body which, whilst endowed with powers to levy rates and govern the town, has no authority to curb the crude and ignorant designs of the building speculator, who, in order to secure a large immediate return for a small outlay, is at liberty to construct a court of scanty surface, approached by a narrow alley, with rows of sheds called houses, built back to back so as to support each other; defying through-ventilation, yielding scanty space for the admission of pure air, and as little for the escape of that which has been exhausted by respiration. From these courts, possessing not a single sanitary attribute, containing open middens of faulty construction, arise fetid exhalations that pollute such air as enters the still enclosure; the leakage from the ash-pits through the soil into the wells from which water is drawn, gives rise at times to an excessive mortality from scarlatina, typhoid, diphtheria, diarrhoea, and other preventible diseases of a like type. Let contagion enter a space thus circumscribed, and the result may be safely predicted. For the tenants of these defective courts, the only airing grounds are the streets, which fortunately present many open spaces in various parts. Well might Dr. Greenhow declare that "more than half our annual mortality results from diseases which prevail with a very great range of difference, in proportion as the sanitary circumstances are bad or good," and that the mortality from preventible disease in certain districts "raises the death-rate of the country 33 per cent. above the death-rate of the

healthiest part." The powers wanted to suppress this evil need not be vexatious. They are required only for the protection of the poor, embrace the simple questions of ventilation, space, and sewage, and might be safely dictated by a health officer, aided by the borough surveyor. Before quitting this part of my subject, I must briefly refer to the disposal of our sewage, of which a large portion has been hitherto discharged into the river Tame. It is easy to accept and adopt an aliterative cry like that of "rainfall to the river, sewage to the soil," and the application of the principle, if possible, would promise an inestimable advantage. The Town Council of Birmingham has attempted to carry out a modification of this scheme, by seeking power to enable them to purchase land for the disposal of the fluid sewage by "intermittent downward filtration," and the conversion of the more solid matters into an element of fertility to the land, instead of danger to its occupants. This intention has been thwarted temporarily by the inconsiderate vote of a small majority of our legislative assembly, but the question cannot be thus summarily settled; it must again and speedily enforce parliamentary attention, and, unless the value of a few acres of land is to be recklessly staked against human life, the convenience of the few must yield to the urgent necessities of the many. Whilst sympathising with the Corporation in their efforts and their defeat on this question, there is one marked and culpable defect in the official appointments of this borough which demands severe animadversion. The imperfections that have been mentioned could not have existed unremedied had there been a well-qualified medical officer of health possessing technical knowledge of hygienic rules; capable of guiding the deliberations of the Council on this subject, and of framing comprehensive plans for the prevention of disease and the promotion of health. Such an officer, rendered independent by an adequate salary, freed from the cares of Medical practice, exclusively devoted to sanitary science, and armed with power to exact information and aid from all the executive officers of the borough, would secure to the inhabitants that skilled care which they have a right to expect, would represent faithfully the views of our Profession, and would be competent to contribute to those discussions between the "associated officers of health" which have materially advanced our knowledge of scientific hygiene. The cost of such a man would be more than compensated by a diminished rate of illness and pauperism, a more steady capacity for labour and a smaller ratio of crime. All of these points materially affect the financial expenditure of the borough. By the Public Health Bill this defect will be remedied, and the town will be placed beyond the reach of amateur legislation, which has too often resulted in unscientific experiments, with a population as the *corps vile* for their trial. A sound, highly educated man should be selected from the members of that Profession which has supplied those philosophical "Privy Council Reports" of the sources of disease and death that have guided our Imperial Government, have formed a magnificent contribution to sanitary science, and have tended to make popular the broad rules of hygienic knowledge. This course, the only proper one, will rescue our corporate body from the humiliation of seeking, as it has done, the gratuitous guidance and opinions of their Medical fellow-citizens, whose special learning has been acquired by devoted labour and technical education, which are estimated in other and ordinary transactions by an equivalent money value. The large surface over which Birmingham is spread, and which has led to its being declared by Mr. Rawlinson "the most openly-built town in the kingdom," contributes materially to its healthiness. Our streets are of fair width, excepting in the old town, in the main thoroughfares of which efforts to approximate them to our present requirements will be obvious to all. The buildings are low, rarely consisting of more than three or four storeys, and therefore offering little obstruction to the currents of air, with which an elevated table-land is sure to be visited. In some thronged business parts, such as High Street and Bull Street, the increasing value of land and the necessities of trade have led to more aspiring erections, but they have not yet reached the height of the Manchester warehouses, or obscured the sky like the buildings in the old part of Edinburgh. The streets are macadamised and cleanly, being kept in good condition after they have been accepted by the Corporation. Recently formed streets in the suburbs are often defective in drainage and fouled by refuse. The danger from this source may be conceived when I mention that 1,000 houses are annually added to the existing number. The climate is dry, having a

smaller rainfall, and one-third more of dry days than are experienced in Lancashire. Four parks, forming admirable breathing spaces and yielding abundant opportunities for rational amusement and exercise, are opened to our people. On the eastern side of the borough, Aston Park, consisting of forty-three acres, has been rescued from the grasp of Building Societies by the combined subscriptions of the people and of the Corporation. The Sattley Park, presented by Sir C. B. Adderley, comprises ten acres. On the west Calthorpe Park, of thirty acres, has been the only recreation ground until lately; but within a few months an estate of fifty acres, called Cannon Hill, ruraly situated, well timbered and watered, with a varied surface, has been presented to the town by Miss Ryland. It is due to this large-hearted lady to say that, by this and other deeds of kindness and humanity, she has shown a noble estimate of the duties of wealth; and a determination to mitigate the trials, ameliorate the condition, and promote the happiness and comfort of the labouring population of this town. Although placed on the outskirts of the borough, none of these parks are so distant from its centre as to overtax the physical powers of an indifferent pedestrian. Few of our manufacturing processes are directly detrimental to health. The entire class of grinders, metal and wood-polishers, and moulders, are exposed to pulmonary irritation from the inhalation of dust, whilst "wet-grinding," as it is called, super-adds damp clothes and wet feet. A few suffer from heat only, as the lacquerers and glass-blowers. The majority of our workpeople, however, are more influenced by constrained positions whilst at work, by defective ventilation in crowded manufactories, and by atmospheric vicissitudes, than by any special risk or danger. For some of these evils remedies have been provided by the employers of labour, but self-will and intractability on the part of the mechanics at times render these precautions useless. The trades of the town are numerous, and the sub-divisions of labour are unusually great; hence, the fluctuations of commerce rarely fall heavily upon the entire class of artisans, and famine is of very rare occurrence. There is no cellar population. As a broad rule, every family has its own dwelling-house, so that excessive overcrowding, with its consequences, is avoided. These circumstances probably explain the favourable records of mortality, which have scarcely varied during the last thirty years, and have been a fraction below 25 per 1,000. A supply of pure water has been called "a natural right," and Professor Gairdner says that "wherever water has become a matter of private sale or barter, there has been a dereliction of duty on the part of the community as represented by the local authorities." It appears to me that the means of cleansing and purifying and lighting should be secured to every dwelling-house. To the poor these adjuncts to health and comfort are necessities to moral and physical well-being. An irreparable mistake was committed here when the local authorities, evading or failing to perceive their proper responsibilities, permitted duties that should have been municipal to escape them, and allowed the control and the profits of the water and gas supplies to pass into the hands of private companies. The acquisition of such properties now would cast a heavy additional burden upon the ratepayers; whilst, as a preliminary to the formation of new competitive and municipal schemes, it would be requisite to prove inadequacy or impurity in the supplies of the existing companies before imperial legislative sanction could be sought or obtained. In 1823, the late Dr. Darwall declared the water-supply of the town to be defective. Drawn from springs and wells, the best water was hard, and contained two or three grains of muriate of lime in the pint. Wells in the vicinity of manufactories were impregnated with copper and tin, so as to be nauseous and sometimes emetic; and the majority of waters near the centre of the town contained nitrates from sewage pollution. For domestic purposes, the inhabitants at that time were chiefly supplied from pumps in Digbeth, which were found by the late Thomas Southall to contain seven grains and a half of the nitrates of lime and potash to the pint. Hence you will probably agree with me, that the time was ripe for any scheme that promised potable water to a thirsting population. The first service of our waterworks company was laid on in 1831, the supply being drawn from the river Tame. Much prejudice existed at first against the water, and this may have been preservative; for in 1832, when cholera ravaged Wolverhampton, Willenhall, Walsall, Bilston, and other places through which the Tame flows, and from which it receives drainage, the water company supplied only a small district of the town, and that chiefly for manufacturing purposes. It is, however, a curious fact that,

although the sewage of many populous places pollutes that stream through its tributaries, such is the purifying power of running water in oxidating and rendering innocuous their refuse, that at Hamstead, some five miles below the last sewage entry into the Tame, fine and healthy trout are frequently taken by the angler. As the advantage of a free and constant water supply became felt, the company obtained additional powers, and wisely excluded rivers that from running near towns may be contaminated by sewage matters. Discarding the Tame, their supplies are now drawn from streams passing through purely agricultural districts (notably from the Sutton Basin) and from Artesian wells bored into the new red sandstone, which promises an abundant supply of pure well-filtered water. It has been roughly estimated that nearly two-thirds of the town are thus supplied, and that the daily consumption amounts to upwards of eight millions of gallons, or between thirty and thirty-five gallons per head. Whatever criticism may be passed upon its purity, the water may be drunk without fear. It is vastly superior to that of the old wells, the aeration of which was so pleasant to the palate as to conceal its impurities. Our borough analyst, Dr. Hill, has declared it to be superior to the standards accepted by the Brussels Congress and by Dr. Parkes. Few things better illustrate the existence of an ebb-tide in the progress of civilisation than the supply of water to large cities. Our popular perception of the necessity of pure water is comparatively recent, but in their day of power the Romans were alive to its importance as affecting health and comfort. The extent and magnificence of their aqueducts for supplying the household wants, the fountains and baths of Rome with water, do not rest on mere historical record. Two of these engineering triumphs are yet in existence and in use, the Aqua Virgo and the Aqua Paolo or Alsietium. Grand in conception, admirable in execution, they pursued their course subterraneously or on arches, according to the levels, and were worthy of the Emperors under whose rule they were constructed. The streams which run near to the town need not be described, as they are unimportant; they all run into the Trent, which joins the Ouse and the Humber, so that our river water reaches the sea on the coast of Yorkshire. The atmosphere of Birmingham will compare, and not unfavourably, with that of other manufacturing cities. We know that it is vitiated in parts by those emanations which must occur in every dense population, and more especially if sanitary supervision be perfunctory and inadequate. One of our greatest evils is the smoke issuing from the tall chimney-stacks of our manufactories, and perceptible for some miles beyond the town. It is curious that, whilst solemn predictions are issued as to the exhaustion of our coal-fields, and the approaching substitution of some other fuel, whilst the press dispenses Jeremiahs on the increasing cost of coal, this wasted carbon is permitted to obscure the sky, to fill the air with fuliginous impurities, and to return to us as smuts for the encouragement of the laundress. No scientific mechanic impressed with the motto "*ex fumo dare lucem*," has yet invented a perfect machine, acceptable to employers of labour and of moderate cost, by which this waste fuel may be utilised without the aid and imperfection of a human stoker. Whilst of late years the town has grown rapidly, and has offered new sources of attraction to the labourer and the merchant-prince of commerce, it has always worn features of interest to the man of science, the politician, and the philanthropist. In archæology we have few attractive remains. The ancient landmarks and monuments described by the learned Hamper and others have disappeared under the requirements of a rapidly increasing population, and a necessarily extended building area. The fine old Elizabethan Hall at Aston is well worth a visit on account of its architectural features and its historical traditions. The residence of Sir Thomas Holte it afforded shelter to Charles I. in October, 1642, whilst on the march from Shrewsbury to relieve Banbury Castle, and before the battle of Edge Hill. Subsequently it was cannonaded by the Parliamentarians, and reduced after a two days' siege. Such slight injuries, however, were inflicted on the building as to raise a smile in these days at the artillery then in use. In the church of St. Martin may still be seen monuments that carry us back to the period of the Normans, whilst our portion of the great Ikenield Road that stretched from Southampton to Tynemouth, recalls to memory the time of the Cæsars and the occupation of the country by the victorious legions of Rome. We cannot compete with those natural attractions that at Plymouth seduced stern devotees of science from their allegiance, but we can show how advancing knowledge influences man's invention, skill, and industry,

and subjects natural and chemical forces to his control; how labour is dignified and intellectual supremacy is asserted by the employment of those potential agents—steam, heat, electricity, and chemical action, which are here made to carry out the most gigantic and most delicate operations. So near are we to the furnaces and smelting works of South Staffordshire, that their vicinity is revealed at night by a glow in the sky from numerous fires. This has been called the "Aurora Borealis of the Black Country," and has been poetically described by Elihu Burritt as "the halo around the brow of swart and patient labour that knows no rest." Having retired with this luminous reflection to repose, instead of awakening to the rippling music of a Devonian tide, you may be rudely disturbed by the steam gong that summons the mechanic to his early labour, or by the mighty throb of the steam-hammer stamping automatically the resisting metal, and impressing it with forms of beauty or utility. It has been well said that this town "is the most remarkable centre of manufacturers of metal in the world." "Whatever metal can do, Birmingham will make it do: from a pin's head to a steam-engine, from a pewter pot to a copper boiler, from a gilt button to a brass bedstead." Certainly the metals, precious and base, are here, by mechanical agencies or manipulative skill, made to assume every shape, from the delicate ornament vying in capillary tracery with gossamer, from the frail threads of wire that bind our island to distant continents and establish inter-communications incredibly rapid, to those monstrous masses of metal which span the chasm or rushing stream and form the iron roads of intercourse and traffic between the busy communities of which this country consists, and by whom its unparalleled commercial prosperity has been achieved. Whilst these triumphs of this midland city proclaim themselves in sonorous utterances, abundant illustrations of more silent forces in use amongst us may be furnished. Here you may witness the chemico-galvanic process of metallic deposit, conceived and perfected by one of our Professional brethren, the late Mr. Wright, and worked by Messrs. Elkington and Mason, who have administered largely to the wants of civilised life. The effects of this invention have been to beautify the commonest material, to decorate our houses and persons, and indirectly to refine our habits and elevate our taste. A reference to this subject suggests the intimate connection that subsists between the various branches of human knowledge and industry. Had not our power of dealing with metal, in moulding, casting, and chasing, progressed, this filmy electro-deposit—which bears the same relation to the material enclosed by it, as does the amber to the fly that it embalms—would scarcely have been devoted to such general uses. So again, had not the study of natural forms been advocated by the appeals of cultivated men, who appreciated the glorious relics of a civilisation that has long passed away, our manufacturers would scarcely have produced those graceful and classical designs, which characterise much of the ornament of the present age, and which may, by further cultivation, enable us hereafter to challenge the productions of the palmiest days of Greece. One noiseless craft to which I would call your attention is the *papier mache* trade, which is almost peculiar to Birmingham. Derived first from India and China, it was introduced here more than a century ago by Mr. Taylor, a large and ingenious employer of labour, for the production of snuff-boxes and trays. So wide is its applicability, that it is now used, not only for knick-knacks, but for the construction of such massive domestic articles as sofas, bedsteads, sideboards, and chairs. The prepared surface of this paper-pulp receives a high polish, and is capable of such complex decoration by mother-of-pearl, artificial gems, gold and painting, as to conceal its texture, and render the material unrecognisable. It has been too much the custom to consider Birmingham as a hive of busy artisans not over-refined; a nest of metal-workers so expert in imitative art, and so little troubled by qualms of conscience, as to be constantly engaged in the production of "lacquered shams and bad halfpence." It is lamentable to see such accusations made in London newspapers whenever our population disagrees in view with a literary Jupiter, or offends the delicate susceptibilities of some writer of political and other "leaders." To such men it is useless to suggest that a community cannot fairly be saddled with the sin of an individual. It is long since Charles Knight, in "The Land we Live In," showed that the wondrous skill with which metals are handled has led to the ingenuity of our artisans being occasionally enlisted by unscrupulous non-residents, who have carefully concealed their designs, and have saddled our too-confiding class of operatives with their sins.

How many works of art, useful and ornamental, that have been accepted as national standards of taste, have sprung from the talent and labour of our workmen, and have been credited to other cities, it is not my duty to inquire. The thought, however, is suggestive in its truth. The commercial position and material prosperity of this town have been due to such men as the late Matthew Robinson Boulton, John Taylor, and others, who possessed the highest views of moral rectitude and honour, and with a keen sense of the wants of mankind, established new methods of administering to them. It may be said of Mr. Boulton—a Birmingham man, and a veritable Meccenas of manufacturers—he was highly educated, that he cultivated science, associated with men of learning, and introduced into trade new applications of mechanical power. Prudent and perceptive, he won his laurels in the stony paths of trial and difficulty. The Soho Works, built by him more than a hundred years ago, then formed the largest manufactory in England. Hence these works—which employed a thousand people—became an object of interest to the whole kingdom. Here, after Boulton had been joined by James Watt, the first perfect steam-engine was made which supplanted water-power, revolutionised commerce and travel, and supplied the world with a new motive force. Here, also, our coinage was beautified and improved; and here Mr. Murdoch, the engineer of the firm, first introduced the illuminating power of gas to this country, which has contributed so much to man's comfort and convenience. The works were built on a barren heath some two miles from the town; by planting and draining, the surrounding land became a park with fine timber and water, worthy of its princely inhabitant. The works stood for many years after their glory had departed. They were visited by strangers from distant lands, and had an interest to our Transatlantic cousins that rivalled the shrine of Shakespeare. This "Mecca to mechanism," as it has been aptly called, is now no more. The building has been pulled down, and its site—like all available land in increasing communities—is advertised as suitable for "villa residences"! Boulton's time was the Augustan era of Birmingham. Taking only the eminent men who constituted the Lunar Society (so called from their meeting when the moon was at its full and would facilitate their travels), it may be said that few towns could boast such an array of remarkable talent and capacity. The names of Boulton, Watt, Withering, Priestley, Galton, Keir, and Berrington are sufficient to prove the assertion; and Mrs. Schimmelpenninck describes each member as being "the centre of intellectual friends" who frequented the meetings, and added to the depth and brilliancy of their discussions. The mention of Sir W. Herschel, Sir Joseph Banks, Dr. Solander, and Dr. Afzelius, as frequent visitors, is a sufficient stamp of their intellectual calibre. In this town also Dr. Roebuck introduced the use of the lead chamber in the production of sulphuric acid as a substitute for the two old methods of burning sulphur under bell-glasses, or distilling sulphate of iron at red heat. By this improvement he rendered the process continuous, increased the power of production, and reduced cost. The value of his discovery may be estimated when it is remembered that sulphuric acid is essential to all the metal trades, and that without it the present gigantic works for the production of alkali and artificial manure could not exist. Whilst ready to welcome and adopt strangers, Birmingham has not always appreciated the genius of her children, but has presented herself at times as a stern step-mother. The populace, whilst thoroughly loyal, orderly, law-abiding, and usually tolerant in spirit, has been betrayed at times by misconception and misguidance, into transitory tumult and violence. The two subjects, Politics and Theology—inseparable in this country—have rarely borne a free discussion without leading to more human passion and unrighteousness than all other sources of difference to which we are exposed. Against this we appear to have no protection. The *odium theologicum*, once fulminated, recognises no genius opposed to its own narrow doctrines, and is antagonistic to that spirit of inquiry which human progress has been promoted and a higher stand-point reached. To this may be ascribed the terrorism which prevailed in 1791, when Priestley, the philosopher, chemist, and scientific inquirer—when Baskerville, the greatest printer that England has produced, the founder of the most perfect type known, whose edition of the Bible is sighed after by bibliographers, whose exquisite productions of the ancient and modern classics, and of Wm. Hunter's work on the Uterus, are considered to be treasures of typographic art—were, with other citizens who did not conform to the views of the mass, persecuted relentlessly by

the destruction of their houses and property, and they themselves narrowly escaped the *auto-da-fe* of a popular, though unreasoning, Inquisition. It is lamentable to think that a reflective and accomplished inquirer, whether right or wrong, was driven by a bigotry and intolerance to seek a home for his later years of life beyond the far Atlantic, and that a type so fine as that of Baskerville, employed by him in the diffusion of the highest knowledge—the divinest revelation vouchsafed to man—should have found its last resting-place in a faubourg of Paris, its first duties in spreading the sophistries of Voltaire. The Medical annals of this town furnish a full list of distinguished men. The philanthropic Dr. Ash, who founded the General Hospital, earned the highest local fame. Failing health caused his removal to London, where he was made a Fellow and Censor of the Royal College of Physicians. Dr. Witherington, his immediate successor, was widely known by his botanical publications. He lies in the parish churchyard of Edgbaston, close to the hall in which he passed many years of life. Dr. Male, highly esteemed as a sound physician and most honourable man, rested his literary fame upon his "Furidical Medicine." To say that Dr. Edward Johnstone was a highly cultivated physician; that his brother John—your president in 1834—was an accomplished scholar, an intimate friend of Dr. Parr, with whom he sympathised in classical lore; and that Dr. James—the president of your last meeting here—won esteem by his acquirements, his courtesy, and his kindness, would be a work of supererogation to the older members of this society. Whilst paying merited honour to our physicians, it is due to the surgeons of the town to state that the literature and practice of our art have been ably represented by those who have preceded us. George Freer, a surgeon to the General Hospital, was the first who successfully applied a ligature to the external iliac artery for the cure of femoral aneurism, as suggested by Abernethy. From the study of this and other cognate cases, his pupil, the late Mr. Joseph Hodgson, probably derived the bias that led to that admirable memoir, "On the Diseases of Arteries and Veins," which secured the Jacksonian prize of the Royal College of Surgeons, became a surgical authority, and secured for him that character for sagacity and judgment that he subsequently enjoyed. More recent Jacksonian prizemen may be named. My colleague, Mr. Crompton, earned this distinction by an essay on diseases of the tongue; the late Frederick Ryland by a valuable monograph on the throat and larynx; and Mr. John Clay by a treatise on ovarian disease. It is to be regretted that the essays of Mr. Crompton and Mr. Clay have remained unpublished. To extend the list would—if I have not already earned the rebuke—be tedious. I will content myself, therefore, with saying that our profession yet numbers members who will not suffer the reputation of Birmingham surgeons to decline from its achieved position. Having referred thus briefly to the older officers, who were necessarily connected with the general hospital as the only large Medical charity in existence, I must now be permitted to say that examples nobly set have been zealously followed, and that a variety of institutions, secondary perhaps in scope, but paramount in popular interest and sympathy, have been established amongst us. The Queen's Hospital, founded by Wm. Sands Cox, in connection with the Queen's College (which it was his dearest object to convert into a great Midland University), graced by the favour of Royalty, and approaching in magnitude to its elder sister, competes with it for support. The General Dispensary; the Midland Eye Hospital, founded by Dr. De Lys and Mr. Hodgson; the Hospital for Sick Children, so eloquently advocated by Dr. Heslop; and a special Hospital (recently established) for women—appeal, and not in vain, to the sympathy of contributors. A Sanatorium is in course of erection, designed to furnish ample space, the most perfect hygienic arrangements, and life-giving air from the breezes that play over the hills of Blooms Grove Lickey. This will form an adjunct to all the Medical charities, and will be suited to invigorate frames that have been exhausted by disease, and are unfitted to encounter the evil influences of a close residence in a polluted atmosphere. Under the auspices of my friends Dr. Fletcher and Mr. Kimbell, an institution has been founded at Knowle for the treatment of imbecile children upon the principle of the Earlswood Asylum. From the adaptation of a cottage to the wants of a few inmates, they have so completely established the benefits that may be conferred upon these piteous claimants for human care and benevolence, that the sympathy and co-operation of the wealthy have been secured, and a noble building has been commenced, which promises to administer adequately to our local necessi-

ties. With regard to the establishment in which we are assembled, it is, architecturally and educationally, one of the brightest ornaments of the town. Originating in the wise consent of a youthful king to a petition from the inhabitants of Birmingham, a small annual grant, devoted by pious men to the Convent of the Holy Cross, after the dissolution of these monastic institutions by Henry VIII., was granted for educational purposes, and formed an endowment for this school. The value of the lands thus bestowed has increased a thousand-fold, and the income has in course of time become regal. Regarded as a school for imparting a classical and general knowledge, it has amply fulfilled the intentions of the founder by securing to the young a liberal, scholarly, and often an University education. Its past history is full of bright associations; and whatever modifications in its course of instruction may be needed to meet the wants of the present age, it has deserved well of the past generations. You will share with me in an expression of deep regret that personal illness has prevented our associate Dr. Fleming from delivering the address in medicine, and from taking that prominent part in this meeting which he was invited to assume by your Council, and for which his literary and practical requirements and his known accuracy so peculiarly fitted him. We must all lament that the voice which advocated this town as your place of annual meeting will be heard no more. The energy and fervour of Mr. Clayton's manner, his singular conversance with the affairs of the Association, and his judicious advice in its management, will be missed by the active members; whilst we, his intimate fellow-workers, regret the loss of one possessed of great perceptive and executive ability, and endeared to us by many estimable personal characteristics. Other hands, however, will be extended in friendship and brotherhood; other voices will proclaim our hearty appreciation of your visit. As the representative of the Birmingham and Midland Counties Branch of the Association, and in the name of the whole Profession of the district, I say to all our visitors, welcome, welcome, thrice welcome.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 14, 1872.

SPECIALISM.

DR. WILKS, who is always listened to with attention, has lifted up his voice against *specialism*. He is not one

to lose force by adopting feeble expressions, and for this, as a rule, we may be grateful. But we doubt very much whether he has spoken at Birmingham with his usual sound common sense. Perhaps the holiday character of the meeting made him feel it was no scientific assembly at all, and that his hearers only wanted a few smart jokes. This is well enough, but even the public cannot fail to be shocked at his sneer at asylums for "jabbering idiots." Much that he said against specialties may be equally used as arguments in their favour. He obtained his attack by confessing that specialism was a very natural result of the feeling which all persons had to gain relief for their individual troubles, without thinking of the deeper question of the cause of them, and asking, was the public right in its demand, and the Profession in submitting to it? He declared there could only be one answer, and the idea of chopping up the body into separate parts must be strongly deprecated. It might be asked, has not scientific advance encouraged specialism. He should say decidedly not. Specialism was more rife in ignorant times, but of late the fondness for specialties had been waning, and a larger view of the practice of medicine founded on a more scientific basis was taking its place with the progress in their science and art, and thus meddling with particular organs and symptoms had decreased. And yet Dr. Wilks went on to show where specialties were useful by declaring that one of the few specialties where a long and extended experience enabled the Professor to gain a larger knowledge than the mass of Medical men could possess was in the case of mental disease; but this, with astounding hardihood, he said, was one of the few least patronised by the public. At least, from his own observation, it had seemed that when a man's mind was going wrong the last person whose aid he sought was the mad doctor—(laughter). Even the division into medicine and surgery had its evils, and thus he was convinced that the best advisers for the people at large were the general practitioners. But not only did the Profession suffer in its true scientific dignity by its being divided, and those who sought advice often meet with disaster; not only this, but the poorer portion of the community suffered from the diversion of benevolence into wrong channels. This was Dr. Wilks's trump card, and he pleaded for the general hospitals in a way that, as remarked by many, is not likely to do them much good; for he urged that it was a standing disgrace to England and especially to London, that so little was contributed towards the maintenance of general hospitals. The public would not subscribe their guineas for so mean an object as the cure of an inflammation of the lungs, an erysipelas, or a broken leg, but chose rather to give their hundreds and thousands to some special institution pleasing to their fancy. Sentiment often entirely ruled, and thus the abject poor, with their vulgar wants, were neglected, whilst any amount of money could be raised to expend on a beautiful house and grounds for the care of hopeless "jabbering" idiots. Then he went on to admit a trifle on the other side, for, said he, only one thing could be said on the other side—that it gave those engaged in the practice of one department greater facility in manipulation and the use of remedies.

Now what could be with the public, if not with the Profession, a more forcible argument? The sick man is only too glad to avail himself of skill in "manipulation and the use of remedies." One word more and we have

done. Dr. Wilks did an injustice to many when he assumed that the specialist knew nothing but his specialty. The only good specialist—the only safe one is, he who has a wide knowledge of every branch of his profession.

**REFORM IN THE MEDICAL CORPS,
AND
SANITARY SERVICE OF THE ARMY IN
PORTUGAL.**

ORGANISATION—DISTRIBUTION—AND PAY.

ART. 1.—The Sanitary Corps of the army is composed of one Surgeon-in-Chief of the army with rank of colonel.

Two Surgeons of Division with rank of lieutenant-colonels.

Six Surgeons of Brigade, rank of majors. Two Graduated Surgeons of Brigade, Directors of Hospitals.

The Surgeons Major (Staff-Surgeons), with the rank of captain, as many as are necessary for the different corps of the army. Depot of troops, Military College, Military Invalid Hospital, Sanitary department at the War Office and at the head-quarters of the Commander-in-chief of the army, first class military stations, and army arsenal. The Assistant-Surgeons, with rank of lieutenants for the same corps and depots of the Army Invalid Hospital, and resident surgeons of the Lisbon and Porto Hospitals.

Three pharmacutists, one assistant pharmacutist.

The Sanitary Company is composed of:—One captain, one lieutenant, one sub-lieutenant (ensign), three first sergeants, five second sergeants, four furiers, twenty corporals, ten auspeçadas, sixty soldiers.

§ During extraordinary circumstances, the Sanitary Corps of the army may be increased with a number of Medical men if required.

The above also applies to the Sanitary Company.

ART. 2.—The direction of the Medical corps and the Sanitary Service of the army, will be composed of two departments, one annexed to the Minister of War, and the other to the commander-in-chief of the army.

The Surgeon-in-Chief of the army, has the direction of the Sanitary department at the War Office, with all the attributes formerly possessed by the extinct "Sanitary Board of the Army."

§ I. In order to simplify the direction of business in the Sanitary Department, the Surgeon-in-Chief will be entrusted with the service at the War Department, and the commander-in-chief of the army.

§ II. Two Staff-Surgeons will each be attached to these two departments, and will assist the Surgeon-in-Chief in the work assigned by him.

ART. 3.—The two Surgeons of division will take the place of the old army Surgeons, and of the Delegates of the Army Board of Health.

§ I. In time of war the Surgeons of division will be the chief Sanitary officers of the great division of operations.

ART. 4.—The six Brigade Surgeons have to fulfil the same functions as the Surgeons of Division in the 7th, 5th, 2nd, 4th, 6th, and 8th, military divisions.

§ Each brigade in time of war will have for Sanitary Chief, one of the Brigade Surgeons, who in time of peace is occupied in the military divisions.

ART. 5.—The division and Brigade Surgeons have to

reside near the general head-quarters of their respective military divisions, or at the seat of the United Regimental Hospitals.

ART. 6.—The two Graduated Brigade Surgeons, directors of hospitals, and those of the Permanent Hospitals of Lisbon and Porto.

§ 1. The directors of the Permanent Military Hospitals receive pay corresponding to that of the Brigade Surgeons, and in case these should be impeded in their duties, the pay will go to the surgeon appointed in their place.

ART. 7.—The appointments of division and Brigade Surgeons, as also those of Surgeons Directors of the hospitals of Lisbon and Porto will be as much as possible according to priority in the order and category of the situations they have hitherto occupied.

ART. 8.—The staff and assistant-surgeons will be appointed according to the conveniences of the Service.

ART. 9.—The surgeons who, owing to their state of health, or advanced age, are not fit to serve in the corps, will be chosen to serve in the military college, military invalid hospital, fortresses, and military arsenal.

ART. 10.—Two Assistant-Surgeons. Internes of Hospitals residing in the permanent hospitals of Lisbon and Porto have to do the work assigned to them.

ART. 11.—The three pharmacutists are designated as follows:—One to the general depôt of medicines, and one to each of the permanent hospitals of Lisbon and Porto.

The Assistant-Pharmacutist will remain at the general depot of medicines.

THE SANITARY COMPANY.

ART. 12.—The sanitary company, besides the officers, is composed of the *employés* of lower grade, belonging to the permanent military hospitals, and the regimental hospitals united.

ART. 13.—The men which belong to the health company are immediately under the orders of the Surgeon-in-Chief of the army, and those in hospitals receive orders from the directors of said hospitals. The captain and subalterns have charge of the discipline and the execution of all military laws.

ART. 14.—A section of the sanitary company will be detached to Porto, commanded by a subaltern from this section; part will do duty in the permanent hospital at Porto, and the others will serve in the regimental hospital at "Chanes."

ART. 15.—The officers of the sanitary company will be selected among the inferior officers of the army who cannot be despatched to the regular army, but who possess the necessary requirements of morality, zeal, and aptitude in writing and accounts.

§ These officers have a right to promotion in the ranks of the company.

ART. 16.—The three first sergeants are destined to the two permanent hospitals, one to each, and the third to the company's barracks; they have to look after the accounts of these establishments.

ART. 17.—The second sergeants are: two as assistant amanuenses of the permanent hospital at Lisbon, one for that of Porto, and two as first amanuenses in the united regimental hospitals of "Elvas" and "Chanes."

ART. 18.—The four furiers are the buyers and keepers of the two permanent military hospitals, and of the two united regimental hospitals.

ART. 19.—The corporals are distributed, as is thought

most convenient by the Surgeon-in-Chief, they are intended for nurses, first cooks, and porters of the permanent hospitals, and as nurses and cooks at the regimental hospitals united.

ART. 20.—The *auspeçadas* are assistant nurses, assistant cooks, and orderlies at the two permanent hospitals.

ART. 21.—The soldiers are the servants in hospital.

ART. 22.—No soldier belonging to the sanitary company can be removed from his situation, or from the occupation allotted to him.

ART. 23.—For the organisation of this "company" are preferred:—1. The soldiers actually employed at the regimental hospitals, supposing them fit for this service. 2. Soldiers who, during their military service, have been wounded or maimed in such a way as to incapacitate them from serving in the ranks, but not so in hospital. 3. Civilians who may wish to enlist.

ART. 24.—The choice of individuals who may wish to enlist in this service will be made according to his abilities for the position to occupy in hospital; all must know how to read, write, and do accounts.

ART. 25.—None of these *employés* can serve for less than eight years after enlisting, unless disabled in such a way as to render them useless; this must be judged by the Medical Council.

ART. 26.—The soldiers belonging to the health company who have served the time mentioned in Art. 25, and wish to engage for four years more, supposing they are fit for the duties, will receive an extra sum of 20 Reis (One Penny) per diem.

ART. 27.—All the *employés* of the health company will enjoy the same privileges afforded to the soldiers of the battalion of engineers with whom they rank; receiving besides an allowance, as marked in the table annexed to this decree, when they are employed in the hospital or ambulances.

ART. 28.—The inspectors of reviews will verify monthly the situations and pay of these *employés* in the different localities they may be in.

ART. 29.—When the *employés* of the "Health Company" have to enter the hospital on the sick list, besides losing their extra allowance, a deduction will be made from their pay, equivalent to that made to infantry soldiers of the same rank in the army.

ART. 30.—The punishments the *employés* of the Health Company have incurred for crimes committed in the service of hospitals or ambulances will be designated by the general regulations of the sanitary service. When they become incorrigible they will have to finish their time of service in the ranks, and in case they should have completed their time of service, they will be dismissed. Should the offence be a case for Council of War they will have to go through their trial.

ART. 31.—The Health Company will supply the buildings necessary for hospitals, which by Art. 41, Sec. 1, may be organised.

ART. 32.—Men from the Army Corps will only be employed in the permanent and regimental hospitals, in cases of great necessity, in that case they will receive the pay according to their rank, and the allowance marked in the table.

ART. 33.—In time of war the Health Company (in accordance according to the dispositions of Art. 1, Sec 1) will supply the necessary detachments for the great reserves of the division and brigade surgeons.

ART. 34.—To the soldiers admitted (by effect of Art. 1, Sec. 1) Government may exonerate them of their duty when it considers it opportune.

SANITARY CONSULTING COMMITTEE OF THE ARMY.

ART. 35.—The sanitary consulting committee of the army organised in Lisbon, will be composed of the surgeon of division of the first military division, the director of the military hospital at Lisbon, of the senior staff-surgeon of the troops garrisoned at Lisbon.

§ I.—This committee will have to attend only to work ordered by the Minister of War, or to subjects on which the Surgeon-in-Chief may consult them.

ADMISSION—DISMISSAL—PROMOTION—RECOMPENSE.

ART. 36.—The admission into the sanitary corps, for military surgeons, can only be effected by the assistant surgeons.

ART. 37.—No Medical man can be admitted to the rank of assistant surgeon without presenting, besides the documents exacted by the existing regulations, a title of entire approval in one of the Academies of Medicine at Coimbra, Lisbon, or Porto, or of a foreign university legalised in Portugal, and the person being a Portuguese, or a naturalised subject.

ART. 38.—The vacancies of assistant surgeons will be filled by a *concours* of scientific documents, being preferred those who, in equality of circumstances, have had a longer time of practice, and are considered more robust for the service.

ART. 39.—It will be a condition for all Medical men who may wish to enter the service, that they cannot obtain their exoneration before they have completed six years' service, except under extraordinary circumstances.

ART. 40.—The promotion to Surgeon-in-Chief of the Army cannot fall on any Medical man not a military surgeon.

ART. 41.—The order of promotion for all military surgeons will be usually by seniority; though for the promotion of staff surgeon to brigade surgeon, the authorities may prefer one who has recognised scientific merit, or extraordinary services, united to remarkable zeal and intelligence in the practical work of hospitals.

ART. 42.—The Surgeon-in-Chief of the Army will recommend to Government those surgeons who, during the exercise of their professional duties, have rendered themselves worthy of honourable distinction.

(To be continued.)

Notes on Current Topics.

Choked with a Bean.

A FATAL occurrence has taken place at Puddletown, Dorset. Whilst Mr. R. Genge, a well-known agriculturist, was at dinner, partaking of some broad beans, one of them stuck in his windpipe. A violent fit of coughing followed, and in a very short time the unfortunate gentleman died. The deceased was 82 years of age, and was for a very lengthened period one of the foremost agriculturists in the South of England. This illustrates very forcibly the lecture that lately appeared in our columns by Dr. Stannus Hughes.

The Medical Department of the Turkish Army.

ACCORDING to the *Annales de la Société de Médecine d'Anvers*, the Army Medical Department of the Turkish Army is directed by a Board of three inspectors, three deputy-inspectors-general, and two surgeons-major as secretaries. All army surgeons pass through the Imperial School of Medicine; they are then employed in military hospitals as assistant-surgeons with the relative rank of captain; at the end of two years they undergo an examination for advancement, and such as pass successfully are appointed to duty in military sanitary establishments, where they remain for three more, after which they are eligible for promotion, as vacancies occur, to the grade of surgeon, 1st class, with the rank of major. The rule for advancement is that one-third of the steps are given by selection and two-thirds by seniority. In no other army, except that of England, is the pay of the Medical Department so high as in that of the Ottoman Empire.

Ligature of External Iliac.

ON the 23rd ult. Mr. J. D. Hill ligatured the external iliac artery for aneurism of the femoral immediately below Poupart's ligament. The patient passed a good night and is progressing favourably, although the temperature of the extremity fell several degrees (to 89 in the popliteal space; temperature in the axilla being 97°) a few minutes after the operation. In eight hours after its natural standard became restored.

Glass Plates for Dissecting Tables.

A SUBSTANCE on which to lay the cadaver that would not be liable to absorb, corrode, or stain, like wood, zinc, or marble, has long been a desideratum with students of practical anatomy. This, the *Pacific Medical Journal* observes, has been obtained at the Medical College of the Pacific, where Professor Bentley has provided tables with glass tops. Each table consists of a single slab of glass, three-fourths of an inch in thickness, two feet four inches in width, by seven feet in length, laid in moulding plaster. They possess all the properties of neatness, durability, and even elegance.

Death-rate in the United States and Europe.

THE *Philadelphia Medical Reporter* notes the supposed fact, that the death-rate in Europe is nearly double what it is in the United States, averaging yearly one out of every forty-three inhabitants, while here it is only one out of every eight-one. Of the leading countries of Europe, France leads in its mortality, the average being one death to thirty-two people; and England appears to be the healthiest, the deaths being one to every forty-six. In the United States there is a wide range of difference. In Arkansas, for instance, the annual deaths are one to every forty-nine inhabitants, while in Oregon, the rate is only one to every two hundred and nine. It appears that the North-western States average the healthiest, and the Gulf States the sickliest. Perhaps all these astounding figures are, after all, only an illustration of the danger of arguing from a narrow statistical standpoint. We rather think it is the system of death registration in America which is in fault, and lets slip half the mortality.

A Novel Application of the Electric Cautery.

A VERY peculiar and apparently visionary application of the electric cautery has recently been patented in America. The originality of the special application will strike most readers. The patent in question is for the utilising of this principle for the purpose of cutting wood. Dr. Robinson, the patentee, was led to this novel application of electricity by observing the facility with which a platinum wire, when raised to a white heat, effected the removal of tumours. He anticipates that by means of this invention, which requires only a simple quantity battery, trees will be felled and divided into logs, and other operations of a similar nature performed. It is to be presumed that Dr. Robinson has cut sticks with his electric wire before he went to the expense of a patent; nevertheless, the announcement of such a speculation reads more like a satire on Yankee characteristics than a sober commercial suggestion.

Journalistic Medical Amenities in America.

WE clip the following elegant extract from the *Cincinnati Lancet*:—Prof. — takes it hardly that we printed with comments the exposure of the *Lancet and Observer* of his attempt to perpetrate a little fraud upon the Profession and community, as to the real number of students in attendance upon his lectures, and, in consequence, has discontinued his subscription to the *News*. A claim against him for six months' subscription will be sold very cheap by applying at this office.

Cholera in India.

CHOLERA continues to prevail in the districts of the North-Western Provinces. As compared with the numbers recently given, these figures indicate a considerable abatement, and it is interesting to observe from the daily series that this abatement has been simultaneous and progressive.

Dr. Fairweather says, in the *Punjab Gazette*, that during the month (April, 1872) cholera, in an epidemic form, made its appearance in the province; and deaths from small-pox and bowel complaints show their usual increase in numbers at this season; but, notwithstanding this, the total deaths from all causes are rather under those for March, and very much lower than for April, 1871. Cholera seems to have had two starting-points in its progress through the country. One line taken by it followed exactly the road along which a body of pilgrims travelled on their way homeward through the Punjab from the Hurdwar fair. The other starting-point was apparently a fair held in the southern part of the Umballa district, on the 6th of April. The disease seemed at first to radiate from this, and then to take its course through the Kurnaul district.

Cholera.

SOME isolated cases have occurred in Berlin, the filthy state of which gives rise to uneasiness. There is also great distress for want of house room in the capital of the new German empire. Thousands of families are lodged in mere shanties. What will be their condition in winter is a serious problem, and if cholera should become epidemic there the mortality will probably be on a fearful scale.

Cyanosis from Nitrate of Silver Removed by Iodide of Potassium.

DR. YANDELL, Professor of Materia Medica in the University of Louisville, says:—

According to most authorities the stain resulting from the internal use of nitrate of silver is permanent, and not amenable to treatment. The discoloration first begins about the gums and fauces. It has been found in the coats of the intestines and eyes. It may appear several months after cessation of the use of the medicine, and exposure to the sun seems to predispose to its development.

The two cases which have suggested this report are similar in many respects. Both were young merchants, and both had been treated unsuccessfully for epilepsy by nitrate of silver in their youth. Both contracted syphilis, and for tertiary symptoms got iodide of potassium. This drug was given in from ten to sixty grain doses, thrice daily, for a number of months, in connection with ferruginous or bitter tonics. In both cases the fading of the stains was gradual. In the first case there is a faint trace of discoloration remaining, though it is scarcely perceptible. In the second, which was much the darker of the two, there is not a shadow of the disfigurement. It may be well to state that both patients were treated by the moist mercurial vapour bath during much of the time that they were using the iodide of potassium, and the abundant diaphoresis may have assisted the action of the iodide.

Charity.

SOME time since we congratulated the Charity Organisation Society on its having directed public attention to the absurd and even cruel system of what are called, by an abuse of language, "charitable elections." The *Times* has lately given evidence that the subject has not been forgotten, and that canvassing for election to the benefits of a charity is likely to share an unenviable notoriety with the system of canvassing for signatures to petitions. The *Globe* says, truly enough, it is simply an ingenious device for confining the advantages of charitable institutions in which election by vote prevails to those who least need them—to those, that is to say, who have the most numerous, the most influential, the most energetic, and often the most wealthy friends. Those who are friendless, or whose friends have no friends, stand the very smallest chances in a hotly-contested election, unless their cases exhibit exceptional elements of "sensation." "Charitable" institutions so administered are necessarily under the sway of those who are the least scrupulous in getting up "cases." Minute investigation of every claim is the only sound principle, and at present this seems to be almost universally ignored. It does not do to trust too much to the zeal or accuracy of a patroness in favour of her *protégé*. The fact that there is no patron or patroness in any given case should logically be its best recommendation. It is to be hoped the "Charitable Organisation Society" will not neglect to keep the subject before the minds of those who wish to be just as well as generous.

THE rinderpest has appeared at Edinburgh and Leith. The infected cattle came from Denmark and Iceland. Combined with rinderpest is the foot-and-mouth disease, which seems to be of a peculiarly virulent character, five of the infected animals having died.

Dengue.

THIS disease has spread far and wide in India. It has prevailed very extensively in Burmah, and has been reported to exist in many places in the Bombay and Madras Presidencies.

Is Suicide a sign of Insanity?

In the Superior Court at Baltimore, a verdict has been rendered against the Germania Life Insurance Company, of New York, for 2,000 dollars, the amount of a policy on the life of a man who committed suicide. It was held the company was liable if the jury found the deceased had killed himself in a fit of insanity.

SMALL-POX is reported to have broken out at Linderford, in Dean Forest, in a virulent form.

THE Royal College of Chemistry and Royal School of Mines will shortly be removed to South Kensington.

THE Berlin authorities have issued an order prohibiting the importation of Russian cattle along the whole of the Russo-German frontier.

AT Edinburgh at the close of the graduation ceremony on the 1st inst., a marble bust of the late Professor Syme was presented to the University.

THE mortality in London and twenty other large towns has risen to the rate of 27 deaths annually to every 1,000 of the estimated population.

PROFESSOR LEWIS SAYRE, of America, has been made a Knight of the Royal Order of the Wasa by the King of Sweden, in consideration of his services to surgery in that country.

Two children were accidentally poisoned at Hounslow last week, but no evidence was adduced as to how the poison got into their possession—the professors of chemistry at University College stating that it could not be purchased at a chemist's shop.

A MELANCHOLY accident occurred at Kilkee, co. Clare, on Friday last. Dr. F. W. Furnell, in practice at Castleconnell, was bathing at Kilkee, when a strong current carried him out, and before aid arrived the poor fellow had sunk. He contributed to this journal in 1869 a paper entitled "A new Method of Extension in Fractures of the Femur and in Coxalgia."

THE Emperor of Germany has issued the following ordinance:—

"From trusty representations made to us, we command—as a modification of § 7 of 'The Instructions for the Sanitary Service of the Army in the Field, of 29th April, 1860'—that in future the assistant sick bearers of the troops shall wear on the left upper arm a red band, instead of the white band with a red cross. The War Ministry will carry out the further details of this command.

(Signed)

"WILLIAM.

"Berlin, 6th June, 1872."

"V. ROON.

MADRID is now included in the list of foreign cities for which the Registrar-General is enabled to publish the death-rates in his Weekly Return.

THE late Dr. Oak, of Blackheath, bequeathed his residuary estate, amounting to over £25,000, to the following charities in equal proportion:—The Royal Kent Dispensary, Greenwich; the Seamen's Hospital, Greenwich; the Convalescent Hospital, Walton; the Charing-cross Hospital; the Children's Hospital, Great Ormond Street; the Infant Orphan Asylum; the Royal Medical Benevolent College, Epsom; the Royal Free Hospital; the City Orthopædic Hospital; the Asylum for Idiots; and the Royal Westminster Ophthalmic Hospital. Dr. Carr is the surviving and sole executor.

THE *Canada Medical Journal*, which has for eight years been continued, closes its existence with its last number. The publishers state that this has been brought about by personal differences between the editors. The publishers of the *Canada Medical Journal* considered it advisable to stand aloof from all party feeling; they therefore intimated to the editors their determination to stop the publication, leaving them to resuscitate a new work or works, which will stand or fall by their own merits. *Per contra* the late editors have issued this month the first number of the *Canada Medical and Surgical Journal*. In their address to the Profession they say—"A change has taken place in the *Canada Medical Journal*, inasmuch as the editors determined to separate, because of reasons personal to themselves, the details of which would be uninteresting to our subscribers."

VARIOUS expedients have been had recourse to in order to neutralise the vapour of mercury, with which it is now well known every part of the atmosphere in rooms and workshops where operations requiring mercury are conducted is saturated. In even the best ventilated establishments for silvering glass, the skin, hair, beard, and clothes of the workmen are thoroughly impregnated with these invisible fumes. The *Society of Arts Journal* observes that to neutralise the vapour of mercury, sulphur vapours have been proposed, and, to some extent, used, the two vapours combining, and forming a third innocuous compound. As experiments conducted with these vapours have proved fatal when applied to some of the lower animals, it is now proposed to substitute chlorine for the sulphur formerly used. The most convenient way to apply this element is to sprinkle chloride of lime over the floor of the room infected, when the chlorine will immediately combine with the mercury, forming sub-chloride of mercury, or calomel. It is believed that the very small quantity that would be formed would have no ill effects on the lungs of those who breathed an atmosphere containing such an amount of mercuric chloride, but experience will be required to decide this point.

THE *Globe* relates the case of a young man who was imprisoned at the Toombs, New York, and effected his escape in an ingenious manner. He dropped some croton oil on his face, and, all the appearances of small-pox supervening, was hastily removed to the hospital, where he speedily effected his own cure by walking out of bed and getting

clear away. The force of his example was such that an epidemic of small-pox broke out in the Toombes, four prisoners in particular presenting a most distressing appearance, from a too lavish use of croton oil. The gaolers were not, however, to be twice taken in by the same device, and the small-pox patients are being treated in their respective cells. Complications of a serious character are not unlikely to arise out of the incident. Just as in England people found dying in the streets are occasionally treated for drunkenness because it is on the police record that drunken people have not unfrequently been discovered lying insensible in the streets, so prisoners in the Toombs may be treated for croton oil when they are really suffering from an attack of small-pox. Perhaps the simplest way to get out of the difficulty would be to place croton oil out of the reach of the prisoners, a course which it is somewhat surprising to know has not hitherto been the practice in this prison.

Special Report

ON

DISEASES OF THE THROAT.

Edited for the "MEDICAL PRESS AND CIRCULAR."

BY PROSSER JAMES, M.D., M.R.C.P.,

Physician to the Hospital for Diseases of the Throat and to the North London Consumption Hospital; Lecturer on Materia Medica and Therapeutics at the London Hospital.

I.—(continued.)

THAT the mode of supporting the reflector is of little consequence becomes more manifest when we remember that reflection can be dispensed with altogether. As already stated, we can practise laryngoscopy by means of direct light alone. If the laryngeal mirror be properly held a beam of light, from any source, falling upon it is sufficient to furnish an image of the larynx. The difficulty is for the observer to look at the mirror without intercepting the rays of light by his own head. This is why it is easier to sit before a looking-glass and examine one's own larynx by direct light. For his purpose the solar rays may be employed when obtainable, but in all cases artificial light is more manageable. The light of an ordinary moderator lamp is sufficient for all practical purposes. In fact, it is with such a light that some of the most valuable discoveries have been made. Where gas is laid on, a good argand burner is most convenient. The light from either of these may be increased by an ordinary metal reflector placed behind; or in place of the ordinary glass chimney a metal one, with an aperture on one side, will not only increase the light at the operator's disposal, but prevent its diffusion through the room, and thus obviously afford a clearer view of the image. Further, if a plano-convex lens be fitted into the aperture of such a chimney, it constitutes at once a simple and efficient light concentrator. This mode has been adopted by many laryngoscopists for obtaining a good light for ordinary use with a reflector.

In my early experiments with direct light I employed a small lamp with a single lens on one side, and a reflector at the back—a lantern in fact, such as that used by policemen, and sometimes for railway signals. Dr. Brunton's aural lamp is an improvement on this. Tobold's apparatus, which contains three lenses adjusted in a tube, may be also used for experiments with direct light, and it is now made much more portable than formerly. A good lens attached to a pair of spring forceps that will clasp any lamp, serves also as a simple laryngoscope for the use of direct light. Such an instrument is sold as Dr. Johnson's.

Dr. Fauvel, of Paris, has improved upon this by devising a very simple and portable laryngoscope, the use of which is shown in the annexed engraving (Fig. 8).

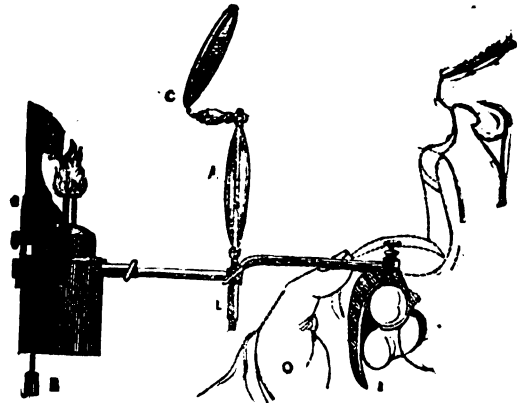


FIG. 8.

This instrument can be used in any position. The illumination is obtained by direct light, passing from the lamp through the lens A. A tongue-clasp is also attached, but this is not often required. The little lamp is very useful for examining a patient in the recumbent position; but this can be dispensed with, and the Fauvel lens used with any lamp, thus combining the advantages of this apparatus with those of Dr. Johnson's.

The little plane mirror (c) above the lens may be placed at such an angle as to let the patient see his own larynx. This mode may therefore be used for demonstration.

I have tried to utilise the magnesium light for laryngoscopy, but it is very unmanageable. I have for a long time employed the oxyhydrogen lamp, which furnishes a good light equally available for use directly or by reflection. At the Hospital for Diseases of the Throat there is a very good lamp of this kind, which is of great use for demonstrations, the direct rays being always employed. It is too large for the private consulting room, but for hospital use is of great value.

But the purest and brightest artificial light of all is the electric. The difficulty of employing it is that so few electric lamps are simple in construction and therefore easily managed. Mr. Browning has dispensed with all clockwork in his electric lamp, but in addition to its cost, which is considerable, it requires a very powerful battery—about

forty large cells,—and that in its turn demands much attention.

For ordinary use, then, we are driven to the conclusion that gas is the most convenient source of light, and the brilliancy of this can always be increased by burning with it a small proportion of oxygen. A small apparatus for this purpose can easily be affixed to any burner.

SCOTLAND.

THE LADY MEDICAL STUDENTS AT EDINBURGH.

THE interlocutor issued by Lord Gifford in the action raised by Miss Jex Blake and others against the Senatus and Chancellor of the University is favourable to the ladies. His lordship is of opinion that the defenders have failed to prove that the University is restricted to male students, that the regulations for the instruction of women approved of in 1869, and that after completing the prescribed studies in accordance with those regulations, they are entitled to proceed to examination for degrees. In a note he says that, while unable to compel the Senatus to provide suitable instruction for the lady students, he trusts such provision will soon be made. It is doubtful whether the attainment of this object will be advanced if means such as those referred to in the following note, addressed to a local paper, be employed.

United College, St. Andrews,
6th August, 1872.

SIR,—It now appears that, when Sir Robert Anstruther gave notice of a motion to withhold from the Edinburgh Medical professors their parliamentary salaries, it was because they had not acted to his mind regarding the Medical education of women; and we are further informed that in case they do not comply with his behests Mr. Duncan M'Laren will next year cordially support a similar essay.

This needs no comment. My only purpose in referring to it is to say that, with a hearty sympathy for those who would remove from their sex the disabilities to which it has been so long subject, I have yet had too frequent reason to regret the means employed by some who have sought to help towards that end; and this more especially on account of their possible influence on the welfare of my *alma mater*, the University of Edinburgh, and the other universities of Scotland. This last culminating instance is decisive. I cannot hesitate to withdraw from a movement which, it would seem, is to be promoted in utter disregard of the interests of our great Medical school; and I gladly thus free myself from even the remotest semblance of implication in the more recent proceedings of its advocates.—I am, &c.,

WILLIAM SWAN.

Dr. M. Charteris has been elected physician to the Royal Infirmary, Glasgow, in room of Professor Simpson, resigned.

Foreign Medical Literature.

CONTRIBUTIONS TO THE PATHOLOGY OF THE BLOOD.

By PROF. S. STRICKER, of Vienna.

(Translated for the MEDICAL PRESS, by E. B. BRONSON, M.D., from the *Archiv. für Dermatologie und Syphilis*, II. Heft, 1872.)

(Continued from page 109.)

THE phenomena of growth now gained a more precise significance. I have already declared that in accordance with observations of the blending together of two cor-

puscles, the growth observed may be explained through apposition. I have thereby merely declared in what light the thing had presented itself to me before I could avail myself of further observations.

I made allowance for the conditions, in order not to commit myself to a supposition which was still open to objections. For often as I had seen two corpuscles unite themselves, I never saw, however, such an union as of two drops. When two drops lie near each other they may cleave to each other a long time and present the bud form; but so soon as any point of their surface has been sacrificed, so soon as their bulk has become at any point confluent, then they form themselves quickly to a single drop. But with our corpuscles it proceeded more slowly, the contours altered themselves gradually; from the bud form came the biscuit form, then one segment after another was taken up, then there was yet visible upon the upper or uppermost surface the mark of division, till finally, the oblong form without a trace of division was completed. The corpuscle rested again in the oblong form for some little time. I then saw how for the first time facets were formed, which again disappeared. The final result of all these movements was at length the sphere. With the sphere the state of rest was given. I desired not to define these rather unfruitful form-changes as phenomena of life, as I was unable to observe the disappearance and return of certain fixed forms. I was aware, however, that these form-changes frequently occur in protracted dividing processes. Also it was just as plausible to assume that two approximate corpuscles that suddenly advance towards each other, were united by means of a contractile fibre as that they approached each other through mutual attraction.

I have too often observed in the dividing processes in the tissues of the frog, either cut out or exposed to view, how two halves of a cell proceed away from each other until they remain joined by a thin fibre; how, sometimes, the fibre altered its optical properties till it became invisible; how it then had the appearance as though the division were completed, and then afterwards the divided products advanced towards each other and by degrees blended together. Moreover, it is familiar to all tissue-pathologists that pus-corpuscles, so long as they exist under certain conditions for division vegetate so that they attain an inconsiderable size. But as soon as the conditions for division are unfavourable they grow considerably and begin then to form permanent tissue. With all these experiences harmonised the observations made upon our corpuscles; the observations that with a temperature of 22—25° C. their growth was considerable, but with a temperature of 38° C. they increased less in size but, on the other hand, more in numbers.

We have gained, as we see, beside the phenomena perceived on warning the preparation, a considerable series of characteristics for the assumption that the corpuscles are organisms—characteristics insufficient in themselves to maintain the assumption, but which, however, find their exact place in the picture taken as a whole.

We have to do with organisms which by a temperature below 10° C. are only slowly developed, and perhaps not at all by a temperature considerable lower; with a temperature of 20—25° C. their development proceeds pretty rapidly, and still more rapidly at the temperature of the human body. If they have once attained a certain size they then persist as spheres or discs (it was impossible in many cases for me to make the differential diagnosis), either in the state of rest or as dead bodies; it is then possible to keep them for days, even when the blood preparation is destroyed by the vapour of water.

These organisms multiply by budding or division. An outgrowth to larger fibres or stems has, however, at no point and under none of the conditions fixed by me, come to my notice.

Their development is essentially favoured by the vicinity of a larger number of blood corpuscles, and again by the vicinity of air bubbles. In general, they

will be sooner found where a clear plasma-space is bounded on the one side by air, and on the other by a thickish layer of blood-corpuscles. If the specimens be prepared after the pattern given above, and then the whole border be searched, it will be almost impossible, if they appear at all, to overlook them.

Where they have grown under my eye they have certainly spread from the air boundary towards the centre of the preparation. But that is not to be understood as though I had seen the granules advancing. I have, on the contrary, observed that the finest granules always became visible in a zone simultaneously. But it was from a zone in the vicinity of an air bubble that they first emerged; thereupon the whole neighbouring plasma-space was soon filled with them, and only later was I able to make an analogous observation in those spaces next distant.

With regard to the source from which these organisms take their origin, there exist the following alternatives. They either originate from the air or from the blood, and in the latter case the germs were either present in the circulating blood or have subsequently sprung up by spontaneous generation.

The last part of the alternative will find, indeed, but few adherents, and I have myself no wish to be counted amongst these. But no one, also, will deny that the *generatio æquivoca* must in the present case come into consideration as one of the possibilities. For so soon as we have come to assert that organisms have sprung up from germs which are not to be seen with the best microscopes now existing, we assert something which may not be proved as long as the possibility of a *generatio æquivoca* is not with all imaginable sureness excluded.

In the case that the germs originate directly or indirectly from the air we have, perhaps, to do with organisms which are quite familiar under other forms, perhaps with bacteria, which finally occur in every incubating preparation. Only, then, were we obliged to suppose that in the blood of certain persons they take on a mode of development and form which, according to my knowledge, have not yet been made known.

The circumstance that the development begins first where the plasma borders on a film of air, perhaps speaks in favour of their derivations from the air. But it is also to be considered, that perhaps the adjacent air merely favours the conditions to the development. This it so much the more to be taken into consideration, inasmuch as I have also learned that the development progresses best when the film of blood, by which the plasma space (*plasma-kiesel*), is bounded on the other side, attains a certain thickness.

Let us suppose finally that these newly made known organisms take their origin neither directly nor indirectly from the air, and at the same time do not arise in the way of the *generatio æquivoca*. In this instance, we must think it possible, that in the blood of an individual there circulate offspring (*abkömmlinge*) of the cells of this individual or of other similarly constituted individuals, which the former (the blood) has taken up from the genital secretions, or has received by transmission from one individual to another. The supposition that such offspring of cells should, from their minuteness, be invisible with the best microscopes now existing, is thoroughly hypothetical. But we must again admit that their existence is for the present not excluded.

I now turn to the second question. Do the organisms under consideration occur only in the blood of syphilitic persons? To this question I must, to begin with, reply—No.

I have, in all, examined thirteen cases of general syphilis, and in these I met with them nine times in great numbers, in two cases they were certainly not to be found, and in two cases they were so isolated, that I had to regard them as negative. For the cases examined by me, **there, we have to set nine against four.**

I had, in the beginning of my investigation, in ten cases

of healthy, well nourished individuals, in one case of pneumonia, in one with vitium cordis, in four cases of typhus abdominalis, in one case of typhus exanthematicus, and in ten cases of small-pox, not found a trace of these corpuscles.

Medical News.

The Director-General presents his compliments to the Editor of the MEDICAL PRESS AND CIRCULAR, and begs to enclose for insertion a list of candidates for the Army Medical Service who competed successfully at the examinations held in London in February, and at Netley, in August, 1872, after having passed through a course at the Army Medical School, Netley.

Army Medical Department,
7th August, 1872.

Army Medical Service.

Magill, J., Cork and London, 5,304.
O'Donnell, R. W., Dublin, 4,411.
Donovan, W., Dublin, 4,388.
Swayne, C. H., Dublin, 4,201.
Brown, D. B., Edinburgh, 3,907.
Quill, R. H., Dublin, 3,884.
Tincler, B. M., Dublin, 3,870.
Slaughter, W. B., London, 3,711.
Browne, A. L., Belfast, 3,700.
Keys, C. W. M., Cork and Dublin, 3,537.
Bushe, C. J. L., Dublin, 3,385.
Stokes, H. H., Dublin, 3,122.

Navy Medical Service.

Edwards, L., London and Aberdeen, 5,070.
Maclean, J. C. B., Aberdeen, 4,212.
Volatti, W. J., Dublin, 3,623.
Davis, J. W., Galway and Cork, 3,601.
Bernal, R. A., Dublin and Cork, 3,553.
Stiell, J., Edinburgh, 3,476.
Cox, H. J., Dublin, 3,300.
Drake, C., London, 3,283.
Wood, J., Dublin, 3,027.
Patterson, W. H., Dublin, 3,002.
Corrie, A. T., London, 2,993.
Wall, J. G., Dublin, 2,916.
Mackie, J., Edinburgh, 2,887.
Scanlan, H., Glasgow, 2,788.
Freeman, D. J., Dublin, 2,635.
Nash, H. M., Dublin, 2,629.
Stone, J., Dublin, 2,590.

University of London.—The following Candidates have passed the first M.B. Examination:—

First Division.

Crocker, Henry Radcliffe, University College.
Duncan, Peter Thomas, University College.
Gould, Alfred Pearce, University College.
Herman, George Ernest, London Hospital.
Houghton, Walter Benoni, University College.

Second Division.

Barrow, Albert Boyce, King's College.
Batterbury, George Henry, King's College.
Briggs, George Chapman, King's College.
Garlick, George, University College.
Harris, Vincent Dormer, St. Bartholomew's Hospital.
Hetley, Henry, Guy's Hospital.
Hullard, Jean Arthur, University College.
Jameson, Hampden Gurney, University College.
Maclean, Thomas Edwin, University College.
Moore, George Edward, King's College.
Morley, Thomas Simmons, Guy's Hospital.
Palmer, Frederick John Morton, Guy's Hospital.
Sawtell, Tom Henry, St. Bartholomew's Hospital.
Verco, Joseph Cooke, St. Bartholomew's Hospital.
Vices, Sydney Howard, Guy's Hospital.
Whittle, Edward George, University College.

EXCLUDING PHYSIOLOGY.

Second Division.

Harrison, Charles Edward, St. Bartholomew's Hospital.
Homan, George William, King's College.
Keyworth, George Hawson, Guy's Hospital.
Rigby, James Arthur, Guy's Hospital.
Steil, George Robert, University College.

PHYSIOLOGY ONLY.

Second Division.

Davison, William John, Coll. of Med., N.-on-T., & Univ. Nicholson, Arthur, King's College.

Apothecaries' Hall of London.—At a Court of Examiners, held on the 8th inst., Messrs. Norman Bruce Elliot, of Denmark hill; John George Hedley, of York street, Portman square; and Montague Henry Campbell Palmer, of Newbury, having passed the necessary examinations received the L. S. A. diploma; and Mr. John Clare, of Guy's Hospital, passed the primary professional examination.

SYCOSIS.

DR. WHITE believes that great confusion exists amongst dermatologists regarding the pathology of sycosis, and which can be accounted for by the circumstance that there are two distinct affections of the beard, closely resembling each other in appearance, but due to different causes. Sycosis he defines as a chronic inflammation of the hair follicles of the face. It begins slowly in the form of a nodule at the root or insertion of a hair, and when the inflammation runs high, pus is formed, which dries, and forms a crust about the hair. This process is repeated in the individual follicles several times. The tissues beneath the skin in time become involved, and large abscesses are formed, and thus the disease may go on for months, or even years. It is a disputed point whether sycosis is due to a fungus or not. Many authorities, as Hebra, believe if a fungus is present it is only an accidental complication; whilst others, as Gruby and Anderson, hold the belief of its cryptogamic origin, the fungus being identical with that found in ringworm of the head, due to the presence of the trichophyton tonsurans. Dr. White agrees with the last mentioned view, and brings forward in support thereof the recent opinion of Prof. Tanturri, published in the *Italian Dermatological Journal*, who holds that tinea tonsurans occurs first, and that sycosis is the direct consequence of it, being contagious, and is distinguished from the idiopathic sycosis (acne of beard) by its morphological, clinical, and anatomical characters. The ancient Romans were very liable to sycosis, said to be due to the habit of the men kissing each other.

With regard to the supposed identity of the vegetable parasites, and their relations to common mould, Dr. White enters very fully into the conflicting opinions held, not only by dermatologists, but by botanists; however, Köbner, Petyritsch, Karsten, and De Barry have never found any difficulty in obtaining penicillium and the like in their cultivation of favus matter; they regard its presence in their experiments as merely accidental. The elements of penicillium, aspergillus, &c., are omnipresent, awaiting only the proper conditions of soil, temperature, and moisture for development, so that unless their germs are primarily excluded by the most rigorous measures from the materials and atmosphere used in these experiments, their constant appearance under circumstances best adapted to their growth is not surprising, though their absence would be. Such exclusion has been found nearly impossible. De Barry believes that the fungus of favus is a specific parasite, and Neuman rejects his former opinion, viz., that the fungus of favus can be traced to penicillium. Dr. White thinks that, with regard to the identity of the fungi found in cutaneous affections, we must still maintain their specific individuality, because clinically they are distinct, notwithstanding the deceptive inferences drawn from accidental coincidences, and because neither the results of transplanting nor of artificial cultivation have been such as to counterbalance even the negative evidence drawn from the same source; and with regard to their identity with any of the common moulds, the evidence presented is still more questionable.—*The Doctor*.

VEGETABLE PARASITES, AND DISEASES CAUSED BY THEM UPON MAN.

The Third Annual Report of the State Board of Health of Massachusetts, 1872, contains a very interesting paper

upon Vegetable Parasites, and the Diseases caused by their Growth upon Man. The author of the paper is Dr. James C. White. He divides his subject under the following heads:—1. The nature of vegetable parasites. 2. The diseases to which they give rise upon man. 3. Pseudo-parasites. 4. Their growth upon domestic animals. 5. Their supposed identity and relation to common mould (penicillium glaucum). And 6. Common sources of contagion, and precautions to be used against them. Dr. White describes eczema marginatum as one of the varieties of "ringworm," and it is to Hebra we are indebted for the true explanation of this very interesting affection. Eczema marginatum begins as a small round patch of papules and vesicles, with itching, and that excites scratching, usually situated about the inner surface of the thighs and lower part of abdomen. As the disease spreads, it heals in the centre, leaving a dark red, scaly condition of the skin, whilst the advancing border presents an elevated ridge of papules, vesicles, and other lesions of eczema upon an inflamed base. This affection differs from eczema in its nature, and in the central retrogression and concentration of its activity in the advancing edge. Eczema marginatum, Dr. White believes, differs only from ordinary ringworm (tinea circinata) in the more eczematous character of the lesions which compose the outer ring, and the greater amount of active congestion and pigmentation that remains behind. The parasite in common ringworm creates a certain amount of irritation of the skin, expressed by the formation mainly of papules and vesicles; but in eczema marginatum the inflammatory process is aggravated, as shown by the addition to the lesions just mentioned of pustules and crusts, and greater exudation beneath where the source of the irritation is most actively at work, namely, at the edge.—*The Doctor*.

Gleanings.

Veratrum Viride as an Arterial Sedative.

DR. JOHN S. WILSON states: (*Atlanta Med. Jour.*) "Veratrum is one of the few drugs in the administration of which we can have the unerring guide of figures as to the regulation of the dose. And so uniform and certain in its sedative action that we can confidently predicate our directions on this result. Therefore, all we have to do in the administration of the remedy is to begin with a minimum dose and gradually increase until the desired reduction of the pulse is accomplished, as counted by the watch. My practice has been to begin with two or three drops of tincture for an adult, repeated every three hours, increasing one drop each dose until the pulse is reduced to the normal standard. When this is attained, I diminish the dose to one drop, and discontinue if the pulse sinks below the point mentioned. By pursuing this course I have succeeded in effecting the desired sedation in almost all cases without nausea, vomiting, or other disagreeable symptoms. Close observation has taught me that three hours, as a general rule, is the proper interval between doses, the previous dose requiring support in about this time."

Chloral in Cough, Asthma, Etc.

DR. N. H. CANADAY, of Knightstown, Ind. (*Ind. Jour. Med.*), in an interesting paper on the therapeutical applications of chloral, reports, among others, the following case:—"A child, 11 months old, had colitis in the early part of the summer, with frequent relapses since—was enfeebled and emaciated—took measles, attended with an incessant cough, which harassed it day and night, preventing sleep. It took one and a half grains of chloral every two hours, in simple syrup for a week, which kept the cough quieted. If it was left off for a few hours over the time the cough would become very harassing, but on giving the chloral again it was soon relieved. After continuing it for a week or more it was afterwards given occasionally, as the cough seemed to require. I have used it in several cases of bronchorrhœa with the same effect, apparently of relieving cough and drying up the secretion; have given it to small children in grain doses frequently repeated, for colic, restlessness, &c., and find it the best soothing syrup that I have ever used."

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 21, 1872.

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Original Communications.

ETHER *versus* CHLOROFORM.

ON THE USE OF ETHER AS AN ANÆSTHETIC IN SURGICAL OPERATIONS; AS A SAFER AND MORE EFFECTIVE AGENT THAN CHLOROFORM IN PRODUCING THE AVOIDANCE OF PAIN.

With a Description of an Inhaler, and the Mode of Administration.

By J. MORGAN, M.D., F.R.C.S.,

Professor of Surgical and Descriptive Anatomy Royal College of Surgeons, Dublin, Surgeon to Mercer's Hospital, &c.

(Continued from page 105.)

THE PULSE WRITING IN ETHERIZATION.

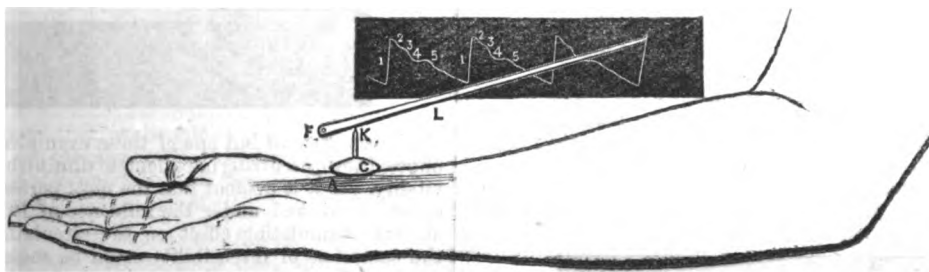
The critical examination into the comparative merits of Ether and Chloroform which I have already referred to, as conducted by the Committee of Investigation ap-

pointed by the Royal Medical Chirurgical Society of London, resulted in important observations.

The inquiry was aided by the use of the hemadynamometer in testing the effect of the heart's action and of the influence of these agents upon it. The report states—"The essential difference between the action of Chloroform and of Ether is to be found in the effect produced upon the heart. The first operation of both agents is to stimulate the heart and augment the force of its contractions; but, after this, Chloroform *depresses* the heart's action, whereas Ether appears to exert but little influence upon the muscular movements of that organ." The general accuracy of this remark, though tested by so comparatively coarse an instrument, is borne out by observation of the pulse writing as indicated by the Sphygmograph, an instrument of far greater delicacy which has been since introduced into practice; it affords direct instruction in comparing the influence of Etherization on the pulse, with the healthy condition, by the evidence of the writing.

The accompanying outline of the principle of the Sphygmograph will serve to explain briefly its mode of action, as writing from the natural soft pulse:—

FIG. 1.



- a. The pulse, showing the artery in the act of pulsation.
 c. k. The lever, which communicates its pulsations by being laid on the wrist.
 f. l. The index, or pen, which marks the pulsations on a slip of paper, or glass, which receives the writing by being worked along by a rack and spring.

On examining a pulse writing, the component motions may be thus analysed—

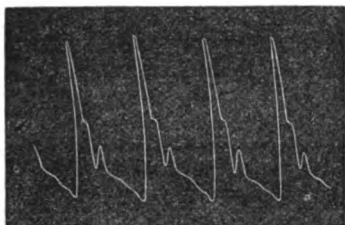
1. The First Ascent. Due to the jerk, by the propelling heart.
 2. The Indentation. Due to the elastic re-action of the blood-vessel itself.
 3. The Elevation. Due to the continued force of the heart's contraction, sending on the blood fluid.
 4. The Break. Due to the sudden stopping off, of the heart's action by the valves shutting.
 5. The Second Elevation. Due to the action of the blood-vessel itself.

It has already been shown by the Chloroform Committee above quoted, that Ether exercises a stimulating effect on the heart's action, instead of the depressing and sometimes fatal one of Chloroform. It therefore follows that sphygmographic delineations, or pulse writings, should give some aid, as typifying the immediate effect of Etherization on the heart itself. If the general influence of the "vis a tergo" due to the immediate propulsion of the blood from the heart be understood, in causing the ascent of the pulse writing, with its succeeding fulness or distension, such evidence will be interesting, as showing the condition and vigor of the heart's action during the sleep of Etherization.

In order to simplify the general conclusions as to the value of the indications, I add a bird's-eye view of some of the modifications of pulse writings in various diseased conditions—more particularly with regard to the indications due to the "vis a tergo," or immediate influence of the heart.

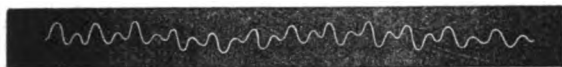
Typical pulse writings of opposite characters will be instructive. Thus—taking an example of enlargement of the heart (Fig. 2). The high elevation of the pulse writing is remarkable, compared with undulatory score of typhus fever (Fig. 3.) or again with the feeble indications of the flickering heart of a patient worn out by consumption, given during the last hour of life (Fig. 4).

FIG. 2.



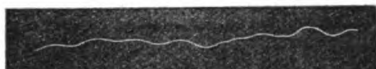
Pulse Writing given by an Enlarged Heart.

FIG. 3.



Pulse Writing in Typhus Fever.

FIG. 4.



The feeble Pulse Writing of an Expiring Heart.

If these be compared with the copy of a writing given by the "Natural soft pulse after exercise and residence in the country," as shown in Fig. 1, the relative conditions and indications may be estimated.

The following specimens of pulse writing, taken both previous to, and during Etherization, prove that the effect on the heart was that already mentioned by the Chloroform Committee in 1864—

"That Ether was a stimulant to its action."

Fig. 5. represents the pulse of a female patient, aged 25, who had been confined in bed for five months; pulse writing taken before Etherization.

Fig. 6. represents it during the full influence. It will be seen that the heart power indication was rather stronger during Etherization than before.

FIG. 5.



FIG. 6.



I selected another instance of a female, aged 17, also long confined in bed. The contrast of Fig. No. 7. taken before Etherization, and of Fig. No. 8. during profound Etherization is not able. The elevation of the pulse line, showing the stimulating property of the Ethereal influence.

FIG. 7.

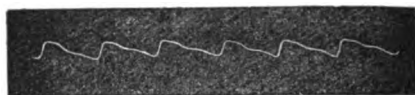


FIG. 8.

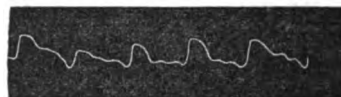


Fig. 9. represents the excited pulse writing of a small and nervous female patient, previous to Etherization and operation.

FIG. 9.



Fig. 10. represents the pulse writing of the same patient, when steadied by Etherization. The contrast is remarkably favourable.

FIG. 10.

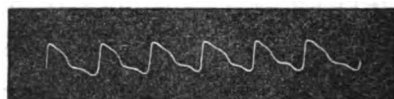


Fig. 11 represents the pulse writing of a healthy young man of 22, previous to operation for artificial pupil—an affection which had not interfered with his general health.

FIG. 11.



Fig. 12. represents the same, when taken under full Etherization and after the completion of the operation. A comparison of this pulse writing with that of Fig. 1. will be ample evidence of the safety of Etherization in its action on the heart.

FIG. 12.



I have taken all but one of these examples as the most unpropitious, occurring in patients of diminished health and vitality, yet it is evident that the most perfect anaesthesia could be invoked under the influence of Ether, with an absolute stimulating effect on the circulation, and that the condition of insensibility could be maintained for a considerable time, yet there was no material alteration of the "pulse writing," and the most perfect sense of security was established.

It is therefore established that—

WHILE CHLOROFORM EXERTS A DEPRESSING INFLUENCE ON THE HEART,
ETHER EXERTS A STIMULATING ONE;
AND THAT CHLOROFORM IS THE MOST DANGEROUS,
WHILE ETHER IS IMMEASURABLY THE SAFEST OF ALL ANÆSTHETICS.

On the opposite side it has been stated that

The only Argument in favour of the use of Chloroform is that of its being convenient (a).

However, on the other hand the only objections which have been put forward by the Committee as bearing against the use of Ether were the comparatively insignificant ones of "disagreeable odour," that it was "slower," and gave rise "to greater excitement than Chloroform." The odour of Chloroform, it is to be admitted, is sweeter and perhaps the most agreeable. Few people, however, dislike the odour of Ether, and whatever objection there may be to the flavour, its exhilarating effects are such that many have found it a seductive substitute for alcoholic stimulants, even to the extent of producing intoxication. In Ireland, curiously, its virtues, if they may be so styled in this way, have been already appreciated, and as that province, whose inhabitants are peculiarly accredited with astuteness, has been the most noted for its consumption, we may conclude that it presents, despite its supposed disagreeable odour, the recommendation of being "good value" in producing the desired effects; indeed, the intoxicating and stimulating quality of Ether has been known for a considerable time, and a *souppçon* of its use amongst the better classes of society has more or less existed. Mr. Draper (b), however, has lately put the question of the "*Use of Ether as an Intoxicant*" in so clear a light that it has attracted considerable attention. He states:—

"The floating idea that there are fair consumers of *Hoffmann's anodyne* and *perles d'ether*, for whom ether has never been prescribed, quite prepares one for the discovery that there is in the northern part of Ireland a number of people who, forswearing alcohol, supply its place with ether—a race to whom ether is what koumiss is to a Kalmuck, ava to a South Sea Islander, absinthe to a certain class of Frenchmen, or gin and whiskey to their more immediate neighbours. That they should take 'nips' of ether morning, noon, and night, as they would whiskey, and—for anything shown to the contrary—drink good luck or ratify bargains in a glass of ether, was not a thing to look for, and is, perhaps, without parallel in the history of narcotic stimulants. The facts rest upon the authority of a number of gentlemen, in their respective capacities of physicians, clergymen, ether manufacturers, and druggists."

Its Mode of Use.

"The usual quantity of ether taken at one time is from two to four drachms, and this dose is repeated twice, thrice, or even four and six times daily. It is taken unmixed with water; indeed, its very slight solubility in that fluid would make this a useless precaution; but the usual practice is, to take first a mouthful of water, then the dose of ether, and again a mouthful of water."

Its Effect.

"The intoxication produced by ether resembles that of alcohol, but is much more rapidly produced, and is more evanescent. The ether seems to be eliminated entirely by the lungs, and the breath of the ether drinker always affords ample evidence of his addiction to the habit. I am credibly informed that at the fair of Draperstown—which appears to be the paradise of ether drinkers—the prevalent smell is not, as at country fairs, of pigs, tobacco-smoke, or of unwashed human beings, but of ether."

Its Influence on the Health.

"I have not been able to learn that, apart from the moral ill effects common to all excitants and intoxicants, the habitual use of ether brings in its train any peculiar evils, and although it would be wrong to draw a conclusion from completely negative evidence, I am disposed to believe that the votaries of ether incur less danger from the habit than ordinary dram-drinkers; and there are two good reasons for this belief. If we assume that there is nothing specifically injurious in the action of ether, it will

(a) Erichsen.

(b) Mr. Draper in the *MEDICAL PRESS AND CIRCULAR*.

readily be admitted that, having a definite chemical composition, and not being very liable to adulteration with other fluids, it must be an improvement upon the sophisticated alcoholic potations, which, with these people, it has replaced. Again, the affinity of ether for water is so slight (a) that dehydration of the mucous tissue of the alimentary canal, and that apeptic action which so well mark the difference between the effect of ardent spirits and of alcohol in the form of unbranded wine, cannot be evils attending its use.

"All the ether consumed in this way is that which is technically termed 'methylated,' that is, prepared from methylated spirit."

The Quantity Consumed.

"Now, if we assume the ordinary quantity taken at one time to average three drachms, and this quantity to be (in stimulant effect) the equivalent of half a glass of whiskey, we arrive at the result that three gallons of ether supply the place of ten gallons of whiskey. It is very difficult to arrive at any accurate idea of the extent to which ether is consumed in the north of Ireland. Omagh is said to take about 400 Winchester quarts (equal to 250 gallons) yearly, and one Dublin manufacturer has sent to Belfast at the rate of 4,000 gallons yearly."

The consumption of ether in repeated doses appears, therefore, to have had no specially prejudicial effect on the health; while it acts as an intoxicant more rapidly than spirits, it is more evanescent. We may conclude from the experience of the ether drinkers of the north of Ireland that the vapour may be freely used, and the anæsthetic influence unhesitatingly invoked without having any permanent or deleterious effect, although the system may have been as it were saturated, as it doubtless is, by the ether tippler who imbibes his two or three teaspoonfuls perhaps six times in one day—an amount more than sufficient to exercise full insensibility by the mere inhalation of its vapour.

BRITISH ASSOCIATION FOR THE ADVANCEMENT OF SCIENCE.

THE great scientific congress of the year has this time been held at Brighton, and was very successful. The feature of the meeting was the presence of Mr. Stanley, the discoverer of Dr. Livingstone, who was welcomed with the greatest enthusiasm, and whose speech was simple, clear, and effective. The President this year was Dr. W. B. Carpenter, and our Profession may feel gratified at the manner in which this eminent member filled the office.

PRESIDENT'S ADDRESS.

DR. CARPENTER'S address set out with a retrospect of his thirty-six years' connection with the Association, dating from its first and only meeting at Bristol. The "fathers and elder brothers" of that day—Whewell and Peacock, James Forbes and Sir William Rowan Hamilton, Buckland and De la Beche—where were they? One of these great men whose departure had occurred since they last met claimed special notice. How they should have sympathised with Murchison in the delight with which he would have heard of the safety of the friend in whose scientific labour and personal welfare he felt to the last the keenest interest. That this intelligence should have been brought to them through the generosity of one and the enterprising ability—might he not use the peculiarly English word "pluck"?—of another of our American brethren, could not but be a matter of national regret. Let them bury that regret in the common joy which both nations feel in the result; and, while giving a cordial welcome to Mr. Stanley, let them glory in the prospect now opening that England and America will co-operate in the glorious object which, far more than the discovery of the sources of the Nile,

(a) 1,000 volumes of ether dissolves but 10 volume of water.

the great traveller has set before himself as his true mission, the destruction of the slave trade. In reviewing the scientific progress of the past year, Dr. Carpenter announced that liberal arrangements had been made by the Government for prosecuting on a more extended scale the inquiry into the physical and biological conditions of the deep sea, on which he, with Professor Wyville Thompson and Mr. Gwyn Jeffreys, had been engaged for three years. H. M. S. Challenger was being fitted out at Sheerness for a circumnavigating expedition to be organised by a commission on which the Association was represented. Professor Wyville Thompson would take the scientific charge of it, and it was expected to sail in November next. A brief allusion was made to the Eclipse Expedition sent out to India under Mr. Norman Lockyer, from which it was said that a most valuable body of results had been obtained, and were about to be published, under the direction of the council of the Astronomical Society. Previous inaugural discourses had generally taken up some aspect of nature in her relation to man. The President was not aware that any one of them had turned to the other side of the inquiry—that which concerned man as the interpreter of nature. He thought it, therefore, not inappropriate to consider the mental processes by which are formed those fundamental conceptions of matter and force, of cause and effect, of law and order, which furnish the bases of all scientific reasoning and constitute the *philosophia prima* of Bacon. They were primarily concerned with the intellectual representation of nature, the two other principal characters in which man acted as her interpreter being those of the artist and the poet. All artists looked at nature with different mental eyes, and to each nature was what they individually saw in her. It was the object of the poet to represent what he felt in nature, and to him nature was what he individually found in her. "There is a class of cases in which certainty is generally claimed for conclusions that seemed to flow immediately from observed facts, though really evolved by intellectual processes; the apparent simplicity and directness of those processes either causing them to be entirely overlooked, or veiling the assumptions on which they are based. Thus Mr. Lockyer speaks as confidently of the sun's chromosphere of incandescent hydrogen, and of the local outbursts which cause it to send forth projections tens of thousands of miles high, as if he had been able to capture a flask of this gas, and had generated water by causing it to unite with oxygen. Yet this confidence is entirely based on the assumption that a certain line which is seen in the spectrum of a hydrogen flame, means hydrogen also when seen in the spectrum of the sun's chromosphere; and, high as is the probability of that assumption, it cannot be regarded as a demonstrated certainty, since it is by no means inconceivable that the same line might be produced by some other substance at present unknown. And so when Dr. Huggins deduces from the different relative positions of certain lines in the spectra of different stars, that these stars are moving from or towards us in space, his admirable train of reasoning is based on the assumption that these lines have the same meaning—that is, that they represent the same elements—in every luminary. But when Frankland and Lockyer, seeing in the spectrum of the yellow solar prominences a certain bright line not identifiable with that of any known terrestrial flame, attribute this to a hypothetical new substance which they propose to call helium, it is obvious that their assumption rests on a far less secure foundation, until it shall have received that verification which, in the case of Mr. Crooke's researches on thalium, was afforded by the actual discovery of the new metal, whose presence had been indicated to him by a line in the spectrum not attributable to any substance then known. And I think it can be shown that the trustworthiness of this common-sense decision arises from its dependence, not on any one set of experiences, but upon our unconscious co-ordination of the whole aggregate of our experiences—not on the conclusiveness of any one train of reasoning, but on the convergence of all our lines of thought towards this one centre."

The President then went on to explain the distinctive features of the two schools of thought which attribute our primary beliefs respectively to intuition and experience, and to point out how they might be harmonised by the theory of inheritance, an opinion in which he said Mr. Mill, to a great extent, concurred. Having dealt at some detail with our notions of matter and space as sense-perceptions, the President passed to the consideration of the general conceptions to which experience gives rise—the laws of nature.

Dr. Carpenter summed up his argument in the following terms:—

Now since it is universally admitted that our notion of the external world would be not only incomplete, but erroneous, if our visual perceptions were not supplemented by our tactile, so, as it seems to me, our interpretation of the phenomena of the universe must be very inadequate, if we do not mentally co-ordinate the idea of force with that of motion, and recognise it as the "efficient cause" of those phenomena—the "material conditions" constituting (to use the old scholastic term) only "their formal cause." And I lay the greater stress on this point, because the mechanical philosophy of the present day tends more and more to express itself in terms of motion rather than in terms of force; to become kinematics instead of dynamics. Thus from whatever side we look at this question—whether the common sense of mankind, the logical analysis of the relation between cause and effect, or the study of the working of our own intellects in the interpretation of nature—we seem led to the same conclusions that the notion of force is one of those elementary forms of thought with which we can no more dispense than we can with the notion of space or of succession. And I shall now, in the last place, endeavour to show you that it is the substitution of the dynamical for the mere phenomenal idea, which gives their highest value to our conceptions of that order of nature which is worshipped itself as a God by the class of interpreters whose doctrine I call in question. The most illustrative as well as the most illustrious example of the difference between the mere generalisation of phenomena and the dynamical conception that applies to them, is furnished by the contrast between the so-called laws of planetary motion discovered by the persevering ingenuity of Kepler, and the interpretation of that motion given us by the profound insight of Newton. Kepler's three laws were nothing more than comprehensive statements of certain groups of phenomena determined by observation. The first—that of the revolution of the planets in elliptical orbits—was based on the study of the observed places of Mars alone; it might or might not be true of the other planets; for so far as Kepler knew, there was no reason why the orbits of some of them might not be the eccentric circles which he had first supposed that of Mars to be. So Kepler's second law of the passage of the radius vector over equal areas in equal times, so long as it was simply a generalization of facts in the case of that one planet, carried with it no reason for its applicability to other cases, except that which it might derive from his erroneous conception of a whirling force. And his third law was in like manner simply an expression of a certain harmonic relation which he had discovered between the times and the distances of the planets, having no more rational value than any other of his numerous hypotheses. Now the Newtonian "laws" are often spoken of as if they were merely higher generalizations in which Kepler's are included; to me they seem to possess an altogether different character. For starting with the conception of two forces, one of them tending to produce continuous uniform motion in a straight line, the other tending to produce a uniformly accelerated motion towards a fixed point, Newton's wonderful mastery of geometrical reasoning enabled him to show that, if these dynamical assumptions be granted, Kepler's phenomenal "laws" being necessary consequences of them, must be universally true. And while that demonstration would have been alone sufficient to give him an imperishable renown, it was his still greater glory to divine that the fall of the moon towards the earth—that is, the deflection of her path from a tangential line to an ellipse—is a phenomenon of the same order as the fall of a stone to the ground; and thus to show the applicability to the entire universe, of those simple dynamical conceptions which constitute the basis of the geometry of the principia. Thus, then, whilst no "law" which is simply a generalization of phenomena can be considered as having any coercive action, we may assign that value to laws which express the universal conditions of the action of a force the existence of which we learn from the testimony of our own consciousness. The assurance we feel that the attraction of gravitation must act under all circumstances according to its one simple law is of a very different order from that which we have in regard (for example) to the laws of chemical attraction, which are as yet only generalizations of phenomena. And yet even in that strong assurance we are required by our examination of the basis on which it rests to admit a reserve of the possibility of something different—a reserve which we may well believe that Newton himself must have entertained. A most valuable lesson as to the allowance we ought always to make for the unknown "possibilities of Nature" is taught us by an exceptional phenomenon

so familiar that it does not attract the notice it has a right to claim. Next to the law of the universal attraction of masses of matter there is none that has a wider range than that of the expansion of bodies by heat. Excluding water and one or two other substances, the fact of such expansion might be said to be invariable; and, as regards bodies whose gaseous condition is known, the law of expansion can be stated in a form no less simple and definite than the law of gravitation. Supposing those exceptions, then, to be unknown, the law would be universal in its range. But it comes to be discovered that water, whilst conforming in its expansion from 39½ deg. upwards to its boiling point, as also, when it passes into steam, to the special law of expansion of vapours, is exceptional in its expansion also from 39½ deg. downwards to its freezing point; and of this failure in the universality of the law no *rational* can be given. Still more strange is it that by dissolving a little salt in water we should remove this exceptional peculiarity; for sea-water continues to contract from 39½ deg. downwards to its freezing point 12 deg. or 14 deg. lower, just as it does with reduction of temperature at higher ranges. Thus from our study of the mode in which we arrive at those conceptions of the orderly sequence observable in the phenomena of Nature which we call "laws," we are led to the conclusion that they are human conceptions, subject to human fallibility; and that they may or may not express the ideas of the great Author of Nature. To set up these laws as self-acting, and as either excluding or rendering unnecessary the power which alone can give them effect, appears to me as arrogant as it is unphilosophical. To speak of any law as "regulating" or "governing" phenomena is only permissible on the assumption that the law is the expression of the *modus operandi* of a governing power. I was once in a great city which for two days was in the hands of a lawless mob. Magisterial authority was suspended by timidity and doubt; the force at its command was paralysed by want of resolute direction. The "laws" were on the statute book, but there was no power to enforce them. And so the powers of evil did their terrible work; and fire and rapine continued to destroy life and property without check, until new power came in, when the reign of law was restored. And thus we are led to the culminating point of man's intellectual interpretation of Nature—his recognition of the unity of the power of which her phenomena are the diversified manifestations. Towards this point all scientific inquiry now tends. The convertibility of the physical forces, the correlation of these with the vital, and the intimacy of that nexus between mental and bodily activity, which, explain it as we may, cannot be denied, all lead upward towards one and the same conclusion, and the pyramid of which that philosophical conclusion is the apex has its foundation in the primitive instincts of humanity. By our own remote progenitors, as by the untutored savage of the present day, every change in which human agency was not apparent was referred to a particular animating intelligence. And thus they attributed not only the movements of the heavenly bodies, but all the phenomena of Nature, each to its own deity. These deities were invested with more than human power; but they were also supposed capable of human passions, and subject to human capriciousness. As the uniformities of Nature came to be more distinctly recognised, some of these deities were invested with a dominant control, while others were supposed to be their subordinate ministers. A serene majesty was attributed to the greater gods who sit above the clouds; whilst their inferiors might "come down to earth in the likeness of men." With the growth of the scientific study of Nature the conception of its harmony and unity gained ever-increasing strength. And so among the most enlightened of the Greek and Roman philosophers we find a distinct recognition of the idea of the unity of the directing mind from which the order of Nature proceeds; for they obviously believed that, as our modern poet has expressed it:

"All are but parts of one stupendous whole,
Whose body Nature is, and God the soul."

The science of modern times, however, has taken a more special direction. Fixing its attention exclusively on the order of Nature, it has separated itself wholly from theology, whose function is to seek after its cause. In this Science is fully justified, alike by the entire independence of its objects and by the historical fact that it has been continually hampered and impeded in its search for the truth as it is in Nature by the restraints which theologians have attempted to impose upon its inquiries. But when Science, passing beyond its own limits, assumes to take the place of theology, and sets up its own

conception of the order of Nature as a sufficient account of its cause, it is invading a province of thought to which it has no claim, and, not unreasonably, provokes the hostility of those who ought to be its best friends. For whilst the deep-seated instincts of humanity and the profoundest researches of philosophy alike point to mind as the one and only source of power, it is the high prerogative of Science to demonstrate the unity of the power which is operating through the limitless extent and variety of the universe, and to trace its continuity through the vast series of ages that have been occupied in its evolution.

BRITISH MEDICAL ASSOCIATION.

ADDRESS IN SURGERY.

BY

OLIVER PEMBERTON, Esq.,

Surgeon to the General Hospital, and Professor of Surgery in Queen's College, Birmingham; Foreign Corresponding Member of the Society of Surgery of Paris; etc.

To solicit your attention to some moot points connected with the treatment of aneurism, is sufficiently appropriate in itself, if we only consider the increasing interest that at present surrounds it, and the impetus that must be given to its study by the exhaustive nature of the lectures now in course of delivery before the College, by Professor Holmes; but I cannot forget that we are assembled in Birmingham, where Freer and Hodgson lived and wrote—illustrious pair!—well fitted to be teacher and pupil. I cannot forget that George Freer was the first to tie successfully the external iliac artery (4th October, 1806), and that Joseph Hodgson (*Treatise on the "Diseases of Arteries and Veins."* London: 1815) paved the way to a clearer perception of the pathology of arteries and veins than had existed since the days of Hunter. So it is an appropriate tribute to their labours, that here, in this place, I should have the subject of aneurism foremost in my mind.

Professor Lister's improvement in the Hunterian operation, by which the permanent closure of the artery at the spot tied can be insured, without dividing the coats of the vessel, at once effects a complete change in some of the most important conclusions that for long years have guided us in our treatment of aneurism. One of the greatest dangers attending the Hunterian operation has hitherto been considered to be the application of the ligature immediately beyond any considerable branch of an artery. This impression has deterred surgeons from applying a ligature to that portion of the artery which otherwise would have seemed to them best adapted for the purpose. That an abiding coagulum will form under certain circumstances in the vicinity of almost any number of branches on the proximal side of a ligature, I am perfectly satisfied; but the attainment of this success in many cases depends on a fact which it is almost impossible for the surgeon to estimate beforehand; that is, the facility with which the blood will coagulate or deposit its fibrin in any particular instance. In the case I am about to relate, the existence of this tendency, in a much greater degree than usual, was the main cause of the success of the operation.

In June, 1870, I saw F., aged 60, strumous from childhood, and highly intellectual. There was an aneurism, three months old, of the left superficial femoral artery, about five inches below Poupart's ligament. There were marked indications of general arterial disease, and, during the past twelve months, of semi-paralytic seizures, evidently due to temporary hindrance to the cerebral circulation. Pressure failed, and was abandoned at the end of three months. I then advised ligature—the aneurism rapidly increasing. On October 12th, the aneurism having "leaked" the previous day, in the presence and with the sanction of Sir James Paget, I tied the common femoral with a hempen ligature. Fearing, from the diseased state of his arteries, the worst results, as the ligature might be thrown off, the wound was left completely open, being simply covered for protection. In forty days the ligature came away, and the patient died a week afterwards, from causes wholly removed from the aneurism. There was no hæmorrhage, but gangrene may be said to have commenced in one toe. When I came to dissect the arteries I found the

circumflex ilii, epigastric, and the profunda femoris given off together, that is, at opposite points of a line drawn round the main trunk, a little above Poupart's ligament, the point of ligature being five-eighths of an inch below these vessels, the part of artery intervening being firmly plugged. The profunda was pervious for some distance and then plugged. There were plugs of former date in the right and left carotids and in the left axillary arteries. The aneurismal sac was filled by broken down clot and fluid blood, and would have suppurred.

Now, I cannot consider this case as any contribution to the surgery of the common femoral, though I hoped and expected it would be so; for I think hardly any doubt can be entertained that the patient would have died from secondary hæmorrhage on the separation of the ligature, had it not been for the unusual tendency of the blood to coagulate, for nothing could well be closer than those three vessels were to its site. At the same time, I think, with Porter and Macnamara ("On Ligature of Common Femoral," *British Medical Journal*, 2, 1867, p. 285), that the exclusion of the common femoral, on account of the assumed liability to secondary hæmorrhage and gangrene that follows its ligation, is not founded on any solid basis. It was selected in this instance in preference to the external iliac, and I should so select it again, of course on the presumption that I was going to place my ligature in the vicinity only of such branches as the epigastric and circumflex ilii, in the presence of which I feel satisfied that an adequate coagulum may, under ordinarily favourable circumstances, be reasonably expected to form.

It is rather here, then, I draw your particular attention to this feature of coagulation. For I ask myself this question: If I had tied this artery—complicated as its irregularity was in this instance—with a hempen ligature, and there had not existed this tendency, would it have held? Assuredly not. This same tendency to coagulation, as manifested in the collateral vessels, whilst it preserved the patient's life, would, I may observe, have subsequently caused his death by gangrene. Further, it appears to me that in proportion as the coats of the arteries deviate from their natural state, and as the general vital conditions are lowered, so is this tendency increased.

Surgically speaking, then, this very circumstance of diseased arteries and tendency to blood-coagulation, in some cases, establishes a reason why the surgeon should not refrain from operating where the diseased condition of the coats of the arteries alone would lead him to abstain from interference. And it is clearly of the utmost importance to increase this tendency to the coagulation of the blood as much as possible, after all operations for aneurism, by good diet, and by the absence of all depressing remedial agents.

Apart from this question of coagulation, I feel warranted in expressing my conviction that too much stress has been laid on the disturbing influence of a large branch or branches taking origin close to the part of the vessel tied. If, however, we are to believe the teaching of Professor Lister ("Observations on Ligature of Arteries," Edinburgh: 1869), it will be of little moment in future whether a plug form on either the proximal or distal side of the ligature at all, so long as the "prepared catgut" insures permanent closure of the vessel at the spot tied, without severance of the coats, and, consequently, without liability to secondary hæmorrhage.

From what I have seen since this case came under my notice, I am glad, before such a meeting, to be able to express my unbounded admiration of, and confidence in, the use of the animal ligature; as placed before us by Professor Lister. If the so-called "antiseptic system" has effected no more for surgery than to give us the means of effectually closing an artery without cutting it through, and without suppuration, it has in doing this placed the crowning glory on the treatment of aneurism, for which it has waited since the time of Hunter.

For forty days I watched patiently for the detachment of this ligature with an open wound to escape deep-seated suppuration. I watched twenty-one days in a case last May, in which I tied the external iliac for aneurism at Poupart's ligament; and though the case did perfectly well, the suppuration about the track of the hempen cord gave me the greatest anxiety.

Last August, Mr. Lund, at Manchester, tied the same artery with a catgut ligature. No pus was secreted: the wound healed on the eighth day.

Professor Lister remarks that ligature of the innominate must yet prove, with these means at command, "a very safe

procedure." Yes; but always, I presume, provided that the coats of the artery are healthy where the ligature is applied; and on this we await further evidence. Given this, and I feel inclined to echo the assurance.

I shall now endeavour to show that the principles of treatment in the methods of flexion, compression of the sac, and manipulation, are one and the same.

The method of flexion can only be applicable to certain arteries. All that it is needful to do is to keep the limb flexed, not continuously, but to such an extent as to alter the relations between the orifices of ingress and egress, and the fibrinous laminae of the sac. Some of these laminae become, as it were, dislocated, and protrude more or less into the stream when a fresh deposit of fibrin occurs, and so the cure is gradually effected.

The exercise of pressure on the artery above the angle of flexion appears to me useless. What we want is a stream of blood flowing into the aneurism, that it should be more or less retarded there, and that there should be present something in the nature of a foreign body,—for example, the fibrous laminae, on which blood would coagulate and deposit its fibrine. This retardation of the blood in the sac can be effected by a gentle compression of the artery on the distal side of the aneurism, as I strongly hold that what we want in these cases is a deposition of fibrin rather than a coagulation of blood. For, surely, the slow deposition, layer after layer, of solid fibrin in the sac until the filling-in is complete, is a surer guarantee against subsequent mishaps than if it were closed by a mass of suddenly coagulated blood.

I place before you the case of K., a Lascar, aged 22, who came under my care May 10, 1859, having an aneurism of the left popliteal artery of four months' duration. Flexion was maintained for seventy-two hours, with the result of the aneurism ceasing to pulsate, and becoming solid in eleven hours. Compression, during the first forty-eight hours, of moderate character was also made by Weiss's instrument on the artery in Scarpa's space.

I believe that this was the first instance on record in which the combination of compression and flexion was made use of; and the case was published very fully at the time in the *Lancet*. But I feel satisfied now, in reviewing it, that pressure below the sac would have proved more advantageous than above.

If one wanted convincing of the very slight means whereby important curative changes may be brought about in aneurismal sacs, I have but to ask a consideration of the facts connected with the following cure, in thirty-nine hours, of popliteal aneurism.

M., aged 28, a porter, came under my care on the 17th January, 1871, with an aneurism of the right popliteal artery five months old. On the 22nd, I showed the patient how I proposed to treat him—by flexion—at the same time bending his leg, and arresting the circulation through the sac. It is very likely that the patient, in the afternoon, subsequently to my visit, imitated my proceeding, as he seemed very much struck by what I had done. Be this, however, as it may, I only bent the limb once, and fingered the sac lightly, and told him to keep quiet. At two a.m. on the 23rd he was seized with sudden aching, shooting, gnawing pain in the neighbourhood of the aneurism, extending down the calf of the leg as far as the ankle, and upwards as far as the crest of the ilium. The pain continued very intense for some hours, during which he had no sleep. He had severe nausea, but no vomiting, and was chilly. The pulsation in the aneurism seemed unchanged, but he remained poorly all the day.

On the 24th, he slept until three a.m., when he awoke and found that pulsation had ceased in the aneurism. The limb was cold below the knee, and œdematous; and though the pain of the previous day was better, it was not gone. On examining the aneurism it felt hard, and was free from pulsation. He was subsequently discharged cured.

I am inclined to think that coagulation commenced here after the first flexion; that the deposit of coagulum, after a few hours, increased rapidly, as indicated by pain, which culminated in intensity as the sac was solidified. There may have been a clot detached which plugged up either the proximal or the distal orifice; if so, it took place at the final exacerbation of pain, when pulsation ceased, for I certainly judged the contents when I bent the limb to be fluid.

The verification of the intense pain that occurs when the blood-current is forced suddenly into narrow collaterals, or at the supreme moment when the contents of the sac are solidified, was here very conspicuous.

To ask, for a few minutes, the judgment of a skilled assembly, such as this, on the probability of applying pressure with success to the actual sac of an aneurism, would appear to be returning to the pre-Hunterian period; and yet, had the theory by which aneurisms are cured now been fully comprehended then, I can have little doubt that the necessary deposition of fibrin would have been brought about in many instances that otherwise signally failed.

I entertain the opinion that compression of the sac ought to be used more frequently than it is now. The principle of this proceeding is exactly the same as flexion: we want simply to alter the relations of the laminated fibrin to the cavity of the aneurism, so as to bring about a further deposition of fibrin on the projecting surfaces of any of the displaced laminae. The pressure need not be continuous. It should be very gentle. It need not, even, be distributed uniformly. But it must ever be borne in mind that if it be carried to such an extent as to empty the sac, and to press one wall against the other, then a cure cannot occur. The very conditions under which a cure is possible are here ignored. Blood must pass through the sac. It must not pass through too rapidly; and I now think that this would be facilitated by gentle pressure being made on the artery below the aneurism.

In March, 1857, I visited D., aged 67, an active sportsman and farmer. He had an aneurism, a month old, of the right external iliac artery, just above Poupart's ligament. It was somewhat fusiform in shape, measuring three inches in length by one and a half in breadth. There was no bruit. I failed to arrest the circulation through the aneurism by making pressure on the artery above; but I found I could greatly limit the current by making pressures on the sac itself. The question of an operation being raised, I advised that, as a ligature could hardly be applied to a sound artery other than in the course of the common iliac, and bearing in mind the vicinity of the bifurcation, no operation should now be performed, but that Dr. Carte's compressor, under careful management, should be applied to the sac itself. Accordingly, under my directions two senior students (the late Mr. Dennis Moore, of Walsall, and Dr. Neal, of Birmingham) remained with the patient. The treatment extended over a period of six weeks. During the first fortnight little good was effected. Then for eight consecutive days pressure was applied, on an average of seven and a half hours per day. The pressure effectually retarded the circulation—nothing more—and was never applied for more than three or four hours at a time. Consequently the patient was not wearied, and had undisturbed nights. There was now a complete interval of nine days, during which no pressure was applied, the aneurism being firmer and with less pulsation, and he was allowed to move about in his room. Then followed nine days of treatment, averaging six hours and a half per day. From this time the aneurism ceased to pulsate, and the patient gradually resumed his ordinary avocations. He is yet living, in his eighty-third year, active and well. In December last (letter from Mr. Earlam, of Abbots Bromley) the remains of the aneurism were represented by an indurated enlargement about the size of a chestnut.

I venture to think that even Dr. Macnamara will give me credit for having studied O'Bryen Bellingham (*Observations on Aneurism*, London, 1847) to some purpose, who, happily for my patient, published his observations in the January of this very year.

Reduce the force and volume of the blood current by any carefully considered measures, and we follow out the reasoning of Brasdor and Wardrop in the distal ligature; a reasoning which is rendering amenable to the treatment of internal aneurisms hitherto beyond surgery; a reasoning that has the authority of nature's own proceedings to recommend it, from the fact that it is more or less identical with the mode in which the so-called spontaneous cures are brought about.

I own, this case—unique as it is in this situation—has always been in my mind, on the discovery of any fresh instance of aneurism. It serves to confirm the soundness of the remark, that in proportion as the true method of curing aneurisms has been fully understood—that is, the gradual lessening of the blood current to final and complete coagulation in the sac—so have the means whereby this has been brought about, become simpler and more safe.

The occurrence of these cases led me to the attentive consideration of the facts, as they are at present before us, connected with the purposed displacement of the contents of the sac of aneurism, in the hope of plugging up either outlet:

and the case of M. happened when a subclavian aneurism (a) was under my notice in another ward, about the treatment of which I was—to say the least of it—previously undecided.

It seemed to me so impossible to limit the degree of force, short of extreme hazard, in the method originated by our distinguished *confrère*, Sir William Fergusson (*Medico-Chirurgical Transactions*, vol. xl, 1857); and I was not reassured by perusing the cases which he has recorded, or those of Mr. Pollock (*Op. cit.* p. 45).

I cannot but regard the treatment by manipulation to be based on exactly similar principles to those on which the methods I have just alluded to are founded. No forcible pressure to detach fibrinous laminae, in my judgment, ought to be used; as the result would be the almost certain separation of small portions of the clots, which would be carried into circulation, and would eventually plug the smaller vessels, causing symptoms according to the functions of the parts which the plugged vessels supply. For I must own I have not been able to see how these clots could be located at either outlet, to be fixed by arrangement, as it were, at a spot where it is simply impossible to be assured that they could effect a lodgment. All that is necessary is, that the aneurism should be gently manipulated, so that the laminae of fibrin in its interior should occupy a different position to that which they had previously held with reference to the two orifices of the sac; and in order that the blood should not be allowed to pass out of the sac too freely, if I have an opportunity, I shall endeavour to compress the distal artery in accordance with the principles I have been advocating.

B., 32, a former Lifeguardsman, was admitted into hospital October 20th, 1870, with aneurism of three months' duration, in the second and third parts of the right subclavian. It was as large as a hen's egg, and accompanied by bruit, and by dilation of the axillary artery. He stayed a month, during which time iodide of potassium was freely given; and then, frightened at the idea of an operation, he suddenly left. On January 20th, 1871, he was admitted again. The aneurism seemed firmer, giving me the impression that fibrin had been deposited. From February 10th to 14th, the sac was manipulated, night and morning, for a few minutes. The proceeding was one of the utmost gentleness and regularity, and consisted in making pressure with the thumb and finger, so as to slightly approximate its fibrous walls, and, whilst thus limiting the circulation, probably rendering the clot surface somewhat irregular, and promoting the tendency to deposit already commenced. On the 11th, pulsation was much weaker. On the 14th it ceased altogether. There was no brachial or radial pulse below the aneurism; and he complained of pain, extending downwards from the aneurism to the iliac region. This was constant, severe, and of a numbing character. There was no constitutional disturbance. During the following days the collateral circulation about the clavicle and shoulder developed itself; and especially noticeable was a large transversalis colli crossing over the aneurismal sac. On April 17th, he left for the Sanatorium, the sac being small and hard. Since this time he has pursued his business as hawker, travelling all over England. I examined him, and so did my colleagues, as recently as the 29th of June, sixteen months after the cure of the aneurism, and I noted the following facts: A little induration marks the site of the aneurism; the axillary artery and upper part of brachial can be felt, cord-like, as far as insertion of coraco-brachialis—here pulsation begins, and can be felt, feebly, in the radial at the wrist. He is himself excessively thin, but well and hearty.

The absence in this case of any symptoms of paralysis during the four days in which the sac was manipulated, justifies the inference that no clot at least passed into the cerebral circulation, and I entertain myself the conviction that the cure was brought about by a steady process of lamination, rather than by a detachment of a clot, happy enough to fit into either orifice of the aneurism.

I have now to call your attention to what I believe to be a not uncommon result of the cure of aneurism, after it has been effected for some time; I mean the formation of varicose aneurism or aneurismal varix. I shall first relate two cases. In 1844, my late colleague, Mr. Amphett, tied the superficial femoral for an aneurism of the artery as it enters Hunter's canal. The patient was aged 41, and a soldier. There was nothing unusual at the operation, and the ligature was thrown off on the nineteenth day. Ten days subsequently, there was

(a) Pollock records three cases of direct compression applied successfully to subclavian aneurisms.—*Guy's Reports*, vol. xvi, p. 63.

arterial hæmorrhage from the seat of the ligature. This recurred in ten days, and a third time in fourteen. Pressure on the arch was used, and the patient recovered. He remained well for upwards of three years, when a tumour formed at the seat of operation, which was evidently, an arterio-venous aneurism. With this coming under the care of my colleague, Mr. Baker, (our President), he died with a drunken pleurisy, just five years from the date of the operation. I was fortunate in being able to dissect his vessels. The femoral artery had formed an aneurism at the seat of the operation as large as a hen's egg, and the femoral vein communicated with the artery by a large opening. The former aneurism was cured, and the artery between it and the seat of the ligature was impervious.

M., 50, a soldier, syphilitic and intemperate, became the subject of an aneurism of the upper part of the right posterior tibial artery. Pressure was made over the artery on the pubic arch, for three weeks; on it, below, for nine months. The aneurism was cured. Ten months afterwards, an arterio-venous communication formed at the chief seat of pressure, and the patient died in about a year and eight months subsequently. I had the opportunity of minutely examining his body, and I came to the conclusion that pressure on the pubes induced varix in the femoral vein, at the situation of the saphenous opening; that this subsequently, sustaining pressure, enlarged and became adherent to the artery, and finally, by a succession of changes, readily comprehended, between a diseased artery and a diseased vein adherent to each other, ending in establishing an aneurismal varix.

At the time when I published this case, which was done at considerable length in the *Medico-Chirurgical Transactions* for the year 1861, I attributed the results merely to the injurious effects of long-continued instrumental pressure, producing morbid changes around and between the contiguous vein and artery; and I was inclined to quarrel with Bellingham's remark (*Medico-Chirurgical Transactions*, p. 12) "That no morbid change of any kind takes place in the artery or vein at the site of instrumental compression." Subsequent reflection, however, and an attentive study of the preparations, have led me to seek a different explanation. Thus, in consequence of the diseased conditions and diminished elasticity of the arterial walls, which almost constantly exist in all arteries above the seat of an aneurism, the velocity of the blood-movement is considerably retarded. It is evident that this retardation must be materially increased by the obstruction at the seat of ligature, or the seat of long-continued instrumental compression. The immediate consequence of this retarded velocity is an increase in the lateral pressure. This dilates the diseased coats of the artery into an aneurism, which—by the usual processes of pressure, absorption and disintegration—opens into an adjoining vein. Sometimes, as in the second case I have adduced, the opening is effected directly into the vein without the previous formation of an aneurism—and the vein subsequently becomes varicose by the passage of arterial blood into it.

(To be continued.)

AN ADDRESS

DELIVERED AT THE OPENING OF
THE SECTION OF MIDWIFERY.

By EVORY KENNEDY, M.D.

Late Master of the Dublin Lying-in Hospital; President of the Section.

As I understand, it is the duty of your Presidents to open each section of the British Medical Association with something of an address. It occurs to me that, in place of occupying the valuable time of so many of my *confères* with an historical analysis of the progress of our branch of medicine—the usual stock subject of all introductory lectures, and one on which you are all very likely more competent to descant than myself—I might possibly occupy your time more profitably and pleasantly by giving you a few cases of not very ordinary occurrence which I have selected from my notebooks. Be not alarmed. I shall not weary you with detail in these brief *excerpta*, but merely touch the salient points of interest in each case.

CASE I. *Fœtal Femur embedded in Uterus*.—A lady was brought to me from the country, anæmic, wasted, and with a countenance expressive of pain and suffering. She had a constant foetid vaginal discharge, purulent, and occasionally sanious. She was said to have miscarried a year before. She complained of pelvic distress, with lumbar pains and frequent micturition. On vaginal examination, the uterus was found about double its natural size. The os was slightly patulous, and a solid hard resistance was experienced on introducing the finger. The os was gradually dilated with a two-bladed uterine dilator constructed for the purpose, and a bony substance was distinctly felt, traversing the neck of the uterus at the junction with the body of the organ. This was so deeply embedded in the walls of the uterus, that neither extremity could be dislodged. I introduced a pair of small beaked bone forceps, constructed for the purpose, broke the bone across, and extracted piecemeal the femur of a fœtus of about four months' development, which had been all the time embedded in the walls of the uterus, which was converted into an abscess by the presence of what should have been its natural occupant, thus forming an unnatural nidus in its walls in place of its cavity. The discharge subsided; and the lady recovered her usual health; but the look of health was never quite restored. She, however, bore children after an interval of some years, and the uterus appeared to have quite regained its normal condition.

CASE II. *Excision of part of Neck of Uterus*.—Dr. Kitson, of —, brought a patient from the country, suffering from ulceration of the os uteri. The neck was enlarged considerably, and elongated, the ulcer, which impressed us both as presenting all the characters of malignancy, occupied about one-third of the neck. It had taken a rapid course, bled at intervals freely, and upon the slightest touch, and was attended with pain, sleeplessness, and marked constitutional disturbance. It was, however, circumscribed and limited to the part ulcerated; the remainder of the neck and os being healthy to the appearance and touch, although larger than natural. The lady had borne children. The part of the neck engaged extended from the posterior along the left side of the os, and the diseased structure appeared to occupy the entire substance of the wall. Under these circumstances, the case promised little or nothing from the application of the ordinary caustics, and the choice appeared to lie between the free application of potassa fusa and excision. The latter was determined on; first, because of the limited extent of the part engaged; secondly, because of the apparent malignancy; thirdly, from the difficulty of destroying by the potass the whole diseased structure, without extending its action to the adjoining vital parts. On the other hand, the diseased structure came well within our view; the neck was long, affording facilities for the use of the knife. The patient was placed on her back. The vaginal wall and labia were distended by my four brass tractors, firmly held by Dr. Hans Irvine, and Dr. Kitson. An ebony spatula, nine inches long, and half an inch broad, was introduced and placed within the os. This I held firmly in my left hand, whilst I introduced the scalpel which I now exhibit, which, you perceive, has a handle seven inches long, while the blade is scimitar-shaped. Cutting from without inwards towards the resisting spatula, commencing near the point of junction with the neck and body of the uterus, above the central part of the diseased structure, by two diverging incisions Λ , a triangular section was removed. I was prepared to draw the uterus down with the double tenaculum; but this was unnecessary, from the perfect manner in which my assistants used their tractors. This allowed me the assistance and security of the spatula to cut upon. It has occurred to me that, in a case where excision is preferred, and where the facilities I describe do not exist, the spatulum might be armed on the reverse side with two hooks, when it would perform the double office of uterine tractor and spatula, as necessary. The vagina was simply plugged with Ruspini's styptic. There was scarcely any hæmorrhage. The patient

recovered speedily and perfectly, and in about two years afterwards conceived and carried a living child to the full period. Her labour was easy and natural; and I had an opportunity of examining her at an interval of several years afterwards, when she was quite well, and the uterus, with the exception of the loss of a portion of the neck, was perfectly sound.

CASE III. Portion of Placenta thrown off in Pregnancy.—A lady, in the seventh month of her fifth pregnancy, was seized with hæmorrhage, ascribed to over-exertion. There were no labour pains. On examination, a portion of the placenta was found protruding through the os uteri. The hæmorrhage continued for several days, but to no serious extent, and still there was no labour. At length, fœtid grumous discharges, mixed with a little blood, occurred, attended with sense of downward pressure. The portion of placenta descended lower in the vagina; its connection with the interior of the os separated; and I removed it with very little assistance. As no increase of hæmorrhage occurred from this, I thought it unnecessary to plug the vagina. The hæmorrhage and discharge ceased, and the patient went on without any inconvenience, except the precaution of keeping the horizontal position for six weeks longer, when she was delivered of a living boy apparently at or near the full time. The edge of the placenta that remained could not be felt near the os, and the portion that came away consisted of the vascular structure without the reflected membranes. There was no discharge of liquor amnii until the labour set in.

I have already had the honour of calling your attention to some of the more rapidly destructive of puerperal diseases in a paper read for me, in my absence, by your secretary, at your Dublin meeting, under the head of puerperal fever. It is now my intention to allude briefly to other forms of blood-poisoning, but more especially to puerperal arthritis and puerperal gangrene, premising that, when this disease shows itself, it is usually most rapid and unsparring in its onslaught, and no tissue in the body escapes its ravages.

CASE IV. Destructive Inflammation of the Eye, combined with Arthritis.—Bennett was delivered of her first child after a labour of nine hours, on June 14th, 1838. On the 16th and 17th, there was abdominal tenderness, with a quick small pulse. She was leeches. On the 18th, her countenance was anxious and shrunken; pulse 140, small. On the 19th, sudden inflammation of the right eye set in; the conjunctiva and iris being engaged. Leeches were applied and blisters to the temples. Mercury was given. On the 21st, she was salivated. The whole globe of the eye appeared prominent with serous infiltration beneath the conjunctiva. All the tissues of the eye were engaged; the sclerotic was very vascular, the cornea prominent, the aqueous humour turbid, the iris hardly discernible; there was total loss of vision. The conjunctival vessels were freely scarified. This evening, inflammation of the wrist set in, with erythema of the back of the hand. Excitement and delirium were present. On the 22nd, the other wrist became engaged; her countenance was shrunken and excited. Pulse 125, small and thready. The wrists were treated with solid nitrate of silver. She sank, and died on the 24th. At the *post-mortem* examination, effusion of blood was found on the right side and posterior lobe of the cerebrum, and a small quantity between the arachnoid membrane and the pia mater on the left side. The brain in other respects was healthy; there was no fluid in the ventricles. The right eye was much suffused; the conjunctiva very vascular, the cornea perfectly opaque. On extracting the eye, some pus was found round the lacrymal sac. On cutting down on the carpal bones, a quantity of pus was found in the sheaths of the tendons, unconnected with the joints. Pus was found in the vessels of the broad ligaments of the uterus; but there was no fluid in the cavity of the abdomen.

I would now call your special attention to the drawing which I exhibit to you as a type of disease known as sloughing of the vagina, but which would be more cor-

rectly designated as lying-in hospital gangrene; and also to a group of cases occurring in puerperal women as the result of their state and condition, but which are now clearly established as prevailing so commonly in great lying-in hospitals, and so rarely out of them, as to stand in relation of effect and causation with the locality of their delivery. As in surgical hospitals, so in lying-in hospitals, these cases are ascribed to hospital or poisoned atmosphere.

These cases generally occurred in groups. For instance, in April, 1837, four occurred in the Dublin Lying-in Hospital at the same time, not one of which recovered. On the 6th of June of the same year, complicated with arthritis of the elbow-joint; one in October, and one in November—all being fatal. Another at the same time was complicated with erysipelatous inflammation of the buttock, followed by abscess and inflammation of the elbow, sterno-clavicular and shoulder-joints; and yet this woman (Keating), the drawing of whose disease I exhibit to you, struggled through all this and recovered, after two months of as acute suffering, from the number of joints consecutively engaged, as ever I witnessed. Free incisions were made into the buttock, with escape of pus. The sterno-clavicular joint suppurated, and an incision was made, but the inflammation of the elbow and shoulder-joints yielded to the free application of nitrate of silver and potassa fusa. On the 8th of December, another fatal case occurred. This case was complicated with slight peritonitis; and the *post-mortem* examination disclosed a peculiar lesion of the peritoneal surface of the uterus at the junction of the neck and body anteriorly, which I have rarely observed, but which of itself I esteem a very fatal occurrence.

CASE V. Puerperal Arthritis—Erosion of Cartilages of Elbow, Hip, and Ankle Joints.—Kenny, three weeks delivered after a difficult and protracted labour, was awakened from sleep in the night by an acute pain in the left groin. In the morning, she observed a swelling in the middle of the thigh, which at the end of two days had completely engaged the entire limb. The pain became less acute as the swelling increased, but never entirely subsided. Some days subsequently to the swelling of the thigh, she was seized with violent pain in the elbow, but did not perceive any swelling. All these symptoms progressively increased, notwithstanding frequent leeching, stuping, poulticing, opiates, and mercury. She was admitted into hospital on January 28th, 1829; and, on the 30th, there was an obscure sense of fluctuation over the outer third of the thigh. An incision was made into it, but no pus followed. On February 3rd, she had a severe rigor; and on the 4th, she died comatose. A *post-mortem* examination was made twelve hours afterwards. The cellular tissue throughout the entire thigh was filled with gelatinous lymph. An extensive abscess extended from nearly one extremity of the thigh to the other, between the periosteum and muscles. The muscles were pale and flabby, and appeared much softer than natural. About one inch of the upper part of the femoral vein contained pus; its inner tissue was vascular, but did not appear to have lymph upon its surface. The synovial membranes of the hip, knee, and ankle-joints, were filled with puriform matter. The cartilage covering the bones of the hip appeared healthy; whilst that covering those of the knee and ankle was in part removed by absorption, particularly in the ankle, where scarcely a trace of cartilage could be detected. The uterus was vascular, and inclined towards the left side. The lymphatic glands along the iliac vein were enlarged and vascular. The cartilage was removed altogether from the extremities of the bones forming the right elbow-joint. The viscera appeared healthy.

CASE VI. Puerperal Arthritis: Sterno-clavicular Articulation and Buttock engaged; Recovery.—Keating was delivered in November, 1837, of a still-born child, after a labour of thirty-five hours. There was some sloughing of the vagina, but not considerable, with a good deal of tympanitis of the abdomen and irritation, which were relieved by turpentine followed by opium. On the eleventh day, there was an erysipelatous state of the right

elbow, which had been, she stated, painful three or four days previously. She was treated with nitrate of silver locally, and sulphate of quinine with hyoscyamus constitutionally. On the 12th day, she was attacked with erysipelatous inflammation of the left buttock (the elbow having become improved), which was also treated with the caustic and with quinine. On the sixteenth day, there was an appearance of pointing in the buttock, and an eschar was made with potassa fusa. There was this day noticed some tenderness in the right iliac region. On the seventeenth day, she complained of the left sterno-clavicular articulation, which was swollen, red, and painful; it was scored with caustic, the other treatment was continued, and wine was given. On the twentieth day, a fresh eschar was made on the buttock, through the slough consequent on which a lancet was passed on the twenty-ninth day, giving exit to matter of a healthy character. The swelling of the sterno-clavicular articulation continuing, with decided fluctuation and uterine pain, there being present also great constitutional disturbance, an opening was made on January 11th, 1838, and exit given to healthy pus. She gradually improved after this, and left the hospital. There still remained some swelling, but the opening had healed.

I can conceive what I term lying-in hospital gangrene to occur out of hospital; yet, after a protracted and sufficiently extensive opportunity in my own practice and in consultation, I cannot tax my memory with ever having met with a case of it out of hospital. Would that I could make the same statement of my experience in hospital! It occurs in isolated cases, but more frequently prevails in groups of cases, when a tendency to its congeners—puerperal fever, erysipelas, arthritis, and peritonitis also prevails. It is usually the effect of long continued pressure or lesion, or of the force used by the application of instruments in forced deliveries. Indeed, so constantly is the disease observed to occur as the result of these agencies, that they may be fairly looked upon as the exciting or determining cause, and the disease classed as a traumatic affection, and treated accordingly. This is so well understood by the observant hospital physician, that he looks with dread to the occurrence of any lesion when the hospital is in an unhealthy state; and, for the same reason, hesitates to perform the simplest operations, lest they be followed by this affection—operations that, in a healthy state of the hospital, would not cost him a thought.

I hold that the congregation of a number of patients in common chambers generates what we term a hospital atmosphere; that this hospital atmosphere is, or more properly becomes, a poison; that, by a persistence in the causes of its production (with which we shall presently deal), it undergoes a process of what may be termed cumulation, pervading every part of an enclosed building, until it eventually arrives at a stage which we may term saturation, when the whole hospital is charged with a poison capable of seizing upon those who are susceptible in its influence, or who are in what we term a state of receptivity.

Now, from this it will be seen that, by crowding patients in a hospital, we are actually exposing them to a new disease generated by the very means we adopt to cure them of the disease under which they chance to labour. But, unfortunately, the new disease is generally one most fatal in its character, as few there be who survive it.

The characters or phases of the hospital disease vary under the different circumstances of the victims susceptible to it. Thus one may be attacked with blood-poisoning or empyema; another with erysipelas; a third with hospital gangrene; and a fourth with metria or puerperal fever. The laws which regulate the habits of this family of zymotic disease are perhaps best arrived at by a study of the last named poison, as, in its occurrence in our great lying-in hospitals, where it principally commits its ravages, it is less exposed to disturbing influences, and consequently pursues its own natural course free from interruptions and complications.

Out of a 111 years, for which the great Dublin Lying-in

Hospital has been established, it has been haunted by puerperal fever 93 years. For 12 years it has been comparatively, and only for 8 years has it been totally, free from this fell disease. The deaths of those admitted for the last year amounts to 1 in 33. Let us remember that in 3 small cottage hospitals in Ireland, in which accurate tables have been kept (Kilkenny, Newry, and Waterford), we find that the mortality has been 1 in 282. On the comparison of these two proportions, the conclusion is inevitable that 8 out of 9 patients have died in the Dublin Lying-in Hospital who would not, in all likelihood, if they had taken refuge in the cottage hospitals, which were comparatively free from the hospital miasm or poison that prevailed or lurked in the great unhealthy hospital.

A fatal error, into which we are prone to fall, is the confounding epidemic and endemic disease; and the amount of loss of life that has occurred from this error I believe to be incalculable. This will be easily appreciated when we state that what, in strictness, we should call true epidemic diseases, are unavoidable; whilst the latter, or endemic diseases, are, with rare exceptions, preventable and perfectly within our control. True, they may be convertible; but this makes the distinction the more important, in order to prevent their extension or fixture.

The contagious nature of hospital miasm is now beyond question; as also that of most of those modifications of hospital zymotocene with which we are familiar, especially metria and erysipelas.

Having satisfied ourselves that a poison is generated by the mere crowding of numbers of patients into a common atmosphere, and also that this poison spreads by contagion, the next principle or law we require to establish is that this poison is cumulative, or developing in its quantity, commencing with a single poisonous emanation and increasing in its quantity until the atmosphere, walls, floors, and furniture become imbued or charged with it. Unfortunately, as yet we are unable to detect this miasm or poison and display it by its sentient properties; but of its existence we cannot have the slightest doubt, from its effects, from its laws, from analogy, and especially the spread of diseases by inoculation and contact.

But why should the hospital wards ever be free from hospital miasm and these fatal results, if all this be true! This is a question to be answered by the law upon which we now dwell—cumulation. The ordinary epidemic disappears; having, as we say, worn itself out. This it does in hospital as out of it. Precautions are taken; patients zymotically affected are separated; ablution and ventilation are carried out; admissions are refused; the wards are emptied; and the hospital becomes healthy. Weeks, months, and longer, pass over before the poison again shows itself. The cumulative process, however, is in steady operation; and at an uncertain period the poison again shows itself, and snatches up its victims. The same measures of precaution are taken to banish it, and with the same results. But it does not rest here, as has been abundantly proved by the history of our great hospitals. When the cumulation has gone on repeating itself again and again, a further stage, or that which I shall denominate the state of complete saturation is arrived at, and then the hospital becomes the fixed *habitat* of the poison.

The death of the consumptive costermonger is not to be placed in the category of the victims to hospitalism. It has its analogue in the dog slain in the Grotto del Cane for the instruction of his slayers, by holding him so close to the surface of the deadly cavern that he can only inhale mephitic gas. Nor, indeed, is it only in St. Pancras that we have this going on. Have we not our No. 11 wards and grottoes in nightly operation for the benefit of the upper ten thousand in the West-end *réunions*? Witness the pallid and poisoned state to which our belles are reduced, at the end of the season, from breathing mephitic and animal-poisoned air for several hours nightly, with their lungs at nearly as great a disadvantage as the costermonger's, by tight lacing and waltzing. The Black Hole of Calcutta and the middle passage rendered our fathers familiar with the more immediate effects produced from a

number of people breathing and rebreathing the same atmosphere; and its more gradual effect in the production of jail-fever, grappled with by Howard in his mission of mercy, has reached us as a matter of history. We were in hopes that the labours of Boswell Reid and Arnott had exposed the defects of ventilation and directed a remedy. But the enormities occasionally cropping up from neglect in this respect shows that much remains to be done. Dr. Farr, in a paper lately read at the Leeds Conference, pointed out the want that exists of an authoritative organisation charged with the ministry of public health. As it is, what is every man's business is left undone. When will our legislators waken up from their piecemeal attempts at sanitary improvement, and grapple with this great subject as it demands, and as the well-being of the community requires?

The fact is that, when the poison is generated, crowding or the cohabitation of patients in a state of receptivity secures its spread. A process of cumulation of the contagion or poisonous element occurs; and when this arrives at the stage of saturation, outbursts of erysipelas, phagedæna, gangrene, pyæmia, and metria occur; the patients are attacked wholesale; and the diseases become, as we before stated, endemic or fixed, and continue to haunt the hospitals, be they surgical or obstetrical.

Now that the blot has been hit, it requires no great philosophy to meet the difficulty. Simply cease to crowd such patients into common buildings under the same roof. All the advantages of an asylum can be afforded whilst segregation is secured, and facilities for Medical instruction is preserved to the schools. The substitution of cottage-hospitals for these great hotbeds of contagion should be insisted upon in all future arrangements for housing cases liable to endemic poisons. The term epidemic should be applied in its true meaning. These large surgical and maternity hospitals, in which metria, erysipelas, and pyæmia have committed such havoc, should be either applied to purposes compatible with the safety to human life, or so altered in their construction as to isolate each ward from the common atmosphere now pervading the whole hospital. This may be very simply and inexpensively accomplished by opening separate entrances into each ward direct from the open air. In the existing hospitals, the communications with the common hall should be built up, and the same system carried out in the upper stories by opening the ward doors on flying galleries. The lifts and stairs should be placed outside of the building; the existing halls and passages being still retained for the staff, and affording an approach to the respective storeys, but no covered approach or communication of any kind allowed to remain between these and the wards. By these simple expedients, and limiting the number of beds to three in each ward, it is probable a large saving of human life would result, and hospitalism become, like jail-fever and small-pox, a thing of the past. Pity the founders of the great hospitals so recently erected had not applied our dear-bought experience in their magnificent constructions. The sooner these altered arrangements are made in such great palatial institutions as St. Thomas's and the Leeds Hospitals, as well as the Maternities and our other great charities subject to erysipelas, pyæmia, and phagedæna, the sooner will the insidious approaches and the fell ravages of our common enemy, hospitalism, be subdued.

Stow, in his *Survey*, mentions, in speaking of the King's Bench Prison, that the great mortality that occurred there in the six years preceding 1579 was produced through a certain contagion called "The Sickness of the House." Those learned physicians who uphold the crowding in large hospitals, and imagine they can meet the difficulty by disinfectants, I would refer to the simple experience of that benefactor of our species, John Howard, as conveyed in his preface a century since. He says: "I guarded myself by smelling to vinegar while I was in those places. This I did constantly and carefully when I began; but, by degrees, I became less attentive to these precautions, and have long since entirely omitted them." John Howard discovered and carried out the best means, on

true scientific principles, of disposing, once and for ever, of "the sickness of the house." If the obstinate hospital crowders would take example by him, and meet, as he did, crowding, the cause of "the diseases of the house," and, as he did, remove them, they would speedily produce an equally satisfactory result, and, like Howard, give up their futile attempt to meet the case of dealing with emergency by "smelling to vinegar."

CASE VII. *Lying-in Hospital: Gangrene.*—Catherine Barnes was delivered by crotchet, after a tedious labour, of her first child. She had one fit of convulsions on entering the ward, and was treated with tartar emetic. There was no return of convulsions. Extensive sloughing of the vagina showed itself the day after delivery, with great debility and exhaustion. Tympanitis and delirium occurred, and she gradually sank, and expired on the fourth day after her delivery. The appearances exhibited in the plate presented themselves. A small quantity of limpid serum was observed in the peritoneal cavity. The whole vagina and the lining of the uterus were in a state of slough. The os uteri was jagged and disorganised; and there was serous infiltration underneath the pelvic cellular membrane.

These cases are sometimes attended with hæmorrhage. For instance, in Murphy (October, 1837) there was lingering labour with slow dilatation. She was treated with tartar emetic and ipecacuanha injections. She was delivered naturally on the 17th, but with laceration of the perinæum, of a still-born male child. Sloughing was perceptible, with rigors and prostration. Hæmorrhage from the vagina set in as the sloughs were separating, on the 24th; and she sank on the 25th.

In Black's case, the drawing of which I here exhibit, she had tedious labour, followed by sloughing inflammation of the vagina and external parts, of erysipelatous character, spreading from the vulva to the buttocks and back. She sank from exhaustion after a long struggle. In addition to the appearances here represented, the omentum was found adherent to the pelvis and uterus: and an abscess in the walls of the latter organ opened into its cavity.

AN ADDRESS

DELIVERED AT THE OPENING OF
THE SURGICAL SECTION.

By SIR W. FERGUSSON.

In my younger days, the surgeon had few sources of alarm greater than that of inflammation of veins, phlebitis as the term went. Abernethy had added greatly to his reputation by his celebrated essay on the occasional evil consequences of the operation of venesection. Every good surgeon did his best, by suggestion and action, to prevent injury to veins during operations; above all, we were restricted from putting ligatures on veins, such a step being deemed wellnigh fatal, although there was ample proof that some thirty or forty years further back our predecessors were by no means nice in excluding veins from nooses which were intended for arteries chiefly. It is doubtful if their operations were less successful than ours. At all events, we have so far changed in regard to the probabilities of phlebitis, that we, in the present day, think as little of applying ligatures to veins as to arteries, when there seems need, and we take all sorts of rough liberties with them when in a varicose state. True, we have a modern bugbear in the shape of pyæmia, for which the veins are greatly blamed, a disease about which there prevails more questionable physiology than common sense should admit. This subject is closely allied with what was called secondary deposit in former times, and this last named condition was itself closely allied with Hunter's views and theories regarding inflammation. Any one who

is watching the spirit of the times, must see that there are strange views afloat regarding Hunterian doctrines, which seem totally to ignore our great surgical philosopher—most notably in this respect, that what Hunter thought was developed by Nature from within, is now alleged to have origin in external influences and agencies which have no dependence on what has heretofore been considered life and life-like action within the frame.

One of the grandest features in surgery is its precision. This applies more to the art than to the science of our department, and one fact is worth a volume of theory. That a new operation has been added to our list of operations—that at the ankle, as developed by Syme and Pirogoff, is a fact that surgery may justly be proud of. As much may be said regarding amputation at the knee, the most recent and greatest stimulus having been given in that direction by one of the foremost of British surgeons, our respected member, Mr. Carden, of Worcester. I maintain it as a fact, that even amputation itself, the direst of all surgical operations, has been largely superseded by more judicious methods of treatment. It seems a fact, that statistics of amputations are no longer so fashionable as they once were, because it has been proved by fact that a more limited use of the long knife might have greatly diminished the numbers of those operations which have been justly called the *opprobria* of surgery.

When ovariectomy was first propounded, it was little else than a theory—a rash visionary scheme for notoriety; but, thanks to the well-directed efforts of Clay, Brown, Wells, Keith, and a host of others, the proceeding is a well established fact, which ranks among the best and safest efforts in surgery to save human life.

Anæsthesia is another fact in modern surgery; perhaps, in reality, the most surprising of all. We are often told that the facts in real life are more surprising than those which the novelist delights to depict in fiction; and, in my opinion, the fact of anæsthesia, by whatever means it is brought about, by far surpasses all that has yet been done in regard to practical surgery.

Gentlemen, my mind has perhaps been naturally inclined to refer to "facts" on the present occasion, from the circumstance that, in my own professional career, I have been always more influenced by facts than by suppositions or questionable agencies; by the positive than by the speculative. I fear that it must be admitted that, despite all the skill of medicine from the earliest times to the present, the disease, stone in the bladder, must still be admitted as one of the "ills which flesh is heir to"—as a fact. We know it, however, as a fact, that our skill is such that we can combat that fact, and even assume the supremacy by surgically doing away with it. It is a matter of theory whether or not we can combat successfully with a diathesis to stone; but it is a matter of fact that we can combat manfully, aye, even successfully, with that painful enemy, when he once plainly shows his colours. Taking the surgical aspect of treatment, we can more readily, and with greater certainty, cope with this disease than with many others that come under the consideration of the surgeons.

It has been my fate, gentlemen, to have been largely engaged in this field of combat. Others in this country, of my own age, may have been more so; but, with the exception of Sir Henry Thompson's experience in lithotripsy, their labours have not been made public, or have escaped my observation. Whether my contemporaries in Britain have treated more cases of stone in the bladder than I have, I am not prepared to say; or, whether they have more proofs of experience than I can display, is also beyond my knowledge; but, anyhow, to add my humble effort to what may excite interest in this meeting of the British Medical Association, I have ventured to put on show the results of my personal work in dealing surgically with this fell malady of mankind. By a kind of prescience, as I may now call it, I, at an early period of professional life, kept, on behalf of my own surgical museum, or surgical taste, all that could serve to revive the memories of the past or illustrate the events of the passing day.

Throughout my professional life I preserved any stone or bit of stone that I could secure as a trophy of surgery, and now I have the honour of laying before the present meeting of this Association between 300 and 400 specimens of this disease which have been dealt with by my own hands. Every now and then patients or their friends have insisted on keeping what might be deemed as hereditary personal property, and occasionally specimens have fallen aside; but on the whole, I must admit, that my patients or their friends have humoured my fancies and given me free possession of the results of my surgical prowess. I exhibit the produce of between 330 and 350 cases of stone, personally treated by myself—about 200 by lithotomy, the rest by lithotripsy. The aggregate of stones removed amounts to nearly 500 in number. There may be others of my own time who can speak of larger numbers; there may be those who can show larger numbers of actual proofs of what they have done in this field of surgery, and I see with pleasure the valuable contributions made in this direction, especially by Messrs. Gutteridge, Pemberton, Baker, Pracey, Bartleet, Elkington, Freer, and Jackson, which add largely in my estimation to the value of your museum display.

Most of these specimens were exhibited years ago at the Royal College of Surgeons in London, when I lectured on the subjects of lithotomy and lithotripsy, but the time for their display was so evanescent that they attracted little attention, although at that date there was not a specimen of crushed stone by lithotripsy in the Museum. A feeling seems to prevail that there is no interest in a stone broken into fragments by the lithotrite, but if it has been cut into two by a saw, after its removal from the bladder, the cut surface is eagerly looked at. No doubt the interest here has reference to the chemical composition of stone, and possibly the nucleus, although the section does not invariably make that clear. In my estimation, the fragments in lithotripsy possess an interest equal, if not greater, in every respect to the cut or entire specimens. The chemical composition of a stone can be as readily made out from fragments as from sections; so also, as regards the nucleus; and, indeed, from these fragments we can often acquire a knowledge of a patient's constitution, as regards the tendency to the formation of stone, which we cannot in any other way. We can see how in some the fragments will lie in the bladder without change of surface much longer than in others. In one case we can recognise for days, even weeks, the fragments of an uric acid stone with edges defined and surface the same as when first broken; in another, we perceive how readily and rapidly new stone deposit occurs—generally phosphatic. Then, too, we can speedily appreciate the danger of neglect or carelessness after lithotripsy is once begun, for, in place of probably only one stone being present, there may, indeed there will, soon be many stones, for each fragment becomes a nucleus for fresh deposit, and this hastens on with greatly increased rapidity. Even the nucleus, always a centre of interest, may be as appreciable in the fragments from lithotripsy as when displayed by the saw. It has happened to me in a case of crushing, in a female, to be struck with the appearance of redness in many of the fragments; and on investigation the mystery has been revealed on confession, that the patient had been in the habit of tickling herself with a stick of red sealing-wax, a portion of which had broken off in the urethra and remained in the bladder. The fragments will be seen in the collection.

Again, I once was aware, in using a lithotrite in a male, that I had clutched something peculiar. On withdrawing the instrument, there was a black substance about an inch long between the blades. A surgeon present, who had been in charge of the case for years, immediately exclaimed, "Egad! this is the end of my gutta-percha catheter." A terrible revelation, for in the interim the patient had undergone prolonged treatment for chronic inflammation of the bladder, and had actually gone a voyage to Madeira in search of health.

I put as much faith as any man does in the chemical treatment, if I may so call it, of the diathesis of stone;

but when once a stone has formed (and in most instances it is so without marked premonitory warning), the "fact" of stone is established, and there may be room for doubt whether chemical treatment does not then make matters worse; for, whatever the quality of urine, the chances are that a nucleus being present, deposition of stone will go on with increased rapidity, equivalent to the increase of size of the stone. That there may be exceptions to this rule, I admit; and there are two stones in my collection from one bladder, which are so smoothly polished by attrition that the formation of more stone had probably ceased for many months, if not years, before they were removed.

I have referred, gentlemen, to the chemical treatment of stone in the bladder, chiefly for the purpose of ventilating a sort of heresy of my own—viz., that in our treatment of stone, and in our estimate of specimens of stone in our museums, the chemical composition has been improperly the feature most referred to as the one of the greatest importance. Stone in the bladder is essentially a surgical disease; it can be treated effectually only by the surgeon; and to him the size, or, I may call it, the circumference of the substance to be removed, possesses the most engrossing interest, whether he looks to his own mechanical work or the safety of his patient: for I hold it as a maxim, particularly in lithotomy, that the bigger the passage required for egress, the more difficult and the more dangerous is the operation. The *accoucheur* considers the size of the head, but does not trouble about its chemical qualities or composition. So should the surgeon the stone, both in regard to lithotomy and lithotripsy.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 21, 1872.

AUTUMN MANŒUVRES, 1872.

EACH regiment and battery of Artillery is to be accompanied by one Medical Officer. There will be one bell tent to each for the purpose of examination of men reporting themselves sick; there will be one trained orderly to each, a field companion constituting all the

regimental Medical equipment. Regimental and Staff Medical Officers will be employed in field hospitals; the following being the constitution of those establishments, namely:—

Head Quarter Staff.—Principal Medical Officer, Inspector-General James Fraser, M.D., C.B.

THE SOUTHERN ARMY CORPS.—Principal Medical Officer, Deputy Inspector-General J. M. S. Fogo; Staff Assistant-Surgeon W. Alexander; Staff Assistant-Surgeon P. W. Stafford.

Staff 1st Division.—Principal Medical Officer, Staff-Surgeon Major J. A. Thompson. 1st. Field Hospital.—Staff-Surgeon M. J. A. Woolfreyes; Assistant-Surgeon Owen Owen, 50th Regiment, and Assistant-Surgeon R. C. Lever, M.D., 7th Hussars. 2nd Field Hospital.—Surgeon-Major W. Peake, M.D., 88th Regiment; Assistant-Surgeon R. W. Forsayeth, 95th Regiment; Assistant-Surgeon R. H. Bolton, 3rd Dragoon Guards. 3rd Field Hospital.—Surgeon M. B. Tydd, 2nd Battalion 23rd Regiment; Assistant-Surgeon C. A. Atkins, 1st Battalion 7th Foot; and Assistant-Surgeon A. L. Malladen, M.D., 12th Lancers.

Staff, 2nd Division.—Principal Medical Officer, Surgeon-Major R. Gilborne, 6th Dragoon Guards. 1st Field Hospital.—Surgeon F. W. Moore, 2nd Dragoon Guards; Assistant-Surgeon W. H. Harman, M.D., 4th Battalion 60th Rifles; Staff Assistant-Surgeon E. J. Clarke. 2nd Field Hospital.—Surgeon A. Reed, 2nd Battalion—16th Regiment, Staff Assistant-Surgeon J. J. McCarthey, and Staff Assistant-Surgeon R. W. Lowe. 3rd Field Hospital.—Staff-Surgeon H. Titterton, M.D., Staff Assistant-Surgeon D. Murray, Staff Assistant-Surgeon T. G. Bolster, M.D.

THE NORTHERN ARMY CORPS.—*Staff of Army Corps.*—Principal Medical Officer, Inspector-General J. Fraser, M.D., C.B.; Staff Assistant-Surgeon G. Duncan; Staff Assistant-Surgeon J. White.

Staff, 3rd Division.—Principal Medical Officer, Staff Surgeon-Major G. A. F. Shelton. 1st Field Hospital.—Surgeon-Major B. Lane, 2nd Battalion 4th Regiment; Assistant-Surgeon J. Paxton, M.D., 30th Regiment; and Assistant Surgeon J. Bourke, 2nd Battalion, 15th Regiment. 2nd Field Hospital.—Surgeon F. S. G. Gunn, 99th Regiment; Assistant-Surgeon H. Harrison, 46th Regiment; and Assistant-Surgeon T. Steward, M.D., 90th Regiment. 3rd Field Hospital.—Surgeon W. H. Pollard, 2nd Battalion, 22nd Regiment; Assistant-Surgeon J. D. Milburne, 13th Hussars; and Staff Assistant-Surgeon E. Chandler.

Staff, 4th Division.—Principal Medical Officer, Surgeon-Major—Franklyn, Royal Horse Artillery. 1st Field Hospital.—Surgeon B. Burland, M.D., 13th Hussars; Staff Assistant-Surgeon J. G. Grant, and Assistant-Surgeon J. V. T. Malcolm, M.D., 9th Lancers. 2nd Field Hospital.—Surgeon O. L. Patterson, 1st Battalion 22nd Regiment; Assistant-Surgeon E. S. Lowe, M.B., 102nd Regiment; Staff Assistant-Surgeon A. W. Sheddon, M.D. 3rd Field Hospital.—Surgeon R. W. Jackson, 100th Regiment; Assistant-Surgeon A. A. Macrobin, M.B., 2nd Battalion Rifle Brigade; and Staff Assistant-Surgeon J. H. Reynolds, M.B.

The following notes in regard to some of the arrangements connected with the autumn manœuvres may, it is hoped, have an interest to the military members of the Profession, especially those employed in the field.

Surgeons, and other Medical officers ranking with field officers, are each allowed 80 lbs. of personal baggage, inclusive of bedding, and 22 lbs. cooking vessels for every three.

Each division is in charge of a Principal Medical officer, to whom 1 clerk and 1 orderly are attached. It has three field hospitals, namely, 1 per brigade; these being at the disposal of the Principal Medical officer.

The following represents the establishment of each field hospital, namely, 1 surgeon in charge, 2 servants, 2 horses, 1 bell tent; 2 assistant-surgeons, 2 servants 2 horses, 1 bell tent; 2 ward masters, 1 as clerk and compounder; 1 steward, 1 cook, 6 orderlies, 1 bell tent for them and Medical officers' servants. Each hospital

will in addition have the following bell tents, viz., 1 for the surgery, 1 for stores, 1 for office; marquees, 3 complete, or 2 with 2 ridge-pole tents; 2 for service for latrine purposes, 45 sets of bedding, 2 sets of Medical comfort boxes (per division), 2 sets "A" and "B" canteens for 25 each, 1 set of regimental comfort boxes for reserve medicines, 14 hospital bearers, 2 operating lamps, 1 field table, 1 chair (for the office), 8 water-buckets, 2 flag-staffs (20 feet long), 2 flags with Geneva cross, 1 water-cart, 15 ambulance waggons for each division, 2 general service waggons will be attached to each field hospital for tents, Medical stores, officers' baggage, &c., also 1 horse for the Medical field panniers. Tools will be issued to each hospital as under, namely, 4 spades, 4 pick-axes, 4 felling axes, 1 cross-cut saw (about 4 feet), 18 reaping hooks, 1 three-gallon oil-can. For each regimental Medical officer for the examination of the sick and isolation of particular cases, there will be allowed 1 bell tent, 1 water-bucket, 4 waterproof sheets; these being carried with the regimental baggage. One stretcher per regiment will be taken to the field. Straw will not be issued as bedding for men or horses.

Light.— $\frac{1}{2}$ gill of oil for each lantern, 1 dram wick for 8 gills of oil. Oil for hospital lamps is to be drawn on the certificate of a Medical officer that it is absolutely necessary.

The following is the field ration per man per day for men and officers, viz.:—Ordinary rations: 1 lb. of bread, or 1 lb. of biscuit; 1 lb. of meat, salt or fresh; extra issue of $\frac{1}{2}$ lb. cheese for men on outlying picket, or other difficult positions. Groceries: $\frac{1}{4}$ lb. of bread, $\frac{1}{2}$ oz. of tea, 2 ozs. of sugar, $\frac{1}{2}$ oz. of salt, 1-36 oz. of pepper. Stoppage, 1s. a day for officers.

Fuel.—3 lbs. wood, 2 lbs. small firewood, or 4 lbs. small turf sods, to every 36 lbs. of coal. The sick in hospital and hospital sergeants receive two rations daily on the certificate of the surgeon.

Forage.—14 lbs. oats, 8 lbs. hay. Large horses for draught receive 2 lbs. of oats in addition when requisite.

The daily field ration of men in hospital will consist of 1 $\frac{1}{4}$ lb. bread, 1 lb. meat, $\frac{1}{2}$ oz. of tea, 2 ozs. of sugar, $\frac{1}{2}$ oz. salt, and 1-36 oz. of pepper. This will be supplemented when necessary by Medical comforts. The daily stoppage for men and boys in hospital will be 10d.

Medical comforts as under will be placed in the field panniers of each brigade, and replenished when necessary, viz.:—No. 1 pannier: 1 bottle of brandy, 1 bottle of water. No. 2 pannier: 1 lb. of tea, 2 lbs. of sugar, 1 lb. of arrow-root, 1 lb. of essence of beef, 1 tin of cocoa and milk.

The following is a list of kit, equipment, arms, &c., carried by each infantry soldier in the field, viz.:—1 busby, 1 tunic, 1 serge trousers, 1 boots, 1 socks, 1 shirt, 1 braces (wearing them); 1 rifle, 1 sword, 1 waistbelt, 1 water-bottle, 1 braces for valise, 1 valise, 1 great-coat and straps, 2 pouches, 1 ball bag, 1 mess tin and strap, 1 pair leggings; ammunition, quantity not known as yet. In valise: 1 pair of trousers, 1 shirt, 1 pair of socks, 1 towel, 1 knife, fork, and spoon, 1 razor and case, 1 shaving brush, 1 small book, 1 brush, 1 blacking, 1 small box of shoe grease, 1 forage cap. If rations are carried, meat in mess tin, bread, &c., in valise. The weight of all the above is 33 lbs. 10 ozs.

The articles to be carried in the regimental *squad bags* are—the new tunic, new serge jacket, one pair of trousers

(serge or cloth). In the *bales*—1 pair of boots, or 2 pairs when sanctioned; 1 shirt, cotton; 1 pair of socks, 1 towel, 1 pair of mitts., 2 brushes, busby cover, black linen bag, 1 old serge jacket (if sufficiently good), 1 Bible, 1 waistcoat, for winter wear under the serge.

In reference to the personal clothing and equipment of the soldiers about to be employed in the manoeuvres, some points present themselves as deserving of attention on the part of regimental Medical officers. A few of these we will briefly allude to. As will be seen from the list above given, the men are unprovided with drawers, or at any rate supposed to be so. The constant contact of woollen trousers with the skin is accordingly not only objectionable on the score of cleanliness, but is liable to irritate and fret the skin of the thighs and "fork." The water-bottle consists of wood, with a very small opening to drink from. It is suspended by a shoulder strap placed over or under that of the man's equipment, according to regimental taste. It is very questionable whether this arrangement is equal to the former one, by which each soldier had a leather-covered water-bottle, loosely slung so as to be readily got at. The absence of a drinking cup, moreover, threatens to be a source of inconvenience on the march. We note also that the use of the old and convenient havresack seems to have been abandoned, at any rate, in some if not all the regiments, and are inclined to think that the innovation is by no means an improvement. Finally, we would observe that the present manner of slinging the shovels carried by pioneers seems capable of improvement. The belt passes directly upon the front of the soldier's chest, and the tool itself being suspended with the iron part downwards and over the hip, seems to interfere with the free movement of the carrier. Would it not be an improvement to reverse the present arrangement and have it secured with the iron upwards, the cross belt joined by a moveable button to that of the waist, so as to take off some of the direct strain?

PARLIAMENTARY CANDIDATURE OF DR. EVORY KENNEDY.

WE have authority for the statement that Dr. Evory Kennedy, of Dublin, intends to present himself as a candidate for the representation of Londonderry, which will shortly become vacant by the elevation of Mr. Dowse, the Irish Attorney-General, to the Barony of the Exchequer, which was occupied by Baron Hughes.

Dr. Evory Kennedy is a man who, as Master of the Rotundo Hospital, President of the College of Physicians, and an Honorary M.D. of the University of Dublin, has left a deep impression upon the history of the Profession, a mark which he has renewed by the bold challenge to the big Hospital system, which, by his papers on the "Genesis of Puerperal Fever," he lately put forth.

Dr. Kennedy is a Liberal in politics, and is understood in the Profession to be favourably regarded by the present Government, and, in undertaking so fierce a contest as that for Derry has proved itself to be, he braves a severe ordeal test of the sincerity and ardour of his political convictions. These are unhappily not times when a candidate for a seat in the House of Commons need be either a gentleman, or a man of truth, honour, or fortune, but with the better classes in such a constituency as Derry such attributes cannot, as against the claims of politico-attorneys or place-trafficking lawyers, be without their effect, and as Dr. Evory Kennedy can offer such qualifications to the electors we must hope—if only for

the sake of public propriety—that voters will not forget the difference between an educated gentleman of high social rank and Mr. John Rea, whose usual exit from the society of gentlemen is a forcible ejection by the hands of the police.

Having no politics, we have no choice of candidates on that ground, but we earnestly impress upon the Profession the consideration that nothing but a conscientious conviction that great and weighty public decisions are at stake ought to induce them to withhold their vote from their Profession. Every week illustrates the lamentable non-representation of Medical interest in Parliament, and, though we will not say that a Medical man is bound under all circumstances to give professional interests, a preeminence over political or religious ones, we imagine that there will be no anticipations of vital issues in the coming session such as to justify a departure from the principle of supporting an increased representation of Medicine.

ETHER AS AN ANÆSTHETIC IN OPHTHALMIC CASES.

THE superiority of Ether as an anæsthetic in ophthalmic operations which has been forcibly brought under the notice of the Ophthalmological Congress by Dr. Joy Jeffries, has been not anticipated but subjected to contemporary investigation and experiment in Dublin, and with a result quite as satisfactory and encouraging as that reported by Dr. Jeffries. Dr. Morgan, Professor of Practical Anatomy in the College of Surgeons has, by his communications on the subject in the *MEDICAL PRESS AND CIRCULAR*, put the Profession in possession of his views, and the facts almost at the same moment as Dr. Joy Jeffries. He has administered Ether with a new inhaler of his own design which he is now perfecting, in many cases in which ophthalmic operations have been performed by Dr. Jacob in the Dublin Eye and Ear Infirmary. Since Dr. Morgan's apparatus has attained completion, the method and result of administration of the Ether seem in the ophthalmic cases to leave nothing to be desired. In several cases of flap extraction of cataract it has proved to be entirely unobjectionable. It produces a quiet and rapid anæsthesia without any excitement stage whatever, the recovery is rapid, the circulation steady and unimpaired, and when the precaution of keeping the stomach empty is observed, attended with no sickness. It is for Dr. Morgan to prove, which, in the light of vast American experience seems not difficult, that Ether is to all intents, free from danger to life. If it is found to be so it will give to the operator a confidence and ease which is invaluable in the rapid manipulations of Ophthalmic Surgery, and which we venture to say is not to be had in the use of chloroform. The cases which Dr. Jacob has operated on under the influence of Ether have suffered nothing from disorder of stomach, and the recoveries have been in all respects, as satisfactory as those with or without chloroform.

TOLERANCE OF TRADE FRAUDS IN THE DRUG TRADE.

THE *Pharmaceutical Journal* in its last issue contends against the view of adulteration legislation which we have adopted, and to which we gave expression last week. That view, our readers know is, that a trader who, in the words of the original Bill, sells "as pure an article which is impure" is, according to every code of honesty, a rogue and ought to be dealt with as such. The Council of the Pharmaceutical Society considers that the vendor ought not to be called upon to know whether an article is pure or not, and has caused the Bill to be modified so

that a vendor shall not be punishable unless he "fraudulently" sells adulterated goods. This theory is simply a concession to the existing practice of adulteration, and would not be held to apply to any other form of commerce. If a ship builder contracted with an iron merchant to supply him with boiler plates of a specified strength and material, would it be for a moment permitted that the iron factor should send inferior goods and plead that the person from whom he got them was the rogue and that he was not obliged to know whether they were good or bad. Of course he would be speedily sued for breach of contract, and would retort, if he had really bought a better class of goods, upon the person who sold them to him. Why not enact in "matters of adulteration—a like rule in like case"? The Bill as it stood did not prohibit a person from selling a mixed article. It left it open to him to deal in any sort of matter which was not detrimental to health, but restricted him from selling them "as pure" when they were adulterated. Surely such a restriction is no hardship on any honest man, least of all on the dealer in drugs who is in a position to satisfy himself of the purity of his goods. Let him sell what he likes, but he should certainly be held responsible to sell nothing "as pure" which is not warranted as such, and if he then suffers for the roguery of the person who sells to him, he is afforded by the law an easy and satisfactory remedy.

As the Council of the Pharmaceutical Society have modified the Bill no penalty can possibly be enforced against the seller of adulterated goods, because it is totally impossible to prove that he knew them to be adulterated, and that, possessing such knowledge, he sold them "as pure."

Once more the shopkeeping interest has defeated a reform of the existing commercial immorality which is from day to day insuring merchants, middlemen, and retailers to a lenient and profitable tolerance of trade roguery. How can it be called dishonourable to make a fortune by wooden nutmegs, when the Government and the Council of the Pharmaceutical Society tell the dealers in them that they may "go ahead" so long as they take care not to enquire whether their wares are sticks or spices.

Notes on Current Topics.

Mr. Ayrton's Insolence.

IT is a great pity that we have no speedy mode of kicking out of office a man whose temper and conduct utterly incapacitate him from behaving in the manner that is expected of all gentlemen in public life. If Mr. Gladstone had followed up his statement that Dr. Hooker deserved well of his country by calling for Mr. Ayrton's resignation, not only the world of science and art, but all who have any regard for the ordinary courtesies of life would have felt relieved; for it is positively sad to feel that something is always brooding over us, and that at any moment one of H.M. Ministers may wreak his wrath on a subordinate by applying the most odious system of torture—that inflicted with no apparent object but the delight of gloating over suffering. That Mr. Ayrton's conduct calls for dismissal is everywhere felt. We only wonder that the House of Commons has tolerated his insolence so long, especially as the Liberals are quite as annoyed as the Conservatives with his conduct. Let us hear what first-class liberal journals write about him.

The *Spectator* says:—"Personally, Dr. Hooker is the superior, but officially he is the subordinate, of the First

Commissioner. Mr. Ayrton, therefore, being called on by Mr. Fawcett and Sir J. Lubbock for a reply to the general charge of unjust treatment of the Director of Kew, exerted his whole capacity—and the whole power of the man was never more conclusively shown than in this speech; it is forty times as able as his written memorandum—in developing this thesis, that when, as Justice Maule said, 'God Almighty was addressing a black beetle,' He could not be expected to choose his words. The whole drift of his reply was that he had not injured Dr. Hooker, and that Dr. Hooker was far too low an official to have a right to raise questions of manners with a Minister of the Crown. He was a mere subordinate spending £12,000 a-year, while the 'departments I control spend £1,200,000.' His were 'errors used by a slave to escape from the anger of his master, but which a master, conscious of his power, was not in the habit of using against a slave.' Is it necessary to analyse the speech further? or can there be a shadow of a doubt that a subordinate Minister who can use to a man like Dr. Hooker language a king would not use to a footman, or a judge to a convict at his bar, is incapacitated, by arrogance rising to a moral offence, for the service of the Crown?"

The *Examiner* considers that "Mr. Ayrton was more signally defeated on Thursday than he could have been by an actual vote of the House of Commons. He has been convicted of all the offences that were charged against him. He has been stung by the caustic humour of Mr. Bernal Osborne and has been trampled upon by the bucolic heel of Mr. Bromley-Davenport. We cannot hope that his punishment will cure him of the vice that is inherent and thoroughly hardened in him; but it will give him something to think over during these holiday months. He is not likely again to sin so openly as he has done in Dr. Hooker's case against good breeding, and we shall be surprised if he again calls down on himself such a torrent of abuse as he has thereby provoked."

Early Blistering in Pneumonia and Pleurisy.

S. S. HERRICK, M.D. (*Rich. and Louis. Med. Journ.*), has prepared a table of twenty-four cases of pneumonia and pleuro-pneumonia, with only three deaths, in which early blistering was resorted to. The beneficial effects were attributed chiefly to the promotion of absorption of effused products through osmosis, by increasing the flow of blood on the stimulated surface and in the adjacent tissues.

Mad or Not.

THE frontiers of sanity and insanity are not so clearly defined that they can be traced by every eye, says the *Globe*, adding that there are places where the division is so slight as to be imperceptible; and then arbitrators and counsel have to be summoned to decide the relative claims to the disputed territory. It is clear, continues our contemporary, that the board of arbitrators in such a case should be composed of men not only honestly desirous of forming a just judgment, but fully competent to the discharge of so delicate a task. The *Globe* then pursues its argument as follows:—

"It will, we think, be admitted by all who are following the correspondence in our columns on the subject of 'Sane and Insane' that the proper tribunal for determining a question of the sort is at least not that composed of two Medical practitioners chosen at random, and by parties interested in the suit. Yet such is the board which in this country usually decides whether a man is mad or a great wit—whether a man is to enjoy his liberty or end his life a prisoner."

This is *apropos* of a correspondence that has sprung up in the *Globe*, and which would perhaps be more influential if the letter writers had subscribed their names. We judge from these letters that some of the writers are both ignorant and prejudiced, and are sorry for our contemporary to give publicity to such a sentiment as this,—

"Within 'seven days of the patient's reception' the poor creature may, by virtue of the very steps taken after his admission, be reduced to that state which the Commissioners on the occasion of their visit would pronounce insane. Moreover, the report is a mere form which attracts no attention, and the 'case' is not seen by the Commissioners even in their purely perfunctory fashion until, perhaps, months have elapsed."

We have in our time seen a good deal of lunacy, both within asylums and outside them, and we do not believe in the stories that are so skillfully displayed by anonymous correspondents. Our reasons for scepticism need not be stated, as Medical men will readily recall them. Again, although we admit a great deal—perhaps too readily—about the want of information of some men who creep into the Profession, we were scarcely prepared for the following:—

"There appears to us to be no reasonable argument in favour of allowing any two ignorant men to determine cases of insanity because, after less than a half education, they may have dissipated about London for two years, and then obtained a diploma in Lincoln's Inn to practise upon all who choose to employ them."

That is hardly a fair description of even those men who content themselves with a single diploma, inasmuch as four years instead of two are required; and if the public will not take that interest in the Profession that is necessary to regulate the admission of men to practice, it is their own fault if a few half educated men should creep in. Will our contemporary aid us by urging on the public the need of a good Medical Reform Bill?

An Unguent for Multiple Bubo.

R. C. BRANDEIS, M.D., Vienna Correspondent of the *Rich. and Louis. Med. Journ.*, writes that Prof. Zeissl, Chief Physician Second Division for Syphilitics in the Vienna General Hospital, has achieved much success in the treatment of acute and subacute inguinal and femoral buboes by the application of a solution of acetate of lead to the glands; and in the case of a multiple bubo the following ointment of iodide of lead will afford speedier relief than the sugar of lead compress: R. Plumbi iodati, ʒj.; Ext. belladonnæ, ℞ij.; Emplast. diachyli, ʒj.; Unguent. elemi, q. s. to make a soft plaster. S. ointment.

The late Sir Andrew Smith, K.C.B.

THIS gentleman whose death is announced was Director-General of the Army Medical Department from 1851 to 1858. He served with distinction for short periods in various parts of the world, and proceeded to the Cape in 1821, returning to England in 1838. Shortly after he was sent to Fort Pitt, Chatham, and appointed Principal Medical Officer there. He was transferred to London by Sir James M'Gregor as his professional assistant, and on the retirement of Sir James in 1851 he was appointed by the Duke of Wellington to the vacant post, which he filled till 1858, when he retired from the service in consequence of impaired health, and received the distinction of K.C.B. Sir Andrew Smith's scientific researches in Southern

Africa resulted in the publication of many papers, and his great work "Illustrations of the Zoology of South Africa." It was upon his representation and advice that the prosperous district of Natal was constituted a colony. Sir Andrew Smith was born in Roxburghshire in 1797.

Muriate of Ammonia in Bronchitis, Catarrhal Pneumonia, etc.

In obstinate acute bronchitis, after the first intense stage; in catarrhal pneumonia, both of children and adults; in bronchorrhœa, and also in ordinary chronic bronchitis, Dr. H. C. Wood, Jr., Phila. (*New Remedies*, April, 1872), has obtained more apparent good from the use of muriate of ammonia than any other remedy. The best formula for giving the muriate with which he is acquainted is as follows:—R Ammoniae muriat. ʒij.; Ext. glycyrrhiz., ʒj.; Mucil. acaciæ, Aquæ, āā f ʒijj. M. S. Teaspoonful for an adult every two hours; teaspoonful for a child, a year old, every three hours.

When patients object to the mixture of sweet and salt the following is to be preferred: R Ammoniae muriat. ʒij.; Aquæ, f ʒvj. Dose as before.

When the cough is very annoying 1-20th of a grain of sulphate of morphia, or 10 or 15 minims of tincture of hyoscyamus, may be added to each dose.

In bronchorrhœa the following may at the same time be used by inhalation twice or thrice daily. Take of Sat. solution of alum, ʒvj.; Tr. hyoscyamus, ʒss. M.

Cholera in India.

This plague (says the *Bombay Gazette*) is raging furiously at present in the Punjab. No fewer than 32 cases of cholera occurred in Umballa during the previous three or four days, the greater portion of which proved fatal. The disease was then evidently subsiding, as there were only two fresh cases. There have also been a large number of cases at Agra, where the epidemic broke out on the 5th inst. in St. Peter's College. On that day 21 of the boys in the college were attacked, and altogether in five days there were 82 cases, of which 85 proved fatal. There were besides, some cases in the neighbourhood of the city.

We read in the *Madras Athenæum*: "The dengue fever is spreading amongst us, though no cases of a severe type have yet presented themselves. We are probably better prepared for it than were the people of Calcutta when it first attacked that city, and we need not at present, judging from the slow progress the disease has as yet made amongst us, relinquish the hope that we may get through the visitation without the occurrence of any serious or aggravated cases."

Cerebro-Spinal Meningitis.

DR. N. S. DAVIS, of the *Chicago Medical Examiner*, uses with success in this disease the calabar bean, either alone or in combination with ergot. He believes that such remedial agents as have the power to diminish excitability, and at the same time increase the vascular tonicity, exert the most favourable influence over the active stages of its progress. Such are the calabar bean, cannabis indica, gelseminum, ergot, &c. In the active stage of the disease he has not found either opiates or quinine to produce any favourable effects.

The Whitworth Science Scholarships.

Two of the scholarships founded by Sir Joseph Whitworth, value £100 a year for three years, have just been awarded to Mr. Robert Coey and Mr. George W. Sutcliffe, students in the Royal College of Science at Dublin. The competition for these scholarships is very severe. They are open to competitors from all parts of the United Kingdom, only ten of them being filled annually. Messrs. Coey and Sutcliffe are distinguished students of the Royal College of Science, having obtained, on competitive examination, two of the Royal Exhibitions attached to the college, and carried off many of the highest honours of the last session. It is not long since a similarly successful career was achieved by another student of the College, Mr. T. W. Phillips, who also obtained a Royal Exhibition, and subsequently a Whitworth Scholarship.

Treatment of Diphtheritic Croup.

In a paper on "Diphtheritic Croup and its Treatment," read before the Buffalo Medical Association, by F. W. Bartlett, M.D. (*Buffalo Med. and Surg. Journ.*), several cases of diphtheritic croup are detailed, in which a small blister over the nucha, and common salt dried and powdered, blown by the aid of a tin tube into the fauces, were of great service to the patients in relieving the croupal distress. We are told that it is important not to heal the blister by any application but rather to let it heal in its own way. If a blister is to be applied it should be at the earliest possible stage of the malady, so as to arrest if practicable the initiatory morbid changes in the mucous membrane of the larynx and the trachea. In later stages of the disease it is far less likely to succeed, and if successful, the respiration and voice particularly are much more slowly restored.

The late Mr. Skey, F.R.S.

THE death is announced of Mr. Skey, the venerable ex-surgeon of St. Bartholomew's, whose lively letters on athletics and remarks on alcohol showed how at an advanced age he preserved much of the energy of youth. He died last Thursday at the age of 73. He was a pupil of Abernethy. He obtained his F.R.S. for his paper "On Muscular Fibre," but was better known to the Profession as a skilful surgeon of great experience.

It will be remembered that Mr. Skey was chairman of the Commission for Enquiring into the Venereal Diseases that preceded the recent acts. He was for a long time not only a member of the Council and an Examiner of the College of Surgeons of London but had filled the office of President. Perhaps his work "On Operative Surgery" was his best, but he was the author of other well-known volumes.

Ovarian Cyst in a Child Eight Years Old.

DR. C. G. GOODRICH (*Northwestern Medical and Surgical Journal*), reports a case of ovarian cyst in a child eight years of age. The child was tapped three times. His attention was called to the case during convalescence from typhoid fever; the tympanitic distention of her abdomen did not disappear as in others of the family who had also been ill with fever. The autopsy revealed an ovarian cyst, with extensive adhesions to the peritonæum and liver.

Cholera Remedy.

New Remedies for April, 1872, contains the following cholera prescription, a favourite one of Dr. H. Hartshorne, of Philadelphia: R Chloroform, Tinct. opium, Spts. camphor, Spts. ammonia aromatic, aa f ʒ iss.; Creosote, gtt. iij.; Oil of cinnamon, gtt. viij.; Brandy, f ʒij. Mix. Dilute a teaspoonful with a wine glass of water, and give two teaspoonfuls every five minutes, followed by a lump of ice.

It is announced by the *Chemist and Druggist* that Mr. Holloway, the proprietor of the pills and ointment was about to endow some charitable institution in a most magnificent manner. To build a hospital might, perhaps, indicate a declining faith in those wonderful remedies which have so often succeeded when all other remedies have failed. It is therefore said to be Mr. Holloway's design to erect, at his own expense, a middle-class asylum at Virginia Water. The asylum will cost from £70,000 to £100,000, and will accommodate 200 patients. It will be maintained for a year by Mr. Holloway, after which it is expected to be self-supporting, and will be handed over to the management of trustees.

Foreign Medical Literature.

CONTRIBUTION ON THE THEORY OF ILIO-TYPHUS.

From the Clinique of Professors SKODA and OPPOLSOR.

Editorially reported in the *Allgemeine Wiener Medizinische Zeitung*.

(Translated for the MEDICAL PRESS AND CIRCULAR by THOMAS BODKIN, F.R.C.S.I., &c., &c.)

In addition to the many and masterly expositions by these celebrated authors which have already appeared at various times during several years in our journal, we deem it desirable to reproduce them in a fuller, more complete and corrected form than that they have hitherto appeared in, we do so for the special interest of our readers which they have a right to demand, in reproducing these views already expressed by Skoda and Oppolsor, we wish to treat of them more fully, not in connected additions of our own, or in diffusely detailed statements, but only on peculiar occasions and special cases, to give in valid conciseness their expressed conceptions, compatibly condensing their dispersed and outlying observations, in thus carrying out our expressed views we will hope to obtain the favourable opinion of our esteemed readers.

When the contagion, or according to some authors, the miasma and which in some undecided way, enters into the organism, after a shorter or longer incubation, a slight indisposition is complained of, an increased temperature and feverishness as the first indication of the seizures, yet it is not always that the febrile manifestation by which the typhus sickening is characterised, for these signs are very frequently entirely absent; the disease may advance in its incipency in the absence of any appreciable local disturbance, developing itself in very many and different ways, so that in fact there is no organ in the body from which typhus may not manifest its origin, nevertheless, febrile symptoms may co-exist with the local affections, cerebral disturbance comes on above all in frequency on the advent of ilio-typhus, these symptoms may be very early present, yet the patient finds himself still out of bed, has some amount of appetite, feels neither chilled or heated, but finds his head already out of order, his mind perplexed,

and his sleep disturbed. Otherwise it proceeds with maniacal or epileptic attacks, or it may exhibit a decided and strange melancholy, or it may set in with the symptoms of a meningitis, encephalitis, endocarditis, gastritis, jaundice, albuminuria, the intermittent, a bronchial catarrh, an angina, an infiltration of the lungs, or articular rheumatism.

It therefore appears sufficiently evident that the incipient manifestation of the typhus process is variable in a high degree, so that, consequently, in the primary progress of this disease nothing can be laid hold on to ground a decided and unequivocal diagnosis, and hence the great liability of being deceived by erroneous conceptions, in a particular case a totally different disease may be assumed than ilio-typhus; during the further progress of the symptoms, as the illness progresses a more and more marked unfolding of the special nature of the disease is given.

These variable phenomena of ilio-typhus on its first apparition have led to a series of painstaking inquiries to discover the distinguishing characteristic symptoms of its first stage, we must, however, alas, confess that efforts in that direction up to the present day remain almost entirely fruitless.

The numerous and very difficult obstacles manifested in the first stage of ilio-typhus opposed to the diagnosis, remaining as yet unsolved, urges the necessity of future and closer observations of more numerous cases, observing in what ilio-typhus may be simulated, conscious as we are that the acknowledged obstacles have not been sufficiently investigated, so that for the future more extended and fuller data should be collected and the earlier development of the difficult complications be especially observed, and thus hopes may be entertained that with the aid of existing precepts and records, the help of science as far as it goes up to the present, that with this powerful assistance the settling and securing of the diagnosis may be accomplished.

It happens not so very seldom that ilio-typhus commences with the absence of fever, but sets in with disturbance of the cerebral functions, and the typhus in such a case may simulate mental disease; the patient naturally intelligent, becomes quite confused, loses his memory, suddenly talks incoherently, becomes deranged, ultimately maniacal, or gets convulsed, whereas, up to this, nothing remarkable of any such tendency could be noticed; on the other hand, the appetite is still extant, the food is not objected to so that it is possible a mistake is liable to be made in such a case in diagnosing it as a disease of the mind, such cases are not so very rare, their course is tedious, and, according to Skoda, the number of such cases having occurred are not with sufficient accuracy ascertained; however, it may be remarked that scarcely a year passes during which such cases may not be observed in the clinical wards of our public hospitals, which are recognised by those about and by the doctors as cases of insanity. Now, when ilio-typhus as mental derangement, as mania, or as melancholia sets in without fever, so it is almost impossible at the commencement in such a case to fix the diagnosis, and ilio-typhus will, in the progress of its development, be known to be such, when fever and diarrhoea set in, when the spleen swells and meteorism appears, then comes the *eclaircissement*, yet still very doubtful.

But in such extreme cases there is a saving point not to be overlooked, which may at least lead to the suspicion that in such like cases ilio-typhus may lie concealed under such appearances when possibly a morbid tendency to mental disease is not apparent, the affected person up to the present has been perfectly sound, rational, and, according to his individual disposition, clear-minded, cheerful, or serious, correct in all his habitual transactions, and anything abnormal never having been manifest in the cerebral functions; the physician generally in such a case by close observation and careful induction will infer, more particularly if the patient is young, that he is not a special case of mental disease, but far more pro-

bably one in the advanced stage of ilio-typhus that he has to treat, should the mental alienation develop itself in the more advanced stage, the diagnosis already determined on will remain unaltered.

Furthermore, ilio-typhus, as most generally occurs, commences with the usual indications, such as fever and general prostration, and when after the fever has advanced a few days, brain disturbance is frequently manifested by very decided delirium, followed afterwards with somnolency and stupor, the brain is with many individuals in the commencement of typhus sickening, the seat of disturbance, and so it may be that the active delirium may be the earliest recognised symptoms; coinciding with the commencing febrile movement may be hyperæmia of the brain, whilst the delirium in the later stages is not the result of hyperæmia, but the alteration in the entire nervous system; under the appearance of these early and severe symptoms, lie grounds for suspecting the near approach of meningitis or encephalitis; therefore, there exists in this category many connected points of differential value, it is for instance, of primary importance that in the implications of the brain or its membranes, not alone disturbance in the mental process, but in the order of the disturbances, in the power of perception, in the integrity of the power of vision, and in the mind should be well noticed. In meningitis there are symptoms of disturbance of the cerebral functions, sometimes characterised by excitement, sometimes by depression, or with complete paralysis, in the acute stage severe pain of head occurs of which the patient shows his consciousness when his head is disturbed; meningitis is accompanied by very increased sensibility to noise, intolerance of light, grinding of the teeth, convulsions, further on comes strabismus, diplopia, and a peculiar rolling of the eyeballs before inequality of the pupils occur, they are sometimes dilated, sometimes contracted; true it is that one observes among some cases a remarkable difference in the pupils in many instances, in the commencement the pupils are contracted, whilst towards the end when the latter stage approaches a dilatation and insensibility of the pupils occur, yet these appearances may still be altogether absent.

(To be continued.)

Medical News.

The Military Secretary, India Office, presents his compliments to the Editor of the MEDICAL PRESS AND CIRCULAR, and begs to enclose a list of the Candidates for Her Majesty's Indian Medical Service, who were successful at the competitive examination at Burlington House, February, 1872, and who have undergone a course of instruction at the Army Medical School, together with the total number of marks obtained at the examinations in London and at Netley.

India Office,

15th August, 1872.

- (a) Crombie, A., Edinburgh, 6215.
 (b) Murphy, W. R., Dublin, 5825.
 Joubert, C. H., London, 5549.
 Russell, E. G., London, 5360.
 Scully, J., London, 5325.
 Branfoot, A. M., London, 5190.
 Hall, G. C., London, 4985.
 Roy, G. Ch., Glasgow and Calcutta, 4790.
 Reid, A. S., Edinburgh, 4670.
 Watson, G., Edinburgh, 4595.
 Fasken, W. A. D., London, 4394.
 Lawrie, E., Edinburgh and Paris, 4260.
 Wilson, J., Cork, 4250.
 McNally, C. J., Dublin, 4222.
 Lang, J. A. T., London, 4196.
 Mulvany, E., Dublin, 4195.

- (a) Awarded the Herbert Prize, August, 1871.
 (b) Awarded the Herbert Prize, August 1872.

- Zoral, J. M., Calcutta and Edinburgh, 4167.
 Dutt, R. L., Calcutta, London, and Aberdeen, 4145.
 Daphtary, G. R., Bombay and Glasgow, 4075.
 Bookey, J. T. B., Dublin, 4036.
 Butler, W. J., London, 4016.
 McGregor, A., London, 4015.
 Young, J., Edinburgh, 3955.
 Duke, J., London, 3912.
 Gupta, B., Calcutta and Glasgow, 3877.
 McConaghey, J., Galway, Belfast, and Dublin, 3856.
 Palmer, E., Galway and Dublin, 3840.
 Williams, A. H., Aberdeen and London, 3715.
 Holmes, R. A. K., Dublin and Belfast, 3650.
 Ferris, J. E. C., London, 3613.
 Lombard, D. E. T., Dublin and Cork, 3555.
 Johnson, W. E., Dublin and Belfast, 3522.
 Aylen, T. V., London, 3494.
 Dobie, S. L., London, 3451.
 Bevan, G. F., Dublin, 3372.
 Lloyd, C., Cork, 3350.
 Dobson, A. F., Dublin, 3345.
 Little, C., Belfast and Dublin, 3221.
 Mayne, T., London, 2939.
 Lawrenson, D. E. T., Dublin, 2935.

Apothecaries' Hall of Ireland.—At a meeting of the General Council of the Apothecaries' Hall of Ireland, held in pursuance of the Statute of Incorporation, on the 1st inst., the following gentlemen were elected office-bearers for the ensuing year:—Governor—Thomas Collins. Deputy-Governor—Edward J. O'Neill. Court of Directors and Examiners—Edward Howard Bolland, Charles Holmes, Arthur Harvey, Charles H. Leet, Robert Montgomery, Charles F. Moore, Henry P. Nolan, Jerome O'Flaherty, George B. Owens, John Ryan, James Shaw, John Shea, George Wyse. Examiners in Arts—John Wm. Moore, Edward Collins. Representative on the General Medical Council—C. H. Leet.

Dislocation of Humerus into Axilla.

DR. E. P. BENNETT, of Danbury, Conn. (*Med. Record*), recommends the following plan, and claims it as original with himself: "I place the patient upon a common chair. I pass around the body, below the arms, a broad strong towel, the ends of which I give to a stout assistant. The next step, and the most important of all, is to firmly fix the scapula. Without this precaution you will be pretty sure to fail, pull as hard and as long as you please. To fix the scapula, I direct one intelligent assistant to place the ball of the hand firmly against the acromion process; then tie a handkerchief around the arm directly above the condyles, and make it into a loop for my right hand, then, with the arm hanging down closely to the body, I pull gently and steadily directly downwards, and, with my left hand on the axilla, the bone slips easily and quickly into place. Now in this dislocation the head of the bone lies under and in contact with the neck of the scapula, and if by any means you can depress the head of the bone to the extent of one-eighth of an inch, or even less, there is nothing to prevent your gliding the bone easily into place, and that, too, without injuring any of the joint structures."

NOTICES TO CORRESPONDENTS.

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

All communications intended for insertion, must bear the name and address of the writer; not necessarily for publication, but as a voucher of good faith.

Rejected MS. will always be returned, if a request be received from the author, within one week after the article or letter has been declined.

SUBSCRIPTIONS IN THE UNITED STATES.—A Correspondent has drawn our attention to the fact, that some of the houses in the United States are charging the enormous figure of 15 dollars per annum (more than £3) for supplying this Journal to different parts of the States. We beg, therefore, to state that we shall be happy to supply the same regularly post free per annum, if paid in advance, for considerably less than half this amount, viz., six and-a-half dollars (about £1 6s. 0d.), either direct from our offices in this country, or through our recognised agents in the United States.

To our SUBSCRIBERS.—It having been suggested to us that it would be a matter of great convenience to Subscribers visiting the metropolis to know where they can give instructions for their letters to be addressed previous to leaving home, we have pleasure in informing them that the Publisher has consented to take charge of letters addressed to his care, and that he will place a desk at the disposal of Subscribers whose names are upon our lists, for short correspondence, where such accommodation is desired.

THE FOOD REPORTS.—The next Series of Chemical and Physiological articles upon the important subject of Food, will be devoted to Meat Extracts, Australian and other imported Preserved Meats. We trust this Series will be as useful to our readers in determining the relative value of food substances, and provoke as much interest generally as those which have already appeared. We shall be fully prepared to give the results of our investigations in the course of two or three weeks.

A CASE OF REAL DISTRESS.—Since the publication of our last we have received 2s. 6d. from D. Ennis, and 10s. from R. P., Brecon, which we thankfully acknowledge. We would also take this opportunity of assuring those kind friends who contributed, that happily there is now no further need of funds.

ASSISTANT-SURGEON MACROBIN'S translation from Dr. Carl Ficher's Notes is in type, and will appear in an early number.

MILITARY MEDICAL EXAMINATIONS OF CANDIDATES FOR HER MAJESTY'S SERVICE.

To the Editor of the "Medical Press and Circular."

SIR,—I should be much obliged for an answer to the following question:—

Short Sight.—What constitutes short sight in a military point of view? How, and in what manner, a candidate is examined on this subject, so as to say he is, or is not, fit for the service? I observe in the examinations for Woolwich, extreme short sight is an objection. I should like to know how extreme short sight is tested, or to what point of print reading short sight is admitted.

Almost all German officers of note, particularly engineers, appear to wear glasses for short sight. Perhaps talent for artillery or engineering go with short-sighted persons. An answer to my question from some competent authority will oblige, yours truly,
A. SUBSCRIBER.
August 14, 1872.

[Perhaps some of our readers may be able to give the information asked for by "a Subscriber." We have heard that the test for short sight was the capability of the candidate to read the *Times* at ordinary reading distance, and perhaps it is as good as any other. The use of glasses by German officers may be as characteristic of short sight and genius in them as spectacles, long hair divided down the middle, and turned-down collars are supposed to be of talent in this country.—Ed.]

VACANCIES.

Anderson's University, Glasgow. Chairs of Natural Philosophy and Medical Jurisprudence. Applications to be sent in before the 28th inst. Gloucester Lunatic Asylum. Junior Assistant Medical Officer. Salary £80, with board.

Dover Hospital. House Surgeon. Salary £80, with residence. Uttoxeter Union. District Medical Officer. Salary £32 per annum. Burton Infirmary. House Surgeon. Salary £130. Huddersfield Infirmary. Assistant House Surgeon. Salary £40, with board.

Westminster Hospital. Resident Obstetric Assistant. Board, no salary.

Great Northern Hospital, London. House Surgeon, and a Junior Resident House Surgeon. Applications to be sent in before the 28th instant.

London Dispensary, Spitalfields. Physician. Honorary. Ladies' Medical College, London. Professorship in Midwifery. Stipend not less than £120. (See advt.) Sussex County Hospital. House Surgeon. Salary £80, with board. Liskeard Union, Cornwall. Medical Officer. Salary £85 per annum. Metropolitan Dispensary, Cripplegate. Physician. Honorary.

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

The Abuse of Alcohol. By T. P. Heald, M.D. London: J. and A. Churchill.

The Preservation of Health. By T. Inman, M.D. London: H. K. Lewis.

The Restoration of Health. By T. Inman, M.D. London: H. K. Lewis.

The London Hospital and Medical College.
Royal Ophthalmic Hospital Reports.
College of Physical Sciences, Newcastle-on-Tyne.
Repertoire de Médecine Dosimétrique. Guide de Médecine Dosimétrique. The Detroit Review of Medicine. Nature. El Pabello Médico. La France Médicale. Le Mouvement Médical. Le Bordeaux Médical. The Medical Examiner (Chicago). Canada Medical and Surgical Journal. La Presse Médicale Belge.

OPERATION DAYS AT THE LONDON HOSPITALS.

WEDNESDAY, August 21.

MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 2 P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 2 P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1½ P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
CANCER HOSPITAL.—Operations, 2 P.M.

THURSDAY, August 22.

ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPEDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

FRIDAY, August 23.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

SATURDAY, August 24.

HOSPITAL FOR WOMEN, Soho Square.—Operations, 9½ P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.

MONDAY, August 26.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. MARK'S HOSPITAL.—Operations, 2 P.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

TUESDAY, August 27.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPEDIC HOSPITAL.—Operations, 2 P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.

Deaths.

ANNINGSON.—On the 6th of July, J. Anningson, M.R.C.S.E., of Meldeerness Road, Hull, aged 69.
CARNICHAEL.—On the 6th of July, H. R. Carnichael, F.R.C.S.I., of Lower Pembroke Street, Dublin.
CRAIG.—On the 6th of July, Wm. Craig, L.F.F. and S. Glas., of Ayr.
RENTON.—On the 5th of July, James Renton, M.D., of Dalkeith.
SMITH.—On the 11th of July, at Alexander Square, Sir Andrew Smith, K.C.B., M.D., F.R.S., &c., in the 76th year of his age.
SKEY.—On the 15th of August, F. C. Skey, F.R.S., aged 73.

Advertisements.

MANCHESTER ROYAL SCHOOL OF MEDICINE,
Incorporated with the OWENS COLLEGE.
Director of Medical Studies GEORGE SOUTHAM, Esq.
LECTURERS.

Physiology—Mr. Wm. Sm'th.
Descriptive Anatomy—Mr. Lund.
Practical and Comparative Anatomy—Mr. Bradley.
Theoretical and Practical Chemistry—Mr. Stone.
Medicine—Dr. Roberts and Dr. Morgan.
Surgery—Mr. Southam.
Physiology and Pathology of the Eye—Mr. Hunt.
General Pathology—Dr. Simpson.
Midwifery—Dr. Thorburn.
Materia Medica—Mr. Somers.
Forensic Medicine—Mr. G. Morley Harrison.
Botany—Mr. Grindon.
Clinical Medicine—Physicians to the Royal Infirmary.
Clinical and Practical Surgery—Surgeons to the Royal Infirmary.
The WINTER SESSION will open on the 1st October, and attendance will be given daily from 12 to 2, at the Medical School, 10 Faulkner Street, up to the 14th October, for Registration.
Three Scholarships of the value respectively of £20, £15, and £10 are open Annually to the competition of perpetual Students; and Prizes for general proficiency, and Certificates of Honour for regular attendance and good conduct are awarded at the end of each Session.
A Composition fee of 40 guineas admits to the whole of the Lectures, and a further Composition fee of 40 guineas to the Hospital Practice of the Royal Infirmary.

Prospectuses may be obtained from the Registrar at the College, or the Vice-Registrar at the School.

J. G. GREENWOOD, Principal.
J. HOLME NICHOLSON, Registrar.

THE OWENS COLLEGE, MANCHESTER.—The next SESSION commences on the 7th OCTOBER.

Candidates for Admission must not be under fourteen years of age, and those under fifteen will be required to pass a preliminary examination in English, Arithmetic, and the Elements of Latin.

Prospectuses of the several departments of the Day Classes, the Evening Classes, and the Medical School, and of the Scholarships and Entrance Exhibitions tenable at the College will be sent on application.

J. G. GREENWOOD, Principal.
J. HOLME NICHOLSON, Registrar.

DISTRICT LUNATIC ASYLUM, IRELAND.

THE OFFICE OF RESIDENT MEDICAL SUPERIN-

TENDENT of the District Lunatic Asylum at Waterford being now vacant, Candidates for that office are requested to forward their Testimonials, with a statement of their peculiar qualifications for the appointment, to the Under Secretary, Dublin Castle, on or before MONDAY, the 26th instant, in order that the same may be submitted to His Excellency the Lord Lieutenant.

Applicants must be duly qualified to practice, both in Medicine and Surgery, and registered as such under the Medical Act of 1858.

Candidates are requested to specify their age.
The Candidate who may be selected for the office in question, will have to enter upon his duties forthwith.
Dublin Castle, 6th August, 1872.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 28, 1872.

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Original Communications.

ETHER *versus* CHLOROFORM.

ON THE USE OF ETHER AS AN ANÆSTHETIC IN SURGICAL OPERATIONS; AS A SAFER AND MORE EFFECTIVE AGENT THAN CHLOROFORM IN PRODUCING THE AVOIDANCE OF PAIN.

With a Description of an Inhaler, and the Mode of Administration.

By J. MORGAN, M.D., F.R.C.S.,

Professor of Surgical and Descriptive Anatomy Royal College of Surgeons, Dublin, Surgeon to Mercer's Hospital, &c.

(Continued from page 147.)

It has been stated that Etherization is more tedious than Chloroform in its action. I find this by no means the case. When the time occupied in gradually bringing a patient under the influence of Chloroform, and in proportioning the amount of the Chloroform inhalation to the varying conditions of the pulse and system, are both taken into account, I do not think there will be found much, if any difference in time, when the aggregate of cases is taken; but even if an additional few minutes were consumed (which I do not admit) the *safety* of Etherization will amply counterbalance any inconvenience on that score.

It is to be remembered, that with regard to this question of time, there is a diversity of opinion, and as I have already mentioned, practitioners of eminence and experience (a) assert, that, "anæsthesia may be induced by means of Ether as quickly as can safely be done by means of Chloroform." Much evidently would depend on the mode of administration; the aid given by the patient; and the purity of the Ether. I have seen instances where these conditions were attended to, and where Etherization was

more rapidly induced, even in *half* the time which had been occupied in the administration of Chloroform on previous occasions, to the same patients.

The solution of the question of time, appears to be in a great measure dependent on the amount of Ether vapour which is taken by the patient. In the directions given for Etherization it is stated, that some use the sponge or the cone of paper, and it is remarked "that enough air gains admission through the interstices of the (b) sponge moistened with Ether held over the mouth and nose." While others arrange the apparatus so as to prevent "the slightest admixture of air" (a) as does Professor Porta, of Pavia, "who stops the nostrils and uses a bladder closely fitted to the mouth" (b).

Dr. Smith, of New York, uses a large india-rubber ball, with an aperture cut for the face. The ball is lined with lint, which receives the Ether.

Dr. Lente uses a cone of paper, with a towel pinned inside, and so folded as to prevent any, "even the slightest admixture of air."

While, therefore, we find it stated that "the admission of air is comparatively of little consequence," that "enough air enters through the interstices of the sponge," and, again; that it is endeavoured "to prevent any, even the slightest admixture of air," evidently there is abundant proof of the *safety* of ether, and of the efficiency of its action. Some of the objections which have been urged against its use, of causing delay, sickness of stomach, headache, or spasm, are dependent on this very diversity of application, as it is found by those surgeons who exclude air that the results are satisfactory in the extreme.

We have here the key of the question. Ether vapour being considerably heavier than air, when applied by the sponge would flow away unseen from the mouth and nose, and much of it thus escape inhalation, while from being concentrated, and more efficiently applied by the other modes last described, it would act more satisfactorily and produce anæsthesia "as quickly as can safely be done by means of Chloroform." (b)

(a) Dr. Lente, Dr. Squibb, Dr. Godon.

(a) Dr. Lente.
(b) Asshust, p. 77.

The mode chiefly in use for the administration of Ether has been that mentioned in the latest and in the majority of the works on Surgery from America (a); by using "a thin and hollow sponge, which is large enough to cover the mouth and nose, and which is first wrung out of warm water, and saturated with Ether poured on in quantities of not less than half a fluid ounce; this is laid on, and a cone of pasteboard or light wood superimposed. The first few inhalations should be made when the sponge is a little distance from the face; but as soon as the anæsthetic influence has begun, the sponge may be more closely applied, and need not be removed except when necessary to apply more ether. Of course if, as will sometimes happen, the patient be seized with a fit of coughing, or, from having eaten a meal immediately before the operation, he should begin to reject from the stomach, the sponge must be withdrawn until tranquility is restored. *If the patient breathe freely he cannot be too rapidly Etherized, and there is no danger as in the case of Chloroform from the vapour being too concentrated.* Enough air is drawn through the interstices of the sponge and the perforation of the cone to obviate any risk from this cause, and rapid Etherization is much less apt to cause pulmonary congestion than slow inhalation of the vapour, prolonged through considerable time."

Such are the general directions given by a surgeon who avows that he prefers Ether.

I select, in contrast, the directions of a surgeon (Dr. Gross), who prefers Chloroform. He observes as follows:—

ETHER.

During the process of Etherization the patient may sit up with impunity or be recumbent as may suit the convenience of the operator, no injury resulting from even a protracted maintenance of the erect position.

The admission of air is comparatively of little consequence.

The inhalation should be commenced with not less than half an ounce, and diligently maintained till full anæsthetic influence is produced, which usually requires a considerably longer period.

No special attention need be paid, as the fluid possesses none of the poisonous (!) properties of Chloroform.

EFFECT.

At first a short cough is usually provoked. This soon sub-

CHLOROFORM.

During the process of Chloroformization the patient must lie down, and not only so, but the head and shoulders should be depressed, owing to the greater difficulty of maintaining the circulation of the brain through the influence of the heart's action.

The importance of having an abundance of air during the inhalation of an article so potent as Chloroform is self-evident; it is absolutely essential to the safety of the patient.

The inhalation should be gradually, and not hurriedly, effected, time being allowed to allow the accommodation of the system to its influence, avoiding the shock which might otherwise result to the heart and brain. From six to eight minutes should be spent in producing its full effect.

The assistant having the charge of the process must give it his earnest and undivided care; and as soon as the inhalation has been fairly entered upon, one of the attendants should sedulously watch the state of the pulse, the respiration, and the countenance.

EFFECT.

This may be divided into two stages:—1st. That of ex-

sides, and the system gradually lapses into a calm, quiet condition, attended with muscular relaxation, closure of the eyelids, and mental unconsciousness followed in many cases by stertorous breathing.

citement, when the patient struggles and cries. The eye has a wild, staring expression, the face is flushed, and pulse preternaturally quick. This varies much in degree and duration. The second stage then ensues, and the individual gradually lapses into unconsciousness. Feeling and intellect are suspended, and if this state be carried further, coma will ensue, and the appearance be apoplectic. As yet all is safe; but a few more whiffs, and an important link in the chain of life may give way, and the patient be sent into eternity.

The writer lays considerable stress on the importance of using caution, and good Chloroform, and ascribes the good luck he has so far had in his practice (though he gives one instance of a narrow escape, where artificial respiration was necessary) to the careful observance of these conditions.

On contrasting the comparative merits of the two anæsthetics as described by him, "good luck" is not indeed an exaggerated term when applied to the use of an agent so fraught with danger, and when we find such a suggestive expression used by a writer of eminence, it cannot be questioned that Chloroform, with its signal dangers, has claims far inferior to Ether as a pain-destroyer, and that such a resolution as was adopted by the Massachusetts Hospital—"that the exclusive use of Ether should be an absolute law of the Institution" (a)—was most advantageous for the patients.

MODE OF ADMINISTRATION.

Having referred to the diversity of opinion as to admission and non-admission of air during the process of Etherization, I may state that I adhere to the general correctness of the latter view, and cannot adduce better evidence than the following practical illustration:—

I etherized a medical man, aged about 24, as intelligent and fine as Chloroform is self-evident; it is absolutely essential to the safety of the patient. The inhalation should be gradually, and not hurriedly, effected, time being allowed to allow the accommodation of the system to its influence, avoiding the shock which might otherwise result to the heart and brain. From six to eight minutes should be spent in producing its full effect. The assistant having the charge of the process must give it his earnest and undivided care; and as soon as the inhalation has been fairly entered upon, one of the attendants should sedulously watch the state of the pulse, the respiration, and the countenance.

In this muscular young man there was not the slightest spasm, or any unpleasant symptom; there was not the slightest irritability of stomach, and within one hour afterwards he enjoyed a capital dinner. His description from personal observation includes the general rules to be observed—of avoiding irritation at the very commencement, and of then pressing on the influence, to the exclusion of air in a great measure; when this is done there is little apprehension of spasm, or sickness, or of delay.

In conducting Etherization the following points should be attended to:—

The patient should not have eaten any meal within three to four hours. A glass of wine, or a cup of tea

(a) Neligan's "Medecines." By MacNamara.

NOTE.—August 9.—I operated on four patients to-day—one was etherized, had two tumours of the leg excised, and was in bed again within ten minutes; another was etherized and had a tumour removed in eight minutes; two others underwent the process in about from six to eight minutes—nothing could possibly have been more satisfactory.

(a) Ashurst.

may perhaps be allowed within two hours of the Etherization, unless in cases where stimulants are urgently necessary. If this simple rule be attended to, the instances will be indeed very exceptional, in which sickness of stomach will occur. In eye operations, it is needless to remark, exact precautions should be taken.

The patient must be freed from any tight clothing, and from stays or strings which might in any way impede full respiration. The recumbent position is best suited, with the head fairly raised on a pillow; lying on the *side* I find better than on the back, but it is a matter of no very great importance; patients can also be etherized equally well when sitting, but the relaxation of the muscles supporting the head and body leads to inconveniences, and the recumbent position is certainly preferable in all cases.

The inhaler is then charged with from $1\frac{1}{2}$ to 2 ozs. of pure anhydrous sulphuric ether (*a*), which should be poured in slowly. The mouth-piece is then applied gently over the mouth and nose. The patient may hold it and keep it applied for the first few minutes; this lessens any nervousness about its use, and the mouthpiece can be taken away at pleasure so as to moderate the inhalation and accustom the throat to the vapour. The patient should be directed to cough or blow out, and as each such action is followed by a full inspiration; such effort aids the breathing in of the vapour very materially, and I am convinced the more freely and fully the Etherization is pressed till insensibility is attained, the better for the patient. After two or three minutes any irritation will be passed, and the breathing will be carried on regularly. The mouth-piece may be then taken charge of by the administrator, and the patient's hands laid down, the breathing will gradually become full, and the stage of insensibility steadily and equably ensue. This may be pushed, even till stertorous breathing ensues, which need cause no alarm, but as perfect insensibility is attained without it, it is not necessary further to overwhelm the patient.

The administrator will now suit himself to the circumstances of the case: the patient's condition is altogether in his hands, should there be signs of the ethereal influence passing off, he can pour in a little more, and should the contrary appearances arise, he can, by opening the funnel, allow air to be more or less freely admitted into the inhaler, or he can withdraw the mouthpiece temporarily.

The mouthpiece being usually made of elastic tubing should be pressed firmly on the face, or be slightly moulded to the nose if required, it is well after the few first inhalations, to apply it equably and closely, thus Etherization will be attained more rapidly and satisfactorily.

It is best to preserve silence, and not encourage the patient to speak.

If attention be directed to the flexible diaphragm of the inhaler, its motion serves as an index, and an estimate can be always formed as to the condition of the respiration, and how far the patient from timidity or otherwise, is not fully respiring, or the administrator is imperfectly applying the mouthpiece and allowing the escape of the vapour.

Should it so happen that the stomach be sick, and any food have been recently taken, the head should be turned on the side, and the chin slightly depressed, to favour the expulsion of the food.

The ascertained ratio of only one accident been known to occur in 23,204 cases of Ether inhalations, puts the probability of any complication beyond notice.

The operation over, the patient may be allowed to recover gradually, and if the face be sponged with cold water, and the patient soothed when emerging from the influence it will be best.

The time occupied in producing insensibility by the Inhaler varies a little, and some patients seem to resist somewhat more than others. I have seen very many thoroughly insensible in four minutes—others in five; but if eight minutes be taken as an average, it will be found that few cases indeed will exceed it, while the vast majority will fall short of it. *I refer to cases where the Inhaler is used*, as I have comparatively tested the cone and sponge with it, and find that not only is the time much longer, but the effects are far less satisfactory, both as to the temporary and after condition of the patient with the cone and sponge; or, in other words, where a free exposure to the vapour is not effected.

I must here remark that the convulsive stage produced by Chloroform inhalation is not seen where Etherisation is used by the Inhaler, save in *very* rare instances; nor is sickness of stomach usual, if the simple precaution be taken of not allowing any meal to be given within a few hours of the operation. Indeed, the result of Etherisation cannot be better expressed than by the quotation I have given above from a writer who advocates chloroform:—

"The system gradually lapses into a calm, quiet condition, attended with muscular relaxation, closure of the eyelids, and mental unconsciousness."

When, in addition to these perfect results, it is remembered that it is proved by the hard logic of statistics that *Ether is the safest of all anaesthetics, and eight times more so than Chloroform*, I can hardly conceive that anything further is required to prove its superiority to all other agents.

THE ETHER INHALER.

is constructed so as to collect the Ether vapour rapidly, and have it inhaled through the flexible tubing, which, with the mouth-piece, suits any position of the patient.

The respiration is allowed to be carried on freely by means of an india-rubber diaphragm at the top of the instrument, which, by corresponding with each respiration, is self-accommodating. The internal arrangement is such that ample provision is made for the collection of the Ether vapour.

When about being used, pour in *gradually* two fluid ounces of anhydrous sulphuric ether, if for an adult, but proportionably less for a child or female, and apply the mouthpiece to include the mouth and nose. Should the patient not yield in four or five minutes, pour in another two ounces gradually—more will seldom be required, except during some very prolonged operative procedure. It is desirable to keep the inhaler in the erect position as much as possible.

I am persuaded that any practitioner who employs Ether in the manner I have described will be completely satisfied with the results.

He will also be freed from the incubus of the

DANGERS OF CHLOROFORM.

He can conscientiously advocate with his patient the employment of an agent which has been proved to be, though hitherto used in an imperfect manner, the

SAFEST OF ALL ANÆSTHETICS.

He will avoid responsibility and the qualms of conscience which, in case of a fatal issue from using the more dangerous remedy, Chloroform, must result to him, indicated in the truthful and touching remark of a practical surgeon when relating the fatal effects and dangers of Chloroform which he himself witnessed:—

"The use of Chloroform is a serious business, involving as it does the issues of life and death—how serious few can realise, except those who have seen one or more fatal cases;" and "witness that sad sight when a person lies dead before them, who but a few minutes before was in full possession of life and strength (*a*)."

(a) That prepared from methylated spirit, of 720 Sp. g., answers well.

(a) Mr. Greene, *British Medical Journal*, 1872.

Special Report

ON

DISEASES OF THE THROAT.

Edited for the "MEDICAL PRESS AND CIRCULAR."

By PROSSER JAMES, M.D., M.R.C.P.,

Physician to the Hospital for Diseases of the Throat and to the North London Consumption Hospital; Lecturer on Materia Medica and Therapeutics at the London Hospital.

II.

The Practice of Laryngoscopy. Position of Patient and Physician. Warming and Introduction of the Mirror. Control of the Tongue—by Tongue Depressors, by holding. Cautions and Directions.

INSTEAD of a lens a glass globe, filled with water, may be placed before the lamp. Türk appears to have been the first to try this mode of illumination, which is still constantly used by Störck, one of the most able teachers of laryngoscopy. As a support, Türk used a single rod, so bent as to cause the centre of gravity of the globe to fall about the middle of the heavy foot. Störck suspends others.

Dr. T. J. Walker, of Peterborough, improved this apparatus by suspending the globe from a cross-bar, which is supported by two upright metal rods. Moreover, he added to it a small plane mirror, thus enabling the operator to examine his own larynx, and at the same time show it to the globe from the top of the frame by a screw, which enables him easily to alter its height.

FIG. 9.



These instruments are all more or less adapted for demonstration. Dr. Smyly, of Dublin, has devised for this purpose a very simple and ingenious method. He uses a perforated reflector supported by a forehead-band, to which is fixed a square plane mirror. The reflector is fixed as usual before either eye, and the square mirror into which the pupil looks, covers the other, as is very well seen in the above engraving.

To obtain a view of the interior of the larynx the operator, seated in front of the patient, has only to place in the fauces the warmed laryngoscope and direct a stream of light upon it. The most convenient position is for the patient to sit upright with the head leaning very slightly backwards. The distance of the physician from the patient should be such that the reflector brings the light to a focus, about the base of the uvula. With the ordinary sized reflector this will be from thirteen to fifteen inches. The lamp may be on either side of the patient according as the reflector is before the left or right eye of the observer. The flame should be about the level of the patient's eyes. The exact position of the lamp is a point of detail that is of little moment; for the observer soon learns so to place it as to receive the light on his reflector from which he can throw it in any direction. The light being thus under control, the patient opens the mouth as widely as possible; the rays are brought to a focus in the fauces; the laryngeal mirror is warmed, and at once so placed as to gently press the uvula backwards and upwards. The position of the parties is clearly shown in this engraving, which represents the simplest method of laryngos-

FIG. 10.



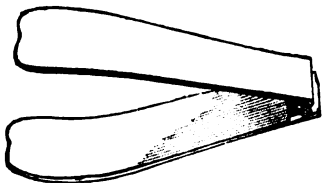
copy by reflected artificial light, and has been accurately copied from a photograph taken for me several years ago. It will be observed that no mode of controlling the tongue is here employed. Some patients, like the one from whom the photograph was taken, can completely display the fauces, holding the tongue well down all the time. In others, however, and they are the majority, the tongue involuntarily arches itself, and renders it impossible to see the fauces. To meet this inconvenience tongue depressors of various shapes were first of all employed. Those resembling a paper knife are the most simple (Fig. 11), but

FIG. 11.



like the double folding one (Fig. 12), they are unsatisfactory both for laryngoscopy and other purposes.

FIG. 12.



Before the discovery of the laryngoscope I had constructed an oval-bladed depressor, which holds the tongue firmly. The blades were of two sizes, and screwed into an ebony handle. The instrument is therefore portable. Türk's depressor is stronger, and for operative procedures more complete, but it is less portable. The patient can easily hold it in position himself. Voltolini's is also an excellent instrument.

My tongue depressor is the most convenient instrument for rhinoscopy, as the examination of the posterior nares by means of the faucial mirror is called.

For ordinary laryngoscopy the best plan is to direct the patient to put out his tongue, and for the operator to hold it gently but firmly with the thumb and forefinger covered with a small napkin. This prevents it from slipping, and a clean one can be used for every patient. It is not necessary to drag upon the organ, and the finger should be kept just above the level of the teeth to prevent their injuring its under surface.

It is absolutely necessary to warm the laryngeal mirror, or the moisture of the breath will at once condense upon it and obscure the view. It may easily be held for a few seconds over the chimney of the lamp.

When direct light is used a small spirit-lamp in any convenient position will serve the same purpose. The temperature is to be invariably tried on the back of the operator's hand, or on his face, for if it be so hot as to burn the patient he will naturally lose confidence in the physician, and perhaps decline a second attempt. In holding the mirror over the lamp a film of moisture momentarily condenses upon it, and at once clears off. It is then warm enough, but may be too hot. Hence the necessity for the precaution named.

The mirror, when warm, should be carried boldly forwards into the fauces, particular care being taken not to touch the tongue, as that will be likely to excite retching. The posterior surface of the mirror should push the uvula *without hesitation* somewhat backwards and upwards. There is no fear that this will cause irritation, while a trembling, hesitating way of holding it only produces an unbearable tickling. I have known many beginners utterly fail from tremulousness. The throat is far more tolerant of the contact of instruments thus suddenly pressing against it, than of the vibrations of a body held *steadily*. Of course force is not needed, but some degree of pressure is less intolerable than tickling.

To be continued.

Transactions of Societies.

DUBLIN OBSTETRICAL SOCIETY.

THE Society met at the King and Queen's College of Physicians, when the chair was occupied by the President, Dr. KIDD.

A resolution, expressing the great regret of the Society on the death of Dr. Beatty, was proposed by Dr. McClintock; seconded by Dr. Denham, and unanimously adopted.

Dr. KIDD having left the chair, and Dr. Byrne, Vice-President, having taken it, Dr. Kidd read a communication

ON FIBROUS TUMOURS OF THE UTERUS,

of which the following is an abstract:—

He remarked that in the books fibrous tumours are spoken of as of three classes. We have fibrous tumours found on the outer surface of the uterus, or sub-peritoneal tumours. We have them found in the substance of the uterus, or intramural tumours, and we have them found in the interior of the uterus, or intra-uterine tumours. The sub-peritoneal tumours are, as we know, the largest, and are very frequently numerous. There are cases recorded of tumours of this kind 70lbs. in weight. The chief importance of sub-peritoneal tumours arises from their size and their position. The remark has been made by Cruveilhier that the sub-peritoneal tumour is not accompanied by hæmorrhage; but a doubt has been thrown upon the absolute correctness of this statement. I now lay before you a uterus having on its outer surface a very small specimen of a sub-peritoneal tumour, not larger than a large-sized filbert; but there is a soft mucous polypus growing from the inner surface, at the fundus, and projecting into the cavity of the uterus, and there is also at the os-internum a number of cystic polypi. It was a case where we had a sub-peritoneal tumour combined with intra-uterine polypi, in which the fibrous tumour might have been recognized during life and the polypi have remained undetected. I can very well imagine that in such a case as this you might have a sub-peritoneal tumour complicated with hæmorrhage due to the polypus and not to the tumour. This, then, would afford a satisfactory explanation for the occurrence of hæmorrhage in connexion with sub-peritoneal tumours. I could not obtain any history of the uterine symptoms during life. The chief importance, however, of these sub-peritoneal tumours is from the mechanical inconvenience they cause. I have notes of a very remarkable tumour of this kind that I had the opportunity of observing from the beginning to the end. It was the case of an unmarried lady who consulted me for a tumour. It was then about the size of a goose's egg. A second tumour developed itself as I watched the progress of the case.

On examination, in 1859, I found a tumour of stony hardness; and on passing a sound into the uterus, I found this organ of the normal length and, as I have already mentioned, pushed upwards and forwards. The tumour behind the uterus increased in size so much, that there was a difficulty in getting the bowels to act, and at each menstrual period there was great pain in the tumour, and she suffered from great sickness of stomach. At no time was there uterine hæmorrhage.

In 1861, Dr. Churchill saw this lady. The whole of the upper part of the pelvis was occupied by the large hard solid mass, so tightly wedged into the pelvis as to be quite immovable; and the tumour rose in the abdomen to midway between the umbilicus and xiphoid cartilage. The constipated bowels and difficulty of defæcation continued. But the greatest source of complaint now was excessive pain along the course of the great sciatic nerve of the right side. Dr. Churchill suggested the use of an air-pessary strongly inflated, to bear the pressure of the tumour off the sacral plexus of nerves, and to gradually raise the tumour off the rectum. This was used for some months, and afforded considerable relief. The lady now went to the County Wexford, and was under the care of Dr. Isdell, who wrote to me that she had a fibrous tumour so completely blocking up the pelvis, that he thought defæcation would soon be impossible.

This is a very marked example of the mechanical inconvenience arising from this class of tumours. The pain in

the sciatic nerve was intense, and it was something frightful to witness her agony arising from it.

At the end of 1863, menstruation now ceased, and the abdomen gradually diminished in size; the pain and sickness of the stomach ceased; and the abdominal tumour disappeared without its going being in any way noticed, except from the diminution of size, which was so gradual, as to be only known by the result, and not by the process. The general health was greatly improved.

On 26th of June, 1867, I could not detect any tumour in the abdomen. On passing my finger into the vagina, I found a firm round tumour in Douglas' space. The uterus was easily felt, pushed a little forwards by the tumour, but nearly in its normal position.

This was one of the most remarkable cases I have ever known of the disappearance of a fibrous tumour.

The pressure here was upon the rectum and the sacral plexus of nerves, and the pessary afforded the patient great relief. In other instances the pressure is upon the urethra and upon the neck of the bladder.

The following case is an example of this:—A. D., an unmarried woman between forty and fifty years of age. During the last fourteen months had frequently suffered from retention of urine, and was obliged to have a catheter passed. On examination, a fibrous tumour was found growing from the posterior wall of the uterus, lying in the concavity of the sacrum, and forcing the uterus against the neck of the bladder. The tumour was fixed in this position. I tried unsuccessfully first to move it with my hand by placing my finger in the vagina and pressing it up. I then placed one of Barnes' India-rubber bags in the rectum and forced water into it by means of a syringe. As I forced the water into the bag it gradually lifted the tumour out of the pelvis, got it above the brim, and allowed the neck of the uterus to come down into its normal position. I then removed the bag, and placed in the vagina one of Hodge's pessaries. The woman complained, next day, that she had a tumour in the abdomen, which she had not had before. I have seen this woman frequently. The tumour is still in the abdomen, had not returned into the pelvis, and she never had any further difficulty in passing water.

Cases of this kind illustrate a remarkable circumstance—that the inconvenience arising from them, although mechanical, is intermittent. This woman suffered from retention of urine, but by means of baths she got relief, except on five occasions when the catheter had to be used. I think it is a remark of Dr. Charles Johnson, that a permanent obstruction of the rectum has never been recorded as arising from the pressure of a fibrous tumour, but you may have at intervals serious obstruction in the rectum. I think these tumours often become increased at the menstrual period. The first case, where pain in the sciatic nerve was always aggravated at the menstrual period, is a case of that kind. Another circumstance influencing them is the condition of the bowels. These tumours are also liable to become œdematous by being in some degree infiltrated with serum.

The increase of pressure by flatulent distention of the bowels was very forcibly brought under my observation in a case I saw with Dr. Gordon and the late Dr. Beatty. It was not, however, I believe, a fibrous tumour. The case was that of a lady who had been under Dr. Gordon's observation for a tumour occupying the left and lower part of the abdomen. In some way the bowels became obstructed, and she was for a very considerable period unable to pass anything from them. The abdomen became enormously distended, and we had all the symptoms of intestinal obstruction. We felt that if we once made an incision into the abdomen, and the intestines escaped, we never should be able to get them back again, so great was their flatulent distention. After trying many means to obtain relief, we passed a fine trocar into the transverse arch of the colon. A great escape of gas took place. The candle having been brought near, the gas took fire, and a blue flame was formed two or three inches in length. The next day the bowels acted freely, and continued to act for some time, until she gradually sank and died from other causes. It shows that flatulent distention of the bowels may cause a tumour to press on neighbouring organs.

The next point to which I desire to call your attention is the disappearance of fibrous tumours. In the case of the sub-peritoneal tumour that I have related, I believe the tumour disappeared by absorption. There was no escape of anything that could account for its disappearance.

Another change these tumours undergo is that of calcification, especially after menstruation has ceased. Reasoning on this, the use of chloride of calcium was suggested, and Dr. M'Clintock speaks highly of it. I do not know that I can give you an absolute proof of the diminution of tumours from the use of chloride of calcium, but the patients express themselves very much relieved by the use of it.

The next class of tumours are the intra-mural tumours. I have not much experience of my own to record with regard to intra-mural tumours. In my experience they are the least amenable to treatment, while they are the most serious, perhaps, to the patient. They cause sometimes great hæmorrhage. I had a case of intra-mural tumour, where I had an opportunity of dissecting the patient, and yet there was no history of hæmorrhage, even though the cavity of the uterus was much enlarged. In other cases not nearly of that size, the hæmorrhage was excessive. I believe the difference is owing to this—when the tumour is near the mucous surface, and presses on it, you have hæmorrhage; when it is in the substance of the wall of the uterus, and grows towards the outer surface, there will probably be no hæmorrhage. Many methods have been suggested for the treatment of these cases—incision into the capsule of the tumour, gouging, incision of the neck of the uterus, &c.

I have never seen a case where it seemed desirable to adopt these methods of treatment; and, indeed, they seem more likely to be useful in cases of intra-uterine tumours, which we now know can be removed. The injection of perchloride of iron has also been used to check hæmorrhage. That, in my experience, is the least useful and the most dangerous treatment. The last case in which I tried it proved fatal. The woman got a low form of metritis and died. Nitric acid does not produce nearly the same amount of irritation, and is more beneficial. The palliative treatment is of great importance in these cases, and the best form of it is plugging.

It has become the fashion of late to plug with cotton, and I have fallen into the way with others. It is a peculiarity of cotton, that as you wet it, it becomes contracted and occupies a smaller space than it did at first. When placed in the vagina it becomes wet with blood, contracts greatly, and leaves the vagina free enough to allow a discharge of blood. Sponge is the reverse of cotton; it expands when wet, and fills the vagina more completely. When the cotton plug is wet the blood will trickle past it; whereas the blood get into the interstices of the sponge and coagulates, and the hæmorrhage is arrested. There is one way in which cotton can be rendered more efficient, and that is by saturating the first portion introduced with perchloride of iron; this produces coagulation, and the bleeding is checked. And a more efficient method, when it can be managed, is to plug the os-uteri itself with a piece of prepared sponge.

Intra-uterine tumours may grow from any part of the uterus, but I never met with one growing in the canal of the cervix. They grow, in my experience, chiefly from the cavity or body of the uterus. My present experience of these tumours, where you have one side of the uterus bulged out, is that the pedicle of the tumour is attached opposite to the bulging part of the uterus. I have seen a number of these cases. So frequently have I met with this circumstance, that the tumour bulges out the wall of the uterus opposite to where it is attached, that I have ventured to predict where the attachment of the tumour would be found, and I have been, up to the present, invariably right.

The tumour I next exhibit was the first large-sized one I ever removed. In my operations for small tumours and polypi, I was in the habit of using for an écraseur a soft iron wire, and I thought there were advantages in using it. I attempted to remove this tumour with a soft iron wire and failed completely. My patient waited a few weeks, I tried again, and succeeded at the first effort in removing the tumour. I succeeded because I used a steel wire, a piece of piano string, in fact, which answered the purpose admirably. The long neck of the uterus is dilated with sea-tangle until the finger can go up, and the tumour is caught and fixed by a vulsellum. The soft wire when passed up assumes the shape of the canal of the cervix, and it is difficult to expand it again so as to get it round a large tumour. By using a steel wire you can compress it to get it through the narrow os, and when you get it up it expands by its own elasticity, and you can slip it over the tumour

with ease. The next large tumour I attempted to remove grew from the fundus of the uterus. So deterred was I by the difficulty I had experienced in using the soft wire. Turning it over in my mind, Dr. Barnes' suggestion to use steel wire for dividing the foetal head in certain cases of difficult labour occurred to me, and I determined to try it, and with it I succeeded in snaring the tumour and taking it away at the first attempt. She had been nearly dead when she came into hospital. In fact, she had been taken out of her bed and laid on the floor "to die easy," according to the superstition of the country, when Dr. Clarke, of Bailieboro', who was passing by, went into the house, plugged the vagina, and checked the hæmorrhage, and then had her sent to me. She is now perfectly recovered.

There is only one other point as to these intra-uterine tumours which I wish to speak of. Sometimes they are removed by nature. In one of these cases I found signs of a considerable tumour in the interior of the uterus, and I made arrangements for the removal of it. An appointment was made for the operation, and some friends were requested to join me. I happened to have a very fatiguing case the night before, and begged to be allowed to postpone the operation. It was accordingly put off. That night the lady had a rigor. The next morning her pulse was 150, and she was in high fever; and she remained in this state for a fortnight, and at its termination this mass was expelled. There was no return of hæmorrhage, and she went home to the country comparatively well, and the uterus greatly reduced in size.

The Vice-President, Dr. BRYNE, said: He had never witnessed a case where a tumour was expelled by natural processes alone; but he had come across cases in the dissecting room where these intra-uterine tumours had undergone calcareous degeneration, and in which, if the patient had lived longer, the tumour would probably have been expelled. There was one great cause for satisfaction in respect to these tumours, that except they assumed the form of polypi, when the menopause occurred, the hæmorrhage caused by the tumour ceased. He had under his observation the case of a lady who was blanched with hæmorrhage, produced by a large fibrous tumour. She was several times on the point of death, but when the menopause came the hæmorrhage ceased.

Dr. DENHAM: He remembered a patient who was in the habit of coming to the Rotundo Hospital. She had a large fibrous tumour in the anterior wall of the uterus, and she came to the hospital suffering from retention of urine. They always drew off a quantity of healthy urine, and every month or six weeks the operation would have to be repeated; but why the retention came on at any particular period they could not tell. He believed she was still in the habit of going to the hospital, and the tumour was progressing slowly in its growth. There was one form of danger from these tumours in the substance of the uterus which had not been alluded to—the possibility of a woman thus affected proving pregnant. He remembered a lamentable case of that kind. A large, stout, healthy woman, 30 years of age, proved pregnant. Unfortunately for her there were several of these tumours imbedded in the body of the uterus. She had a tolerably healthy labour, and the child lived, but she died from flooding, it being impossible to produce contraction of the uterus.

He quite agreed with Dr. Kidd as to the inefficiency of plugging. He had very little faith in it. He thought they could not plug the os better than by putting in some pieces of sea-tangle, and applying nitric acid to the tumour itself. Spontaneous separation of the tumours was a process they could not wait for. It was an event of such rare occurrence that no sane man would wait for spontaneous cure when his patient was suffering from repeated hæmorrhage. He had not the apprehensions Dr. Kidd entertained as to the preparations of iron.

Dr. ATHILL bore testimony in favour of the steel wire, the use of which had been introduced into Dublin by Dr. Kidd. He considered it superior to any other material for performing *érasement* they could possibly use in these cases. With regard to the point of attachment of these tumours he was not quite sure that he could accept the proposition that a tumour bulged out of the portion of the uterus opposite its apex, instead of the portion corresponding to its attachment.

• He was not altogether in accordance with Dr. Kidd in re-

spect to plugging. No doubt the most efficient way was to plug the os-uteri by means of sponge tents, but that was difficult to do when the woman was bleeding rapidly. He preferred the cotton, and he had found it tolerably effective. He first introduced a piece of cotton saturated with perchloride of iron and glycerine, next, a piece saturated with pure glycerine, and next pieces that had not been saturated at all. When cotton did not succeed it was often because it was not properly employed. His objection to the sponge was threefold. First, the difficulty of introduction. The next objection he had was the horrible stench it caused. His third objection was the expense. With respect to the internal application of nitrate of silver, nitric acid, and perchloride of iron, he agreed with Dr. Kidd. The only severe case of pelvic cellulitis he had ever seen was brought on by perchloride of iron.

With respect to the effects of pregnancy and menstruation on these tumours, it was a matter of great importance. A woman, known to have a fibrous tumour, who was about to get married, consulted him as to the propriety of doing so. He gave a strong opinion against the advisability of that course. It was clearly proved these tumours enlarged much during pregnancy, and gave rise to very grave symptoms, endangering the patient's life.

Dr. KIDD said he might, had time permitted, have ventured to adduce some cases of fibrous tumours complicating pregnancy. He had seen two women die soon after labour from the effects of sloughing and disintegration of fibrous tumours in the uterus. He remembered another case. The students who attended her thought she had twins, and after waiting for some time for the second child, sent for him. To clear up the doubt that existed, he introduced his hand, and found a large fibrous tumour in the fundus of the uterus. He went back to see the woman occasionally, and on the fourth day he saw her up, and washing clothes. Two months afterwards the uterus had gone back to its normal size. He had three times attended a lady who had a large mass of sub-peritoneal fibrous tumours, they lay high up in the abdomen, and never affected her labours, and he had, during a previous session, brought before them a case where a large tumour completely blocked up the brim of the pelvis and prevented the entrance of the head. In that case he succeeded in putting the tumour up into the abdomen by using one of Barnes' bags in the method he had alluded to in his communication.

BRITISH MEDICAL ASSOCIATION.

ADDRESS IN SURGERY.

BY

OLIVER PEMBERTON, Esq.,

Surgeon to the General Hospital, and Professor of Surgery in Queen's College, Birmingham; Foreign Corresponding Member of the Society of Surgery of Paris; etc.

(Continued from page 152.)

Up to the early part of the year 1868, I had invariably performed the lateral operation of lithotomy in all cases and at all ages, and had encountered that good and ill luck that always, sooner or later, disturbs the statistics of the most successful or the most unfortunate of operators who take all that come before them. I had reached my sixtieth case. Of this number, thirty-five were under twenty years, and but one had died from the operation—a child of four, a complicated case, with stone both in bladder and urethra. Of the remaining twenty-five, four had died at 79, 59, 56, and 53. Surgically, there was nothing to be regretted concerning these, save their deaths; for about them all were conditions favouring a bad rather than a good ending—conditions that happen with stone, at all times, and to all people, and will happen again; so I need not touch on them further now.

In all this I had used the single knife and the laterally grooved staff, and I did not think then I should use any other instruments as long as I continued to operate. But what happened? I cut a boy of eleven, and extracted an ordinary-sized stone, without, apparently, complication of any kind. Hæmorrhage followed, of such severity that it was with difficulty controlled, and death from its immediate

effects took place within twenty-four hours of the operation. I could find nothing in the *post-mortem* examination to account for the bleeding. It is true he had but one kidney, but that had nothing to do with his death. It was then clear the cutting did it somewhere; and I naturally thought I should like, in the future, to extract such a stone as the one I then removed with less of the cutting in the dark, if possible. Accordingly, I turned to median lithotomy. Allaiton, who practised near here, had delivered a lecture on the subject of lithotomy simplified, in the Sydenham College, in 1854; and I was much struck by his arguments as to the capability of dilating the neck of the bladder without incision. I felt satisfied that, for bladders within reach of the finger, and for small stones, if not for all, there should be escape from the fear of uncontrollable hæmorrhage, though I had never tested his proceeding in the living subject. Since, I have had an experience of twenty-five cases. Of these, twenty have been of ages from two to twenty years, with not a single death. Of the five, of ages from forty-six to sixty, one died of peritonitis.

I perform the operation in the following way: I open the urethra, just behind the bulb, on a centrally grooved staff. Along this, I pass into the bladder a tapering probe-headed gorget, withdraw the staff, and, taking hold of the handle of the gorget, pass the finger gently along its groove into the bladder, letting it dilate as it goes, and so take the place of the receding guide.

Now, I know that many believe that this dilatation means laceration. It has, indeed, not very long since been described as "complete rupture and laceration" (Mr. Teevan: *Lancet*, vol. ii., 1870, p. 237), and as "unsurgical and dangerous." I answer this statement, which I venture to characterise as eminently reckless, by a positive contradiction as to fact.

I have cut enough cases by the ordinary lateral method, and am still cutting them, to know the difference between laceration and dilatation. I am quite satisfied that my finger passes into the bladder without laceration in the operation I have described. I feel the entrance gradually narrow itself into a mere ring, which encircles and equally grasps my finger on all sides. Through this ring pass the forceps; through this ring passes the stone, and any number of stones, or any fragments of stones; and there is no laceration, unless the stone be too large for the proceeding, or violence have been used.

I hold that it cannot be necessary to make incisions to the same extent to remove a body of the size of a pea, as we should make for one of the size of twenty peas; and, further, my conviction is that, whilst in all ordinary dangers, the median operation as compared with the lateral, is simply equal, in two it is immeasurably less. These are the dangers from hæmorrhage, and from prolonged recovery. The danger from hæmorrhage in the median operation can only arise from a central wound of the bulb. It is not unlikely to take place, and did occur to me once in the twenty cases, and was readily arrested; for it must be borne in mind that the source cannot be far away, and so happily cannot require the use of that most hateful of all appliances—a plug for the wound. As to recovery, the exception is to find any constitutional disturbance at all. The urine is retained and passed naturally. I would like to ask if any one ever knew a patient pass his urine naturally with a "lacerated" neck of bladder? and the wound is healed mostly within a fortnight.

I shall be prepared for it to be said of my advocacy of median lithotomy—"The statistics of your own cases are against you." My answer is, "Statistics are not everything." A case may end just as successfully one way as another, though the troubles on the journey differ widely, and no one will question that lateral lithotomy in children is eminently successful. But every operator who has sufficiently tried any given two methods of procedure, has a right to say which of the two he prefers; and therefore it is that I say, when I reflect on the anxiety that I endured in watching the threatenings of mischief in children cut by the lateral operation, I rejoice that I have cause for it no longer, notwithstanding the general good fortune that attended my practice with that method.

And now as to the cases where the median operation should not be selected. In any instances where the finger is not likely to reach the bladder, so that instrumental dilatation would be required, the lateral operation should be preferred. The reason I use my finger is because I have more control over it than over an instrument. I can regulate the one, not the other. I would sooner cut than lacerate at any time, and

I consider that the use of instrumental dilatation in this operation means laceration. You may use it, on and off, with impunity, but it is a most destructive instrument—reviving all the dangers of the discarded Marian. I attribute the peritonitis, which carried off my single fatal case, solely to the laceration of the neck of the bladder that of necessity followed its use. I repeat, the only dilator must be the finger, and so long as the neck of the bladder can be widened by this sufficiently to allow of the removal of a stone without laceration, I shall deem it a part of my duty to advocate the adoption of this form of median lithotomy.

I hope, however, my observations will not be misunderstood. I am second to none in admiring what Cheselden practised, and what Liston and Ferguson have brought to perfection—the lateral operation for stone. I have been surrounded during the whole of my professional life by teachers and colleagues who have had unusual opportunities for practice, and who have realised brilliant successes in this very operation; but, in my opinion, it is not most desirable operation to perform for all stones, at any age and under any circumstances, as some would have us believe.

I now desire to say something about stricture of the urethra. It is to me remarkable, but it is true, that the views entertained by the highest surgical authorities of the day, differ on no subject so widely as on the particular system they adopt and recommend in the treatment of stricture. Simple dilatation and rest, I am thankful to say, have had a great following, and, if I mistake not, will yet rise into higher position. The main quarrel is between the advocates of internal as opposed to external division. The late Professor Syme (*Stricture of the Urethra*, p. 21, 1855) thought he had effectually put an end to the use of those "dreadful engines," as he termed M. Reybard's instruments; but he was mistaken, for strictures of this day are both cut, split, and torn; and new engines for the purpose multiply, as if the great surgeon had never lived to speak of plunges in the dark with caustic, or of ripping open the urethra by internal section.

Stricture may fairly be defined to be a diminution of the normal diameter of any portion of the urethral canal; and as it must be admitted that the existence of any stricture, however slight, from whatever cause proceeding, and of whatever nature, may sooner or later give rise to serious consequences in the condition of either the bladder or kidneys, it is needful for the surgeon to discover it and cure it as soon as possible. But the real question is in reference to this word cure. Have we to deal with a simple stricture that has resulted from inflammation of the lining membrane of the urethral canal, or with a stricture, originally of this kind, which has been aggravated and increased in extent by ill-considered surgical proceedings?

For the first, there is a cure by simple dilatation. For the second, there properly is no cure. Once organic stricture, always organic stricture, is my belief. Whenever the lining membrane of the urethra has been injured, whether by accident, disease, or by bad surgery, the spot will contract and establish permanent stricture, and I do not believe that the materials constituting such cicatricial narrowing are ever absorbed.

If you endeavour to restore the normal calibre of the urethra under these conditions by ever so well considered a system of dilatation, my opinion is that the contraction will return sooner or later with increased vigour, the natural elasticity of the canal being gone; in other words, dilatation will not effect a cure, and never does effect a cure.

But dilatation, if it be well and properly carried out, will protect the patient against the occurrence of those diseases which, dependent on individual health and mode of life, arise either rapidly or slowly in all cases of stricture. The degree to which it is necessary to carry this may fairly allow of discussion; for I have ever before my mind the conviction that the very means made use of to effect the so-called cure, may become the certain cause of the continuance, and, in many cases, of the increase, of the malady.

I think it will be admitted that the tendency to narrowing in cases of stricture, differs very markedly in individuals. Some may show few signs of change during many years, others, especially those arising from the effects of laceration by direct violence, certainly, surely, and often rapidly increase. In all cases, treatment by dilatation is necessary; but I doubt myself whether it is needful always to endeavour to restore the standard of the canal to the utmost of its original extent. I believe that there are many cases which admit of being maintained at a standard short of this, depending, however, on the facility with which the contraction yields, and its rate of increase sub-

sequently. And it must never be forgotten that when once this treatment by dilatation has been commenced—no matter how carefully or how thoroughly it may have been done—it will have to be continued, whether at the hands of the surgeon or of the patient, more or less during life.

For my own part, time being given, I do not believe that there is any stricture through which an instrument cannot be passed by a skilful surgeon. This being so, treatment by gradual dilatation follows; and in my judgment this should be by the silver catheter, as the safest, simplest, and most certain instrument in the greatest number of hands yet given to us, *bougie à boule* and *bougie olivaire* notwithstanding. If the induration be cartilaginous non-dilatable, or if there be fistula, the treatment by external division on a grooved staff should be adopted as speedily as possible.

Entering this view of the permanence of the changes established in the urethra by injury or disease, I am not very likely to favour any internal severance of the lining of the canal, whether by Mr. Holt's method of so-called "splitting," or by any form of internal cutting. I believe a wound is produced just as much in the one case as in the other. I regard these methods as artificially inducing the very conditions which I lament should result from almost unavoidable causes; and I further believe that a shut-up wound on the internal face of the lining of the urethra, is attended by dangers, from which an open wound on the outside face is comparatively free (a). I have had occasion to divide the urethra after Professor Syme's method in upwards of thirty cases. In one case only was there a fatal ending, and this from pyæmia. In no case was there a relapse, provided that an instrument was passed from time to time, the frequency of this being determined by individual tendency to re-contraction, once a month to once in three months being about the average; and by this means the calibre of the urethra was without difficulty maintained at its original standard. All the cases that I have seen, save one, have required this continued resort to dilatation, and will require it, in my judgment, more or less, during life. For there is no more a cure by this, than by dilatation or splitting. In the case that did not require it a fistula remained permanently in the perineum, letting through a little urine, the general stream flowing by the urethra, which at the end of twelve years shows no disposition to contract.

If the induration of the urethra, and narrowing, be of such an extent as to preclude the idea of dealing with it by external division, I prefer to tap the bladder by the rectum. I do not feel inclined, at present, to divide from the bulb to the meatus; and this literally must be the length of an incision in many of these long-standing cases, if the entire disease is to be dealt with.

There are numbers of these inveterate cases wholly unsuited to external division; but they are eminently calculated to be dealt with by a method which deviates the course of the urine to another channel, in order that rest may heal the fistulae, and absorb much of that adventitious material blocking up the natural urethra, which can then readily be found, and have a standard established almost without resort to dilatation.

I frankly say that I do not believe that either internal or external division of any urethra will cause the healing of fistulae in the groin, buttock, and perineum, where a man passes his urine, as it has been graphically described, like a watering pot. (See Discussion: Medical Society of London: *British Medical Journal*, November, 1870, p. 590.)

Surely, relief by the rectum will stand comparison with all the manoeuvres that have been suggested from the days of Hunter to Grainger, and from Grainger, who, by-the-by, belonged to us here, to Gouley and Wheelhouse. I cannot conceive why a patient is to sustain—sometimes for hours together—the distress belonging to hopeless attempts made to trace, in that stage of the disease, an impracticable canal, when the chief cause of the malady—the flow of urine—can be reached and diverted in a moment. Since Mr. Cock published his views (*Medico-Chirurgical Transactions*, vol. xxxv., p. 153), now just twenty years ago, I have had many opportunities of seeing the results of this proceeding.

I am able confidently to state that it is wholly free from danger. Indeed, I can scarcely conceive death following as a direct result of the operation. So little fear of the proceeding had one of my patients that he has been tapped at least six

times for the relief of fleeting attacks of retention, dependent on a rapidly distended bladder, unable to empty itself in the presence of long standing organic stricture. I have seen him almost within a day or two afterwards as if nothing had occurred. Further no fistula remains, for the opening in the rectum invariably closes after a few weeks.

I have left in the silver canula for three weeks, and have not found inconvenience from its presence; indeed, it appears to me that one of the greatest arguments in favour of its adoption exists in the fact of the position of the canula, which, whilst certainly securing the emptying of the bladder, is wholly removed from the urethra. I am strongly myself of opinion that many urinary cases terminate fatally from urethral irritation, set going and kept up by an instrument retained in the canal in its length.

Some persons are very tolerant of tied-in catheters, whilst others, dependent on a certain idiosyncrasy, cannot sustain with impunity the simple introduction of an instrument. I saw a case in a young man which all but ended fatally from epileptic convulsions, induced by a first catheter; whilst the single introduction of a lithotrite in a man of 77 to measure a large smooth stone that had been carried with impunity for years, set up such an attack of cystitis that death ensued. I was very much impressed by a case in which a man, suffering from complete paralysis from the bladder downwards, owing to concussion of the spine, had a silver catheter tied in his bladder. He appeared sinking fast, and the most profound irritation of the bladder was established. I directed the urine to be drawn off every eight hours, and he began from that moment to amend, and ultimately recovered. Here, doubtless, the true explanation lay not in idiosyncrasy, but in the fact of the existence of disease from the injury. You may leave an instrument in the bladder for years from the perineum, but you cannot do this with impunity and traverse the length of the urethra. Morbid sympathies become excited in connection with the urethra, which are not produced by the introduction of instruments into other mucous channels.

In what I have said, I have urged the adoption of tapping by the rectum, as affording assured relief to the most inveterate forms of stricture. And in considering the treatment of this disease, I have hitherto limited my observations to cases of stricture of the urethra *per se*, not to those complicated by retention of urine. I must equally urge it, however, as the remedy most reasonable for almost every form of retention. It is the absolute cure of spasmodic stricture; and if, in any given case arising from this cause, after one good effort has been made to obtain relief by ordinary means, there is no success, it should be carried into effect. If retention be present with an impermeable urethra from organic stricture, a double necessity supports its selection, whilst I have yet to learn that it is inadmissible in the retention of old people from enlarged prostate. I know that it can be accomplished in these cases, but of course not so readily as if the rectum had only its ordinary contents; and I am quite satisfied that far less irritation would be produced in the majority of these diseases, where death so often directly results from the effects of instrumental measures, by the presence, at the most depending part of the bladder, of a harmless tube, calculated to secure the removal of all urine secreted, and thus master that inevitable decomposition which is not overcome by any other method in use, for the simple reason that one and all fail to empty the bladder. If the membranous urethra bulge behind a stricture, or if an abscess opened in the perineum suggest a ready path to the bladder, by all means let a female catheter effect, through the perineum, what otherwise, I maintain, can be accomplished by the rectum.

Some years ago I asked the question, "Can the urethral canal be permanently restored whenever any complete and considerable portion of its length has been entirely destroyed?" I believe the answer must yet be "No." I had then a boy of sixteen, with at least two inches completely destroyed by burning; and, believing this, I established him with a silver perineal tube, through which he now (aged 27) passes his urine without trouble; but there is nothing in the growth of the parts that tempts me to interfere, for I know the whole circle of the canal must be gone.

I think, however, that if only a streak of mucous membrane lingers about the part, an efficient connection can be re-established even after the lapse of many years.

I saw in the early part of this year a patient, aged 30, who had sustained, eighteen years previously, such a laceration,

(a) I will, with Sir H. Thompson, admit its use in narrowings at the external meatus.—*Pathology and Treatment of Stricture*. Third edition.

that two inches below the meatus was a fistulous opening into the urethra, three-quarters of an inch long. The canal was pervious from the meatus to about one inch above the bulb, where was a second small fistula; then, the canal was obliterated for an inch, and a third fistula, placed just at the commencement of the membranous division, gave exit to all his urine. For eighteen years, then, the urethra from this spot had been unused. I first closed the penile fistula, paring the edges, which looked beautifully in apposition for some days, and then came apart as usual. But by clipping the penis with a self-acting spring, on the principle of the *serre fine*, the edges were admirably united. Then I laid the lower fistule into one, dividing all the hard textures between them, and passed an eight catheter, and for forty-eight hours tied it in the bladder. After this I passed nine daily. The patient learned to pass it in a week himself; and at this time the canal is in excellent order, with the introduction once a week. Now, I do not think the roof of the urethra was destroyed here, and hence the reason of a success which I did not expect.

In reference to the repair of penile and scrotal fistule, I would remark that they can alone be treated satisfactorily by the urine being drained through the rectum, or, as here, through the perinæum. Even then, union by first intention is a myth; but union can be obtained by keeping the granulating edges together by some artificial means, at the same time that vivacity is maintained in them by the use of the acetum lyttæ.

ADDRESS IN MEDICINE.

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In the first place, I shall declare to you that I have no conservative feelings in respect to doctrines and practices in our Profession which have long gone by, but have a strong faith in progress. As everything having a scientific basis must naturally grow better, so, I take it, must medicine. The question is probably hardly worth discussing; for I have ever found that, in whatever department of life the subject lies, the clinging to the past on the one hand, or the readiness to embrace a novelty on the other, resolves itself into a question of feeling; and against sentiment, as you all know, there is no appeal. For myself, I have the liveliest sympathy with every fresh impulse given to the onward movement of our art; but there are those who are well content with the present, and even look lovingly on the past. I am old enough to have seen with my own eyes the gentleman who smiled at Laennec, and made his stethoscope a bouquet-holder. I have heard living men in scientific societies denounce the microscope as an useless instrument; more recently I have heard the sphygmograph spoken of as a pretty plaything; and, more astonishing yet, my own favourite pursuit, the dissection of the dead, declared to lead to no living results. It is impossible to leave untouched this standstill condition of the human mind, for reason of some of the astounding propositions which have arisen out of it. To me it seems that no advance, no progress, is possible to be asserted, unless we are capable of comparing the past with the present; but immediately we set about the task, and speak, for example, about the treatment adopted in former days in connection with that of the present, and point out to the seniors of the Profession that their change of practice and adoption of new modes of cure is a sign of the advance of the times, we are met, not by a denial of the fact, but by the assertion of a most wonderful doctrine—viz., that the change is not in them, but in Nature, and that they have accommodated their treatment accordingly. It does not seem to have occurred to them that science and art are continually on the march, and that there is more knowledge of clinical medicine and pathology than when they were young; that reports of cases are more accurately taken; and least of all do they suspect that their own minds regard the events of their youth with a fonder gaze than the facts of the present day, but lead themselves to believe that the art of medicine which they now practise is in no way preferable to that of times gone by; and that they have simply changed their procedure in accordance with the alteration of the type of mankind. It seems far more probable to them that man, having existed on the earth for six thousand years (according to orthodox notions), should alter his type in the course of one generation, than that they could have in any way erred in the early practice of their profession. To my mind, this is one of the most preposterous

doctrines ever started in order to save the consistency of a few individuals. Why, if our material be thus changing, it is not safe to practise, for we can never be sure of our results; and thus it may happen, as I was but lately told when I showed how people could lose blood with equal impunity as their forefathers, that perhaps the type was again relapsing into its former dignity. It thus becomes often very difficult to distinguish between absolute truth and the offspring of the human brain. The future professor may be unable to decide, when studying our literature, whether certain diseases were prevailing at certain times, or whether they were merely fashionable complaints of the hour. He may at one time read of fibroid phthisis, at another of ataxia; and he may wonder whether ulceration of the womb, which was once so common, and has now given way to displacements of the organ, shows how disease flows in waves or merely represents the undulations of the Medical mind.

With regard to our general notions of disease, I consider that, during the last few years, our opinions have made a rapid advance. I naturally take the period during which I have been in the Profession, and reflect upon what was implanted in my own mind by lectures and by books twenty-five years ago. Of course it is necessary to remember that, as our ideas are matured, there is a great liability to transfer one's own earlier and cruder notions to the teachers whom we misunderstand; but, allowing largely for this explanation, I cannot but think that the last twenty or thirty years of pathological progress must have made material alteration in our general opinions regarding disease. For example: a common method of teaching was by the description of acute inflammation occurring in healthy subjects; but the disappointment I felt, in common with other students, in not seeing these cases in the wards of the hospital, soon convinced me that something was wrong. We saw abundance of chronic disease, occasionally an acute affection; but this was generally patched on to some other chronic disorder; so it soon became evident that, with the exception of acute affections of the chest due to vicissitudes of weather, an acute inflammation occurring in a healthy person was of the rarest possible occurrence. Morbid anatomy has been mainly instrumental in making the discovery; and, in fact, this could not have been reached without its aid, since apparently sudden and fatal illnesses were constantly occurring in persons of previously good health. It is true, for example, that persons died of acute peritonitis, and, without *post-mortem* examination, the cause was attributed to that universal evil, cold; but inspections have now invariably disclosed some old and long latent mischief in an organ which lighted up the fatal attack. To suppose that a healthy person can suddenly have an acute arachnitis or acute peritonitis, may, perhaps, involve an actual pathological absurdity. Even the acute inflammation of the chest occurring in healthy persons under the aggravated causes of wet and cold, is far less common than is generally supposed. When, many years ago, a paper was read at a Medical society advocating the early treatment of acute disease lest it should become chronic, I took the opportunity of remarking that an opposite suggestion might have been with more propriety advanced—viz., the advantage of arresting chronic processes lest they should become acute. There are far more acute diseases carrying off chronically diseased people, than there are chronic diseases which have had their origin in acute affections. What we might more advantageously direct our minds to, are the insidious and slow-working changes in the organs and tissues, to see if we can grasp these in their beginnings and check them at their source; what we are too often asked to do, however, is to arrest an acute inflammation, which is an evidence only of the beginning of the end. But this is what we see through all Nature. If events appear sudden, they are but the exponents of some long anterior hidden causes. The fires of Vesuvius have long been smouldering below before they issue from the summit; and the earthquake is only the result of the pent-up gases arising from chemical changes which have been slowly going on in the bowels of the earth. In society, an honest person cannot possibly become on a sudden a thief, nor a contented people suddenly break out in rebellion. A sane man cannot in an instant become mad; and, as was observed in a late celebrated case, the event which brings the person to justice is but the sudden explosion of distorted feelings long dormant in the brain, but immediately excited by some trivial event. Although I say these are views which have been greatly promoted by the advance in pathology, yet the more profound observers had a glimpse of their truth, as had the father of medicine himself; for Hippocrates says,

"Diseases do not fall upon men instantaneously, but, being collected by slow degrees, they explode with accumulated force." I believe, in teaching, there is no more important fact to impress upon the minds of students than that diseases come insidiously and slowly; and the circumstances which induce them are those most worthy of attention. When the older text-books spoke of attacking acute disease in a healthy subject, it appears to us almost as Quixotic as making a thief suddenly honest, or making the French a tranquil people by a new form of government.

In studying how various morbid processes are produced, several circumstances have to be considered, more especially the mode of life which favours them, and the original temperament of the individual, which renders him more susceptible to certain agencies than to others. I consider it to be no credit to our Profession that the doctrine of temperaments has not been (with one or two exceptions) more systematically taught in our schools. The value of it, however, is tacitly acknowledged in the importance which the man of acumen and experience attaches to the general appearance of his patient; he sees at a glance when the patient enters his study that he is about to hear a story of a nervous affection, or of symptoms evincing a proclivity to phthisis, or of troubles showing that the patient belongs to the gouty class. He may have nothing more than a rule of thumb to help him; but his experience informs him that the world is composed of different varieties of persons, that each is inclined to morbid changes in a given direction, and that the tendency to particular changes may be dormant, but that the exciting causes are ever waiting ready to awaken it into action. A question here arises, whether these predisposing and exciting causes of disease are not the same. For example, let us take the so-called gouty condition of body, which is said to prevail more in England than in any other country; and let us assume the correctness of the ordinary theory, that its cause is to be found in the use of malt liquors, strong wines, and nitrogenous food. What we understand by this is, that these conditions, operating through several generations, induce this peculiar diathesis. Now, if this be so, it seems reasonable to infer that the same causes acting in excess in a peculiar individual so predisposed, will develop in him all the outward manifestations of the disease; and, on the other hand, the avoidance of such causes would be the means of retarding their development, so that the predisposing and exciting causes would be one. Let us take another example of a diathesis which our climate is prone to produce—the tubercular. It is generally believed, from the peculiarities of its distribution on the globe, that cold and moist air, together with certain circumstances of civilised life, are mainly instrumental in the production of the diathesis. These causes operating through several generations will produce the consumptive tendency; at the same time, these identical causes are they which induce the disease in a predisposed individual; and, on the other hand, the avoidance of them is the mode by which we hope to arrest the disease. The same reason is applicable to other forms of temperaments; and it thus becomes a subject of interesting speculation to inquire under what circumstances they were all developed. In our own country we have to take into consideration the mixture in our race of Norman, Saxon, Dane, and Celt; but, at the same time, it is evident that soil, food, and climate are instrumental in producing striking peculiarities. It is a remarkable fact, and one which I have not been able to unravel, that one country should produce two such different temperaments as those which I have chosen as examples; the one tending in disease to the production of gouty phenomena, and the other tending to consumption. Belonging to the first class is the model Englishman, a good example of whom may be found in the late Lord Palmerston. I allude to a man of sanguineous temperament, with great activity and energy, both of mind and body; a man ready for all emergencies, full of pluck, plenty of "go," of social habits, good humoured, and inclined to gout. It seems remarkable that, with the production of such men, of whom the country is for the most part proud, we should develop, also, the individual inclined to consumption. He or she has often a beautiful conformation of body and a fine intellect, although different from that which I have just described, being more susceptible and refined. It may be that such persons are overbred. They certainly are inclined to die early, but often not before they marry, and propagate their kind. If this were not so, it is probable that the sickly race would be kept under, and, in a more natural state of society, would actually die out; that is, where there were no doctors; for the artificial aid

so strenuously given to keep alive the ailing individual, tends to preserve its existence. Therefrom arises another large question which must constantly obtrude itself upon the mind of the Medical man—Whether he is not interfering with the natural laws of the world? I confess I do as others do, shut my eyes to these speculations, and do that duty to my fellow creatures which is closest before me—attempt to relieve their suffering; yet it cannot be gainsayed that, if the Darwinian doctrines be in any way true, they are applicable to the *genus homo* as well as to any other race of beings; and that we, by preserving the puny, the wretched, and deformed, are assisting in the degeneration of the race. Thus Herbert Spencer has remarked, in reference to the care taken of the miserable, "instead of diminishing suffering, it eventually increases it. It favours the multiplication of those worst fitted for existence, and, by consequence, hinders the multiplication of those best fitted for existence, leaving, as it does, less room for them. It tends to fill the world with those to whom life will bring most pain, and tends to keep out of it those to whom life will bring most pleasure. It inflicts positive misery, and prevents positive happiness." Philosophers have thus, without reference to general zoological laws, seen the importance of cultivating the race by allowing the weakly to drop out; and thus long ago it was observed that the Scotch had probably preserved their hardihood on account of the privations which cut off their sickly young; in the same way as among the lower animals it is known that, where the conditions of life are hardest, there the strongest individuals prevail. We can, therefore, scarcely shut our eyes to the fact that, if we were able to preserve all those miserable creatures the lives of whom their parents would give a fortune to save, we should be instrumental in causing a deterioration of the race. It is thought that, where instinct guides and more natural laws come into operation amongst the lower animals, intelligence would serve the same purpose in man. Thus Joseph Adams, who wrote on hereditary disease at the beginning of the century, says: "In a state of nature, the race of all gregarious animals is progressively improving as far as is consistent with the capacity for improvement. The strongest male becomes the *vir gregis*, and consequently the father of most of the offspring. In the ruder state of the human society, or, rather, in its earlier formation, something of the same kind may prevail; but, in a more advanced stage, sufficient provision is made by the preference which health and intellect will for the most part produce in either sex." Such prudence, however, is so little to be depended on, that it probably has little avail in the union of the sexes; and this gives rise to such views as are expressed by Mr. Phœbus in *Lothair*, when he says, "It is the first duty of a State to attend to the health and frame of the subject. The Spartans understood this; they permitted no marriage the probable consequence of which might be a feeble progeny; they even took measures to secure a vigorous one. The Romans doomed the deformed to immediate destruction. The union of the races concerns the welfare of the commonwealth much too nearly to be entrusted to individual arrangement. The fate of a nation will ultimately depend upon the health and strength of the population. Both France and England should look to this; they have cause. As for our mighty engines of war, in the hands of a puny race it will be the old story of the lower Empire and the Greek fire. Laws should be passed to secure all this; and some day they will be."

Some philosophers, when contemplating the scarcity of individual life compared with the myriads of germs which are destroyed, have seen in epidemics a mode by which population is kept under, and have a kind of belief that Nature is not to be cheated of her victims; for, if man should devise the means of escaping from one plague, he will be overcome by another, although it appears under a new guise. We cannot, however, concur in this speculation, disagreeing, as we do, with philosophers, that the sickly are especially selected for removal. I shall presently show that is not the case. We might, perhaps, endeavour to reconcile these high speculations with the antagonistic interference of the Medical man, by making it our duty to study more the different temperaments of the race, and endeavouring to discover those causes which tend to develop them and their necessary morbid sequences. We might thus perchance arrest the tendency to disease; and the highest office of the Medical man would be that of custodian of the

public health. This is one, I might say, which he has already voluntarily assumed; and with that exalted view of his functions which, I am glad to say, animates our Profession, he is always found battling with disease at its threshold, and endeavouring to arrest epidemic disease at its source. In a lesser manner, he should endeavour, in his own professional circle, to watch the dispositions and manners of his patient, and thus he may be able to advise and guide the children belonging to some of the temperaments before mentioned into those positions of life which would be most advantageous for them. The doctor is shown the precocious child by the fond parent, who discerns nothing but robustness in its mind and body; but he, with the eye of knowledge, sees already the latent tendency to disease; he may be able to destroy the seeds which might afterwards develop, or, should he not be able to prevent them striking root, he may arrest their further growth, even though it be true that we are born to die; for, as the poet says,

"As man, perhaps the moment of his breath,
Receives the lurking principle of death,
The young disease which must subdue at length,
Grows with his growth, and strengthens with his strength."

Although an older than Pope had already said,

"Nascentes morimur, finisque ab origine penitet."

I have already said that the body has hereditary tendencies to morbid changes of special kinds, rather than to mere accidental diseases, and, therefore, that the various tissues are liable to their own peculiar degenerations. When we speak, for example, of a gouty man, we imply much more than his liability to an attack of arthritic trouble; he may have, or not, a *materies morbi* in his blood, but he is liable to temporary and organic derangements of a given kind—such as granular kidney, diseased heart and blood vessels, articular inflammation, and gravel. In tuberculosis, in like manner, there is a tendency to changes in the epithelium of the cutaneous or mucous surfaces, whether bronchial or intestinal. In the nervous temperament, the nervous system is liable to be thrown into unstable equilibrium. But not only in hereditary, but in acquired diseases, we find that the morbid changes are of a particular kind, and that special organs and tissues are also affected. Thus in chronic alcoholism, we find a tendency to fibrous thickening of the tissues, whether these be in brain, liver, or kidney. We find, again, degenerations of a particular kind in syphilis, and in lardaceous disease, which is sometimes its sequel. From other causes, we may find the whole of the bony skeleton diseased, or the lymphatic glands, or the skin. Thus, as before said, it is but a shortsighted view to see special organs only affected by disease, rather than a general morbid condition affecting particular tissues, and occurring under given determinate circumstances. Such views as these have arisen, I believe, from a closer study of the dead; and this has been so little perceived by some, that I have often had to vindicate this department of science to those who have seen no more in it than a curious prying into the body, in order to discover the destruction of some great organ or satisfy a curious diagnosis. At one time, it is true, a diseased organ was simply cut to pieces, and the rest of the body not examined; but now-a-days, when the process is more searching, I maintain that a much larger view of pathological processes is obtained by a dissection of the dead, than could be arrived at by mere observation at the bedside. The narrower views of the ward are expanded in the dead-house. Much larger conceptions are gained, both as to the nature of the disease and its diagnosis. A simple name for a diseased organ is sufficient for the ward; but the name for a distinct pathological process is required for the dead-house. In a paper published some years ago, in order to vindicate this view, I took several examples in illustration; and I said, if a person acquainted with healthy anatomy were placed in a room to dissect the dead taken from a hospital, he would very soon be able to arrange the cases in classes; he would soon place together, for example, those who had chronic disease of the lungs, those who had died of typhoid fever, and amongst others, those who had that series of changes recognisable under the name of morbus Brightii, even though there might be some slight accidental difference in all of them. There might be, in a series of beds in a ward, one patient dying of pneumonia, another of laryngitis, another of peritonitis, and a fourth of apoplexy; and it is possible under these names the cases might be found in the list of the Registrar-General; but

should they come into the hands of the necroscopist, as an unbiassed dissector he might find a recent inflammation of the lungs in one, or a clot in the brain of another; but since in all he would discover like chronic changes in the kidneys, heart, arteries, and other organs, he would rightly place them together; he would see that they all had the same pathology. This is sufficient to show how all but valueless are the Registrar-General's returns for pathological purposes; for example, if effusion of blood in the brain is to be classed amongst nervous diseases, nothing but error can result in drawing any conclusion of a scientific character from such reports. What I at that time said should be the aim of the pathologist, I repeat now; we should attempt to do for morbid anatomy what Bichat long ago performed for healthy anatomy.

Whilst I am on this subject, I must say a word in reference to another piece of pathology, on which a dissection of the dead can alone throw a light; and one which ere this (I own a personal shame) ought to have been perfected; it is akin to the matter of which we have been just now speaking. If it be true that the morbid changes are found progressing through tissues rather than affecting particular organs, as it were by accident, it follows that these different tissues have their own special morbid changes and none others. What we ask ourselves therefore is this question—what are the morbid changes to which each tissue is liable? Now, it is constantly assumed that degeneration may occur, and new growths of all kinds spring up, spontaneously in every part of the body, but this is certainly not the fact. If we take, for example, the list of diseases framed by the College of Physicians, which is in all your hands, it would seem as if there were certain morbid states, such as inflammation and its consequences, as well as various morbid growths, which may attack in turn every part and tissue of the body. But is this really so? The morbid anatomist ought long ago to have answered the question; and I believe, had my own attention been directed to this subject earlier, the amount of material passing under my hand would have been amply sufficient to have afforded a satisfactory solution to it. I will explain my meaning: supuration of the lung is rightly not regarded as a stage of idiopathic pneumonia; consequently, if an abscess be found in the lung, we know that the seeds of it are brought thither from a distance, and we find the source of the pyæmia in some other part. Cancer again, when found in the lung, has, in my experience, been secondary to cancer elsewhere, and thus we suppose the seeds of it have been there carried; (intra-thoracic cancer may be primary, but generally commences in other tissues than those of the lung); then again, as regards other classes of tumours, as fibroid, myeloid, osteoid, etc., they are invariably found existing there as secondary deposits. Now, if what I say be true, the primary morbid changes in the lungs are strictly limited; the epithelium may produce well-formed cells, as found in pneumonia, and ill-formed ones, as met with in the chronic degenerations, but beyond this the lung may be incapable of alteration. The same with other organs; the kidney undergoes certain limited changes, as seen in nephritis, but these do not terminate in supuration, suppurative inflammation being always secondary; the liver also has certain definite changes, beginning either in the cells or the areolar tissue. The stomach has its own special changes, and is incapable of producing many new formations; as, for example, tubercle. It is thus probably very far from being true that abscess, tubercle, cancer, and other growths occur in all parts and tissues of the body; but, on the other hand, that all these have their favourite or perhaps special seats, and when met with elsewhere must be regarded as secondary formations. It is remarkable how surgeons have always tacitly acknowledged this fact; for, when meeting with a malignant tumour on the surface of the body, they have seldom hesitated to operate from the fear of any internal complication, since their experience has taught them that the growth on the surface has been primary. On the other hand, the teaching of the surgeon with regard to inflammation and its consequences, as occurring on the skin, having been made applicable to the internal organs, has been the cause of a long series of pathological errors. A knowledge, therefore, of the special changes to which each tissue is liable is vastly important; the materials for furnishing us with the knowledge are always at hand, and the possession of it must be near.

(To be continued.)

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The Medical Press and Circular.

“SALUS POPULI SUPREMA LEX.”

WEDNESDAY, AUGUST 28, 1872.

SMALL-POX AND VACCINATION.

THE report of the committee appointed on the 1st of June last to collate and report upon the returns obtained from the several small-pox hospitals of London, respecting the epidemic through which the metropolis has recently passed, has just reached our hands, and it is a most interesting and incalculably useful document. It enables us, on the faith of nearly 16,000 cases, to form a reliable opinion of the efficacy of the existing methods—prophylactic or remedial—of dealing with the disease. The results, as tabulated by the committee, may be accepted, perhaps, as representing the progress of the epidemic under average circumstances, there being no doubt that the treatment of cases in the metropolitan asylums was far short of perfection, and an equal certainty that these institutions afforded a far greater hope of a favourable issue than treatment in the patient's own home.

The recent epidemic, may, doubtless, rank with the most virulent which has ever occurred in England, and for its violence and the high rate of mortality the mad fools who have busied themselves in discrediting vaccination are certainly more or less to blame.

These fanatics, naturally incapable of a logical view of the subject, and mulishly unwilling to open their eyes or ears, or the desolate temple of their reason, to the teachings of science and of unprejudiced observers, have given currency to a doubt as to the efficiency and expediency of vaccination, and have thus lent themselves to a crusade in favour of this loathsome disease. If anything were to be hoped from the education and persuasion of such persons this report would conclusively dispose of their views.

Rhetoric is wasted on so unfertile a soil, and we must, therefore, trust to the better sense of the people to read

aright the statistics put forth in this report, and from which, as well as from other sources, we proceed to gather a few statistics and the lessons they teach.

The recent London epidemic forcibly illustrates the additional cost imposed upon the ratepayers in consequence of non-vaccination and the imperfect manner in which vaccination is often performed. The average duration of treatment of a well-vaccinated case in one of the district hospitals was about 21 days. Up to the 30th of March last, 14,400 cases were treated, of which 2,700 died, and 11,700 remained under treatment until complete recovery. If all these had been properly vaccinated, the duration of their stay in hospital should have been about 245,400 days, but the actual number of days charged to the parishes and unions for these 11,700 cases has been 378,700, or 133,300 days more than would probably have been the case had all been well vaccinated; which, as the average cost per patient for maintenance has been 1s. 4½d. per day, represents an extra charge of upwards of £9,300 for maintenance alone, exclusive of the proportionate additional expenditure incurred for the salaries and maintenance of officers, and the other establishment charges of the hospitals.

Again, as the average rate of mortality in well-vaccinated cases is only about 4 per cent., the deaths would probably have been under 600 instead of 2,700, and thus 2,100 lives might have been saved.

As to the great question of re-vaccination, it would appear that the necessity of re-vaccination when the protective power of the primary vaccination has to a great extent passed away, cannot be too strongly urged. No greater argument to prove the efficacy of this precaution can be adduced than the fact that out of upwards of 14,800 cases received into the hospitals, only four well authenticated cases were treated in which re-vaccination had been properly performed, and these were light attacks. Further conclusive evidence is afforded by the fact that all the nurses and servants of the hospitals, to the number at one time of upwards of 300, who are hourly brought into the most intimate contact with the disease, who constantly breathe its atmosphere, and than whom none can be more exposed to its contagion, have, with but few exceptions, enjoyed complete immunity from its attacks. These exceptions were cases of nurses or servants whose re-vaccination in the pressure of the epidemic was overlooked, and who speedily took the disease; and one case was that of a nurse, who, having had small-pox previously, was not re-vaccinated, and took the disease a second time.

We now pass on to say a word on the effect of vaccination on the recent epidemic.

The total number of cases of small-pox treated in the London special district hospitals during the entire course of the recent epidemic was 11,174 vaccinated persons and 3,634 unvaccinated. The relative rate of mortality was, for cases which had been vaccinated 10·15 per cent., and for those which had not been so 44·80 per cent., the proportion in both classes being higher in the male than the female sex.

Much has been said by the opponents of vaccination upon the fact that the vaccinated cases received into the hospitals are three times as numerous as the unvaccinated cases; but, for this to be of any importance, it ought, at the same time, to be shown that the number of the vaccinated population is not more than three times the

number of the unvaccinated; so far, however, from this being the case, it is estimated that even previously to the commencement of the present epidemic, the vaccinated were about nineteen times as many as the unvaccinated.

Notes on Current Topics.

Liability of each Sex to Variola.

In the late London epidemic more males than females have been treated (the numbers being 8,053 males and 6,755 females), and the percentage of deaths in the former has been higher than in the latter, in the proportion of 19 males and 17 females. The reasons given by Dr. Grieve for this are the extra wear-and-tear undergone by the man, his more irregular habits (which unfit him to cope with the disease), and his occupation generally bringing him more into contact with the disease. The differences in the numbers and in the death rates of the two sexes arise chiefly in adults. Up to 20 years of age the numbers admitted were 4,112 males and 3,803 females, and the death-rate was nearly the same—17·9 per cent. males, and 17·6 females.

The Reliability of Vaccination Marks as an Evidence of Protection against Small-Pox.

ONE of the tables recently compiled by the Metropolitan Asylums Board from their experience of the recent epidemic shows the decreasing rate of mortality according to the number of vaccination marks, whether good or bad, as exemplified in 5,539 cases. The importance of this table is obvious, for it will be seen that the percentage of deaths which, in the whole of the unvaccinated cases was 55·9, decreased from 15·2 in cases with one mark, to 5·5 in cases with five or more marks. Another table shows the comparative results in unvaccinated cases, in cases which have been badly, and in cases which have been well vaccinated, as taken from 3,085 cases. This table shows that the mortality, which in unvaccinated cases was no less than 47·5 per cent., and in badly vaccinated cases 25 per cent., varied in well-vaccinated cases from 5·3 in those showing one good mark, to 1·1 in those showing four or more good marks; and that of the total of 420 well-vaccinated cases under 15 years of age, the death-rate was only 0·47 per cent., giving a comparative immunity from fatal results.

The Apparent Influence of Age on Small-Pox.

It appears that the proportion of children admitted to the district hospitals in London under 10 years of age was 8·79 per cent. of the whole number of vaccinated cases, and 43·86 per cent. of the whole number of unvaccinated cases;—that between 10 and 30 there were 73·96 per cent. of vaccinated cases, and 42·39 per cent. of unvaccinated cases; and that the percentage of deaths among the vaccinated children under ten was 8·63 of the whole number of deaths, and among the unvaccinated 49·45 per cent. This table also shows that whilst the admissions between the ages of 10 and 20, of vaccinated cases were 40 per cent. of the whole

number admitted, the deaths were 20 per cent. of the whole number of deaths, showing the chances of recovery to be about twice as great as the chances between 20 and 30, when the death-rate was 36 per cent., and the proportion of admissions 36 per cent.

The Duties and Rights of Apothecaries' Assistants.

By a judgment delivered last week at Maldon it was ruled that an apothecary or chemist is bound to provide his apprentice with proper opportunity and leisure for study, book wherewith to learn, and daily personal instruction, and that, failing to do this, he forfeits his apprentice fee. In the case in question it appeared that "in the indenture the defendant obliged himself to use his best endeavours to teach and instruct, or cause to be taught and instructed, the apprentice in the several businesses." The employment had consisted chiefly in mixing up and retailing out seidlitz powders, salts and senna, and other small articles, and in mixing pills, the defendant taking care not to allow his apprentice to know the nature of the drugs and ingredients of the latter, or the purpose for which they were made. No books were provided for the lad's reading; and even if they had been he was allowed no time for the purpose, being engaged in the shop from seven a.m. till ten and eleven p.m. In addition to the above duties he had had to clean the shop, the stoves, shake mats, and perform other menial offices usually executed by a shop-boy. The Judge at once instructed the Jury, if they believed the defendant had not used his best means to instruct the apprentice, to find a verdict against him, which they did, he being mulcted in all costs.

Female Inspector of Poor.

THE Parochial Board of Stromness, in Orkney, having been ordered by the Board of Supervision to annul their election of Miss Corston as inspector of poor, has decided, by a majority of one, to select a male for the office. But now Miss Corston refuses to go out of office, and maintains that the action of the Board is illegal. The ratepayers evidently sympathise with her, for they have just elected a woman to represent them at the Parochial Board.

Removal of a Loose Cartilage from the Knee-joint.

DR. JOHN D. JACKSON (*Cin. Lancet and Observer*) successfully removed, by a subcutaneous incision, a loose cartilage from the right knee-joint of an Irishman, 40 years of age. While searching for the records of cases of extraction of loose cartilages from joints, Dr. Jackson came across a paper communicated to the Society of Surgery of Paris, by M. Larrey, containing statistics relative to the success of the various operations undertaken for the extraction of false cartilages in or about the knee-joint. Out of a total of 170 cases of extraction, 131 were by direct incision, and 39 by the indirect or subcutaneous method.

No. of Cases.	Cured.	Failures.	Deaths.
131	98	5	28
39	19	15	5

According to M. Larrey, this operation should never be performed, unless the following conditions be realized:—

1st. Complete mobility of the false cartilage. 2nd. Presence of pain, effusion in the joint, lameness, and other ill effects resulting from its presence in the articular cavity. 3rd. Failure of palliative means. 4th. Express desire of the patient to undergo an operation, after all its dangers and difficulties have been fully explained.

He has collected, tabulated, and appended thirty cases of removal of loose cartilages from the knee-joint, showing two deaths to the thirty cases, which would scarcely justify Benjamin Bell in his recommendation of amputation, or Velpeau in his conclusion that one-third of those operated upon perished. Analysing further the collection, with reference to the modes of operation, we find that there were two deaths, one amputation, and one ankylosis, to sixteen successes by the direct method of operation, and that there was one ankylosis to ten successes by the method of Goyraud.

Dr. Jackson thinks that a great majority of the Profession much over-estimate the gravity of wounds of this locality. In the case of his patient no excessive reaction followed, and in only every seventh case of others, which he has compiled, did it occur.

Maltreatment of a Lunatic in the Ennis District Asylum.

At an adjourned meeting of the Clare Board of Governors a complaint was investigated against one of the attendants by Dr. Baron, the Resident Medical Superintendent, for grossly maltreating a patient under his charge. The facts disclosed were these. It seems the poor demented creature, who is remarkably quiet, took the hat off another man and put it on himself, and went on fooling about, when the attendant knocked him down, and while on the ground put his knee on his chest, and gave him a black eye. On the whole, the conduct of the attendant was both harsh and cruel, without any palliation or excuse; but in consequence of its being the first complaint against him he was allowed to send in his resignation. The Board shortly afterwards adjourned.

Cerebral Abscess.

SURGEON J. F. WEEDS, U.S. army (*Nashville Journ. of Medicine and Surgery*), publishes a case of cerebral abscess. The patient was a lieutenant who was wounded in the forehead by a ball from a Colt's navy revolver. Feeling satisfied that his patient was dying, and that pressure was produced by a cerebral abscess, he trephined, and incised the dura mater, and plunged the knife into the cerebral substance. Half-an-ounce of dark-green and somewhat fetid pus flowed from the wound. The wound healed rapidly, and in two weeks the patient was walking about convalescent.

Surgeon Weeds says there are 214 recorded cases, including his own, in which there were only four recoveries, and one case the result of which was doubtful.

Dislocation of the Radius and Ulna Backwards in a Young Subject.

Dr. W. T. BRIGGS, Prof. of Surgery in the University of Nashville (*Nashville Journ. of Medicine and Surgery*), records a case of dislocation of the radius and ulna backwards, in a patient two and a half years old. He regards this instance as one worthy of report, as Malgaigne says

that of 643 dislocations only one occurred under five years of age; and Hamilton, in his treatise on "Fractures and Dislocations," states that of 56 cases of dislocations of the radius and ulna, the youngest was five years of age.

Pruritus Vulvæ.

Dr. McGRATH speaks well in the *Canada Lancet* of the following lotion: it should be applied by means of a soft sponge after ablution, morning and evening: R. Biborate of soda, ℥ij.; Hydrochlorate of morphia, gr. xx.; Hydrocyanic acid, ℥j.; Glycerine, ℥j.; Distilled rose water, ℥viij.

Ancient Methods of Delivery.

Dr. WM. GOODELL gives, in a paper in the *Am. Journ. Obstetrics*, with five woodcuts, the histories of some ancient methods of delivery which are not known to the Profession at large. The history is noted from the time when "the King of Egypt spake to the Hebrew midwives," in Exodus i. 15, 16, down to the days of Hippocrates and Albucasis, when tossing up a woman in a blanket was recommended by the latter, in malpositions.

Small-pox in Naas, County Kildare.

The *Leinster Express* announces that small-pox has broken out among the County Dublin Light Infantry, at present stationed in Naas. It is said the regiment will be removed and placed under canvass.

Munificent Gift to the Stewart Asylum.

WE observe with pleasure that the committee of the Stewart Institution for the Education and Maintenance of the Idiotic and Imbecile, situated at Lucan, near Dublin, at their last meeting were informed that a gentleman, a good friend to the institution, has offered to give £1,000 towards the new buildings at Palmerston, on condition that the other £4,000 be raised for the same purpose within twelve months.

Influence of Barometric Pressure on Anæmia.

M. CLAUDE BERNARD presented recently to the Paris Academy of Sciences a note by M. Bert, on the influences which changes in barometric pressure exercise on the phenomena of life.

When the pressure diminishes, the quantity of gas contained in the blood also diminishes. Thus a man who goes up in a balloon, or ascends a mountain, possesses, in the blood at his disposal for the excitation of his tissues and to furnish the waste of his labour and his animal heat, a constantly decreasing quantity of oxygen, which shortly becomes insufficient. A diminution in the proportion of oxygen in the blood becomes evident on a diminution of 20 degrees in the pressure; that is to say, under conditions almost the same as those in which millions of people live, especially on the great plateau of Anahuac, in Mexico. Inhabitants of such a place are placed every day under a condition of insufficient oxygenation which, if the number of their blood globules does not increase for some other reason, ought to evoke symptoms of anæmia. That such is a fact has been shown by M. Jourdanet.

Army and Navy Medical Experience.

It is by tracing diseases as they affect considerable masses of men placed as nearly as possible under the same external circumstances that we gain the surest and most satisfactory evidence in respect to the causes of disease. And hence it is that the experience of those men who are employed in our fleets and in our armies is so valuable.—*Watson's Practice of Physic, Vol. I., p. 79.*

The Life of the Physician as sketched by the Wife of one.

A WORK purporting to be the journal of a lady, the wife of a Medical man, and recently published, has just fallen into our hands, more by accident than anything else. Its whole tenor is religious; trials and crosses are described as so many preparatives for other and better conditions than are usually to be found by persons engaged in the turmoil of life—and particularly professional life. Throughout its pages charity and goodwill to wards all men are expressed, yet this is what, at page 256, is said of Medical men:—"The life of the physician is necessarily one of self-denial, spent as it is among scenes of suffering and sorrow which he is often powerless to alleviate. But there is, besides, the wear and tear of years of poverty; his bills are often disputed, or allowed to run on from year to year unnoticed; he is often dismissed because he cannot put himself in the place of Providence and save life; and a truly grateful, generous patient is almost an unknown rarity."—*From a Tale of Home Life, by the author of the Flower of the Family.*

An Undescribed Form of Congenital Amaurosis.

MESSRS. DAGUENET AND GALESOWSKI have recorded in the *Journal d'Ophthalmologie* of July last, the cases of three brothers and a cousin-german, born of two sisters, and relatively aged 27 and 21 years, who developed almost simultaneously, amaurotic symptoms, without any appreciable cause, except hereditarism. An uncle became amaurotic at 21, and also another cousin-german.

The disease was consecutive atrophy or peri-neuritis. The two eyes were attacked simultaneously, the loss of vision increased, and then stopped without resulting in as complete a degree of blindness as ordinary amaurosis. The difference of development of this disease was that the cephalo-rachidien liquid introduced itself between the structures of the optic nerve at this advanced period of life instead of commencing at birth.

Case of Tetanus.

An interesting case of tetanus is reported in the *Madras Monthly Medical Journal*, treated by Surgeon-Major Paul with large doses of tincture of belladonna. From three to seven drachms of the tincture were given daily in doses of twenty minims, showing the great tolerance of this medicine when given judiciously and under careful superintendence.

The case did well, but in estimating the value of any particular treatment in this disease it will be wise to remember that when tetanic symptoms do not occur during the first week, recoveries are frequent under

ordinary treatment. In this case the symptoms did not occur until the eighteenth or nineteenth day.

Tincture of Gelseminium as a Substitute for Quinine.

DR. ANDERSON, of North Carolina, reports very favourably on the use of tincture of gelseminium as a substitute for quinine. He says he has found it a reliable agent in intermittent, remittent, and typhoid fevers, acute rheumatism, and pneumonia. He prefers it in the treatment of the latter disease to veratrum and digitalis, as it reduces the force and frequency of the circulation with equal certainty, and without the unpleasant effects of those agents. It gives speedy relief to precordial restlessness and irritating cough.

David Wooster, of San Francisco, writes in great praise of the fluid extract of eucalyptus. He says it is a diuretic of rare virtue, and may be given when most other diuretics are inadmissible. It is, he states, an aromatic tonic of notable restorative effects in a low state of the system, typhus, diarrhoea, and dysentery.

In vesical catarrh it cures alone, and relieves spasmodic stricture with great promptness.—*Chicago Medical Examiner.*

THE judge of the Sheffield County Court last week delivered a curious decision. A surgeon in the town had entered about forty complaints, and when the first was called on, the judge asked him whether he was a surgeon or an apothecary, or both. He replied that he was a surgeon only. The judge asked him whether his claim was for surgical operations or for medicine, and the plaintiff replied that it was for medicine. The judge then informed him that, according to the Act of Parliament, he could only sue according to his qualification, and as he was qualified only as a surgeon, he could not sue for medicine, but only for what was done in his profession as a surgeon. The plaintiff thereupon withdrew a number of other claims for medicine only, and where the claim was for both surgical assistance and for medicine he had to abandon the latter part of the claim. Such a decision is obviously bad law. It has been repeatedly ruled that a registered Medical practitioner—whether an apothecary or not—may discharge and recover charges for any functions contemplated by the Act. An apothecary is, as we all know, competent to sue for Medical advice, and the obverse rule is true in regard to a Medical man as regards apothecaries' functions.

THE *Philadelphia Medical Reporter* says that the habit of eating arsenic to beautify the complexion is largely on the increase among both sexes in New York.

IN a case at the Middlesex Sessions it was incidentally stated that in three rooms of a lodging-house kept by a witness for the defendant ninety-two persons slept, thirty-six males and females being accommodated in a single apartment.

DR. HOLMES COOTE administers creasote in minimum doses made into pills for incontinence of urine in children with the happiest effects, even when all other treatment has failed.

CONTRIBUTIONS ON THE THEORY OF ILIO-TYPHUS, FROM THE CLINIQUE OF PROFESSORS SKODA AND OPOLSER.

(Editorially reported in the *Allgemeine Wiener Medizinisch Zeitung*.)

(Translated by THOMAS BODKIN, F.R.C.S.I., for the MEDICAL PRESS AND CIRCULAR.)
(Continued from p. 163.)

FURTHER, experience teaches that in meningitis when exudation has resulted, which may not yet have attained to a decidedly great amount caused by pressure on the brain, the result of hyperæmia, an anomaly in the heart's movement comes to be observed, manifested by a prolongation of the intervals between its beats, in which the pulse is progressively retarded from 140—120 to 60, and even to 40 beats in the minute, the reverse being the case usually observed in typhus, the heart's action increasing in rapidity, and as a consequence the pulse rises to 120—130, and even still higher.

Gradually, however, these symptoms characteristic of meningitis fade away; in the more advanced stage the pulse becomes accelerated, presenting the typhus character of the disease; then comes the vomiting principally associated with meningitis—with ilio-typhus, on the contrary, extremely rare. When the vomiting sets in in the more advanced stage, and, for example, with a clean tongue and with scarce any disturbance of the head, and that not any kind of food but slime and bile is ejected, all this specially indicates meningitis; besides, severe vertigo is present almost always in both the commencement of and through the progress of ilio-typhus—seldom or never in the other disease. Furthermore, it is to be observed that in meningitis the bowels are not paralysed and the abdomen not at all tumid, but even seems to be strongly contracted, whilst in ilio-typhus whenever delirium or stupor sets in the abdomen becomes more or less tympanitic.

The paralysis of the bladder, which is globe-like and distended in meningitis, appears very much earlier in this disease; while, on the contrary, in ilio-typhus as a rule the paralysis of the bladder and of the intestinal canal comes on much later. Meningitis also runs a more rapid course than ilio-typhus, and we have especially in meningitis stiffening of the neck, followed with coma and general paralysis; in ilio-typhus the paralysis of the voluntary muscles, as well as of the organs of sense, comes on but late and slowly, whereas in meningitis the advance is rapid.

In meningitis the expression of the features is manifestly more animated, even with the co-existing presence of unconsciousness, than in ilio-typhus, and shows not the same amount of relaxation as in ilio-typhus, in which before even the patient has become unconscious the countenance earlier exhibits an expression of greater lassitude and weariness. Ilio-typhus has been recognised by physicians from the mere expression of the countenance, and we ourselves remember an interesting case as to the question of a diagnosis in Oppolser's clinical ward, which at one time was taken for meningitis, at another for acute miliary tubercles, and again for ilio-typhus; and as Oppolser diagnosed ilio-typhus at a glance, he observed, in order to acquire the power of diagnosing ilio-typhus at a glance, it will require the careful observation of at least a thousand cases; and here in this case the dissection confirmed the judgment of the honoured and celebrated diagnoser, as there was not found a vestige indicative of either acute miliary tubercles or of meningitis, whereas ilio-typhus in the stage of infiltration was well marked. In reference to sopor, it comes to this, that in ilio-typhus the patient can be sooner awakened than in meningitis, in which latter case it is scarcely possible to bring the patient to his recollection.

A difference also occurs in the character of the delirium. In ilio-typhus it is more vague, in which the patient does not adhere to one idea, but passes from one hallucination to another, while in meningitis it is louder, he adheres to one idea, continually and loudly repeats a word or an entire sentence, which never occurs in ilio-typhus. All these

guiding distinctive marks and stages, all else considered, often afford grounds for a distinction to be made between ilio-typhus and meningitis, yet they may all be very obscurely developed, so that for some time one must rest undecided as to what more conceivable the result may be with such a patient. With young persons and children, in whom affections of the brain are generally more intensely defined, less doubt will remain. Isolated cases will occur in which these distinctions in the first days and at the first glance are not so clear, so that a longer time must be waited for in the progress of the case for observation before a diagnosis can be come to. How long this undistinguished difference between ilio-typhus and meningitis may last, taking all things into consideration, cannot well be determined. Nevertheless it frequently happens that this obscurity in the diagnosis may not have long to be waited for. The symptoms peculiar to ilio-typhus make their appearance later; for instance, the increase in the size of the spleen, the inception of meteorism, the acceleration of the pulse, and the temperature pathognomic of typhus. Having regard to the facts stated, in special cases where these have not run rapidly into the lethal state, a differential diagnosis may always be obtained between ilio-typhus and meningitis.

Now as to what happens differentially between ilio-typhus and encephalitis, it is to be remarked, that in the latter will be observed anaesthesia and partial paralysis, partly of the cerebral nerves, partly of the cerebro-spinal nerves, partly of both together, which not unfrequently extends to both extremities, but which is most generally confined to one side, while at the same time double vision exceptionally occurs. Especially do these symptoms show themselves in a host of affections the result of traumatic injury of the cranium, of caries of the os petrosa (*Felsenbüchse*). These etiological data enable us to make exceptions pretty safely, in given cases from ilio-typhus.

When, on the contrary, no injury of the head or caries of the cranial bones exists, it is improbable that we have to deal with a case of encephalitis, and the presumption arises of the presence of ilio-typhus or some other malady to dispose of. There is an evident tendency in the commencement of encephalitis to run a rapid course, and inflammatory irritation of brain and even of its meninges is present, the frequency of the pulse is increased, or in special cases remarkably slow, the temperature is increased, the head is painful with vertigo, sleep is absent, or is broken with uneasy dreams, the sensibility to slight irritations of the organs of sense is increased, the patient feels himself extremely weak and languid, and shows an early tendency to delirium.

Griesenger supposes that these first stormy commencements, which follow a more or less complete latent state, are exactly pathognomic of encephalitis, or abscess of the brain. In the sequence, as paralysis of the brain proceeds, so follows, as the result, loss of intelligence; these few intimations may, when later the symptoms of ilio-typhus become more pronounced, contribute to the diagnosis.

Furthermore, ilio-typhus is ushered in under the appearance of a vehement bronchitis, with a high degree of febrile excitement, chills, and, in some cases, with strong rigors, and swelling of the bronchial mucous membrane. Now, in a bronchitis it is seldom limited to a mere chill, but throughout its entire course the chill is more or less often repeated, and the subjective fever heat shows throughout not a corresponding degree of increased temperature, so that in milder cases in a few days the true seat of suffering will become apparent.

In aggravated cases, all things considered, it is difficult to assure the diagnosis, when the bronchitis sets in with intensity, when an occasional case occurs which runs a severe course, and seemingly wanting nothing of the character of typhus, and, even as it proceeds, delirium, stupor, convulsions, enlargement of the spleen, occur; when, added to these grave symptoms, diarrhoea incidentally sets in, it leaves the physician still longer in doubt of the real nature of the disease.

The respiration may become embarrassed to such a

degree, showing that the entrance of air into the lungs is obstructed, and that the amount admitted is insufficient for acting normally on the blood, which becomes carbonised, resulting in the appearance of cyanosis, therefore it is that somnolency and stupor so suddenly set in, and accordingly the temperature of the body falls, the feet and hands become cold, while the internal heat even continues to be considerable.

The obstruction of the entrance of air into the lungs will increase the difficulty of breathing, and dyspnoea will be the result. In such cases of vehement bronchitis it often occurs that there is no copious discharge from the nose, no repeated sneezing, nor in the further progress generally, no exclusive marked period to denote the presence of ilio-typhus, so that it frequently happens that from fourteen to twenty days will elapse before the physician can decide on the real nature of the disease; sometimes even such an attack may run its whole course without showing any distinction between ilio-typhus and bronchitis.

Frequently, in the obscure progress of such a case when far advanced in its course, unusual manifestations will occur, for instance, profuse hæmorrhage into the intestinal canal, or peritonitis, the result of perforation of an intestine, may occur in the third week, so that by thus waiting, light may be thrown on the nature of the disease.

However, these late elucidations will not always be very welcome to the physician, but in such exceptional cases the prevalence of the typhus epidemic, perennial or not perennial typhus, the age of the patient, the sensibility in the cæcal region, the dicrotus of the pulse meteorism, as well as epistaxis, may afford a sure stand-point for the diagnosis of ilio-typhus.

EXCISION OF JOINTS ON THE FIELD.

A Lecture delivered before the Surgical Society of Vienna on 29th May, 1872; compiled from the notes of Dr. Carl Fieber.

(Translated from the *Feldartiz* by ASSISTANT-SURGEON MACROBIN, Rifle Brigade.)

THE excision of joints has had during the last ten years more particular interest to the army surgeon than almost any other subject in military surgery. It is worthy of remark in the history of this class of operations that in civil life in cases seemingly incurable it has been practised for about a hundred years, and to a very great extent indeed since the commencement of the present century. In Germany the schools of Würzburg and Erlangen in particular have adopted it, and it is a subject of wonder that the experience gained in another sphere of action was not sooner turned to account in military practice for the treatment of these very serious injuries; for the operation was never at one time practised except in those cases in which the bones forming the joint protruded through the skin were sawn off; thus completing an operation which one may say was already commenced by the destructive missile. To this series may be added a few isolated cases. The results in civil practice had for a long time quite settled any doubts with regard to the success of the operation, and thus made the experiment in military practice by no means a rash one. The extremely bad prognosis of all gunshot injuries of the joints was also a further inducement to render this new mode of treatment justifiable; nevertheless, by the elder surgeons of reputation have only few, such as Larrey and, about the same time, Textor of Würzburg, and Michael Jäger, of Erlangen, undertaken this line of practice as opportunity offered. They stood by themselves and found no imitators for a long time. This state of affairs remained unchanged until towards the middle of this century, when the practice of excision of joints made a rapid stride, viz., in 1848-49, during the first Schleswig-Holstein war. It was Stromeyer and Langenbeck who then first recognised the particular significance of this operation in military surgery. They were doubtless influenced by their visit to Julius Hospital, at Würzburg, where they saw the good results following from the operation. Their experience became the starting point for the

permanent establishment of this important series of operations. The next who further established its success was Pirigoff, who, during the Crimean War, practised it extensively, principally in the joints of upper extremities, in which he himself operated 200 times. During this campaign he also recognised the value of the plaster of Paris bandage; the operation was not, however, extensively practised by the army of the allies. Again, in the Italian war of 1859, the Austrian surgeons took it up. The American war lasting four years brought much new material for its observation and greatly enhanced its value. In future campaigns no further opposition was made, quite the reverse, for in the Schleswig campaign of 1864 and in the German and Italian campaigns of 1866, and, lastly, in the greatest and last of modern campaigns, that of 1870-71, it was universally adopted. The French surgeons only stood aloof, otherwise, all the most distinguished surgeons in Germany, England, America, and Russia, were in favour of it. If we ask ourselves what then is the principle of the operation in injuries of the joints, the answer is so simple. The resection of joints is an operative proceeding, in which, by certain incisions through the soft parts, the cavity of the joint is opened, after which is removed, generally with the saw, one or other of the bones entering into the joint to a greater or less extent, and in many cases a part of the synovial membrane is also extirpated. What particular end does this satisfy? To make this clear, we must first consider the extreme consequences of the joint being left to itself. It is true that wounds of joints, if inflicted by sharp cutting or thrusting instruments, if the bones are uninjured, often quickly get well under ordinary antiphlogistic treatment. There are also other cases which may recover under conservative treatment, viz., in those cases of gunshot wounds without or with insignificant splintering of bone. Let us call these, for sake of distinction, incomplete injuries of the joints, as all three principal constituents of joint, synovial membrane, cartilage, and bone, are not injured at one and same time. These cases, however, of wounds of the joints complicated with fracture of the bones, invariably develop every source of danger if left to themselves from the traumatic inflammation going on rapidly to suppuration. The inflammation of the synovial membrane sets in with remarkable rapidity and with great violence, and before commencement of suppuration the fever reaches an extreme height, the joint at same time swelling to an enormous size. Inflammation having set in suppuration quickly follows, this increases, and pus fills up the cavity of the joint which, being under great tension and in constant contact with the synovial membrane, one of the most absorbent of all the tissues, is taken up into the blood; then follows a further increase of fever, which can pass at any time into that form known as pyæmia. If in the joint there are at same time splinters of bone, so must these, bathed in pus and cut off from nourishment, quickly become necrosed and becoming centres of putridity, a quickly killing septicæmia sets in, and carries off the patient in a few days. To the general consequence of leaving a joint to itself, contrast the operation of resection if performed before the setting in of inflammation. It provides by a wide opening a free exit for the pus should it occur, it lessens by the removal of splinters of bone the danger of unhealthy pus forming, and by the removal of the end of the bones forming the joint and any splinters it reduces the risk of inflammation to the soft parts which are most subject to it; it abolishes as much as possible those deep corners and receptacles in which the pus can stagnate, which exist between the ends of the bones and the synovial membrane, extending as it does a considerable way along the bones. This much cornered and recessed cavity is changed by the operation into one single cavity bounded by even walls. The operation also favours by removal of the cartilages, which would otherwise become disintegrated, the ankylosis of the joint, and lastly, by extirpation of a part of the synovial membrane, it diminishes the risk of pyæmia. These are briefly the principal advantages of resection.

THERAPEUTICS :

An Address delivered at the Annual Meeting of the Norfolk (Massachusetts) District Medical Society, May 8, 1872.

By B. E. COTTING, M.D. HARV.

(From the Boston Medical and Surgical Journal, July 4.)

MY FIRST QUESTION

As a Medical Student,—

ITS SOLUTION A SURE BASIS FOR RATIONAL THERAPEUTICS (a).

(Continued from page 121).

But for going only thus far he was violently assailed at home and abroad. The suggestion of a Chair of Natural History of Diseases seemed particularly obnoxious. An American reviewer, who himself only the year before had laid it down, in italics, as a rule, that "*no active medicine should be used in any case, unless the evidence is clear that it will effect good*," thus strongly expresses his dissent:—"We do not believe that it is right for a physician to forego, in any case, the use of positive medication where it is clearly applicable, merely for the sake of seeing how the disease will proceed under the guidance of Nature alone"—overlooking his fatal proviso "clearly applicable," and evidently forgetting that he had then so recently declared that "there are comparatively few active medicines of real value;" and that "we need what Sydenham termed a Natural History of Diseases."

While Sir John Forbes throughout his volume thus endeavoured to show the necessity of a knowledge of diseases without the interference or influence of medicines, and filled whole pages with the enumeration of the causes of the almost absolute ignorance on this subject, he seemed to give up, as almost hopeless, any expectation of a general effort to remove this ignorance, or to acquire the desired knowledge, in what he justly considered the only sure method; and his American reviewer, apparently shuddering at the announcement of the idea of letting disease go on without medication of some sort, could not bring himself to allow the right even to make use of the only truly scientific test, although, while preparing the review, he wrote to the author of the Address of 1852:—"I have just been re-reading your Address. I am glad to find your views so consonant with mine, and I hope that the subject will continue to be pressed upon the attention of the Profession by different writers, each in his own way, so that the good work of getting rid of over-dosing may go on."

Seldom can there be found better examples than these showing how difficult it is, even for those in authority and most self-relying, to rise above popular tenets, and to overcome the ever-pressing and probably unrecognised influence of what Forbes himself calls the "prejudices of education."

He who trumpets into notice a new agent, be it as lithiferous as chloroform or as inert as cundurango, may reasonably hope to be at once called "one of the lights of the age;" and he who impulsively lauds the virtues of any dangerous method or doubtful expedient may be quite sure of being proclaimed its "apostle;" but he who pleads for a little more caution, asks for a little more proof, points out danger, or exposes inefficiency, is liable to be looked upon with suspicion, or to be held in disfavour.

The suggestions advanced in 1852 had proved no exception to the general rule. Though many journals and notices of the Address applauded its sentiments, not a few good and true men appeared to be troubled lest the confidence of practitioners in remedies should be disturbed—so that when the author was called upon, in 1865, to give the Annual Discourse before our State Society (the "Solemn Oration," as it is sometimes called), an ex-President of this District Society, an esteemed friend, in the kindness of his heart, urged that its doctrines should accord with the prevalent opinions of the Profession (a). This kindly intended advice was received in the same spirit it was proffered, but it aroused

a train of thought which ultimately expanded into the discourse itself.

To the leading object of the Discourse my first question naturally followed as a corollary, and received additional force from the demonstration that preceded it. If diseases are a part of the plan of creation, then there must be a plan or law in each one of them, which should be sought out and understood before any attempt can rationally be made to influence its progress or results.

Seven years only have passed since the publication of the Discourse, and yet in this short time such changes have taken place in the opinions and writings of Medical men, through many influences, that one would hardly presume to read the paper for the first time now, lest it might appear to some to be merely a compilation of common-places pirated from the very journals which in the first instance decried it. A series of quotations might easily be gathered up in illustration; but one, from the *Dublin Quarterly*, 1869, will suffice for an example:—"The law regarding them [epidemics] would seem to be as wide-spread as gravitation itself, and, no doubt of it, the Deity has, for his own purposes, ordained that it should be so; and I believe it will not end till time itself is no more."

An incident in point must be pardoned—one especially gratifying to the author—the recent unanticipated conversion of a life-long friend, who had formerly, very kindly and dispassionately, but rather adversely, criticised the leading doctrines of the Discourse. He has lately recorded his present opinion as follows:—"The doctrine that 'Disease is a part of the plan of Creation,' though at times assailed, has never been invalidated, and, better than any other statement, comprehends and explains the facts appertaining to human ailments."

The great and rapid changes alluded to in Medical opinions must astonish our elder members, who, on finding where the advance has taken them, look back to their point of departure. They remember some of the first movements which opened the campaign; but they little thought then that they should live to see such a revolution—for what young men are now taught for true doctrine was considered scepticism less than forty years ago—the heresy of one generation becoming, as is often the case, the established faith of the next. "When, in 1835, the doctrine of self-limitation was announced," says the author of a Prize Essay on Rational Therapeutics, "it was quite common among men to speak of his Discourse [Dr. Bigelow's] as showing that he was unduly sceptical in relation to the powers of medicine. But at the present time, 1857, these views are those of the Profession generally." Since then, too, there might perhaps be found admirers of Sir John Forbes's doctrine among those who once wished that he had been forced to retire from the Profession years previously, so that such fallacies as his could never have been promulgated; and the author of the Discourse of 1865 now unexpectedly discovers his orthodoxy confirmed by one of last year's orators of the British Medical Association, in a passing allusion to "the modern heresy which forbids us to seek for design in morbid processes!"

Nevertheless, at this late day, in regard to the "succession of processes" which constitutes a disease, the dispersion of the series, its jugulation, eradication, and, in failure of these, its subjugation, by "active" interference, are questions seemingly still open with too many practitioners, and to be incon- testably decided *only after the solution of my first question*. Although the books and reports of cases are continually asserting, or leaving readers to infer, that such things have been done, or could be done if Medical men were only called in season, still results when carefully brought to the test do not show sufficient grounds for such inference. It is noticeable that in the bulletins of the late illness of the Prince of Wales no such intimation appears; the Medical attendants having apparently concerned themselves with what occurred from day to day, without anticipations or predictions. And it is further noticeable that the royal person suffered the same changes as the poorest subject is liable to, which would not have been, had skill or appliances been adequate to anything better. Even to such miserable sequelæ as are almost invariably attributed to neglect of some kind, did the case finally proceed, These, which will sometimes happen to the best cared-for, where alleged causes seem entirely inadequate or wholly want-

(a) *Parvis componere magna*, "I trust you will not cast doubts on the efficacy of medicine," said a distinguished member of our Profession, speaking to me of this Address.—SIR WM. JERRARD, M.D., &c. Address in Medicine before the British Medical Association, July 27th, 1869.

(a) "I prefer to be called a fool for asking the question, rather than to remain in ignorance."—DR. JOHN HOKANS (while a Medical student, 1860) to an upstarting Professor.

ing, raise in this instance a crowd of suggestions which should lead every practitioner to juster views of the limitations of his art.

The proclaimed, and perhaps prevailing, ideas of the treatment of acute rheumatism offer another illustration. The most opposite modes of active medication, general and local, have, from time to time, been announced and advocated, for shortening the disease; or more especially, of late, for preventing serious complications, of which "cardiac affections" seemed to be most feared. But rheumatism is self-limited, and cardiac affections are a part of the disease; and, as such, may be the first in the series, or may even exist without any other portion of the body being involved. Cases of the kind have been reported to this society—one in which the disease was diagnosed from cardiac symptoms one or two days before any appearance in other parts; and one, where the disease was chiefly, if not wholly, confined to the heart, with only the slightest subsequent appearance, if any at all, in the extremities. Both cases recovered; in the second instance, the heart symptoms entirely disappeared a few years later as the patient grew to womanhood.

If my first question had been thought of, and an attempt made, whenever practicable, to answer it, for Asiatic cholera, on and since its appearance nearly half a century ago, the Profession might have established, possibly by this time, some rational course to pursue, instead of being left to rush blindly, as much at a loss as ever, into all sorts of treatment; and we might have been saved the mortification of witnessing a re-education, at the last hour, of one of the most eminent and influential teachers, now recommending a course quite opposite to that which he has taught with "silver-tongued eloquence" for forty years past. If the plan now advocated by him is right, then countless patients have suffered at the hands of his numerous disciples up to this time. He virtually admits that he has hitherto been wrong; but seems not quite sure that the course now pursued is the true one—"its recommendation must, after all," he says, "lie in its comparative success." He does not tell us with what to compare it; an erroneous method of treatment, which had been discarded, would manifestly be an imperfect standard. The test we have suggested would be scouted perhaps by teacher and pupils; yet, think you that his patients would have suffered more, or run greater hazards, in its trial than under a, now avowed, wrong management? "I will not pretend to say," says the teacher, of the cases he himself treated, "that these persons might not have done quite as well if they had been left entirely to themselves." This, certainly, is the only answer that can yet be given; and as, in this formidable disease, we still find no settled principles of treatment, a thorough knowledge of its Natural History would be as great a gain to future victims as to the Profession.

How humiliating, also, the last public announcement, if true, of the last American collection of professional formulæ, said to contain all the most recent remedies of the most distinguished living American and European physicians and surgeons, that "these are in marked contrast with the obsolete and hackneyed formulæ to be found in the formularies now in the market." If such a wonderful contrast has been wrought so recently in the prescriptions of the eminent living practitioners, to what can it be attributed; for previous prescriptions were but yesterday considered of equal value and efficacy, though now termed obsolete and hackneyed? What evidence have we that the newly vaunted are better than the recently discarded formulæ? To what standard or test can such a question be brought in hope of a satisfactory solution? Is it unreasonable to require something real by which to fix that standard, when it can also be said of the last grand "System of Medicine" (Reynold's) that "it contains none of the absurdities of works of twenty years ago," although it was then thought that the works and cyclopedias of that time were so nearly perfect that, while possibly something might be added, there would never be need of much alteration or amendment?

All such pitiable oscillating from one extreme to another, with a current gratulation of superior success in each, till a prominent teacher is led to declare, in his lately published Lumlean Course, that "there are few conclusions more striking than the general one of the uncertainty of the art"—all this might have been prevented had the lesser risk been run of ascertaining, for a standard of comparison, what disease would of itself do, before interfering attempts were made to modify it by perturbative agents, whose real influence for good or for evil cannot be irrefragably proved without such a standard.

This is said in no spirit of "Nature Worship" so freely denounced by writers, nor in "dismal want of appreciation

of the true scope of Medical Art and Science"—but in the interests of both Nature and Art. We would hail with delight any "remedy," though discovered by a never so "audacious experiment," if fully proved to be beneficial to the sick—nor ask for the why and the wherefore, believing the reply of Molière's student, *quia est in eo*, to be the most philosophical attainable. But, awaiting this proof, we would have the true physician sometimes at least "a spectator" (until he understood the natural succession of the processes he desired "to meddle with," so far as possible, with their inherent tendency to good or evil results), in order that—and for that solely—he might *know*, not guess, whether "a disease is best let alone or treated by rest and diet," or "whether he can shorten its duration or abridge its sufferings" by any means within reach. This is what we would have him at times "a spectator" for, and it seems strange that, among a class of thinking men in this so-called enlightened age, any should still be found so fettered by the "prejudices of education" as to oppose unconditionally all such observations, since, "in proportion as the judgment is most cultivated there is the least yielding to the 'must-do-something' impulse," (a) and the more especially while the present state of therapeutics continues to be confessedly unsatisfactory, or, as a writer in the *Practitioner* of only last year has it, "undeniably one of chaotic confusion."

(To be continued.)

Gleanings.

Chloralum and Preparations of Chloralum as Disinfectants.

By PROF. A. FLECK, of Dresden.

(Translated for "THE MEDICAL PRESS AND CIRCULAR" from the *Industrie Zeitung*.)

THE Central Chemical Institution, established last year in Dresden for the protection of the public health, of which Prof. Fleck is the director, received, amongst other things, the disinfectants introduced by the Chloralum Company in London, in order that a thorough investigation of the composition and real value of these products might be made. The ostentation with which the Chloralum Company commenced, and still carries on, its operations, points either to the especial excellence of the disinfectants recommended, or to a great mistake. The suspicion against the Chloralum Company in this last respect was augmented by many external appearances which accompanied the undertaking. Those newspapers and journals of Germany which enjoy the greatest circulation have become the debating forum of the Chloralum Company, so that it seems to be high time that an impartial judge, such as the Central Chemical Institution, founded, as it is, under the auspices of the State, should pronounce unreserved judgment on the Chloralum Industry and its products.

The Chloralum Company recommends—1. Chloralum as the safest disinfectant, as free from smell, and not poisonous; and as adapted for the disinfection of urinals and drains, stables, slaughterhouses, street kennels, and horse dung, for internal and external use in affections of the throat, diphtheria, scarlet fever, small-pox, &c.

As Prof. Fleck states in the 2d, 1871, No. 4, the liquid contents of a clean labelled vessel weighing 637.6, half a litre in volume, and 15 sgr. (1s. 6d.) in price, were used for the chemical investigation. This fluid contains:—

82.32	per cent.	water.
0.15	"	chloride of lead.
0.10	"	" copper.
13.90	"	" aluminium.
0.42	"	" iron.
3.11	"	" calcium with gypsum.

100.00

2. Chloralum powder is recommended as an absorbent of organic impurities, as an antiseptic and astringent when combined with wheaten flour, and as a disinfectant for railway carriages, ships, privies, stables, drains, &c.

A tin canister, also very handsomely labelled, containing a white powder of 370 gr. in weight, and 5 sgr. (6d.) in price, was taken to experiment upon. It contained—

(a) Herbert Spencer. The Study of Sociology.

0.72	per cent.	chloride of arsenic.
0.55	"	lead.
0.37	"	copper.
52.43	"	aluminium.
1.55	"	iron.
11.51	"	calcium.
0.72	"	gypsum.
32.15	"	alumina and silicious earth.

100.00

3. Chloralum wool and wadding recommended as a styptic and antiseptic for fresh or suppurating wounds and cancerous tumours, also as a disinfectant for coffins and corpses. A neatly labelled bag, of waterproof material, containing 352 gr. of dried wadding, which had been soaked in 173 g. solid chloralum, or 9.80 g. fluid chloralum, price 20 sgr. (2s.) was taken for experimenting upon.

These analytical results leave no doubt as to the nature and the mode of making the preparations of chloralum, and as to their real value.

The manufacture is as follows:—An alumina containing lime (limy clay) and a small proportion of iron is steeped in ordinary strong muriatic acid, and dissolved as far as possible. The concentrated fluid, cleared from the alumina that remains undissolved, is drawn off, and sold in bottles as *Chloralum* (the name is to be ascribed to its containing chloride of aluminium). The sediment remaining is evaporated, together with the fluid remaining in it, and then dried; this yields the *Chloralum powder*. Cotton or wadding is dipped into the chloralum itself, saturated with it, pressed out, dried, and becomes *Chloralum wool and wadding*.

The arsenic, lead, and copper contained in the preparations are to be ascribed to the impurity of the solvent employed, muriatic acid, and to the apparatus in which the alumina is dissolved.

The real value of the contents of a bottle of chloralum, which is sold at 15 sgr. (1s. 6d.), is not to be computed as above 2 sgr. (rather more than two pence). The value of the chloralum powder, which is sold in tin canisters at 5 sgr. (6d.), cannot be placed higher than 1 sgr. (rather more than one penny), seeing that it is but dried sediment. The chloralum wadding, which is sold for 20 sgr. (2s.) is only worth $\frac{1}{4}$ sgr. (rather more than a half-penny), at the utmost. A solution of 10 g. of sulphate of alumina in 1 lb. of spring water would be a perfect substitute for the above preparations, all the component parts of which, excepting the chloride of aluminium, are to be regarded as impurities or poisons, and this solution would not exceed 1 sgr. in value (rather more than one penny).

To test the value of chloralum as a disinfectant similar quantities of sewage were treated with chloride of lime, alum, green vitriol, chloralum, quicklime and chloride of magnesium, and the clarified solution was tested for its contents of organic impurities (putridity), by means of an alkaline solution of silver. The effective value of this disinfectant and purifier may be gathered from the following figures:—

Chloride of lime.	Disinfectant.	100.0	per ct.	organic matter
Quicklime.	"	84.6	"	"
Alum.	"	80.4	"	"
Green vitriol.	"	76.7	"	"
Chloralum.	"	74.0	"	"
Chloride of magnesium.	"	57.4	"	"

Thus the disinfecting and purifying powers of chloralum stand below those of alum, or sulphate of alumina and copperas (protosulphate of iron), which further recommend themselves by their much greater cheapness.

To sum up the argument concerning the value and composition of the preparation of chloralum: 1. The preparations of chloralum have nothing in common with the similarly sounding chloral hydrate, and are, in point of fact, mixtures of chloride of aluminium. 2. The preparations of chloralum contain chlorine combinations of lead, copper, and arsenic, which renders their employment not free from danger, and which would render their employment as a medicine or as an astringent for open or suppurating wounds dangerous. 3. The price of the preparations of chloralum bears no relation to their nature of their effect. Considering that the liquid chloralum yields a clear profit of at least 700 per cent., and the wadding 400 per cent., the limits of honest trading may be considered as overstepped. 4. The result of these experiments is that chloralum, and the preparations made from the same, must be classed amongst the worthless arcana, and, in

the interest of the public health, as well as in the material interests of the public, a most decided warning must be given against the purchase of the same.

Trephining over a Lateral Sinus.

Professor PAUL F. EVE reports in the *Richmond and Louisville Medical Journal* of May, the following case of this nature:—A stout and healthy man, of forty-two years, was struck two years and ten months ago with a bludgeon, and suffered a fracture of the skull which rendered him insensible for sixteen hours. The depression was at a point midway between the occipital protuberance and the right external auditory meatus, and was about three quarters of an inch in depth, and of the circumference of a silver half dollar. No symptoms of epilepsy followed, but at the date of the operation (October 28th ultimo), the patient was habitually costive, walked with difficulty, and only for short distances; complained of constant weight and oppression in his head, and of a dull, annoying pain, radiating at irregular intervals from the point of the injury; had lost his energy, was never cheerful, and was losing flesh and strength. Nothing could provoke a smile. He was almost without hope, and said that he occasionally felt like losing his senses. At the date above mentioned, a crucial incision being made over the depressed portion of the skull, the insertion of the trapezius and the occipital portion of the occipito-frontalis was raised, thus getting below the superior curved line of the os occipitis; a half-inch Galt's trephine was applied and a button of bone removed without injury to the dura mater. Three discs of bone were thus removed from over the right lateral sinus, which was readily recognised by the deep colour of its venous blood; the angles left by the instrument were trimmed and the flaps replaced, and secured with silver wire. About five ounces of blood were lost and only one artery ligated. The patient expressed himself as feeling better as soon as he recovered from the effects of the ether. Most rigid after-treatment was pursued. A slight reaction on the following day was checked with sulphate of magnesia, and he subsequently experienced not a serious symptom. The wound was kept open for a month by the daily introduction of a blunt probe. The skull, in this case, was found to be unusually thin.

NOTICES TO CORRESPONDENTS.

THE Editor of the IRISH MEDICAL DIRECTORY will be glad to receive, and, if possible, to carry into effect in the forthcoming issue of the DIRECTORY, any suggestions for new matter, or emendations in the old. The Editor will add to the DIRECTORY any information which may appear to be interesting or useful to even a small section of the Profession in Ireland; and he solicits from the readers of the DIRECTORY their advice on the subject.

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 request.

All communications intended for insertion, must bear the name and address of the writer; not necessarily for publication, but as a voucher of good faith.

Rejected MS. will always be returned, if a request be received from the author, within one week after the article or letter has been declined.

SUBSCRIPTIONS IN THE UNITED STATES.—A Correspondent has drawn our attention to the fact, that some of the houses in the United States are charging the enormous figure of 15 dollars per annum (more than £3) for supplying this Journal to different parts of the States. We beg, therefore, to state that we shall be happy to supply the same regularly post free per annum, if paid in advance, for considerably less than half the amount, viz., six and-a-half dollars (about £1 6s. 0d.), either direct from our offices in this country, or through our recognised agents in the United States.

TO OUR SUBSCRIBERS.—It having been suggested to us that it would be a matter of great convenience to Subscribers visiting the metropolis to know where they can give instructions for their letters to be addressed previous to leaving home, we have pleasure in informing them that the Publisher has consented to take charge of letters addressed to his care, and that he will place a desk at the disposal of Subscribers whose names are upon our lists, for short correspondence, where such accommodation is desired.

THE FOOD REPORTS.—The next Series of Chemical and Physiological articles upon the important subject of Food, will be devoted to Meat Extracts, Australian and other imported Preserved Meats. We trust this Series will be as useful to our readers in determining the relative

value of food substances, and provoke as much interest generally as those which have already appeared. We shall be fully prepared to give the results of our investigations in the course of two or three weeks.

S. L. E.—1. Probably it is not illegal. It might be argued he who does by another does himself. 2. The question might be raised, but it would be said that the custom is to act by deputy, and we think that such a custom is very prevalent. 3. We do not suppose, even if the two former questions were determined against the party, that there would be any chance of such action as you mention.

We venture to commend to the notice of a few members of the Profession, who are at least our readers, if not our supporters, the following emphatic protest contained in the last issue of the *Canada Lancet*.

Speaking of the efforts of the publishers to extend its circulation in Canada, the *Lancet* says:—

"There are always some of course who do not wish to subscribe, some who are taking as many journals already as they have time to read, some who cannot afford a luxury of this kind, while there are others who do not subscribe to any journal, who do not read any new Medical works or journals, and do not wish to, who have still a plethora of knowledge on hand since their school-boy days, and do not require any new ideas; others who look upon the paltry amount of the subscription as more than they care to pay for anything of the sort, who look upon the Profession solely as a means of making money, and console themselves by saying, 'We have got along very well before journals were published, and we can do so still.' We take this opportunity of referring to the unkind treatment we have received from some Medical men who lay claim to respectability. These gentlemen are in the habit of taking the journal from the post office regularly, some of them for upwards of a year, and when the bill is presented they either repudiate it entirely, or invent some plausible excuse for not contributing their quota of the expense of publication. We care little for the loss thus sustained, but we regret to find such men in the Profession, and in one or two instances we felt disposed to give their names the benefit of a public announcement. Such conduct is not in keeping with the dignity of the Profession, and we believe it would have a salutary effect to hold such men forth in their true colours."

Mutato nomine de nobis fabula narratur. We are compelled to make the humiliating admission, that the gratuitous patrons of Medical literature are not a special growth of the Canadian soil. We were last week favoured with a communication from such a one, who naively informed us, after the receipt by him of sixty-four consecutive numbers of our journal, that he thought it was sent to him for the year and quarter by 'some lecturer or other.' Not to talk of honour and justice to such persons, we content ourselves with the remark that it is an indisputable principle of the law, that a person who week after week receives and makes use of goods of any sort—even if such goods are sent in error—and takes no means to put a stop to the sending of them, is liable to pay for them; and if a newspaper publisher refrains from enforcing his claim, it is not because there is any doubt of his right to recover, but because the people who adopt this line of conduct are not usually worth the trouble and expense of law proceedings.

To the Editor of the "Medical Press and Circular."

SIR,—I take the liberty of requesting that the "Student's Column" in your paper may, if possible, appear every week.—Your obedient servant,
A SUBSCRIBER.

[The communications to which our correspondent refers are finished; but we shall endeavour to follow up the series by similar contributions on other subjects.—Ed. M. P.]

FR. BARTHOLOMEW'S MAN.—It shall receive attention.

Several letters, communications, and other articles, already in type, are unavoidably postponed. Some answers to our correspondents must also wait.

VACANCIES.

- Basingstoke Union. Medical Officer for the Basingstoke or No. 1 District. £85 per annum. Fees extra.
- Bridgwater Union, Somersetshire. Medical Officer for the North Petherton or No. 9 District. £84 per annum.
- Brighton and Hove Dispensary. Resident House-Surgeon. £100 per annum, furnished apartments, coal, gas, and attendance.
- Castlecounell and Annacooty, co Limerick. Medical Attendant to the Royal Irish Constabulary.
- Charing Cross Hospital. Assistant-Surgeon.
- Cloghan, co Donegal. Medical Attendant to the Royal Irish Constabulary.
- Gloucester County Lunatic Asylum, near Gloucester. Junior Assistant Medical Officer. £80 per annum and board.
- Huddersfield Infirmary. Assistant House-Surgeon. £40 per annum, and board and residence.
- Limerick Union, co Limerick. Medical Officer, etc., for the Annacooty Dispensary District. £100 per annum. Fees extra.
- Liskeard Union, Cornwall. Medical Officer and Public Vaccinator for the Callington District. £65 per annum. Fees extra.
- Martley Union, Worcestershire. Medical Officer for the Leigh or No. 4 District. £85 per annum.
- Middlesex Hospital Medical College. Two Entrance Scholarships. £25 and £20 per annum, for two years.
- Royal Free Hospital, Gray's Inn Road. Resident Medical Officer.
- St. Mary's Hospital Medical School. Scholarship: £40 per annum for three years. Exhibition: £20 for one year.
- St. Marylebone, Parish of. Medical Officer for the St. Mary District.
- Sculcoates Union, Yorkshire. Medical Officer for the Sutton District. £80 per annum.
- Stranorlar Union, co Donegal. Medical Officer for the Cloghan Dispensary District. £100 per annum. Fees extra.
- Sussex County Hospital. House-Surgeon. £80 a year, with £10 a ear from each resident pupil, board, and residence.

- Uttoxeter Union, Staffordshire. Medical Officer for the Rocester District. £32 per annum, and extra fees.
- Warneford Lunatic Asylum, Oxford. Resident Medical Superintendent. £260 per annum, with board, &c.
- Waterford District Lunatic Asylum. Resident Physician Superintendent.
- West London District School, Ashford, near Staines. Medical Officer. £120 per annum.

OPERATION DAYS AT THE LONDON HOSPITALS.

- WEDNESDAY, August 28.
 - MIDDLESEX HOSPITAL.—Operations, 1 P.M.
 - ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
 - ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
 - ST. THOMAS'S HOSPITAL.—Operations, 2 P.M.
 - ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
 - KING'S COLLEGE HOSPITAL.—Operations, 2 P.M.
 - GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
 - UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
 - ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1½ P.M.
 - LONDON HOSPITAL.—Operations, 2 P.M.
 - CANCER HOSPITAL.—Operations, 2 P.M.
- THURSDAY, August 29.
 - ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
 - ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
 - UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
 - ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
 - CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
- FRIDAY, August 30.
 - ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
 - ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
 - CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
- SATURDAY, August 31.
 - HOSPITAL FOR WOMEN, Soho square.—Operations, 9½ P.M.
 - ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
 - ROYAL FREE HOSPITAL.—Operations, 2 P.M.
- MONDAY, September 2.
 - ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
 - ST. MARK'S HOSPITAL.—Operations, 2 P.M.
 - METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
 - ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
 - KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
 - CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
- TUESDAY, September 3.
 - ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
 - GUY'S HOSPITAL.—Operations, 1½ P.M.
 - WESTMINSTER HOSPITAL.—Operations, 2 P.M.
 - NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
 - ROYAL FREE HOSPITAL.—Operations, 2 P.M.
 - WEST LONDON HOSPITAL.—Operations, 2 P.M.

Deaths.

- BELLAMY.—On the 16th of August, P. F. Bellamy, M.R.C.S.E., of Fy-mouth, aged 68.
- COURTENAY.—On the 21st of August, at Globe Street, Wapping, H. Bischoff Courtenay, L.F.P. & S. Glasg.
- FURNISS.—On the 18th of August, J.J. Furniss, L.K.Q.C.P.I., L.R.C.S.I., aged 25.
- JEYES.—On the 15th of August, at Leamington, Dr. S. Jeyes, lat of the 16th Hussars.
- SUMMERS.—On the 13th of August, at North Fetherton, Somerset, W. A. Summers, M.R.C.S.E., aged 36.
- TURNER.—On the 15th of August, at Lower Sydenham, E. F. Turner, M.B., late of Market Bosworth, aged 80.
- WINSTANLEY.—On the 17th of August, E. Winstanley, M.R.C.S.E., late of Wigan, aged 39.

The Medical Press and Circular

OFFERS UNUSUAL ADVANTAGES

FOR the Insertion of announcements, from its extensive and largely increasing circulation in each of the three divisions of the United Kingdom and the Colonies. Being also supplied to the Hospital Libraries, &c. it will be found a most valuable medium for Advertisements of Books, Vacancies and Appointments, Sales and Transfers of Practices, Surgical Instruments, Chemicals, and Trades generally.

The scale of charges is as follows:—

Seven lines and under	£0 4 0
Per line afterwards	0 0 6
One quarter page	1 5 0
Half-page	2 10 0
One do.	5 0 0

When advertisements are given for a series of insertions, a very considerable reduction from the above scale is made.

Advertisements for Insertion in this Journal must be at the OFFICE, on SATURDAY, by Two o'Clock.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, SEPTEMBER 4, 1872.

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Original Communications.

EYE DISEASES AND INJURIES.

A Course of Lectures.

By ARCHIBALD HAMILTON JACOB, M.D., DUB. UNIV., F.R.C.S.I.,

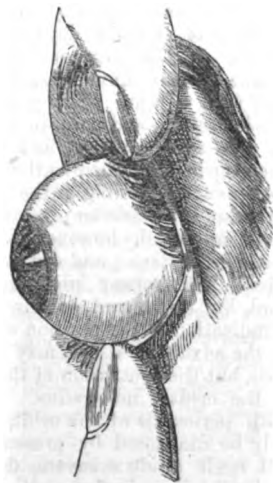
Chief-Surgeon to the Dublin Infirmary for Diseases of the Eye and Ear; and Ex-Ophthalmic Surgeon to the City of Dublin Hospital.

My last lecture (MEDICAL PRESS AND CIRCULAR, May 1, 1872) entered into the consideration of penetrating wounds of the orbit, not, however, involving any injury to the eye itself.

Dislocation of the Eye-ball. It is possible, however, that an actual dislocation of the globe of the eye may take place as the result of a blow with the knuckle, or with a blunt instrument, having a sufficient force to displace the eye without penetrating the orbit, or causing a wound.

This displacement of the entire eyeball, which is illustrated in the accompanying figure, copied from Mr. Haynes Walton's valuable treatise, is very rare, and arises when the eye is forced forwards until its equator passes beyond the palpebral opening, and when the orbicularis muscle and elastic structures close in behind it. Dr. Jameson, of Dublin, communicated in 1853 such a case to the Surgical Society of Ireland. A powerful man, while staggering about in his room drunk, struck his eye against a small iron hook or nail, which entered at the outer angle of the upper eyelid, and protruded the eyeball, rendering it firmly fixed, staring, and devoid of vision. When examined two hours afterwards the cornea was dry, cloudy, and rather opaque, and the pupil, moderately contracted, was uninfluenced by the light of a candle. Blood was not extravasated, nor was there any unnatural vascularity of the conjunctiva, although its upper sinus was torn partially through. I have myself seen the accident occur in the attempt to examine the posterior

part of the eye when it was permanently extruded by a tumour. The tension of the optic nerve usually renders the eye for the time totally blind, but on its replacement vision is immediately restored.



A case, which illustrates the temporary blindness arising from tension of the optic nerve is related by Mr. Benjamin Bell. The eye was almost completely turned out of its socket, by a sharp-pointed piece of iron pushed in beneath it. The iron passed through a portion of the orbit, and remained firmly fixed for the space of a quarter of an hour, during which period the patient suffered exquisite pain. He saw none with the dislocated eye; and the protrusion being so great as to lead to the suspicion that the optic nerve was ruptured, Mr. Bell doubted whether it would answer any purpose to replace it. He found, however, on removing the wedge of iron, which, being driven to the head, was done with difficulty, that the power of vision instantly returned, even before the eye was replaced. The eye was now easily reduced to its

original situation; inflammation was guarded against, and the patient enjoyed perfect vision.

The reduction of a dislocated eye is effected by insinuating the thumb nail of one hand, or, if that be impossible, a curette, under the upper lid, and pressing the eye back by the other thumb placed against the cornea; but if this manœuvre should fail the outer canthus must be divided.

Orbital Abscess. The occurrence of an abscess within the walls of the orbit may be either acute or chronic. The acute form is always the result of orbital cellulitis, or inflammation of the cellular bed on which the eyeball lies, and it is, therefore, attended with very serious inflammatory symptoms and very active symptomatic fever. Its causes are fourfold—*viz.*, 1. Wounds with or without impaction of foreign bodies. 2. Exposure to sudden changes of cold and heat. 3. Metastasis or the deposit of pus in cases of pyemia, phlebitis, erysipelas, &c. 4. Periosteal inflammation.

Mackenzie says that erysipelatous inflammation, spreading from the eyelids to the cellular membrane of the orbit, sometimes terminates in abscess within that cavity, or effusion of matter within the orbital capsule. This appears to be one of the modes, perhaps the most frequent but least suspected mode, in which erysipelas of the face or scalp proves fatal. The fatal result, under such circumstances, is generally ascribed to effusion within the head, but may happen without any inflammatory affection of the membranes or substance of the brain being detected after death. In such cases the formation of matter within the orbit sometimes takes place suddenly, at other times slowly and insidiously.

Stellwag Von Carion remarks that also orbital abscess occurs not unfrequently in the course of purulent meningitis, from the inflammation passing through the orbital fissures to the loose connective tissue of the orbit, and in such case usually occurs on both sides; and Fischer further observes that it may arise from a local deposit of tubercle.

Symptoms.—Though the formation of an orbital abscess by violence is generally immediate, sometimes an interval of several days may elapse between the injury (if the abscess be traumatic) and the result. The onset commences, especially in the metastatic form, with a rigor. The eyelids become red and distended with serum, and pain in the brow sets in with gradually increasing severity, and generally in paroxysms. When the orbital inflammation is deeply seated and not very intense the swelling of the lids and conjunctiva frequently bears the character of pure œdema. When it is intense or superficial, however, it often appears erysipelatous and is hot, tense, and deep red. In a day or two the eyeball will appear protruded, not always directly forward, but its upward or downward direction will afford an indication of the position of the abscess.

Cellulitis in the advanced stages, may be mistaken for panophthalmitis, but the protrusion of the eyeball will at once indicate the orbital infiltration. It may also be confounded with periostitis of the orbit, but this condition can readily be diagnosed by pressure. If pressure on the eyeball itself produce severe, deep-seated pain, there is no doubt of cellular inflammation; if not, and if pressure on the margin of the orbit indicates tenderness, the periosteal inflammation will be recognised.

The diagnosis of an abscess in the early stage before marked displacement of the globe takes place, or in case the purulent depot be situated directly in the axis of the orbit, is by no means easy. The chemosis and lividity of the lids and conjunctiva, and the violent paroxysmal pain are likely to confound the disease with one of violent ophthalmitis. If the case be one of abscess, the conjunctiva is rather œdematous than vascular, and the symptoms of corneal and iritic inflammation, which are always present when deep-seated inflammation of the eyeball exists, will not be developed.

At first the protrusion of the globe may be insignificant, and unless by careful comparison side by side with the other eye may be overlooked, but afterwards it becomes marked and sometimes goes to the extent of dislocating the eyeball. If the protrusion be to one side the position of the cellulitis or of the consequent abscess will be indicated, but if the direction of the eye be forward, the pus is probably deep behind the eyeball. Concurrently with this protrusion the sight is impaired by the tension of the optic nerve, till at last it is, for the time being, totally lost.

The displacement of the eye is very accurately illustrated in the accompanying drawing, which I have copied from Mr. Walton's book.



The pain of a simple orbital abscess is usually dull and deep seated, and only becomes violent when the extrusion of the eye is extreme.

Treatment.—In a few cases, especially of the more chronic form of abscess, absorption of pus and resolution may take place, but in the great majority of instances, the abscess will point, usually forcing the conjunctiva of the palpebral sinus out before it before discharging itself. If the case appear likely to take this course, it will be well to encourage it by poultices and mild saline cathartics.

If the patient has suffered violence the possibility of impaction of a perforating body must be remembered even if the external injury be apparently very slight, and search should be made for an external opening, be it ever so small.

If the abscess be caused by the entry of a foreign body, there is a direct exit for the purulent matter, and the source of irritation being removed, it will end in resolution, like an abscess elsewhere.

But it may come spontaneously, or from a blow followed by extravasation of blood, but without puncture; and in this case, of course, considering the danger of its pressing backwards towards the brain, or causing necrosis of the orbit, an incision for its exit should be made at an early stage, exploration having been previously made, if there be any doubt of the existence of pus, with the grooved needle.

This course becomes necessary also when the eye is in serious danger, either from the pressure or from being extruded outside the natural covering of the lids.

If the pus should not be evacuated it will probably find its way slowly, and with great suffering, and present forward at the base of the chemosed lid, or perhaps under the conjunctiva. When the pus is discharged the eyeball partly resumes its natural position, but frequently

the puckering of the muscles in the orbital cicatrix produces a partial strabismus.

As soon as, by careful examination, fluctuation can be detected, or before it, if the protrusion be great or cerebral symptoms threaten, an incision should be made. In acute abscess this must generally be effected through the lid, but if the swelling be inconsiderable the palpebral sinus is, of course, a more desirable locality.

A previous exploration with the grooved needle should be made in any doubtful case in order that the depth to which it may be necessary to go with an incision, and the exact situation of the abscess may be determined before large openings in so delicate a situation are ventured on. If the pus be located deep behind the globe, the lower palpebral sinus will be the proper place for an incision, as it is easier to reach, and allows the lowest channel for the exit of the pus. The threatening of cerebral symptoms, or of destruction of the eye will be the signal for immediate evacuation of the pus, and the general instruction will be to allow its escape at as early a period as possible. If the wound be external, a large soft poultice should be applied, and the wound kept from healing by the occasional use of a probe. If necrosis be suspected, search should be made for a denuded sequestrum, and it should be removed by a long forceps, such as that employed for removing foreign bodies from the ear. If the suppuration be profuse or continued, support for the system will be demanded, and must be maintained by means of beef-tea and wine, while the constitutional irritation must be kept down by cooling drinks, saline purgative and perfect rest. If the cellulitis be developed, and before any deposit of pus, a few leeches to the temple (or if erysipelas be feared), to the mastoid process will be useful in alleviating pain, and occasionally in averting suppuration.

(To be continued.)

ENLARGEMENT OF THE UTERUS CONSIDERED SPECIALLY WITH REFERENCE TO DIAGNOSIS.

A Clinical Lecture,

DELIVERED AT

THE ADELAIDE HOSPITAL, DUBLIN.

By LOMBE ATTHILL, M.D.,

Fellow and Examiner in Midwifery, College of Physicians, and Obstetric Physician to the Hospital.

You must have noticed the extreme frequency with which I use the uterine sound. Indeed, I may say, that I invariably use it in the examination of all cases presenting symptoms of uterine disease, unless its introduction be contra-indicated by the existence of some special cause. My reason for doing so is this, that in a very large proportion of such cases I find the uterus to be enlarged and elongated. The sound enables me to ascertain whether this be the case or not; should it be so, it immediately becomes my duty to endeavour to decide as to the cause on which that abnormal condition depends. I think, therefore, by directing your attention to some of the causes producing enlargements of the uterus, I shall aid you considerably in forming a correct diagnosis, in many cases of uterine disease; for while the subject of flexions of the uterus has of late years been investigated with great care, and has attracted quite as much attention as it deserves, the condition I am referring to, though intimately connected with, often indeed the cause of, these flexions, has been comparatively little noticed.

It is not surprising that the older writers should have overlooked this condition, for it is only of recent years that we

possess the means of investigating them, and of ascertaining, with any approach to accuracy, whether, in a given case, the uterus was of its normal size and shape, or enlarged and elongated. Now, however, matters are completely altered; by means of the uterine sound we can, in the great majority of instances, decide with certainty the depth of the cavity of the uterus, and, at the same time, the bi-manual method of examining enables us to satisfy ourselves whether or not the uterine walls are thickened and hypertrophied. Some practitioners still hesitate to have recourse to the uterine sound, but, after several years' experience, during which time I have employed it constantly, I am satisfied that it is not only one most useful, but also one of the safest of instruments.

Enlargements of the womb are met with in a very large percentage of those cases in which the symptoms are referable to the female organs of generation. Nor is this a matter of surprise when we remember the changes the uterus undergoes. In the virgin state but a couple of inches in length and an ounce or so in weight, it becomes, under the influence of pregnancy, developed into a large organ capable of containing the full-grown fetus, and weighing several pounds; consequently any circumstance which retards or prevents the return of the uterus to its normal size after delivery, may produce, as is now well known, a condition which often results in permanent enlargement, a condition to which, as I have already explained, the term "subinvolution" is applied. But, in addition to these great changes, the result of pregnancy, the uterus every month, as each catamenial period comes round, increases in weight and, probably, somewhat in size; if, from any accident or imprudence, the natural flow is then checked, that temporary increase may become permanent, an accident which, I am satisfied, is far from being of unfrequent occurrence. Here, then, at the outset, are two palpable causes of enlargement of the uterus.

But we meet with cases of enlargement of the uterus which cannot be referred to either of these classes. Women who have never been pregnant, and never have had any derangement of, or departure from, healthy menstruation, and women who, having conceived, have subsequently enjoyed uninterrupted good health for years, during which pregnancy undoubtedly did not take place, nor yet any derangement of menstruation occur, occasionally begin to suffer from symptoms referable to the uterus, and, on examination, these are found to be due to enlargement of that organ. In such cases I believe this condition may depend on inflammation of the substance of the uterus, either of an acute or chronic character; on simple hypertrophy of the muscular and areolar tissue of the uterus; on fibrous tumours developed in the walls of the uterus; and also, as all are aware, on the existence of intra-uterine tumours of any kind, whether they be polypi, fibrous or cancerous tumours. But, it is not my intention to enter at all on the subject of either uterine polypi or uterine tumours, except with reference to the question of diagnosis. I also purposely omit all reference to the actual existence of pregnancy, or to the retention of any of the products of conception in the uterus, as being foreign to the subject to which I wish especially to direct attention.

To recapitulate, we meet with enlargement of the uterus as the result of—

- 1st. Subinvolution of the uterus after labour or abortion.
- 2nd. Congestion of the uterus from suppression or retardation of menstruation.
- 3rd. Acute inflammation of the uterus, or possibly of its peritoneal covering.
- 4th. Chronic inflammation of the uterus.
- 5th. Hypertrophy of the uterus.
- 6th. The stimulus given to the uterus by the development in its walls of fibrous tumours.
- 7th. The existence of intra-uterine tumours.

1. Subinvolution of the uterus is now a well-known cause of uterine enlargement. There is no doubt but it is most likely to occur in those cases in which any form of inflammatory attack, whether it be peritonitis, metritis, or cellulitis, takes place subsequent to delivery. This fact has been pointed out by several writers. If, then, a patient has suffered from any such attack, the possible effect of it in retarding the normal reduction in the size of the uterus, which should take place within a few weeks subsequent to delivery, must be borne in mind, and we should, in such cases, carefully watch for any symptom indicating the presence of this condition. As a nearly invariable rule, profuse menstruation is the first and most prominent symptom indicating the existence of enlargement of the uterus depending on subinvolution; a symptom capable of being easily explained, when we bear in mind the fact, that not only is there under such circumstances an undue amount of blood contained in the enlarged uterine veins, but also, that the relaxed condition of the muscular tissue of the uterus favours the exudation of blood. This profuse menstruation does not always occur immediately; sometimes a month or two first elapses; but, ere long, menorrhagia shows itself, frequently of so violent a character as to assume the proportions of hæmorrhage, and, on instituting an examination, the sound reveals the true state of the case by proving that the uterus is abnormally elongated. The depth of the uterine cavity varies greatly in such cases. I have met with one instance in which it measured seven inches and upwards.

I have already stated, that the occurrence of profuse menstruation was the earliest and commonest symptom of enlargement of the uterus the result of subinvolution. This is so generally the case, that I have drawn the inference that the occurrence of profuse menstruation in cases of retroflexion of the uterus proved that the flexion was a secondary affection, the result of subinvolution of the uterus, and I still believe that as a general rule, this is correct, but there are exceptions, however, to this rule.

2. The occurrence of enlargement of the uterus from any cause suddenly checking menstruation is by no means rare, but the opportunities of proving this to be the case do not frequently occur; for if an unmarried woman complains of fulness, of pains in the head and in the back, of a sense of weight in the pelvis, and states that menstruation has been checked by exposure to cold or by some other obvious cause during the catamenial period, we are probably satisfied that uterine congestion exists; but, we are not justified in making a vaginal examination of any kind, unless, indeed, after a protracted trial, general treatment fails to relieve her. Again, if a married woman exhibits the same train of symptoms, the possibility of pregnancy existing precludes the use of the sound. Recently, however, I had an opportunity of verifying the fact. A widow, the mother of thirteen children, in whom menstruation had been irregular for three years, had in June last, after a long interval, a return of the discharge. It ceased suddenly, and she suffered great discomfort from a distressing sensation of weight and bearing down in the pelvis, and of fulness and pain in the head. In her case the uterus was three inches in depth, while all the symptoms rapidly subsided under treatment. It may be objected that, in this case, we were ignorant as to what might have been the condition of the uterus previously; but, here was a woman in the enjoyment of good health, suddenly attacked, after the abrupt checking of menstruation, with distressing symptoms, in whom the uterus was proved to be enlarged, and who was relieved of those symptoms and of that condition by treatment. Is it not then fair to reason that the enlargement was a temporary condition, the result of uterine congestion, itself caused by the sudden checking of menstruation?

3. All modern writers agree that acute inflammation may produce enlargement of the uterus, and I believe that this may

be the case, whether the patient suffers from peritonitis, metritis, or pelvic cellulitis. Of the two latter I have no doubt. Of enlargement of the uterus as the result of peritonitis, I had no experience till very recently, but the following case throws some light on the subject:—

Mrs. K., æt. 33, was admitted into the Adelaide Hospital in May, 1870. She was the mother of three children, the last of whom was born in March, 1869, fourteen months previous to admission. It appears that four weeks after her confinement, having been exposed to cold, she was attacked with severe pain over the whole abdomen. This pain, after a time, became localised in the left iliac fossa; and by degrees it, in a great measure, though not entirely, disappeared. At the expiration of two months from the date of this attack menstruation came on very profusely, and lasted for six weeks. She now obtained medical advice, and was treated for ulceration of the os uteri; but, although the menorrhagia was in some degree checked, the pain from which she suffered again became very severe. On admission into hospital the uterus was found to be retroflected, a certain amount of granular erosion existed, and menstruation was profuse. Her greatest distress, however, arose from an incessant dragging pain which she referred chiefly to the situation of the transverse colon. The uterus was enlarged to a trifling extent. The use of a pessary and other appropriate treatment speedily improved the condition of the womb, and she returned home apparently cured. At intervals, however, she still suffered from attacks of the abdominal pain. In the beginning of October she again caught cold, and was re-admitted into hospital labouring under a well-marked attack of sub-acute peritonitis. Leeches, fomentation, and the exhibition of opium relieved her. During the course of this attack I twice measured the depth of the uterus, and found that it had increased nearly an inch in length. She did not menstruate during this attack.

This case contrasts strongly with one referred to on a former occasion, in which menorrhagia and pain of a paroxysmal character, referable to the uterus, were the prominent symptoms. It illustrates the occurrence of enlargement of the uterus as the result of endo-metritis.

4. Chronic inflammation of the uterus being more frequently met with than the acute form, is a more common cause of enlargement. Such cases are constantly coming under observation. They are frequently found in connection with retroflexion of the uterus. Of course all are aware, that it is a disputed point whether flexions of the uterus are a cause or a result of inflammation. For my own part, I am far from denying that flexions of the uterus, but more especially retroflexion, may take place independently of inflammation, still, I am satisfied that in the majority of cases, inflammation, or at least active congestion, is the primary and principal cause of these flexions, and this opinion, which I expressed in a paper published two years ago, enlarged experience has since amply confirmed. In such cases the symptoms are often very distressing. The following typical one, at present under my care in the extern department of the Adelaide Hospital, illustrates this:—

E. D., æt. 30, seven years married, has never been pregnant; about three or four years ago began to suffer from pain in the back, over the pubis, and in the left groin. Menstruation is scanty, and is occasionally suppressed for two or three months at a time. Sexual intercourse is painful. On examination, I found the uterus elongated and retroflected. This case, although an aggravated one, is typical as showing the sufferings due to enlargement of the uterus the result of chronic inflammation.

In each of the foregoing cases, the enlargement evidently appears to have been due to inflammatory action attacking a uterus previously healthy, so far at least as we had opportunities of judging; but, in some instances it seems to follow as

the result of the treatment we have been compelled to adopt for the cure of other ailments. Eighteen months ago, I was consulted by a lady for menorrhagia. She was married but had never become pregnant. For a year previous to marriage, menstruation had been more profuse than formerly, but not to such an extent as to attract much notice. Since marriage, however, she had become worse, and at the time of her consulting me, not only was the discharge very profuse, but it also generally continued to flow for more than a fortnight. A vaginal examination detected extensive granular erosion of the os and cervix uteri. This condition was in time perfectly cured and the menorrhagia consequently ceased; but, I observed, that as this condition of the cervix improved, so did the uterus enlarge, the fundus becoming heavy and globular in shape; and yet, my treatment had not been characterised by the use of any severe remedy. I had hoped that after the unhealthy condition of the cervix had been cured, and all treatment had been discontinued, the uterus would regain its normal size and shape, but I regret to say such has not as yet, at least, been the case. I had an opportunity of seeing this lady a few days ago. The uterus, after the lapse of a year, remained unaltered; the fundus is quite globular; menstruation is scanty and occasionally painful. She has never conceived. My retrospect of this case is, that the treatment which it was absolutely necessary to adopt to check the hæmorrhage and cure the unhealthy condition of the uterus, excited a certain amount of inflammation of the uterine tissue, which has resulted in permanent enlargement of the organ. A similar result, I am satisfied, not unfrequently takes place from congestion and chronic inflammation, unconnected with any ulceration whatever.

5. Next I shall call your attention briefly to that condition, which, for lack of a better name, I term hypertrophy of the uterus. I mean to include under this head those cases in which the whole of the uterus, or some portion of it, slowly and imperceptibly increases in size. Sometimes the cervix alone is implicated, that portion of the organ becoming elongated and thickened, or the body alone may be affected, while in other cases the body and cervix are equally engaged, and become thickened, enlarged, and frequently painful. The pain being apparently due either to hyperæsthesia of the nerves of the uterus, or to the pressure exercised on them by the hypertrophied tissue by which they are surrounded.

In these cases menstruation, as a rule, is but little altered in its character; sometimes it is slightly diminished in quantity, and not unfrequently becomes painful, but I do not remember meeting with a case in which hæmorrhage was present. I am of opinion that the condition of the menstrual functions will materially aid our diagnosis in doubtful cases; for if the enlargement be due to chronic inflammation, it will most probably be lessened in quantity; if to subinvolution or to the presence of any intra-uterine tumour, it will in general be augmented; while in cases of simple hypertrophy it is seldom altered, at least in any great degree.

The pathology of this form of uterine enlargement is very obscure; the fibres composing the muscular tissue of the uterus appear to be elongated and thickened, while there is also hypertrophy of the areolar tissue. Both conditions may have their origin in a low form of inflammation which at the time escaped observation; but we cannot, in the present state of our knowledge, say, why in a certain case the cervix uteri elongates and enlarges, till by its very size and weight it irritates and causes distress; while, at the same time, in another the body and fundus of the uterus participating in the unhealthy condition of the cervix, become heavy and elongated; and in another, seem to remain in their normal condition. Excessive indulgence in sexual intercourse has been set down as a cause of enlargement and hypertrophy of the cervix, but I doubt this much. In my own practice, the case which

of all others gave rise to the greatest amount of suffering and distress, occurred in an unmarried woman. Miss —, æt. 40, came under my care nearly two years ago. She stated that about seven years previously she, for the first time, experienced pain in the back and over the pubes, and not long after a sense of weight in the pelvis, and that her suffering had ever since gradually increased. When I saw her she could not sit up for any length of time, and walking, even a short distance, caused much distress; she also complained of a troublesome itching at the vulva. On instituting a vaginal examination, the cervix was found to be elongated to the extent of at least an inch. It was thickened and hypertrophied, the supra-vaginal portion evidently participating in the abnormal condition of the organ. Menstruation continued to be performed regularly, but it was attended with much pain. She has ever since been under observation, though I have long ago abandoned any active treatment. This lady has been treated by leeching, by blistering, by the administration of the iodide of potassium and of the bichloride of mercury, and it is hard to say which of these did the least amount of good. The uterus has steadily increased in size, evenly and universally, and with its increase so have her sufferings increased, till now she has become a complete invalid. In her case I at one time, before the body of the uterus became so manifestly enlarged, entertained the idea that amputation of the cervix might, by removing the cause of local vaginal irritation, be productive of benefit. But, as the operation certainly was not entirely free from risk, and as I became satisfied that the supra-vaginal portion of the uterus also participated in the diseased condition, I abandoned the idea. In this case I feel perfectly satisfied that the hypertrophy commenced at a very early age and gradually increased; it bears a strong resemblance to one recorded in Vol. II. of the work on "Diseases of Women," by Bernutz and Goupil, published by the Sydenham Society. Another case of hypertrophy of the cervix in an unmarried woman has since come under my observation. She is a dressmaker, æt. 28, an industrious woman, sitting at work upwards of twelve hours a day. She complained of weight in the pelvis and of bearing down. She also suffered from the most obstinate constipation. Menstruation was regular, but generally accompanied by pain. On making an examination the os uteri was found to rest on the perineum; the cervix was elongated and thickened, and the fundus slightly enlarged. This woman would not come into hospital, and consequently I have had no opportunity of trying the effects of treatment, from which, in truth, I would anticipate but little benefit.

Any person who has read the work just mentioned will at once see that the condition I am now referring to is very similar, if not analogous, to that termed by M. Huguier, "hypertrophic allongement" of the uterus, a condition which he divides into two classes—namely, sub-vaginal and supra-vaginal, a division the actual value of which I do not highly appreciate. I am inclined to the opinion that, although we may have enlargement of the body of the uterus without the cervix being engaged, the cervix is never enlarged for any length of time without the supra-vaginal portion of the organ becoming implicated in the disease. I also believe that not a few of the cases recorded by M. Huguier were cases of subinvolution of the uterus following delivery, and not of the condition which I have termed hypertrophy.

But, in addition to these cases of hypertrophy with elongation of the cervix or of the body of the uterus, or of both, we meet with cases in which there is no elongation, but the very reverse. We sometimes find the cervix shortened, drawn up, as it were, into the body of the uterus, and some-

times disappearing altogether. In such instances the body of the uterus assumes a globular form. This form of enlargement gives rise to considerable distress, and it seems specially to cause intractable irritation of the bladder. In one case, which was for years occasionally under my observation, this symptom was the prominent one, and that for which the patient sought relief.

There is no form of uterine disease in which so little good can be effected by treatment as that to which I am now referring. If the body of the uterus be engaged, it seems nearly useless. If, however, we are satisfied that the cervix only is affected, amputation may be resorted to with advantage; or possibly local depletion and subsequently the repeated application of Dr. Greenhalgh's iodized cotton may effect some good.

It remains for me to allude, and I shall do so very briefly, to that form of uterine enlargement in which the organ is stimulated, and increases in size, from the presence of a fibrous tumour embedded in, or growing from, some portion of its walls. Cases are recorded in which a fibrous tumour of very small size, perhaps not larger than a nut, so stimulated the uterus that it increased to five or six times its normal size, the cavity too being proportionally elongated. These cases are most perplexing, a *post-mortem* examination alone being capable of revealing their true nature. Fortunately they are not of frequent occurrence. I have not myself met with any case in which I was satisfied of their existence. In the great majority of instances a fibrous tumour sooner or later will bulge into the cavity of the uterus, or project out on the peritoneal surface. In either case the tendency of the disease is to render menstruation more profuse; while in that form of enlargement depending on hypertrophy of the fibrous tissue of the uterus, and which is the only form liable to be confounded with the one now under consideration, menstruation, if interfered with at all, is more likely to be diminished than increased. The subject of fibrous tumours of the uterus does not come within the scope of the present lecture. I wish, however, to draw attention to those cases, of by no means infrequent occurrence, where enormous fibrous growths exist in which the womb is embedded and almost lost. These cases have over and over again been mistaken for ovarian tumours, a mistake which the use of the uterine sound may help us to avoid. It tells us not only what is the length of the uterine cavity, but also whether the uterus is free or embedded in the tumour.

Now, as to diagnosis. I have already stated that the sound and that alone enables us to decide as to whether the uterus be enlarged or not, but it affords us no clue as to the cause of the enlargement. A few general rules, however, if they do not enable us to give a positive diagnosis, will at least facilitate materially our decision as to the nature of any case. Thus, if we meet with an enlarged uterus in a woman who has aborted or been delivered at the full time, even though a considerable interval has elapsed, the probability is in favour of the enlargement being dependent on subinvolution, and this opinion will be confirmed if, as is nearly always the case, menorrhagia be present. If again metritis, pelvic cellulitis, or peritonitis be present or have occurred recently, the inflammatory action is fully sufficient to account for the condition of the uterus, and it should be always borne in mind that it does not follow that the enlargement will disappear with the subsidence of the inflammation; so again, in other cases, we should ascertain if menstruation has been checked or suppressed, and if symptoms

referable to the uterus have followed on this; or if again, pain in the back and over the pubes was first noticed, menstruation being subsequently lessened or suppressed: in the former case we are likely to find that the enlargement depends on congestion, in the latter on chronic inflammation, while hypertrophy steals on gradually, menstruation being seldom interfered with; and it is of no small importance to decide to which cause the enlargement is due, for while much may be done to relieve the sufferings caused by enlargement of the uterus the result of chronic inflammation, treatment seems utterly powerless in alleviating those produced by simple hypertrophy of the uterus. It is, indeed, a nearly hopeless ailment, one not likely to destroy life, but to render it a burden. Then, again, if we have menorrhagia in cases of enlarged uterus, unconnected with any of the causes noticed, we may expect to meet with intra-uterine polypus, or fibrous tumours. It will then be our duty to clear up the doubt which exists, by dilating the cervix and exploring the interior of the uterus.

As I have called your attention to the subject of enlargement of the uterus, with the hope that I may aid you in arriving at a correct diagnosis in cases in which that condition exists, I shall not enter at any length into their treatment; that of subinvolution was fully discussed on a previous occasion (Lecture V.), and I must refer you to what was then said on the subject.

In cases of enlargement following sudden suppression of menstruation, the administration of saline purgatives, and subsequently of the bromide and iodide of potassium conjointly in full doses, will generally, if the case be recent, prove sufficient; but should it be neglected in the early stages, it will probably pass into the condition of chronic inflammation, a condition over which medicines possess little influence. The prolonged use of the bichloride of mercury, in small doses, has been recommended in these cases, but in my own practice I have not been satisfied that it produced any good effect. I have seen, I think, more benefit result from local depletion by puncturing the cervix uteri, as recommended by Dr. Hall, of Brighton, than from anything else, and I think it is a mode of treatment deserving a fair trial. To be of use this must be repeated frequently at intervals of about five days. The application, to the verge of the anus, of two or three leeches, immediately after the termination of a menstrual period, where menorrhagia is present in connexion with a relaxed and engorged uterus, also often proves beneficial. Both these methods act by relieving the congested condition of that organ, and thus facilitating its contraction. In conjunction with this treatment, I recommend the administration of strychnia with the addition of dilute nitric acid, or, if the patient be anæmic, with the tincture of the perchloride of iron. Strychnia is the most valuable medicine we possess in case of menorrhagia in connexion with a relaxed atonic condition of the uterus. It is, however, contra-indicated in cases of chronic inflammation, unless that condition be first relieved by local depletion.

In cases where the uterus has become enlarged and hardened, as the result of chronic inflammation, the use of the waters of Kreuznach seems to have a very beneficial effect, and if the patient's means are such as to admit of her visiting that place, a trial should be made. As to hypertrophy of the uterus, treatment is seldom likely to effect good.

In cases of enlargement of the uterus from inflammation of an acute character, I believe rest, the exhibition of opium, and warm poultices over the abdomen to be the means on which we should rely; depletion, if practised at all, should be in a limited degree by the application of a few leeches. Mercury I consider to be not only useless but actually deleterious.

Special Report

ON

DISEASES OF THE THROAT.

Edited for the "MEDICAL PRESS AND CIRCULAR."

By PROSSER JAMES, M.D., M.R.C.P.,

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III.—LARYNGOSCOPY.—(Continued.)

The Laryngeal Image. The Vocal Cords. Other Parts Reflected. Parts of the Cavity of the Larynx. Appearance of the Cords.

WHEN the mirror has been introduced and the full light directed upon it the operator will have a view of the parts in the line of reflection.

If the directions already given have been followed and the conformation of the parts be normal, an image of the interior of the larynx occupies the mirror, the vocal cords arresting attention by their movement as well as by their white colour, which is in striking contrast with the surrounding parts.

If the mirror should not have been carried far enough back—a common error with beginners—or if it be otherwise improperly placed, of course this view will not be obtained. In the former case rectification is easy, in the latter the mirror should be withdrawn and re-introduced.

It is not uncommon for the beginner to see only the base of the tongue and upper surface of the epiglottis, or if he have carried his mirror far enough he may even then only see the under surface of the epiglottis.

I have even known the mirror to be so held at first as only to reflect some of the teeth, and yet the learner has very soon become an efficient laryngoscopist.

To some beginners, the sudden appearance of the teeth instead of the vocal cords in the mirror, is quite startling. A moment's consideration of how they are holding the mirror removes their perplexity.

The view, moreover, will vary somewhat with the conformation of the individual, but most of all with the angle at which the mirror is held, and this may be varied to any extent.

A single demonstration will suffice to teach a pupil so to hold the mirror as to see the vocal cords in action.

It is easier, in fact, for a student to learn this from a competent professor than to comprehend and appreciate the printed directions.

I speak of the vocal cords, because in his very first lesson the student ought to see them distinctly and notice their vibration. From that moment he will never forget their appearance and he will feel more interest in his work; moreover, they will serve as land marks for the study of other parts of the larynx. The laryngeal image is seen in Fig. 13,

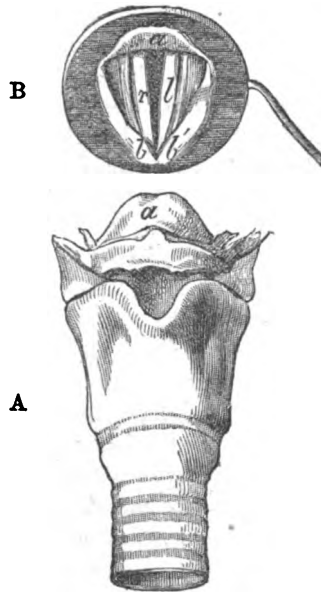


FIG. 13.

which represents the mirror (B) held over the larynx (A) and reflecting an ordinary view of the cavity.

In this figure, A is the anterior view of the larynx, merely introduced to show its relative position to the mirror B, in which the reflected image appears. The epiglottis is marked *a* in both figures. The right and left vocal cords of the patient are marked *r* and *l*, and the arytenoid cartilages, which are also prominent parts in the view, are marked *b* and *b'*.

In the next figure (14) there is presented a view of

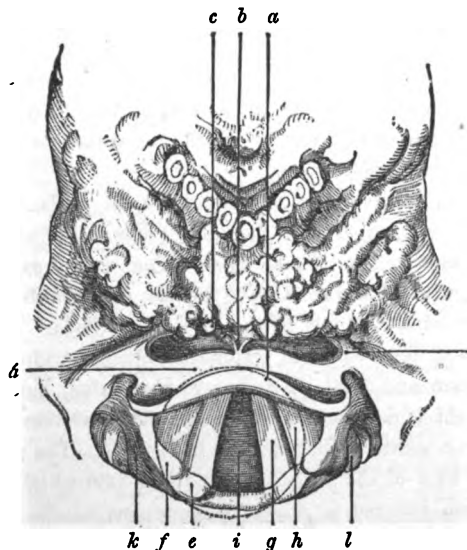


FIG. 14.

nearly all the parts likely to come into view in the attempt to see the interior of the larynx. The laryngeal image, as seen in a moderate sized mirror, is included in the dotted circle. This engraving is copied from Türk (*a*), with the exception of the dotted circle, which was added by Dr.

(a). Klinik der Krankheiten des Kehlkopfes. Wien., 1866.

Walker (a)' Several parts, such as the base of the tongue, will at once be recognised, while the laryngeal image is more complete than in Fig. 13. Thus the letter *g* points to one of the true vocal cords, while *h* indicates one of the so-called false cords; *i* is the rima glottidis or opening between the true cords; *e*, the arytenoid cartilage surmounted by the capitulum Santorini, and close to this is the cartilage of Wrisberg, *f*.

The epiglottis is marked *a*, as in the previous figure, *b* is the glosso-epiglottic ligament, and *c* the valæcula.

It may be thought that the crowding of these parts into one engraving is unnatural. Still the figure gives a fair idea of the relative position of the parts likely to be reflected in the mirror during the student's early attempts to explore the larynx, while the dotted circle directs his attention to the ordinary laryngeal image. With every detail of this image he must be thoroughly familiar, and he will soon find that in the normal condition it varies considerably in different persons. Moreover, he will be prepared to watch its extensive changes during respiration and phonation. To assist in the recognition of the several parts an unlettered engraving of a laryngeal image is here added.

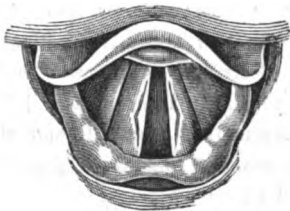


FIG. 15.

This, it will be observed, is a fuller view than the preceding one. The cushion of the epiglottis is distinctly seen immediately under its lip. The glottis itself is not quite so open, and there are some other differences between the two figures of which the student should make a careful comparison.

I have already remarked that the vocal cords are in remarkable contrast with the other parts. It is impossible, therefore, to mistake them. They appear as two flattish, white bands connecting the base of the arytenoid cartilage with the angle of the thyroid cartilage. They are seen to move with the respiration, opening widely in inspiration and partially closing in expiration, but the movement is most posteriorly, where the separation may be from a quarter to half an inch in distance. The angle at the base of the arytenoid cartilages into which the cords are inserted is called the processus vocalis. As the vocal cords approximate this angle is turned inwards, but when they separate it turns outwards, so that in inspiration the glottis has what has been called a lozenge-shape. The vocal process above described served Longet for a division of the glottis into the inter-cartilagenous and inter-ligamentous portions.

(To be continued.)

(c). The Laryngoscope in its clinical applications.

NEW METHOD OF PUTTING UP FRACTURED CLAVICLE.

By DR. LEWIS A. SAYRE, OF NEW YORK,

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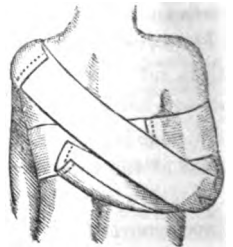
THE *American Practitioner* for July, 1871, contained a description of a method of dressing fracture of the clavicle, which we are assured will commend itself to our readers. It is thus described:—

“Strong and good adhesive plaster (Maw’s moleskin is the best) is cut into two strips, three to four inches wide (narrower for children); one piece long enough to surround the arm and go completely around the body, the other to reach from the sound shoulder around the elbow of the fractured side and back to the place of starting. The first piece is passed around the arm just below the axillary margin, and pinned or stitched in the form of a loop sufficiently large to prevent strangulation, leaving a portion on the back of the arm uncased by the plaster. The arm is then drawn downward and backward until the clavicular portion of the pectoralis major muscle is put sufficiently on the stretch to overcome the sterno-cleido-mastoid, and thus pull the inner portion of the clavicle down to its level. The plaster is then



Sayre's first bandage for fractured clavicle.

carried smoothly and completely around the body, and pinned to itself on the back to prevent slipping. This first strip of plaster fulfils a double purpose: first, by putting the clavicular portion of the pectoralis major muscle on the stretch, it prevents the clavicle from riding upwards; and secondly, acting as a fulcrum at the centre of the arm, when the elbow is pressed downward, forward and inward, it necessarily forces the other extremity of the humerus (and with it the shoulder) upward, outward, and backward; and it is kept in this position by the second strip of plaster, which is applied as follows: Commencing on the front of the shoulder of the sound side, drawing it smoothly and diagonally across the back to the elbow of the fractured side, where a slit is made in its middle to receive the projecting olecranon. Before applying this plaster to the elbow, an assistant should press the elbow well forward and inward, and retain it there, while the plaster is continued over the elbow and fore-arm (pressing the latter close to the chest, and securing the hand near the opposite nipple); crossing the shoulder at the place of beginning, it is there secured by two or three pins.



Sayre's second bandage for fractured clavicle.

“When this has been done, the deformity will have entirely disappeared, the fractured bones will be accurately adjusted, and as long as the strips of plaster maintain their position, no amount of force can displace them.”

BRITISH MEDICAL ASSOCIATION.

ADDRESS IN MEDICINE.

By SAMUEL WILKS, M.D., F.R.C.P., F.R.S.,

Physician and Lecturer on Medicine at Guy's Hospital, Examiner in Medicine at the Royal College of Surgeons, &c.

(Continued.)

I MUST say yet one word more in favour of the study of morbid anatomy—its necessary aid to diagnosis. No

amount of clinical observation or acumen could enable the Medical man to form an opinion of the nature of many cases without an acquaintance with the diseases which *post-mortem* examination alone can reveal. This implies that symptoms do not carry with them the interpretation of their cause; that symptoms are not, in fact, pathognomonic. The time has not yet arrived to enable us to associate symptoms with certain definite lesions, and we must be content at present to act on the doctrine of probabilities. When a cancer in the chest will produce the same symptoms as an aneurism, or an arachnitis the same cerebral symptoms as a diseased kidney, our diagnosis must rest on other considerations than symptomatology, and we are led to guess in one direction rather than another from extraneous facts. A slight sore throat in a boy at school where the epidemic of scarlatina exists, suggests this disease, not from the symptoms but from a knowledge of its presence in the house. Diagnosis being thus made by considering the probabilities in favour of the existence of one disease rather than another, in order to form a judgment, a thorough acquaintance with all diseases is necessary, and the man who has the largest knowledge of morbid states is he who will most likely arrive at the surest conclusion. It is clear then that mere acumen at the bed-side is not sufficient; the quick eye and ear may discern all that can possibly be learned, and yet the interpretation may be wanting, simply because the observer has not had a sufficiently extensive knowledge of all the phases of disease by which he can explain the symptoms. This fact I have constantly observed. Therefore, if it be true, as I think it undoubtedly is, that that man forms the best opinion of a case who has the widest experience of disease, it follows that not only is a study of the living necessary to diagnosis, but also that of the dead. Diagnosis is made up of two parts—the symptoms and their interpretations. The first is gained by clinical observation, the second by a knowledge of all the diseases to which the human body is liable. We have to try and discover all the ills, functional and organic, to which flesh is heir; and we then, in the living subject, watch the symptoms which are associated with them. In any given case we first take the symptoms and ask what they imply; the answer should be so much and no more. Secondly, we ask what are the probabilities in favour of their connection with one particular disease rather than another. The answer is the diagnosis. A study, then, of morbid anatomy, by making us acquainted more exclusively with diseased action, is necessary for accurate diagnosis.

I have said that, with the exception of sudden attacks of inflammation in the chest arising from vicissitudes of climate, nearly all the morbid changes found in the body have been insidious and slow. These are the diseases going on within, due to causes ever operating upon us quietly, or inherited from our fathers. There is, however, an altogether different class of affections, arising from causes which attack us from without. To these we are all liable; they are the specific contagious and epidemic disorders. The difference between them appears to be marked, and their peculiarity arises rather from the nature of the external agent than from the patient or recipient. To many minds the phenomena attached to the development of each of these diseases are so uniform, that they see in every individual example the offspring of a common stock; and they are strengthened in their view by the fact that the virus taken from a particular victim will grow and spread like a seed from its parent plant. They believe, therefore, in the possibility of stamping out contagious diseases, just as they might exterminate a particular animal or tree. There are other persons, however, who, whilst believing in the specific nature of these diseases, yet hold that they can be spontaneously generated, as, for example, typhus, from the crowding together of many people; typhoid, from decomposing vegetable matters; scarlatina, from decomposing blood; and, according to Miss Nightingale, small-pox, under various conditions of foul air. There are, however, yet others who, believing that specific causes are in operation, yet do not hold that they are necessarily propagated or generated in the animal body, but have an independent existence outside the human frame in the form of vegetable germs; for example, the element of cholera is, according to them, a rice fungus, that of measles a fungus of another species, and the virus of typhoid a third. If the analogy at all hold good between the phenomena of these diseases and those of animal or vegetable life, the con-

clusions would rather be in favour of each particular example of the disease having its origin in a parent source; and thus, as in the case of every weed in our garden, we assume that a seed has been planted in the soil, and leave it to others to prove its spontaneous growth, so, from analogy of reasoning, in the case of specific contagious diseases, we would leave the *onus probandi* to those who deny the more obvious explanation, and seek for another in the doctrine of spontaneous generation. Whatever may be the view we take, if we regard these diseases as in any way likely to have been produced by specific organic particles rapidly growing in a favourable soil, we cannot regard with any satisfaction the doctrine of elimination. According to the generally received views the virus, as that of small-pox, being inserted into the system, begins to grow and propagate in the soil until the process of development is complete, it may be to the actual destruction of the soil in which it has flourished. I cannot see anything like elimination in this, but rather a rapid and active growth, destructive in its progress. If the soil be not fitted for it, the germ may wither, but the abortion seems by no means due to any eliminative powers in correspondence to the youth or strength of the patient, but to an entirely different class of circumstances. I confess, if I knew the method of killing the virus at its source, or staying its growth, I should be inclined to do so rather than foster its development; and, if it be true that the specific diseases are due to the introduction of an organism into the blood, then all must agree that this treatment is rational. A ringworm grows and grows wherever the soil is propitious; the itch insect spreads over the body; and the hydatid often swells until its host is destroyed. Cancer cells divide and propagate until they have killed their victim which has supplied them with nourishment; and the germs of small-pox will do the same. In none of these cases do I see any special power possessed by the body which can be called eliminative. If the cause, then, of specific diseases be due to germs, and these should be shown, as in the supposed case of cholera, to be nothing but a vegetable fungus, the analogy between such diseases and the parasitic, as shown by the result, is complete. The specific diseases then afford another example of what is witnessed throughout all nature—that the life of one is dependent on the destruction of another. There is a constant struggle for existence amongst all living things in creation; they are all living on others whilst endeavouring to protect themselves, and man is not an exception.

"While man exclaims 'see all things for my use,'
'See man for mine,' replies a pampered goose."

The whole history of a living thing is not told unless it be shown what kind of prey it is to others. The naturalist, in describing the sheep, shows its digestive apparatus and appropriate food, and finally now it becomes meat for man; or a fish in all its anatomical and physiological details, and then how it becomes the prey of some larger creature. The naturalist, too, in describing the hydatid, from a hydatid point of view, would show its means of sustenance, and how some species rejoiced to feed on the liver of man; or how the trichophyton tonsurans found a favourable soil in the human head. I do not see any special power in the human body to get rid of these parasites; all I see is, an open war being waged between the guest and the host as to the mastery; each is trying to thrive, and consequently destroys the other. Would not the ivy, in writing its life, speak of its claspers by which it embraces the elm; and would not the elm speak of its destruction by the ivy? Would not the pretty dodder speak lovingly of the gorse, which it, nevertheless, often chokes? I think the philosophy of the whole matter is found in *Hamlet* when the Prince says to the King:

"We eat all creatures else to fat us, and we fat ourselves for maggots. Your fat king and your lean beggar is but variable service two dishes to one table.—Alas! alas!—A man may fish with the worm that hath eat of a king, and eat of the fish that have fed of that worm!—What dost thou mean by this?—Nothing, but to show you how a king may go a progress through the guts of a beggar."

In the case of parasites, it is clear that we have no inherent power to get rid of them, and all we can attempt to do is to destroy them by violence. If there be any truth, therefore, in the germ theory of contagious diseases, the treatment of them is clear—war to the knife. The analogy would not be so close, if it were true that the weakly and the sick first became a prey to epidemic disease.

This has often been stated by writers on social science, when conformable to their views; but facts are antagonistic to them. I have always taught the opposite, and can now speak with confidence since Dr. Walshe, in a lecture lately published, has expressed the same opinion. Many years ago, when reporting cases of fever, I said that I had never found any organic disease in those who had died of it, for it was not until typhus had broken out in the hospital, and after many years' experience, that I had an opportunity of seeing such a thing as a diseased heart in a person dead of fever. I think all members will bear me out in saying that it is amongst the youthful and vigorous that small-pox, scarlatina, &c., grow and prevail. From their own germ point of view, these diseases delight in the young and healthy; and, in the case of artificial poisons or those introduced into the system by accident, I see no effort of nature to get rid of them. The kidney, like every other organ, has its own peculiar function, and takes cognizance of certain materials in the blood and eliminates them; but it often seems to have no power to eradicate them from the system, for, in the case of lead-poisoning, the blood may throw them down in every tissue of the body, and there leave them.

Whilst on the subject of elimination, and the supposed efforts of nature to get rid of deleterious matters from the system, it might naturally be conjectured that, with the rejection of this doctrine, I should discard all such ideas as are conveyed in the terms, "conservative processes," and the "vis medicatrix nature." The supposition is right; and I would more fully have dwelt on the subject, had not Dr. Bristowe so admirably treated it in the Croonian lectures lately delivered at the Royal College of Physicians. He has put it very clearly before us, how certain physiological laws exist which we can watch like other laws in nature, and see how they always act in certain definite methods; further than this we have no right to go. We have no right to select a particular instance of a natural process, and declare that a conservative action is in operation, any more than choose another case and call the action destructive. The forces of nature go blindly on, heedless of results, and cannot be spoken of as if they were half intelligent powers with benevolent or baneful objects in view. Such notions would show that we had not reached the true scientific method, but, according to Comte, were still in the metaphysical stage of thought, when external agencies were supposed to be ruling the world. If we once admit them into our nomenclature, we are led into countless contradictions. If, instead of regarding the hypertrophy of the ventricle, in the case of obstruction of the blood-vessels, as a result of a simple physiological law, we speak of it as a conservative process, we are immediately reminded of the wrongfulness of the expression, when we see this same conservative process causing the rupture of a vessel in the brain, and killing the proprietor; or if we choose to call the blocking-up of the blood-vessels as they pass through a cavity in the lung, conservative, how are we to name the same process when it tends to the mortification of an organ, and perhaps the death of the patient? These laws are natural laws, and often not even strictly physiological; for where is the difference between the case of enlargement of the superficial veins when the vena cava is obstructed, and that of dirty water finding its way by the gutters when the main sewer is choked? If a conservative power preside in the one case, does it not in the other? I may be allowed to say that I do not take up this subject as the question of the hour, but am giving you the result of my matured thoughts, and such as I have always taught. I have always regarded such terms as, conservative, elimination of disease, "vis medicatrix," as purely metaphysical, and having no place in the vocabulary of medicine. This last term I discarded from my earliest student days, for I well remember when a surgical teacher used the expression with reference to a case of fractured skull, and when, notwithstanding that curative nature was to step in and mend it, the patient was seen on the *post-mortem* table a few days afterwards with inflammation of the brain; I remarked, in terms which were considered almost sacrilegious, that the man would have lived with a crack in his skull if nature's vis medicatrix had not stepped in and killed him. I am convinced that, when we occupy our minds with metaphysical entities, and talk of conservative powers of nature, vital principles, and such like vague terms, we are hindering scientific discovery, by implying that there are agencies at work behind the phe-

nomena which we witness. I confess I do not know the intentions of nature, and whether, when a man is purged in cholera, nature is endeavouring to cure him or to kill him. The doctor says the former, the social statistician says the latter. I remember, too, we used to be told that not only disease itself, but even an accident, might contain within itself the element of repair; for example, a thorn which sticks in the skin would set up an inflammation and abscess, and thus be discharged. The very source of mischief contained the cure. A very striking and ridiculous rebuff to this doctrine occurred some years ago at my hospital, in the case of a young man who, having had too much to drink, fell off a plank whilst crossing to his ship, and was nearly being drowned. On his recovery, he was lectured on the serious consequences of spirit-drinking; whereat he replied that, on the contrary, he had been informed that it was nothing but the brandy in his stomach which had restored him to life.

Next to the evil of allowing some metaphysical idea to influence our mind is the fault of taking a scientific fact or principle, and making it explain a number of obscure phenomena without our possessing any data to guide us as to the correctness of the application. With one, a chemical theory is made to solve all abstruse questions in physiology and pathology; with another, cell-growth can do the same; and with a third, a nervous influence can accomplish all things. See, for example, what a remarkable experiment of Bernard has done for us. He divided the sympathetic in the neck of a rabbit, causing the temperature to rise, and the part to become more vascular. It seemed clear from this experiment, that the vascular supply is dependent on nerve influence, and thus we are introduced into a new domain of vaso-motor and trophic nerves. What has been the consequence? Every ingenious man has sat down in his study, and assisted to flood Medical literature with explanations of physiological action, morbid processes, or the therapeutic operation of medicines founded on the theory. Nearly every disorder of the nervous system, be it of an apoplectic or convulsive nature, as well as a large number of other morbid phenomena, can be now accounted for on the theory of an altered vascular supply through the vaso-motor nerves. The operation of many drugs is now made apparent by the influence they exert on nutrition through these nerves, the only difficulty being in the fact that the medicines have different actions, whereas the vessels are only susceptible of dilatation or contraction. It is for this reason that theoretical men have found strychnia and belladonna the two great agents for rousing and depressing the nerve-centres, thus enabling them to hold in their grasp the maladies supposed to be dependent on their rule. This great idea has been much simplified by substituting heat and cold, and thus these nerve-governing powers of the human body being stimulated to increased action by the one, or their over activity controlled by the other, every single complaint to which the human body is liable can now be cured, and all by means of spine-bags. I take this as one example of our eagerness for more knowledge; there are very few on this earth who are presenting us with new facts, or, rather, revealing to us some hitherto hidden secret of nature; and when they do bestow upon us the result of their labours, we grasp it, we hug it, we cannot make enough of it, until in the end we all become ridiculous. What we want are more facts and more truth; the praise cannot be too great which is bestowed on those who are silently working in their laboratories for our advantage. It is more light and knowledge that we want. I might here remark, that I believe it is the suppression of theory, and the keeping to facts, which has placed the Pathological Society of London in so eminent a position; and, to my mind, the more it has kept to dry, morbid anatomy, the more successful has it been. Those who talk of grouping together facts, and speak of our dead pathology, can scarcely be aware of the material which is required before this can be done. How much do we know, I might ask, of the changes in the brain, spinal cord, and ganglionic system, so as to associate them with living symptoms? The whole lies before us as an undiscovered country. So difficult does it seem to keep the great dictum of Bacon before us, and regard ourselves as the interpreters of Nature, and not invent false theories to ourselves, which are only "the children of an idle brain." I believe Ruskin is not far wrong when he says, "The more I think of it, the more I find this conclusion impressed upon me; that the greatest thing a human soul ever does in this world is to see

something, and tell what it saw in a plain way. Hundreds of people can talk for one who can think, but thousands can think for one who can see."

If, then, we are struggling on, our facts scanty, our pathological ideas narrow or false, how is it possible that the art of cure can have a scientific basis? I have ever maintained, and must do so still, that our treatment at present is necessarily empirical. Even those who maintain the contrary, and found their opinion upon the newly discovered property of a drug to-day, are tacitly admitting that they must have worked in ignorance yesterday. A scientific treatment appears to me to require a thorough knowledge of disease to understand the meaning of the symptoms, and then to have a better acquaintance with the action of drugs. Why, look at the pulse; every one can feel a pulse and understand its indications, except some of those clear-sighted men with whom we sometimes meet, and who declare that it takes a lifetime to understand its significance. Think for a moment of the pulse and some of the more evident circumstances which must influence it, or rather regard it as the resultant of a number of forces variously combined; why, the machinery is far more complex than any you manufacture in this town. There is the ventricle itself, affecting the pulse by the force, number, and regularity of its beats; then there is the condition of the orifice; then of the blood-vessel, its size and elasticity; thirdly, the state of the channels into which the fluid flows; again, the receptacles beyond them, and their facility or not of receiving the current of blood; then there is the quality of the blood itself; and, lastly, the intensity of the controlling influence over all. That all these conditions, and even more, are at work, is seen by the varied tracings of the sphygmograph, the importance of which a distinguished physician of this town (Dr Forster) was one of the first to recognise. Now, I apprehend a true knowledge of the pulse would be the facility of appreciating how any one of these conditions mentioned was at fault; and a scientific treatment would be the appropriate remedy for it. I consider the pulse as a case showing the difficulty in acting on scientific principles; for, supposing the sphygmograph should now enable us to administer appropriate treatment, it shows that my proposition was true before its discovery. My great objection to the idea of scientific therapeutics is, that it necessarily implies acquaintance with diseased action as well as the meaning and importance of symptoms. What, for example, is the scientific treatment of cholera? "To try and check the fatal discharge," says one; "To let it flow," says another. In the meantime, and whilst the scientific question is being solved, I consider it a disgrace to the Profession that we are not yet agreed as to the best hygienic methods under which the greatest number get well. What, again, is the scientific treatment of fever? This a few years ago would have been considered decided, if unanimity implied truth; for, amongst other rules, it would have been strictly laid down that, whilst the patient should have fresh air, he must by no means be chilled. This idea, however, seems to be a mere phantasm of the human brain, for we now hear that placing the patient in a cold bath is the most successful scientific treatment. So opposed to our notions does the advisability of placing a patient in a cold bath seem, that he who had attempted it years ago would have almost regarded himself as a murderer had the patient died; yet now the treatment is considered rational. As matters of minor consideration in this same disease, we daily ask ourselves whether it is better or not to encourage the sweating; whether it is better or not to remove the articular inflammation; and we make the same inquiries with regard to many other diseases. Whilst we are asking these questions, and obtain no reply, in our present state of ignorance of the signification of symptoms, we point to the man who can show the greatest number of cures as the best practitioner, who is content at present with knowing that he has a large number of valuable drugs in his Pharmacopœia, which he finds eminently useful in particular cases; first having made the diagnosis, and then administering the drug. I believe that all reasoning on the matter naturally leads to my conclusion; but, if I look around and see what is practically being done, I feel no doubt of the justice of my remark. I see that the best advisers are those who most skillfully lead their patients through a difficult illness, guided only by experience; whereas I, on the contrary, see the very worst practitioners and the most ignorant amongst those who act on fancied scientific principles. Again, extra-professional persons, who

have no knowledge whatever of medicine, are they who are almost exclusively influenced by that kind of reasoning which is styled scientific. A sick man, you know, does not like to take his physic blindly; he will know the why and the wherefore of its administration; and the more clear it is to him that the medicine is to act on this organ, or relieve this or the other symptom, with the greater pleasure does he swallow the dose. The whole train of reasoning must be wrong in such a case; but that is of little consequence to him. All quackery has for its basis science, falsely so called; and it is because of this that uneducated persons are mostly influenced by those who purify the blood, or put fresh vitality into the nerves. I may say, moreover, that all quack systems, as well as the worst methods within the pale of orthodoxy, proceed upon the plan of treating symptoms. The more closely a Medical man adopts this method, wittingly or not, the nearer does he approach the charlatan. If what I have been saying be true, that changes in the body come about slowly and insidiously, our duty is rather to study how to check their progress, and not to devote ourselves to the treatment of the mere phenomena of the disorder. In so-called gouty persons, with malassimilation and tendency to articular inflammation and deposits of uric acid, much harm is often done by the continual use of alkalies, which often merely cover the presence of the gravel without in any way removing it; or, if the great toe be especially treated, the cause may still remain. When the body has relieved itself by these portals, it may show that the outward and visible signs, in the form of symptoms, are not to be meddled with. This, which has long been recognised in the case of gout, may be applicable to other diseases, and the relief expressed by a symptom be much greater than could be accomplished by medicine.

"Tho' when small humours gather to gout,
The doctor fancies he has driven them out."

I think few would hesitate in saying that the Medical man is doing much more for his gouty patient by prescribing a suitable regimen and medicine of that kind which operates on the assimilative organs, than by attempting to relieve particular symptoms. In like manner in a case of early phthisis, he would render better service by advising a particular conduct of life than by giving his attention to petty ailments. In acute affections the same may be said; he who treats a typhoid fever, having regard to its natural course and phenomena, would be more likely to meet with success than he who, as was done in past times, meddled with the various organs of the body, and should order vinegar rags for the head, expectorants for the chest, and astringents for the bowels. Some of our methods, without appearing so, may be equally absurd, as, for example, what was once proposed to me in a case of strangulated hernia, to defer the operation until the sickness had ceased. Our object should be to get behind the symptoms, and thus obtain a fair view of the case. Some of the most lamentable spectacles I witness occur in cases of nervous people, who, being treated according to their special wants, have procured for themselves a permanent place on the doctor's sick list. It is quite true that patients do not want to know anything about pathology; they have their aches, pains, and troubles, and for these they seek advice. It is of course the province of the Medical man to heed these troubles, and endeavour to relieve them; but, nevertheless, I contend it is his duty to take, if he can, a just and comprehensive view of the whole case, and, whilst administering to the wants of the patient, yet not forget his high calling as a scientific man, and act for the general welfare of his patient and of society. He who simply pleases his patient by attending to local troubles, and does nothing but satisfy the prejudices and ignorances of the public, either has not learned the greater truths which his art and science contain, or is simply converting a noble profession into a trade. If the history of particular minds be identical with the history of the race, we shall find the mass of the public is in accord with the least scientific in our Profession. A layman recommends a remedy for a symptom, and offers his friends a medicine for the spasms or a pill for the liver complaint, and so on. All quacks knowingly and systematically pursue the same course; and the least educated in the Profession unwittingly follow a similar method. This is the explanation of such men doing large practices; their ignorance is a means towards success. In the history of the world we see savage nations attempting to exorcise particular pains, having of course no knowledge of their cause. At a later period, symptoms are treated; but in proportion to the

advances of medicine as a science, is the attempt at a wider generalisation being constantly made. If scientific treatment had been at the present day in any way perfected, how were it possible that, within a few years, bromide of potassium, carbolic acid, and chloral, should become in turn universal medicines? If any fact were required to prove the absence of scientific system in the treatment of disease, it would be the universal administration of chloral; every patient has some bodily uneasiness, or is sleepless, and thus presents symptoms suggesting its use. It is a powerful benumber; but benumbing the sensibilities and paralysing your patient is not curing his complaint. If a man be raving mad, and you knock him down and stun him, he will be quiet, and you may praise highly the dose which you have given him. The practice might thus be developed into a valuable therapeutic agent, and a trained boxer might give blows on the head of different degrees of force according to the strength of the dose ordered by the prescriber. The method would hold rank with the universal administration of chloral, and, in the hands of an expert, might perhaps be more safe.

(To be continued.)

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, SEPTEMBER 4, 1872.

THE ARMY REPORT.

We have received a copy of this great Blue-Book, which has just been issued, and is the report for 1870, although Dr. Parkes's report on Hygiene, to which we always turn at once, is for 1871. As usual, it is full of information put in the most interesting form. There are also other able papers, to which we shall return. Here we can only mention the cases, as follows:—

1. Case of transplanting of small pieces of skin to a large ulcer. By Surgeon Wolseley, 5th Fusiliers. 2. Tincture of Aconite in Pneumonia. By Surgeon Wolseley, 5th Fusiliers. 3. Case of Syphilitic Herpes. By Staff Assistant-Surgeon W. Curran. 4. Two cases of Varicocele treated by Vidal's operation. By Surgeon Porter, 97th Regiment. 5. Two cases of Hypospadiac Fissure, treated by Urethro-plasty. By Surgeon Porter, 97th Regiment. 6. Case of penetration of thoracic cavity

with wound of the lung. By Assistant Surgeon J. R. Murray, M.D., Royal Horse Artillery. 7. Case of Scrofulous Abscess in the walls of the left ventricle of the heart. By Surgeon Longhurst, M.D., 60th Rifles. 8. Aneurism of left Femoral Artery, ligature of External Iliac. By Assistant Surgeon Clapp, 54th Regiment. 9. Case of Thrombosis, occlusion of right Popliteal Artery and Amputation. By Staff Assistant-Surgeon Batho. 10. Case of supposed ocular disease. By Deputy Inspector-General Longmore, C.B. 11. Case of Development of Larvæ in the nasal passages. By Staff Assistant-Surgeon W. K. Stewart, M.D.

The total admissions to hospital for sickness were slightly higher than in 1869, but less than the average of the last ten years in the proportion of 1,095 to 1,129 per 1,000 of mean strength. The increase was chiefly in China, Japan, and India. The ratio of mortality was much lower than in 1869, and, moreover, was 2.47 per 1,000 below the average of the last ten years, an improvement being observable in India, Bermuda, Ceylon, and the Straits Settlements. The invaliding has increased of late. The mean daily sick shows a decrease of 5 per 1,000 in comparison with the average of the last decennium. Among the colonial corps there has been a marked increase in the sickness and mortality in Ceylon and Labuan, due to the unhealthy state of the detachment in the latter island. In Western Africa the ratio of mortality was less than half that of the preceding year. In China the admissions to hospital have been on the increase of late.

The recruiting returns for the twelvemonth refer to a total of 38,408 men examined for admission to the army. Of these 11,827 were rejected on primary and 1,108 on secondary inspection—12,935 in all, and giving a ratio of 336.7 per 1,000 rejections. Including both primary and secondary inspections, there was a reduction of 30 per 1,000 in the rejection of recruits examined by army Medical officers in the first instance, and 65 per 1,000 in those inspected by civilian Medical men, making a reduction in the rejections upon the total inspected of 33 per 1,000 on a comparison with the results of the previous year. But there was still a disproportion between the rejection of recruits at secondary inspections by army Medical officers and civilians, in the proportion of 16 to 116 per 1,000. England supplied 220, Scotland 66, Ireland 108.6, and the colonies, &c., 5.4 out of every 1,000 of the recruits.

The average strength of European troops in India was 55,380; the admissions to hospital were 89,898; the deaths 1,266; or in the ratios of 1,623 admissions and 22.86 deaths per 1,000 of mean strength, the former slightly above, but the latter 14 per 1,000 under the ratio of the former year. The 1st battalion of the 21st Regiment, which was decimated by fever and being sent to Bangalore, is not taken into account in the above calculation. At Peshawur fever prevailed. The admissions there were 1,898 per 1,000 of mean strength amongst the horse artillery, 1,705 the foot artillery, and 2,369 in the infantry. Inspector-General Muir, C.B., states in his report that the government "refused to sanction the issue of an extra blanket to the troops at Peshawur," though this step was "strongly recommended from the conviction that the repeated attacks of fever, to which the men were in the great majority of cases subject, arose from the sudden reduction of temperature after sunset, against which their regulated allowance of bedding (the same as in the plains of Bengal) did not furnish adequate protection." About 7,000 men

and families were located in the hills, and the numbers, it is satisfactory to learn, will be increased year by year. Dr. Muir recommends the still further reduction of the garrison of Peshawur, and he adds, "It is still much to be regretted that military necessity should demand such a sacrifice of health and life as service in that deadly valley year after year almost certainly entails." The history of the 1st battalion 21st Regiment affords a striking illustration of the necessity of locating our European troops in the hills away from the pestiferous plains as much as possible. Its average strength was 797, the admissions to hospital were 3,173, or 3,981 per 1,000 of mean strength, nearly in the proportion of 4 to every man serving. Besides, 171 men, or 214 per 1,000 strength, were sent home invalided, and 18 died. On the whole, however, the reports about India are to be regarded as satisfactory.

THE SUPPLY OF DRUGS TO WORKHOUSES.

A VALUABLE report has just been issued by F. W. Rowsell, Esq., Superintendent of Contracts to the Admiralty, relative to the system of supplying goods to the several workhouses of London; and we extract from the report information which will be alike interesting to chemists and druggists, the Profession, and the public. A series of questions were asked the authorities of the several unions, which elicited the fact that, generally speaking, the medicines and drugs supplied for the use of the inmates are obtained from excellent sources—viz., from some first-rate drug-dealer in London whose name and standing are sufficient guarantees for quality. There are, however, it is stated, a few exceptions, in which it would appear that local considerations prevail, and that the guardians are more desirous to provide for the "good of the parish" than for the quality of the drugs, when arranging for the dispensary supplies. Mr. Rowsell states, however, with reference to this matter, that he does not intend to insinuate that the local chemists and druggists do not supply drugs, &c., of good quality; but that "their position is not such as to make it vehemently improbable that they should sell some inferior articles; and I have reason to know in some instances that medicines thus supplied have not given satisfaction to the Medical officers." It is certainly of the utmost importance that Poor-law guardians should adopt every means to ensure the perfect good quality of their drugs, and therefore the remark of Mr. Rowsell, which we have just quoted, cannot be considered as altogether satisfactory. He further writes:—"In providing medicine for the navy it has been found desirable to deal only with first-rate houses, as most of the boards of guardians do, and to revise prices quarterly by the light of published price currents. It does not appear that this revision takes place at all the workhouses who deal with the best firms. It certainly should do so, as the price of certain drugs—*e. g.*, opium preparations, varies according to markets within a range of 35 per cent. Occasional competition even amongst the best houses is a desirable thing, so as to prevent a contract rusting, and to keep prices in check." We also learn the peculiar fact that at some unions it has been discovered that the Medical supply arrangements have been unaltered for fifteen to twenty years. Mr. Rowsell also states that surgical appliances seem to be had in quite small quantities, but from

good sources; and he points out that at some of the unions, as well as at certain hospitals, Tarragona wine is used instead of port for medicinal purposes.

The *sequitur* of Mr. Rowsell's report would appear to be that in his opinion, boards of guardians are doing everything that can be expected of them towards securing a supply of pure drugs if they contract by the year with "some first-rate drug dealer in London whose name and standing are sufficient guarantees for quality," and he further insinuates that local provincial druggists are more likely to be tempted to trade rogueries than their great metropolitan competitors. The experience of the Irish Poor-law Commissioners, frequently referred to in our columns, leads to a directly contrary conclusion, for it has shown that the name and standing of the largest Irish drug houses are no guarantee whatever for the quality of their supplies, and, in fact, the Boards of Guardians are quite as likely to receive honest dealing from the local druggist as from the largest dealers.

If Mr. Rowsell has no more bitter condemnation to express of the workhouse drug system, London sick paupers must be very happily situated comparatively to their Irish co-miserables.

We can inform him that in Ireland such an element as competition either in price or quality of workhouse drugs never penetrates the heads of guardians. Medicines are supplied for quarter centuries by the same firm, no other seller having, practically, any opportunity of competing. The drugs supplied may be purity itself, or they may be roguish rubbish, they may be honest in price, or grossly and preposterously exorbitant, for all the guardians know about it, and, to put the *status in quo* in a nutshell, both the tenders for contract and the prices for supplies have been many times shown to be grossly dishonest.

We dissent therefore, *toto caelo*, from Mr. Rowsell's idea that the poor ought to be left, as regards the efficiency of their medicines in sickness, to the tender mercies of drug dealers, large or small. The price and quality of drugs, as well as the condition in which they are kept at the dispensaries, ought to be judged by the verdict of skilled pharmacists, and the present system which leaves their purchase between bucolic guardians and greedy traders is too preposterous for discussion or comment.

THE REWARD OF VIRTUE.

As a consistent and persevering antagonist of flunkeyism—whether its origin be a prospective view of favours to come, a grateful recollection of benefits received, or a pusillanimous indisposition to say no to a demand for a subscription—the MEDICAL PRESS AND CIRCULAR cannot deny itself the pleasure of reprinting the following lately spoken words of the Earl of Essex: "In my opinion," says his lordship, "the practice so common of late years (to the extent of becoming a nuisance) of getting up a testimonial to any one, simply because he has conducted himself decently (not always the case) and has done his duty, is strongly to be deprecated, as leading to the inference that the doing of one's duty is of such rare occurrence that it requires a reward." The Earl of Essex might cogently have added to his statement that which every one knows, that it is never or rarely that a testimonial falls to the lot of a man who truly and honestly, "without fear, favour, affection, or

envy," does his duty; and the observation applies with especial force to our own Profession, for we know that Medical duties don't usually lie amongst those who can afford subscriptions to testimonials. Not at all! It is the Mac Sycophant who spends his life "booing" and leering, or the subordinate who humbly doffs his cap and "sirs" his superior when he meets him, who secures the salver and teapot.

Does any reader wish a decoration for his sideboard? Let him be "all things to all men"—blind when sight is inconvenient, deaf when hearing is out of place, of a leathery conscience, and without personal pride. Let him draw his social line tight and hard, snub all below it and toady all above, and in a surprisingly short time he will unfailingly enjoy the emblematic tea-things. Perhaps, after all, the esteem and respect of men who are incapable of selfish dodgery is of more sterling value than the teapot. Let people lay to heart Lord Essex's gentle reproof and be satisfied with the esteem which follows the performance of public or private duties. It is better and more lasting than yards of parchment and much beef and brass bands.

Notes on Current Topics.

Extrusion of the Gravid Uterus.

A CASE of extrusion of the gravid uterus is related in the *Det. Pharmacy*, as occurring in the practice of Dr. H. Fisher, and reported to the *Richmond and Louisville Medical Journal*. The os uteri being rigid and undilated, the doctor applied extract of belladonna, and states that he witnessed the dilating effect of the drug with his own eyes. Delivery was accomplished in four hours.

Oyl of Whelps.

AMBROSE PARC, born 1509, died 1590, says that he obtained the secret of preparing this *oyl* from a chirurgien of Turin, who, he observes, "presently wished me to provide two whelps, one pound of earthworms, two pounds of oil of lilies, six ounces of Venice turpentine, and one ounce of aqua vitæ. In my presence he boiled the whelps put alive into that oil until the flesh came from the bones; then presently he put in the worms, which he had first killed in white wine that they might be so cleaned from the earthy dress with which they are usually replete, and then he boiled them in the same oil so long till they became dry and had spent all their *juyce* therein; then he strained it through a towel without much pressing, and added the turpentine to it, and, lastly, the *cau de vie*."—*Fraser's Magazine*, March, 1855.

The late Mr. Poland.

GUY'S HOSPITAL loses the services of a skillful surgeon in the death of Mr. Poland, at the age of 52. At an early age he carried off the Triennial Prize of the College of Surgeons, and later he obtained the Fothergillian Medal, and in 1857 took the Jacksonian Prize for his essay on "Gunshot Wounds." As a lecturer he was much admired by the students of Guy's, and he was always remarkable for his sound and careful treatment, while he was a good operator. He had also been attached

to the Ophthalmic Hospital in Moorfields. Mr. Durham, the Senior Assistant-Surgeon, will, no doubt, succeed to the Surgeoncy of Guy's, and there will be a vacancy for an Assistant-Surgeon.

Defeat of a Board of Guardians.

NEXT quarter day the Workhouse of the West Ward District of the Penrith Union will be closed, the guardians not having complied with the requisitions made upon it by the Inspector of the Local Government Board. We expressed an opinion on this matter some time since.

Recovery of Fees for Dispensing by a Surgeon.

At the Sheffield County Court the Judge (T. Ellison, Esq.) has delivered a decision of considerable importance to Medical men. A surgeon in the town had entered about forty cases, and when the first, which was to recover the sum of 12s., was called on, his Honour asked him whether he was a surgeon or an apothecary, or both. The plaintiff replied that he was a surgeon only. His Honour then asked him whether he claimed the 12s. for surgical operations or for medicine. The plaintiff replied that the claim was for medicine, and not for surgical assistance. His Honour told him that he had no qualification as an apothecary to supply medicines, and the Act of Parliament said he could only sue according to his qualification. He held the qualification of a surgeon, and he could sue for nothing but what came within his surgical practice. The plaintiff said if that were so he would withdraw the case. In going through his list of plaints he withdrew all those for medicine supplied; and where the plaint was for surgical assistance and for medicines, he had to abandon the latter. Another Medical practitioner was in court who only held a diploma as an apothecary, but in his case no questions were asked, and he was allowed to prove his claims.

With sublime respect for the County Court Judge, we suspect this decision is very bad law and worse equity. We believe that any person registered under the Medical Act may sue and recover for fees for the discharge of any duty contemplated by that Act. The last paragraph in the foregoing narrative proves that our view is correct, because, if not, the apothecary would enjoy privileges as a Medical practitioner, which were denied to the physician or surgeon. An appeal would probably reverse the decision.

Preventible Small-pox Mortality in Ireland.

THE Rev. Professor Haughton, in his address in the Public Health Section of the British Medical Association, gave utterance to the following protest and appeal, which—convincing by its simplicity, and eloquent in its phrasing—deserves to be published in every paper in the three kingdoms. He said:—

"I am able to show, I believe conclusively, that unfortunate Ireland is now suffering, has suffered, and probably will suffer, more than her fair share of the epidemic of small-pox. In the case of cholera, I have shown that Liverpool, Dublin, and other towns, have suffered exactly in proportion to their different populations; and therefore, with regard to this disease, Ireland has no reason to complain, as compared with her neighbours. The number of deaths in Liverpool from small-pox, where the plague has now

ceased, was 2,093. The calculation of the number of persons who ought to die in Dublin from the epidemic was 1,236, on the supposition that it was equally protected by previous vaccination with Liverpool. The result is, however, far otherwise; for, according to the statistics of Dr. Burke, up to Friday last, 1,581 persons had died in Dublin, showing an excess of 325 preventible deaths. I believe finally that the number will be increased to 500 or 600. I stand here to ask for the sympathy of my brother Medical men in an appeal against the injustice with which the Irish people have been treated.

"Now let us look to the case of Cork. While much of the pestilence has passed away from other cities, it has hovered like a black cloud over the city of Cork, and the poor people are dying in numbers, the mere enumeration of the figures of which will convey but a poor idea. You may gather an idea by supposing that, while the pestilence was raging in London, the number of deaths amounted to 1,500 a week. The poor people of Cork have perished in the ratio of 23 per 1,000 a week from small-pox for thirteen weeks. I wish I could think no one was to blame for this. The poor sufferers themselves blame no one. They are attended by their priests, and with their last words express their kindly feeling and gratitude to their doctors and nurses, proclaiming their deaths to be 'the will of God.' That is a natural and becoming feeling in the poor sufferers; but we know better, and we know that most of those deaths might have been prevented. I have a right to present this as a solemn grievance. In the estimates for the present year, £10,050 was voted for the National Vaccination Institution of England; in addition to which, nearly as much more has been paid out of the public funds in payment for the services rendered by Medical men in vaccination. Thus nearly £20,000 has been properly spent in providing the people of England with gratuitous vaccination. In Ireland, only £400 per year is expended on the same object. It is a mystery to me how much good has been done with this amount, and it is a miracle to me how it has been made to go so far, for with that amount we have had to send lymph to the Poor-law guardians. Now is this justice to Ireland? Then lymph is given in England, but it is sold in Ireland; and, when we apply for good lymph, we are told we can have it by paying for it, which is like giving a hungry dog a joint off his own tail for dinner. I appeal to all fair-minded educated Englishmen to help us to get this grievance removed, for we may talk in Ireland until the day of judgment without getting the aid we seek. I appeal also to the public press to help us to get this justice, for which we have been asking in vain for years. In 1852, we made the most humble application which could be conceived—such an one as only negroes and Irishmen could make—to get £600 more, raising the grant to £1,000, which, it was calculated, by great economy and labour on the part of the officers of the Cow-pox Institution, would furnish lymph to vaccinate the whole population of Ireland; but it was refused by the Poor-law Commissioners, who were themselves a paid board. They sent the people to live in fools' paradise some years ago; and the officials of the Board published a statement, couched in the language of the stable, to the effect that the small-pox was 'stamped out' like the cattle plague—language which, in the lips of paid officials, was adding blasphemy to insult."

To Irishmen all this is well known to be true, though not new. We have ourselves repeatedly inveighed against the miserable parsimony of the Irish grant for the collection and distribution of lymph.

We earnestly trust that Dr. Haughton's burning words may achieve the result which he desires. If they should cause a revolution in the present lymph service of Ireland, we have reason to hope that reform may extend to the present administration of the service by the Dublin Cow-pox Institution.

In that corporation, conclave, or clique a dogged and obstinate secrecy as to its doings, its constitution, and its expenditure has been always maintained, which has produced the inevitable result of an angry suspicion of its proceedings, on the part of the Profession and the public. For that reason alone a reform must take place sooner or later, and we earnestly trust whatever change in the administrative system the Government may think essential will carry with it the realisation of Dr. Haughton's and our own hopes.

Portuguese Military Medicine.

We have already given, from the original Portuguese documents, some information as to recent reforms in the Medical Corps, and in the Sanitary Service of the Army in Portugal. We now add a translation of some of the other orders:—

HOSPITALS.

ART. 43.—In time of peace the hospitals are permanent and regimental, in time of war they will be permanent and temporary.

ART. 44.—There will be established a permanent hospital in Lisbon and one in Porto. The direction of these hospitals will be entrusted to the two Brigade Surgeons mentioned in Art. 6.

§ I. When by any unforeseen result, a large body of men may be required to remain permanently at any other given point, the same regulations will be adopted as for the hospitals of Lisbon and Porto.

ART. 45.—In each permanent military hospital there will be a board composed of a director, who will act as president, and of two staff-surgeons, the senior in the hospital, the junior acting as secretary.

ART. 46.—The board will be entrusted with the administration of the funds, which will be received into a chest with three keys, one for each member of the board.

§ I. The three keepers will be each responsible and *in solidum* for all sums entered, as also for all sums paid out without a document proving its lawful application.

ART. 47.—The hospital accounts will be for the present kept according to the regulations of 30th June, 1825.

ART. 48.—Each permanent military hospital will have a chaplain, who must reside in the establishment. Besides his salary he will receive a gratification of 4,800 reis per month (= £1 1s. 2d.).

ART. 49.—The personnel or staff of inferior *employés* in the permanent military hospitals, is composed of first and second amanuenses, buyers and keepers, nurses, assistant-nurses, porters, cooks, assistant cooks, soldier messengers, and servants.

ART. 50.—The regimental hospitals of "Elvas" and "Chaves" and the other united regimental hospitals which may have to be organised, will have a staff of *employés* from the health company, composed of amanuenses, buyers, keepers, nurses, cooks, and servants.

ART. 51.—The temporary hospitals in time of war will be established at the most convenient stations for the prompt and easy reception of the sick or wounded from the corps in operation.

§ I. The organisation of the temporary hospitals will be the same in all that is applicable to the permanent hospitals.

ART. 52.—When a detachment has to remain in any place where no military hospital exists and it would be impossible to establish a regimental hospital, the Staff-Surgeon in combination with his commander will establish a regimental infirmary, using the ambulance linen and clothing. In this infirmary will be treated all cases of less importance, forwarding any others to the civil hospital.

THE Emperor of Germany has nearly recovered from the injury to his foot, and his general health is now excellent.

THE fifth annual general meeting of the Association of Certifying Medical Officers of Great Britain and Ireland will be held at the Clifton Down Hotel, Clifton, Bristol, on Friday, the 13th of September, at 2 p. m. Dr. Adlidge, the president, will deliver the annual address. The secretary will be happy to give every information respecting the objects of the Society to any certifying Medical officer who may wish to join the Association.

IN the *San Francisco Western Lancet* of July, Dr. Bard narrates a case of tetanus treated to recovery by bromide of potassium. He gave thirty grains every hour until four doses had been taken, and then lessened both the frequency of administration and the quantity. The patient took altogether three ounces of the bromide.

Scraps from the Editor's Table.

ANCIENT IRISH PHYSICIANS.

IN the fourth edition of the Rev. Father Meehan's work, "The Rise and Fall of the Irish Franciscan Monasteries," is contained a most interesting note on the Ancient Irish Physicians. Father Meehan says:—"The ancient Irish chieftains were at all times the most worshipful patrons of the professors of the healing art, and zealous promoters of Medical science. We have ample evidence to prove that hospitals and leper-houses were established in Ireland at a very early period, in connection with the monastic institutions, and that the inmates of the latter here, as well as in Italy, exercised the calling of surgeons and physicians for many ages, till the Canon Law forbade them to continue its practice."

After referring to the old treatises on medicine, written by Irish physicians in the Gaelic language, some of which are now preserved in the Royal Irish Academy and in the British Museum, Father Meehan says:—

"The names of many of the hereditary physicians have been faithfully transmitted to our times, and it may gratify some of our modern Medical men to know who they were, and what amount of compensation they received from their lords and patrons. The O'Connors were physicians to the Maguires of Fermanagh for fully two centuries, that is, from 1320 till 1504, when Thomas O'Connors, the last hereditary practitioner, wrote a tract on the 'Nature and Cure of the different Diseases incident to the Human Frame.' The O'Lees were for many centuries physicians to the O'Flahertys of West Connaught, and one of that learned family, as early as the fifteenth century, produced a most complete course of medicine, written in Latin and Irish. So wonderful were the cures performed by this Murrough O'Lee, that the natives of West Connaught imagined that he had received all his knowledge from the genii of the enchanted island of O'Brazil! The O'Hickeys were physicians to the O'Briens of Thomond, and other heads of septs in Munster. They possessed a copy of the 'Lily of Medicine,' the original of which was written in 1303; and a member of the same family (Nicholas O'Hickey) translated the 'Rose,' a manual of medicine, regarded as the most celebrated of its time, from Latin into Irish. This 'Rosa Anglica' was the work of Gaddesden, who flourished in 1305, and O'Hickey's Latin version was made in 1400. To these we may add the O'Callanans of Cork, hereditary physicians to the

MacCarthy's of Carbery; the O'Donlevys, of Tyrconnell, physicians to the princely house of O'Donel; the O'Mellans and O'Quinns, all of whom were famed in their day as successful practitioners of the healing art. The works which they wrote were numerous enough to attest their zeal for the advancement of Medical science, and we have to deplore the removal of many of them from this country, at a period within our own memory, when a true spirit of nationality might have secured such valuable remains for the Irish Academy or some of our public libraries. The O'Mearas, who for a considerable time were hereditary physicians to the Butlers of Ormond, flourished in the sixteenth and seventeenth centuries, and were the first of our native physicians who published Medical works in Latin. Dermot O'Meara has left us a book entitled 'Pathologia Hereditaria Generalis,' which was printed in Dublin, in 1619; and Ware says that the same author wrote a tract styled 'Hippocraticam Febrium Aetiology et Prognosis,' which, we believe, has not been published. This Dermot O'Meara was a very learned classical scholar, and wrote a very admirable poem in Latin hexameters, to celebrate the victories of the Butlers over the ill-fated house of the great Earl of Desmond. His son Edmond and his grandson William, were also physicians, and the former wrote a work on fever against the theories of Willis, entitled 'Examen Diatribe Thomae Willisii, &c.,' London, 1665.'

CHLORALUM.

THE *Pharmaceutical Journal* of last Saturday says:—"We know that chloralium has been authorised by the President of the Board of Trade, and has now therefore to be carried in the medicine chests of all merchant ships (to the exclusion of Sir Wm. Burnett's solution of chloride of zinc), although no directions of any sort or kind are given as to its use in the 'Ship Captain's Medical Guide,' authorised by the Board. We have indeed heard it stated by public officers and others interested in sanitary matters, that they have vainly endeavoured to find out the merits of this so-called deodorizer, disinfectant, and antiseptic. Medical men and professional chiefs of public departments tell us that they know little or nothing about it. But it is most humiliating to those engaged in the promotion of sanitary science, to Medical men, and to all occupied in work connected with the prevention of disease, that no one even now can say or has said *ex cathedra* whether this preparation is good, bad, or indifferent. There are things that are true, and things that are new. We want to know if the new thing in this case is a true thing, and most naturally appeal to the Medical Department of the Local Government Board, or—if such an officer exist—to the Medical adviser of the Board of Trade."

The last issue of the MEDICAL PRESS AND CIRCULAR, page 184, contains an article of Professor Fleck, of Dresden, which says very decidedly *ex cathedra*, that the preparation is very indifferent. He sums up his conclusions as follows:—"The real value of the contents of a bottle of chloralium, which is sold at 15 sgr. (1s. 6d.), is not to be computed as above 2 sgr. (rather more than two pence). The value of the chloralium powder, which is sold in tin canisters at 5 sgr. (6d.), cannot be placed higher than 1 sgr. (rather more than one penny), seeing that it is but dried sediment. The chloralium wadding, which is sold for 20 sgr. (2s.) is only worth $\frac{1}{2}$ sgr. (rather more than a half-penny), at the utmost. A solution of 10 g. of sulphate of alumina in 1 lb. of spring water would be a perfect substitute for the above preparations, all the component parts of which, excepting the chloride of aluminium, are to be regarded as impurities or poisons, and this solution would not exceed 1 sgr. in value (rather more than one penny)."

ON COUNTER-IRRITATION.

DR. ANDREW H. SMITH, of New York, published recently in the *New York Medical Journal*, April, 1872, a paper on the Circulation, with special reference to counter-irritation, a reprint of which has come into our hands.

After advertizing to the delicacy of the mechanism by which each tissue or organ receives exactly the amount of blood required not only for its nutrition, but also for its function, the supply varying exactly with the varying activity, he proceeds to show that the regulating power by which this is effected resides in the arteries and veins, the capillaries being destitute of contractile tissue.

This regulating power is of extreme importance, since the amount of blood required in any given part is constantly changing, and depends upon the activity of the part for the time being. Whenever an organ, before at rest, is brought into action, a demand is occasioned for an increased supply of blood, and the vessels leading to the part dilate to the extent required.

Dr. S. regards all function, with the exception of that of the organs of special sense, as the result of the chemico-vital reaction between the tissue of the acting organ and the blood which courses through its capillaries; and the nervous system as having no other office in this regard than that of regulating the supply of the nutritive fluid. Hence, blood being an essential factor, and the quantity in the system being pretty nearly constant, it follows that a number of activities cannot be carried on simultaneously for want of a sufficient supply of this necessary fluid. This conclusion, arrived at theoretically, is sustained by observation. We find that a proper performance of the digestive function is incompatible with great muscular activity; that the brain and the muscles cannot put forth at the same time the maximum of effort; and, when a full meal has created a demand for a largely-increased circulation through the capillaries of the stomach and intestines, the brain is rendered anæmic, and drowsiness results. No two of the great emunctories of the system can be stimulated to excessive action at the same time. A diuretic and a diaphoretic will not act well together, nor will either act during the operation of a cathartic. These well-known facts are usually explained by assuming that the nerve-force is the primary element in all these activities, and that it is a constant quantity, and cannot be expended in one direction without being proportionally deficient in others.

Under certain conditions of disease it may become desirable to attempt to modify, artificially, the nutrition or the function of some given organ or part.

Among the means resorted to for this purpose counter-irritation holds a prominent place.

The *modus operandi* has been the subject of endless discussion, which still leaves us so much in the dark that Headland sums up our knowledge upon the subject in these words: "It appears that, as a consequence of the action of counter-irritants, the attention of the nervous system may be drawn off from the morbid process going on at some other part of the body;" and again, "The term 'counter-irritation' is employed to express this action, the nature of it being but ill understood. A powerful impression on any surface of the body, external or internal, seems to be capable of arresting and diverting, as it were, the attention of the system, and thus, for a time, of checking a morbid process."—(On the "Action of Medicines," pp. 67, 97). These statements are scarcely more intelligible and scientific than the famous aphorism that "Nature abhors a vacuum." They express, however, as clearly as it is possible to express anything so intangible, the idea intended to be conveyed by the term "*substitution*," the substitution of one morbid process for another by a sort of hood-winking of the system. But "*substitution*" has to share the honours with "*revulsion*" or "*derivation*," terms employed to express the accumulation of an excess of blood in the place irritated, which excess is supposed to be drawn, wholly or in part, from the diseased locality. This idea, however, is met by the

objection that the extra quantity of blood under a sinapism, for example, is so insignificant that its abstraction could have no appreciable effect upon a distant organ, with which there may be no direct vascular connection. This objection is valid from the stand-point from which it is taken.

Except in cases in which the pain results from a mechanical cause capable of being removed by muscular action excited by reflex irritation, he holds that all the benefits resulting from counter-irritation are obtained directly or indirectly through the circulation. In the first place, he considers all pain (excluding that from extraneous irritation) as proceeding from imperfect nutrition, even though there be no evidence of inflammation. This is only in accordance with the proposition that there can be no derangement of function without change of structure. Now, if the morbid condition be one dependent upon the quantity (not quality) of the blood supplied to the part which is the seat of pain, then, in his view, counter-irritation may be of service, but not otherwise.

In the case of inflammatory action, the agency of the vessels will be admitted with less argument. But the difficulty in either case has been that already stated—that the *apparent* change in the circulation is too trivial to be credited with the results observed. He reserves the word "*apparent*," and on this reservation his entire argument rests. In all the discussions upon this subject, up to the present time, attention has been confined to the excess of blood contained in the irritated part. If, for example, the entire mass of tissue to which the irritation extends could be cut out at one stroke, and the blood expressed from it, the excess of this blood over what would naturally be contained in the same quantity of tissue, would represent what has been considered as the sum total of the change supposed to have been effected in the circulation at that point. Or, if the irritation was supposed to be reflected upon some other point, the result there was regarded in the same light.

It is here that he thinks a mistake has been made. The question is not, how much blood the vessels of the irritated part will hold, but how much they will transmit in a given time. This becomes evident when we consider that a given amount of blood passes through the capillaries of the body in each unit of time, and is transferred from the arterial to the venous side of the circulation, and that the quantity passing through any one part must affect that passing through the remainder of the body, since the latter must be the exact complement of the former. Thus, if in a given time four pounds of blood pass through the capillaries of the entire body, and of this one pound passes through the capillaries of the arms, it follows that three pounds must pass through the remainder of the capillary system. Now, if we plunge the arms into hot water, and dilate the vessels so that an additional half-pound passes through them, the remaining vessels will transmit but two and a half pounds, and the tissues which they supply will be deprived for the time of one-sixth of their nourishment. It will be perceived that this is a matter entirely apart from the quantity of blood which might be contained in the arms if severed from the body.

The resistance to the passage of a fluid through a tube being derived chiefly from the friction against the sides, it will increase in proportion to the ratio of the circumference to the area of the section. Now, the circumference of a circle increases directly as the diameter, while the area increases as the square of the diameter. The friction is obtained by dividing the circumference by the area, and therefore decreases directly as the diameter increases, as is shown by the following formula:—

Diam.	Circum.	Area.	Friction.
			b.
a.	b.	c.	—
			c.
			2 b. b.
2 a.	2 b.	4 c.	— = —
			4 c. 2 c.

From which it appears that doubling the diameter of a tube quadruples its area, and at the same time divides the friction by two.

But, great as is this disparity, it is immensely increased in practice, especially when the tube is of very small calibre and tortuous or branching. The following experiments serve to show how slight an increase in the diameter of a tube will suffice to augment its carrying power enormously :

EXPERIMENT I.—A glass tube ten inches in length, and having an inside diameter of .052 inch, gave passage to six drachms of water in 122 seconds. Another tube, of the same length, and under the same conditions, but having a diameter of .08 inch transmitted the same quantity of water in twenty seconds.

In this case the addition of one-half to the diameter of the tube allowed the passage of six times the quantity of fluid.

EXPERIMENT II.—The same tubes were used as in the last experiment, and all the conditions were the same, except that defibrinated bullock's blood was employed instead of water. The blood was previously strained through very fine linen. The smaller tube required 1,440 seconds to transmit six drachms ; while the larger tube gave passage to the same quantity in 142 seconds.

In applying the results obtained from these experiments to the question of counter-irritation, we find that certain stimuli applied to the skin act in such a way upon the vaso-motor nerves as to cause a relaxation of the terminal arteries, and a dilatation of the capillaries. If the irritation be considerable, the surface assumes a bright-scarlet hue, in the place of its previous flesh colour. Such a change in the colour implies a very considerable increase in the diameter of the capillaries.

EXPERIMENT III.—A tall, narrow vessel was partly filled with water, at the temperature of 120° Fabr., and the naked forearm thrust into it to near the elbow, the arm resting upon a support. Enough water was then added to exactly fill the vessel. Within half a minute the vessel began slowly to overflow, and continued to do so for several minutes. At the conclusion of the experiment, it was found that half an inch of water had been displaced. This, of course, represents a corresponding increase of volume in the arm, and, as this could take place only by an increase of the quantity of blood in it, it follows that half of a cubic inch of blood was added to the amount present before the observation. This represents the increase in the *area* of the capillaries, and measures what has heretofore been considered the extent of the effect produced upon the circulation.

But, in view of the results observed in Experiment II., it will be seen that this can by no means be taken as a criterion of the effect obtained, the increase in the carrying power of the vessels being so greatly in excess of the increase in their area.

Of course this excess in the circulation in one part implies a corresponding deficiency in some other part. Were the blood-vessels passive tubes, the deficiency would at once be distributed over the whole body ; but the larger arterial trunks, at a distance from the point of irritation, but between it and the heart, contract in proportion as the pressure upon them is lessened, and thus the effect is confined within a limited area, and the excess is at the expense of neighbouring vessels.

(To be continued.)

Literature.

ELEMENTS OF CHEMISTRY (a).

THE value of "Miller's Elements of Chemistry" as

(a) "Elements of Chemistry." By Wm. Allen Miller, M.D., &c. Revised by Herbert McLeod, F.C.S. Part I. "Chemical Physics." 5th edition.

a work of instruction requires no more striking proof than the rapid issue of different editions which have from time to time been brought forward. The principal additions to this volume are in solar chemistry and optical analysis. The descriptions of the late investigations of Messrs. Lockyer and Frankland and others are given very fully. Stokes' investigations, by-the-bye, as regards the absorption of the invisible rays by such substances as the vegetable alkaloids and the glucosides are given, and his spectra figured. Just as indigo and other coloured substances produce absorptive spectra of the visible rays, so strychnine, brucia, morphia, and papaverine produce absorptive spectra of the invisible rays which are highly characteristic of each compound, and frequently differ (according to Stokes) as they were examined in an acid or an alkaline fluid. This might be used practically in medico-legal investigations.

As regards the addition to the part devoted to the atomic theory, it savours too much of Dr. Frankland. However good and excellent it may be in its way, it is not Miller, nor is it thoroughly accepted by the chemical world, and, therefore, if introduced at all, so should also have been introduced the views, theories, and graphic notation of Kékulé, Naquet, and many others equally well known.

Obituary.

ALDERMAN JOHN MACKESY, M.D., J.P.

WITH feelings of the very deepest regret we have to record the death, at Buxton, whither he had gone for recreation last week, of Alderman John Mackesy, M.D., J.P., of the Mall, Waterford, in the 63rd year of his age. During a long and honourable career, Dr. Mackesy held a truly creditable public position in Waterford. In 1869 he filled the high office of mayor, and discharged its responsible duties to the infinite satisfaction of the corporation and the citizens over whom he worthily presided. Appointed to the magistracy at the close of his mayoralty, Alderman Mackesy brought to the bench the same *spirit* which guided him in the council. As a Medical man he occupied a very eminent position, and enjoyed a large and lucrative practice, whilst in private life he was distinguished for his truly affectionate disposition and the geniality of his social qualities. Immediately on the sad news reaching the city the corporation flags on the City Hall and Tower were hoisted half-mast, under charge of Serjeant-at-Mace Mahony, followed by the steamers and other shipping in the river, the business establishments along the quays putting up the usual signs of mourning. Alderman Mackesy leaves behind, besides his widow, who is sister to Mr. Justice Lawson, one son, Captain Mackesy, who holds a staff appointment in India, where he has seen considerable service, and one daughter, besides large connections amongst several of the most respectable local families.

Medical News.

The Military Secretary, India Office, presents his compliments to the Editor of the MEDICAL PRESS, and begs to enclose for publication a list of the Candidates for Her Majesty's Indian Medical Service who were successful at the Competitive Examination held at Burlington House on the 12th August, 1872. Thirty-two candidates competed for fifteen appointments as Assistant-Surgeons. All were reported qualified.

Military Department, India Office.
24th August, 1872.

Mr. S. Brereton, 2,429 marks,
,, E. Bovill, 2,255.
,, G. Price, 2,233.

- „ M. B. Moriarty, 2,215.
 „ G. A. Dundas, 2,097.
 „ B. O'Brien, 2,035.
 „ E. Levinge, 1,985.
 „ A. W. Rogers Harrison, 1,893.
 „ Z. A. Ahmed, 1,870.
 „ W. A. Gilligan, 1,860.
 „ H. W. Hill, 1,795.
 „ L. Beech, 1,785.
 „ D. H. Cullimore, 1,785.
 „ W. E. Griffiths, 1,775.
 „ H. N. Edmunds White, 1,750.

University of London.—FIRST M.B. EXAMINATION. EXAMINATION FOR HONOURS.

ANATOMY.

First Class.

Houghton, Walter Benoni (Exhibition and Gold Medal), University College.

Duncan, Peter Thomas (Gold Medal), University College.

Second Class.

Gould, Alfred Pearce, University College.

PHYSIOLOGY, HISTOLOGY, AND COMPARATIVE ANATOMY.

Second Class.

Houghton, Walter Benoni, University College.

Gould, Alfred Pearce, University College.

Crocker, Henry Radcliffe, University College.

Duncan, Peter Thomas, University College.

Herman, George Ernest, London Hospital.

ORGANIC CHEMISTRY, AND MATERIA MEDICA AND PHARMACEUTICAL CHEMISTRY.

First Class.

Houghton, Walter Benoni (Exhibition and Gold Medal), University College.

Crocker, Henry Radcliffe (Gold Medal), University College.

Duncan, Peter Thomas, University College.

Second Class.

Gould, Alfred Pearce, University College.

Herman, George Ernest, London Hospital.

Prizes Awarded at the London Medical Schools.—Session, 1871-72. Guy's Hospital.—The Treasurer's Gold Medal for Medicine:—C. H. Golding Bird; the Treasurer's Gold Medal for Surgery:—G. H. Golding Bird. Third-year Students.—F. T. Paul, first prize, 40l.; R. C. Chicken, second prize, 35l.; R. S. Mutch, certificate; H. Williams, certificate; J. P. Bevan, certificate; A. W. Emms, certificate. Second-year Students.—H. Clarke, first prize, 35l.; C. E. Barnard, second prize, 30l.; C. Duran, third prize, 20l.; W. H. Lamb, certificate. First-year Students.—First prize not awarded; H. F. Lancaster, second prize, 25l.; J. Utting, third prize, 10l. 10s. Entrance Examination in Classics, &c.—F. C. Coley, first prize, 25l.; E. O. Giblin, second prize, 20l.; A. Finch, third prize, 15l.; D. Elcum, certificate; G. W. Baird, certificate; W. C. Kidd, certificate.—St. George's Hospital.—First Year Students.—Prize, W. A. Ellis; honorary certificate, Mr. Bull; hon. certificates in anatomy and physiology, Messrs. Blake, Cadge, and Henley. Second Year Students.—Prize, John E. Scatliff; hon. certificate in materia medica and chemistry, A. Scatliff; hon. certificate in anatomy and physiology, Mr. Spitta; certificate of proficiency in anatomy and physiology, G. Harper. Third Year Students.—Prize, William H. Bennett; hon. certificate, Mr. Goodchild; certificate of proficiency in medicine, J. H. M'Kinlay. The Treasurers' Prize.—W. H. Bennett. The Auckland Prize.—J. English. The Brodie Prize.—John Morgan. Sir Charles Clarke's Prize.—C. Douglas. The Thompson Medal.—No competitors.

Royal College of Physicians, London.—The following gentlemen have been elected by the council examiners for the ensuing year:—Anatomy and Physiology—Frederick W. Pavy, M.D.Lond., and John B. Sanderson, M.D.Edin. Chemistry, Materia Medica, and Practical Pharmacy—Alfred S. Taylor, M.D.Lond., and William H. Dickinson, M.D.Cantab. Medical Anatomy and the Principles and Practice of Medicine—Herbert Davies, M.D.Cantab., and George Johnson, M.D.Lond. Midwifery—John B. Hicks, M.D.Lond., and William S. Playfair, M.D.Edin. Surgical Anatomy and the Principles and Practice of Surgery—Campbell De Morgan, F.R.C.S., surgeon to the Middlesex Hospital, and George W. Callender, F.R.C.S., surgeon to St. Bartholomew's Hospital.

Correspondence.

RÖTHELN.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Looking over old notes, I come across two cases of this rare hybrid affection, called, I think, also German measles and Morbillosa scarlatina. Both cases did well, and were on the whole mild cases of scarlatina, with a rubeoloid rash instead of the ordinary scarlet efflorescence of that zymotic. The diagnosis is difficult, particularly where history exists of scarlatinal infection, and when there appears the characteristic sore-throat yet not the temperature nor high pyrexia of scarlatina, a morbillous eruption, and yet although some catarrhal symptoms are present the perfect train of morbillous symptoms is not developed. One does not think of the disease so rarely met with, seldom noticed, and but unfrequently leard of. In one of the cases several herpiginous clusters appeared coincidentally with the other rash, which made me at first think of general acute herpes, a still rarer disease, which I once met with in England. No difficulty whatever about the treatment, saline and chlorate of potash. I remember reading some brief, but very interesting remarks on Röheln some time since, I think in the *Lancet*, and by Sir William Jenner, but though I have piles of old numbers of that journal now before me on the table I cannot find them. I have little doubt but cases of Röheln are still met with and remain unrecognized. I believe it is sometimes said to be epidemic.—Yours obediently,

FRANCIS E. CLARKE, M.B.

Lawrence Street, Drogheda,
August 29th, 1872.

P.S.—A letter received from my friend Mr. Allarton, the accomplished introducer of "Median Lithotomy," promises me reports of two pretty recent case, in which he performed, with great celerity and success, his own operation. If I get them I shall send them you. They will doubtless be of interest, more particularly now that Mr. Pemberton has brought the topic of "Allarton's Operation" on the *tapis* by alluding to it forcibly in his address to the British Medical Association.

SHARP PRACTICE IN VIENNA.

A VIENNA correspondent of the *Chicago Medical Examiner*, gives a warning about the private Medical courses there, which we are sorry to see needed. Such tricks are disgraceful. He says:—

There are quite a number of private courses, conducted on the evident principle of first squeezing all the money possible out of their victims, and then giving them just as little instruction in return therefore as possible, with the idea, apparently, of thus obliging them to take another course in order to complete the unfinished subject; very much on the same principle that a gambler, after having played once and lost, must try again in order to recover his loss, and then having lost a second time, he cannot, of course, give up without one more effort to win it all back.

I might mention here a single case in illustration. A certain young professor, the son of one of the best known leading members of the Vienna faculty, gives a private course of twelve lessons, one hour each, on auscultation and percussion, for which he charges the moderate sum of fifty guilders, or twenty-five dollars. One of his late victims, on venturing to mildly remonstrate with him on the rather meagre and unsatisfactory character of the instructions received, and the very sparse amount of material offered for practice and illustration, received the suggestive reply that in his next course he should take the class into another ward, where there was a much better supply of material, and that he should, therefore, be able to make it much more profitable and interesting. My friend *didn't bite*, however. Very few do, I think, a second time.

NOTICES TO CORRESPONDENTS.

THE Editor of the IRISH MEDICAL DIRECTORY will be glad to receive, and, if possible, to carry into effect in the forthcoming issue of the DIRECTORY, any suggestions for new matter, or emendations in the old. The Editor will add to the DIRECTORY any information which may appear to be interesting or useful to even a small section of the Profession in Ireland; and he solicits from the readers of the DIRECTORY their advice on the subject.

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 request.

All communications intended for insertion must bear the name and address of the writer; not necessarily for publication, but as a voucher of good faith.

Rejected MS. will always be returned, if a request be received from the author, within one week after the article or letter has been declined.

SUBSCRIPTIONS IN THE UNITED STATES.—A correspondent has drawn our attention to the fact, that some of the houses in the United States are charging the enormous figure of 15 dollars per annum (more than £8) for supplying this Journal to different parts of the States. We beg, therefore, to state that we shall be happy to supply the same regularly post free per annum, if paid in advance, for considerably less than half this amount, viz., six and-a-half dollars (about £1 6s. 0d.), either direct from our offices in this country, or through our recognised agents in the United States.

TO OUR SUBSCRIBERS.—It having been suggested to us that it would be a matter of great convenience to Subscribers visiting the metropolis to know where they can give instructions for their letters to be addressed previous to leaving home, we have pleasure in informing them that the Publisher has consented to take charge of letters addressed to his care, and that he will place a desk at the disposal of Subscribers whose names are upon our lists, for short correspondence, where such accommodation is desired.

THE FOOD REPORTS.—The next Series of Chemical and Physiological articles upon the important subject of Food, will be devoted to Meat Extracts, Australian and other imported Preserved Meats. We trust this Series will be as useful to our readers in determining the relative value of food substances, and provoke as much interest generally as those which have already appeared. We shall be fully prepared to give the results of our investigations in the course of two or three weeks.

We quoted last week an editorial reclamation from the *Canada Lancet*, and now reprint a portion of it and our own observations thereon:—

"We take this opportunity of referring to the unkind treatment we have received from some Medical men who lay claim to respectability. These gentlemen are in the habit of taking the journal from the post office regularly, some of them for upwards of a year, and when the bill is presented they either repudiate it entirely, or invent some plausible excuse for not contributing their quota of the expense of publication. We care little for the loss thus sustained, but we regret to find such men in the Profession, and in one or two instances we felt disposed to give their names the benefit of a public announcement. Such conduct is not in keeping with the dignity of the Profession, and we believe it would have a salutary effect to hold such men forth in their true colours."

"*Mutato nomine de nobis fabula narratur.* We are compelled to make the humiliating admission, that the gratuitous patrons of Medical literature are not a special growth of the Canadian soil. We were last week favoured with a communication from such a one, who naively informed us, after the receipt by him of sixty-four consecutive numbers of our journal, that he thought it was sent to him for the year and quarter by 'some lecturer or other.'"

Two correspondents, who appear not to consider that their "withers are unwrung" by these remarks, favour us with post-card denunciations. They inform us that our Journal was not ordered, and they, therefore, conceive themselves entitled not to pay for it. Without joining issue on that point, respecting which our word is as good as theirs, we ask these gentlemen whether they would consider it honest and respectable if their milkman were (say, for argument sake, in error) to deliver a pint of milk daily at their houses, to take in the same daily for eighteen months, put it in their tea, and grow fat on it, and then tell the milkman that they thought he was making them a polite present, or that they "never ordered it." We assure them that the law differs in opinion from them, and were it otherwise, it would be necessary for every newspaper to keep for evidence the order of every subscriber on their list. He who, without repudiation, habitually and day to day, receives and makes use of goods - whether sent in error or not - is both legally and honourably liable to pay for them.

TINCTURE OF GELSEMIUM AS A SUBSTITUTE FOR QUININE.

To the Editor of the "Medical Press and Circular."

Sir, - I am delighted to see in your last number a notice of a very valuable medicine - Gelsemium - apparently new to Dr. Anderson.

Perhaps he and your readers generally may be glad to know that a very full description of the drug can be found in "New Remedies; their Pathogenetic Effects and Therapeutical Application," by Edwin M. Hale, M.D., published in London now many years ago. - I am, Sir, yours obediently,
J. N. BLAKE, M.R.C.S. Eng.

Taunton, August 30th, 1872.

THE INTRODUCTORIES IN THE LONDON MEDICAL SCHOOLS.—The addresses at the opening of the medical schools in London on the 1st proximo, will be delivered as follows:—At Guy's Hospital, by Pre-Smith, M.D. London; at St. George's, by Mr. Rouse, F.R.C.S.; at St. Thomas's, by Mr. Croft, F.R.C.S.; at University College, by Mr. Heath, F.R.C.S.; at Charing Cross, by J. Watt Black, M.D. Edin.; at St. Mary's, by Mr. Trehern Norton, F.R.C.S.; at the Middlesex, by W. Cayley, M.D. Lond.; and at the London Hospital, by Mr. Hutchinson, F.R.C.S.

DR. F. E. CLARKE will receive an early proof of "Practical Obstetrics; MEDICINE AND MEDICINE MEN—A MIDNIGHT ESSAY.—Under this heading we have in type a rather clever letter, but cannot send the author proof for correction, as we have mislaid his name and address. If our correspondent will kindly furnish the necessary information, the printers will forward slips per return of post.

APPOINTMENTS.

DICKINSON, E. H., M.A., M.B., Lecturer on Comparative Anatomy at the Liverpool Royal Infirmary.
FINLAY MURCHISON, M.B., C.M., Univ. Edin., Medical Officer for the parish of Harris, Inverness-shire.
FITZJOHN, R. IRWIN, M.B., L.R.C.S.I. and L.M., Medical Officer, &c., for the Scotstown dispensary district of the Monaghan Union.
HENSLEY, P. J., M.A., M.D. Cantab., F.R.C.P., Physician to the Royal Hospital for Diseases of the Chest, City Road.
PARKER, R., M.D., Demonstrator of Physiology at the Liverpool Royal Infirmary.
FRACY, W., M.R.C.S., House Physician at Bartholomew's Hospital.
WICKHAM, W., M.R.C.S., Medical Officer, &c., for the Tetbury District of the Tetbury Union, Gloucestershire.

VACANCIES.

Parish of St. George, London, W. Medical Officer of Health. Salary £350 per annum. (See advt.)

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.
The Heart and its Diseases. By J. Milner Fothergill, M.D. London: H. K. Lewis.

Observations in Myology. By G. M. Humphry, M.D. London: Macmillan & Co.

The Vomiting of Pregnancy. By James Munro, M.D. Glasgow: Dunn and Wright.

Dissertation on the Use of the Stethoscope in Obstetrics. By James Munro, M.D. Glasgow: James MacLachlan.

Army Medical Department Report for 1870, Vol. XII.
New Remedies; Monthly Microscopical Journal; Allgemeine Wiener Medizinische Zeitung; St. Louis Medical and Surgical Journal; Le Mouvement Medical; La France Medicale; Le Bordeaux Medical; Repertoire de Médecine Domestique; The Boston Medical and Surgical Journal; La Presse Médicale Belge; Science Gossip; &c. The Influence of Pure Supply of Water.

OPERATION DAYS AT THE LONDON HOSPITALS.

WEDNESDAY, September 4.

MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 2 P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 2 P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1½ P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
CANCER HOSPITAL.—Operations, 3 P.M.

THURSDAY, September 5.

ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPEDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 3 P.M.

FRIDAY, September 6.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 3 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

SATURDAY, September 7.

HOSPITAL FOR WOMEN, Soho square.—Operations, 9½ P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.

MONDAY, September 9.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. MARK'S HOSPITAL.—Operations, 2 P.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

TUESDAY, September 10.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPEDIC HOSPITAL.—Operations, 2 P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.

Marriages.

EADE—LING.—On the 22nd of August, at Norwich, Peter Eade, M.D., of Norwich, to Ellen, widow of Henry Ling, Esq., late of Wall-next-the-Sea.

FOSTER—RUST.—On the 22nd of August, at Huntingdon, Michael Foster, M.D., Fellow of Trinity College, Cambridge, to Margaret, daughter of Geo. Rust, Esq.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, SEPTEMBER 11, 1872.

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Original Communications.

THE MINERAL WATERS OF AMPHION.

BY DR. DE PASCALE.

AMPHION is situated in the department of Upper Savoy, on the south side of Leman, between Thonon and Evian, and at a short distance from this last place, to which it is united by the fine road of the Simplon, a lasting souvenir of the French rule.

It is situated in a fine park, about half a mile long, between the road and the lake, containing the springs, the bathing establishment, and three magnificent hotels, offering every desirable comfort to the bathers.

"It is difficult," says Dr. Mauget, "to see anything more peaceful, more retired, and more pastoral than the establishment of Amphion. It is a sweet retreat, a charming villa, the walls of which plunge in the lake, glassing themselves in its limpid waters. We proceed there at our choice by a wide and well-shaded road that omnibuses traverse six times a day, or still better by water, by means of a charming pleasure vessel. An English garden in the form of an amphitheatre turned towards the lake, well planted with trees and bushy groves, in a gentle inclination, with well arranged slopes, serves as an avenue to the establishment on the land side, and a pretty landing place lets the steam boats arrive by the lake as far as the foot of the wall of the house."

"A suitable 'table d'hôte,' a reading room, the cool shades of the garden, a terrace on the shores of the lake, spacious chambers, pleasure boats, the races at Evian, everything has been provided by the proprietor of the establishment to add to the charms that nature has afforded to this beautiful spot."

Every one knows that the topographical situation of a thermal station, and the quality of the air that we breathe there has an enormous influence on its therapeutic results. According to all these accounts, and as a summer station, Amphion leaves nothing to be desired. Situated in the 46 deg. 20 min. of north latitude and the

6 deg. 45 min. east longitude of the meridian of Greenwich, it belongs to the zone of the temperate climates. In summer the heat there is never excessive, for it is at the foot of a hill which shelters it from the south winds, and its atmosphere is constantly renewed by the breezes from the lake and the mountains of Jura. Besides, the magnificent trees of its park, the venerable forests of the hill, all in themselves giving shade and freshness, bring currents of ozonized oxygen, which purify the air, and in accelerating hematosis are of great assistance in all affections characterised by languor of the functions of circulation. We never breathe there this heavy, parched air, which by adding its depressing action to the yet more depressing action of certain waters more strongly impregnated with minerals, often puts invalids in a nervous state, which is most painful, and compromises or paralyzes the good effect of their treatment. We also believe that this admirable *ensemble* of hygienic conditions is well calculated to compensate for the advantages which certain carbonated sodaic waters have which are more strongly impregnated with minerals.

As distraction and exercise form an important part of the treatment by mineral waters, we will say that the environs of Amphion offer very varied and interesting excursions.

The tourists who wish to make the tour of the lake can take the steam boat and visit in turn Thonon, the capital of Chablais, Geneva, the Protestant Rome, Lausanne, and its old cathedral, the pretty town of Vevey, Chillon, the prison of Bonnavard. Clarens, Montreux, the rocks and grotto of Meilleric, or St. Preux.

To those who wish to have an idea of the vegetation of Savoy, I recommend the chestnut trees of *Neuvecelle*, and the pear tree of *Miroir*.

To those who love the poetry of ruins and the historic recel, I recommend an excursion to the castle of Ripaille, or to the dismantled fort of the Allinges, which has given hospitality to St. Francis of Sales, the apostle of Chablais.

In fine, amateurs of mountain excursions will find here ample satisfaction to their tastes. They can make the ascent of the lofty Memise, or the teeth of Oche, stone giants, from the summits of which we discover Mount

Blanc, Mount Rosa, and the lakes of the Canton of Bern, without speaking of the Lake of Leman that we view in its whole extent.

Let us add, to be complete, that M. Chéronnet, the proprietor of Amphion, purposes to give the bathers the surprise of several balls or soirées. These fêtes by the gaiety and distraction which they procure cannot but happily second the medical treatment.

The bathing season opens on the 15th of May, and closes with the month of October.

In the preceding years the bathers of Amphion were obliged to go to Evian to consult the physicians of that place. M. Chéronnet, in order to avoid useless changes of place, often inconvenient for his numerous visitors, has secured the aid of a physician, Dr. Alrig, who will be entrusted with the Medical charge of the establishment. The patients thus finding themselves the objects of a constant surveillance, can accomplish their cure on the spot, and in the best conditions of security and comfort. In order that the patients may be able to take their baths at the most convenient hour, the proprietor of the establishment has just added six bath rooms to those which already exist. In short, he is going to proceed, under the direction of Dr. Alrig, to the installation of a hydro-therapeutic hall, which will contain all the necessary arrangements, and baths of every description of running water, and at a low temperature. With such complete arrangements it will be easy to us to suit the most varied hydro-therapeutic indications, and there is no doubt but that the addition of this powerful therapeutic agent to the thermal treatment can produce, in prudent and experienced hands, favourable and lasting results.

Amphion has a chalybeate spring of ancient celebrity, and three alkaline springs, which in mineralisation and therapeutic effects are nothing behind the neighbouring ones of Evian. These springs all flow in the park at some yards' distance from each other.

Who does not already see that the union in the same place of mineral waters different in their composition and therapeutic effects will cause most varied curative application? This association of two waters supplying one another's deficiencies makes Amphion an exceptional thermal station, a station which, favoured besides by its wonderful topographic situation, and its admirable ensemble of hygienic conditions, is destined to rival in a few years more celebrated thermal establishments.

The chalybeate waters of Amphion have been known since time immemorial. They were formerly frequented by the Counts of Savoy, the Kings of Sardinia, and a crowd of noblemen. They have also given rise to a great number of notices and publications, which vaunt its beneficent waters. First analysed by Tingry, the celebrated chemist of Geneva, who consecrated their memory, they have been analysed a second time by the Academy of Medicine of Paris, which by the organ of M. Gaultier of Clanbry, has given them a very favourable report. We give below the third analysis, which was made in 1862 by the Assay Office of the School of Mines at Paris.

Analysis of One Litre.

Free carbonic acid and bi-carbonates ...	0.105
Carbonic acid of the carbonates ...	0.118
Silica	0.021
Oxide of iron. Alumina	Traces.
Lime	0.102
Magnesia	Traces.
Potash	Traces.
Soda	0.008
Sulphuric acid	Traces.
Hydrochloric acid	Traces.
Total	0.354

Analysis of the supply proceeding from the chalybeate spring of Amphion, giving 150 litres of water a minute,

at a constant temperature of 8° C. 100 parts were experimented upon.

Carbonic acid	5.18
Sulphuric acid	1.93
Phosphoric acid	5.65
Silica	17.62
Oxide of iron. alumina	} 41.35
Oxide of manganese	
Water and organic matter	12.07
Hygrometric water	7.3
Arsenic, about	0.02
	<hr/>
	9.93

This water is perfectly limpid, which is due to the excess of carbonic acid, which holds in a perfect state of solution its mineral elements, especially its iron salts. It was taken at its point of emergence, and under the best conditions. Its rate of delivery is 105 litres per minute. Its temperature is constantly and in every season 8° C. It has a styptic and "atramentaire" flavour, slightly masked, however, by a slight sulphurous taste due to its passage through the turfy soil. It disengages in its exit from the spring numerous bubbles of carbonic acid, which has caused it to be compared to the spring of Géronstère at Spa; slightly gaseous like that we only feel its intoxicating affect when it is drunk to excess. It spreads like the spring of Géronstère a slight sulphurous odour, and contains almost as large a dose of iron.

Amphion possesses three alkaline springs, but as they all three contain the same mineral elements, it will be only a question of that of which the supply is the most considerable, and which has hitherto been solely employed. This spring was discovered in 1861 by M. Chéronnet on the side of the hill which overlooks the establishment. It has been taken under the best conditions. Just underneath the point where it was discovered, a subterranean, stone, vaulted reservoir has been constructed, able to contain about 15,000 litres of water; from thence the spring has been conducted by a large lead pipe in the park of the establishment, and by the of the chalybeate spring.

It furnishes twelve litres per minute in winter and eight in summer. It is without flavour and any special taste, fresh, clear, and very agreeable to drink. The temperature is from 12° to 13° C. It ought then to be classed with the waters of Evian, amongst the *fresh alkaline waters*.

An analysis of this spring was made in 1862 by the Assay Office of the School of Mines. The result is given below. *One litre* was analysed. We have grouped in the same table the two principal springs of Evian, the Cachat spring, and Bonnevie spring. Our readers can thus convince themselves at a glance that the three springs have as almost identical medical composition.

SPRINGS.

SUBSTANCES IN THE WATERS	SPRINGS.		
	Amphion.	Evian-Bonnevie.	Evian-Cachat.
Free carbonic acid and bi-carbonates	.132	.097	.061
Carbonic acid of the carbonates	.145	.000	.000
Bi-carbonate of lime	.167	.221	.194
" magnesia	.006	.015	.013
" soda	.017	.020	.020
" potash	Traces	.007	.006
Phosphate of soda	.000	.001	.001
Silica	.007	.000	.000
Oxide of iron. Alumina	Traces	"	"
Sulphuric acid	"	"	"
Hydrochloric acid	"	"	"
Totals	.474	.361	.295

From this table the reader will be easily convinced that in the alkaline water of Amphion the total of the mineral principles is higher than the totals of the springs of Evian, in the proportion of 47 to 36 and 29. The dif-

ference in favour of Amphion is due to the fact that it contains a larger quantity of free carbonic acid or of the carbonates. It is then more gaseous, which is a guarantee of its unalterability in the longest journey.

Decisively, these three springs having the same temperature, the same physical characteristics being found in the same situation, and traversing the same geological beds, ought, logically, to have the same therapeutic effects. The experience of the last years fully confirms this theory. A large number of bathers, sometimes at Evian and sometimes at Amphion, have proved that they felt the same effects. We will cite Dr. Blache, Vice-President of the Academy of Medicine, whose high scientific authority will not be questioned. This eminent practitioner has used the alkaline water of Amphion for drinking and for bathing, and after a month's stay, has gone away full of enthusiasm for the water, and delighted with the relief it had given to his sufferings.

Trousseau says alkalies are as necessary to the accomplishment of certain functions as oxygen to respiration.

1. When introduced into the stomach they have the property of neutralising the free or superabundant acids that organ holds. They have besides, according to the experiments of M. Claude Bernard, the property of exciting the secretion of the gastric juice. According to M. Petrequin, of Lyons, the portion of these salts which is decomposed in the stomach unites with the lactic acid to form the alkaline lactates which assist in bringing the materials of nutrition into the chyle and into the lymph.

2. A portion of these alkalies is absorbed and passes into the blood, of which it augments the alkalinity, which permits the sugar and starch matters introduced by alimentation to unite with the oxygen, and by their combustion to augment respiration and calorification.

3. They render the blood more fluid, which gives it the power of penetrating better into the interstices of our tissues, and of accelerating and regulating the circulation in the capillaries, by penetrating into their most minute ramifications. This blood becomes at the same time more viscous, and thus becomes more fit to direct the phenomena of endosmose and exosmose, and to effect the different compositions and decompositions which constitute organic life.

4. According to these ideas it is easy to divine in what manner they act on the secretions.

Taken into the liver by the absorbents, they liquify the elements of the bile, and hinder them from collecting to form calculi. This bile becomes more alkaline, emulsifies and saponifies the fatty matters, which by this fact will sustain a more perfect combustion, and so become a new source of heat. By penetrating to the kidneys they neutralise the acidity of the urine, and are not long in rendering it alkaline. By accelerating the urinary secretion they disembarass the kidneys of the sand or gravel which they can contain. Besides, the urine becomes alkaline neutralises the uric acid in excess proceeding from the incomplete oxygenation of the nitrogenous products in the organism. In fine they re-establish or augment the functions of the skin suppressed or altered by a languishing capillary circulation, the perspiration normally acid becomes alkaline, once more bringing about the impregnation of the entire economy by these agents. These different properties, therefore, make the alkaline waters *liquifying* and *melting* agents, excitors of nutrition, respiration, calorification, and the biliary secretions cutaneous and urinary.

ADDRESS IN MIDWIFERY (a).

By EVORY KENNEDY, M.D.,

Late Master of the Dublin Lying-in Hospital; President of the Section.

(Continued from page 121.)

CASE VIII. The Whole Circle of the Os Uteri thrown off in Labour.—A patient, in her third labour, which was

(a) Delivered at Birmingham, August, 1872.

somewhat violent, had slight hæmorrhage. The head was well engaged in the pelvis, and some fleshy mass was found to protrude from the vulva. The pains increasing, a complete circular ring, about three-eighths of an inch thick by an inch in breadth, escaped, which, on examination, proved to be the detached os uteri in its entirety. The labour proceeded rapidly. There was very little hæmorrhage; and the patient made a favourable recovery, the lochial discharge continuing longer and being more offensive than usual. Of the after-history of this case, and whether she bore more children, I am ignorant.

CASE IX. Procidencia of Gravid Uterus in the Sixth Month of Pregnancy reduced successfully: Living Child six Weeks after Reduction.—M. B. was admitted into hospital April 4th, 1838, with the extraordinary displacement of the gravid uterus exhibited in this drawing. She considered herself just entering on the sixth month of pregnancy, and had suffered for some time from bearing down and pelvic distress. The tumour, now perceptible, had protruded suddenly beyond the parts the day before admission. It appeared larger than a pint mug, polished, dry, and red, with the os uteri enlarged, but not patulous; rather puckered, as you perceive; plugged with yellow mucus, and with several ulcers, as if the effect of abrasion, on the most pendulous part surrounding the os. The ulcers were touched with solid nitrate of silver. The patient was placed on her back with the pelvis elevated by pillows. The protrusion was smeared well with hog's lard; and then the protruding tumour was gently but steadily embraced with both my hands, and pressed with the points of the fingers all round at its connexion with the pelvis, whilst it was at the same moment gently forced up with the palms of my hands formed into a cup-shape. This pressure was continued steadily for some minutes in the direction of the outlet of the pelvis, upwards and backwards, and, as it yielded, directly upwards, when I had the gratification of finding it glide safely upwards into the replaced vagina; by following it still up with the fingers, it was pushed high in the pelvis. A full opiate was now administered. An assistant was placed to watch, with the hand on the perinæum; and the patient fell into a profound sleep, and awoke, after some hours, free from inconvenience. She was retained for some time perfectly quiet, with the hips slightly elevated, and went home well. At the expiration of six weeks, she was delivered of a healthy living child, which appeared of about seven and a half months' development, and it survived.

CASE X. Acephalous Fœtus; totally brainless; acutely sensitive.—A female child, otherwise fully formed and developed, was born acephalous—in fact, totally devoid of brain. It survived its birth one hour and a half, breathing and crying loudly; the expirations were rather convulsive in their character. Its voice was very strong. It was acutely sensitive to impressions made on the surface of the body, and moved its limbs. We could not satisfy ourselves whether it heard or saw. It cried so much on inserting food in its mouth, that it was impossible to ascertain whether it could perform the act of deglutition. In other cases of acephalous fœtuses, we usually found a rudimentary portion of the middle lobe of the brain; and they rarely survived beyond a few gasps, if so much. The malformation is occasionally combined with spina bifida and contortions of the limbs; but some, like this child, are fully developed—indeed, the shoulders were so much so, as to create a difficulty in their extraction. The *post-mortem* examination, in which I was assisted by the late Dr. Todd of King's College, presented no feature worth recording, beyond what I have mentioned.

CASE XI. Spina Bifida.—In June, 1872, I was consulted about a child four months old, reasonably well developed, healthy, and with every prospect of continued vitality and health, save the existence of a head somewhat large, but with tardy development of the parietal and frontal bones, leaving the large fontanelle unossified, congenital dislocation of the ankles forwards, and a spina bifida of the

lumbar vertebrae. This measured two inches in diameter, with a projecting polished membranous covering, enclosing an elastic fluctuating sac. In fact, there was a total absence of the integumentary, ligamentous, and bony covering of the spinal cord, the thickened dura mater supplying their place. I exhibit a model of this case. The child, a girl, shows quite as much evidence of mind and powers of observation as four months' children generally do. My directions hitherto have been to take every precaution to prevent the injury or rupture of the cyst. A chambered shield of gutta percha, lined with padded silk, is being adapted to prevent the possibility of accidental injury; and I have it in contemplation to try a plastic operation when the age, promise of enduring life, and condition of the child justify it. It would be extremely gratifying to me to have the suggestions of my *confrères* with reference to the future dealing with this remarkable case; more especially of those who have met with similar cases in their practice. How long have they been known to survive, and how they were treated?

CASE XIII. Vesico-vaginal Fistula cured by twisted Suture.—On August 12th, 1837, H. Byrne, æt. 25, was sent from the country suffering from vesico-vaginal fistula. The opening was longitudinal, about five lines long, with considerable loss of substance. It was about three inches from the urethral orifice. The bowels were well freed. She was placed on the abdomen on the edge of a table, with a bolster interposed. My four curved beak-tractors were introduced, and, her limbs being held fast by assistants, I pared the edges of the fistula with a scalpel, cutting on an ebony spatula; and, having introduced three short needles into the wounded edges, drew them together with a twisted suture. A perforated shot was now squeezed on the end of each needle, an elastic catheter introduced into the bladder, and the patient was placed lying on her abdomen, on bolsters stitched together longitudinally. She was retained in this position, and closely watched day and night, by a relay of nurses, who never left her. The urine flowed freely from the urethra into a bladder attached to the catheter. Her bowels were washed out by lavement. Not a drop of urine escaped from the vagina. The sutures were cut out on the fifth day, and the needles removed, when the union was complete. She left the hospital in a fortnight perfectly well. I had the advantage of the assistance of my late colleague, the distinguished surgeon Mr. Abraham Collis, in this case; and I cannot easily forget the gratification he evinced when he made a final examination of the bladder before the patient left the hospital, nor the significant manner in which he answered my inquiry whether he could find any hole. "No, doctor; I can't find a hole, unless I make one;" and added, with a peculiarly expressive shrug of his shoulders, with which those who knew him were familiar, "I am sure you don't wish me to do that."

CASE XIV. Vesico-vaginal Fistula treated by Cautey. Honor Lattan was admitted in May, 1836, with a vesico-vaginal fistula an inch and a half from the meatus, transversely oval, with the edges thinned off, and large enough to admit the point of the little finger. She suffered from constant escape of urine ever since her first of two labours in the country, which lasted for seventy-two hours. The vulva was excoriated, red, tumid, and tender, with gritty deposit. Lead-poultices and the use of the catheter were had recourse to for some days; and then she was placed on the abdomen on the table, the tractors were introduced, and the button actual cautey applied to the stricture surrounding the aperture. After this, she was slung from the bedposts in a sheet, lying upon the abdomen, with the catheter introduced. This operation was repeated at intervals, at first of five days, and subsequently at intervals of eight or ten days; and she left on the 26th of July, able to retain her urine for two hours, and only disturbed twice at night. The edges were again touched on the 11th of August; and, on the 30th, she described herself as free from inconvenience, retaining her urine regularly for three hours through the day, and being even

able to go on often without relieving the bladder more than three times in the day and twice at night. The spot remaining ununited was reduced to a small pin-hole, such as you see represented in this drawing of Bridget Byrne, a case somewhat similarly treated, and with similar results.

CASE XV. Vesico-vaginal Fistula treated by Cautey and Pessary.—Mary Cathcart (November, 1837) suffered from a slough of the vesico-vaginal septum in her first labour in the country. The fistula was small, circular, about two inches and a half from the meatus, and rather to the right side. This was considerably diminished by one application of the actual cautey a month after her third delivery; but, as this was followed by peritonitis, it was determined not to repeat any operation. A cast model of the vagina, made of dentist's wax, was taken. This was done by introducing the soft wax, with a tape for extraction imbedded in its centre, through a speculum partially introduced. A caoutchouc mould was made from this, which fitted the vagina accurately, and was worn constantly as a pessary. The result of this simple contrivance, to use the words of my then clinical clerk, copied from this report, was, that "she experienced much comfort, being enabled by its use to retain her urine to a convenient length of time, and evacuate the contents of the bladder at pleasure, without withdrawing the instrument." I should, however, mention that I have since several times repeated this plan, using the cautey in preference to the ligature, or where this was objected to; and it has generally enabled the patient to retain her urine for some time. It has, however, not always been attended with the same amount of success. In fact, it is more adapted to very small fistulous apertures, or to those that have been reduced by the use of the cautey.

CASE XVI. Total Occlusion of Vagina: Operation: Animation suspended for upwards of twenty-two Minutes by Chloroform.—Some years ago, Dr. Ringland and I were called upon to operate in a case of a lady with total occlusion of the vagina. The examination could only be made through the rectum. The anterior and posterior walls of the vagina were united almost throughout their whole length. There was a sense of fluctuation perceptible on pressing the finger high up into the bowel. A tumid fulness was perceptible over the pubes, to about the extent of a six months' pregnancy. The bladder and rectum were emptied; and the patient was placed on her back, on a high couch, with the limbs flexed and held by assistants, as in lithotomy. The patient was with some little difficulty brought under the influence of chloroform. I had commenced the operation, when she struggled so that I was obliged to desist, and assist in bringing her completely under its influence, before again commencing. A catheter was introduced into the bladder, and the dissection was proceeded with, cutting and separating the adherent tissues with the blade and handle of the scalpel alternately; now introducing the finger into the rectum, and again feeling through the anterior wall for the catheter, to avoid approaching too closely to either cavity—a scarcely appreciable divergence in either direction being fraught with misery to our patient for life. From the difficulties and risk attending the operation, it was necessarily a tedious one; "rapidity" in such an operation being a convertible term for "destruction." At length, after cutting for three inches upwards, and dissecting a new vaginal canal by dividing throughout this extent a layer of condensed structure not more than the sixth of an inch in thickness, we had the gratification of coming to a small pouch at the upper part of the vagina, which communicated with the distended uterus, and from which poured a quantity of grumous retained menstrual fluid. Having thoroughly enlarged the opening at the upper part, so as to correspond with the dimensions of the canal throughout, I got up from the operation to receive a shock such as I never experienced before or since. Our attention was called by the chloroformist to our patient, who lay with her head over the edge of the table, her jaw fallen, and to all appearance dead. There was no respiration; no pulse at the wrist;

no action of the heart. I took out my watch, in order to take care that attempts to restore animation should be continued for a sufficient time before desisting, but without a hope that they could be attended with success. Experience in resuscitation of infants had led me to expect little from forcible inflation of the lungs by inserting a tube into the trachea, but much from a continuous and persistent imitation of the act of respiration by regular pressure on the elastic ribs of the subject—producing, as nearly as possible, the systole and diastole of the lungs and chest-frame, as observed in nature. Without a moment's delay, I sprang upon the high table, so as to command the prostrate woman; and, kneeling across her, placed a spread hand over the lower ribs, and kept up an artificial respiratory action in the lungs of about twenty pressures in a minute. In the meantime, all the available means of resuscitation were most assiduously carried out by my friend Dr. Ringland and his assistants. Friction and sinapisms were applied to the arms, legs, and surface. As speedily as buckets of warm water could be procured, her hands, feet, and limbs were immersed in it. These efforts were persisted in, whilst minute after minute was anxiously counted, with not the slightest evidence of restored vitality. At length, our souls absolutely sickened with disappointment, and, I may add, all hope having fled, we were, at the expiration of twenty-two minutes, repaid for our exertions by a convulsive gasp. Nearly a minute took place before a second occurred. Then they recurred at half-minute intervals; and eventually the natural breathing became established, and the artificial respiration was desisted from. Sickness now set in. She was unable to assist in the involuntary efforts to discharge the stomach. The food blocked up the œsophagus and posterior fauces; but, by drawing the head and neck over the edge of the table, and giving her the advantage of gravity whilst the finger was passed into the œsophagus, the obstructing food and mucus were removed, and respiration was established. A second collapse ensued after a few minutes, consequent on the evacuation of the uterus; but after this she recovered without a check. A curious circumstance, in a psychological point of view, should not be omitted. When she recovered her sensibility and powers of perception and speech, within a few minutes after respiration was re-established, looking steadfastly at one of the physicians present, she asked slowly and with some effort, "Is that Jesus Christ?" Where was her soul during that period of suspended animation? It might be surmised that this case would shake one's confidence in chloroform. With me, it had an entirely contrary effect, as it proved the power—perhaps I should say the capability—of restoring vitality suspended by its use under circumstances apparently hopeless.

CASE XVII. Fall from Window in the Seventh Month of Gestation.—In January, 1834, I was called to see a woman in Beresford Street, who had fallen from a window three storeys high, whilst stretching clothes on a rope line made fast to a projecting pole. She not only fell about thirty feet, but, her hip striking a small wooden baluster that protected the area, the baluster gave way, and she was precipitated about seven feet lower into the area. This woman was in the seventh month of pregnancy. I found her still suffering from the shock, with a small quick pulse, very anxious countenance, the surface and extremities cold; but, with the exception of a contusion on the hip and some slight abrasions on her hands, she had received no apparent injury. As she was in very poor circumstances, I had her carefully carried into one of the surgical wards of the Richmond Hospital. A full anodyne was administered, and she awoke, after some hours' sleep, without any injury or ailment save the contusion and abrasions referred to. After resting in hospital for a few days, she left quite well. In the course of a fortnight, she made a voyage from Dublin to Liverpool, and suffered from sea-sickness. She returned and was admitted into the Dublin Lying-in Hospital. At the end of her ninth month, she had an easy labour of a living child, and recovered without a

check. Sir Astley Cooper might well say, in reference to the patient who died from diffuse inflammation following the scratch of a pin, and the recovery after perforation of the thorax with a gig-shaft, "Gentlemen, you will thus perceive there are some cases that you cannot cure, whilst there are others that you cannot kill."

CASE XVIII. Nursing Twelve Months after Delivery of a Dead Child.—Mary Kenny, æt. 22, had had a still-born child nine months after marriage, computed to have been a month dead. She secreted milk freely, and continued to have milk in her breasts for a month after delivery. At the expiration of a year, she took a relative's child to dry nurse. She had the child to sleep with her, and applied it to her breasts in the night. On the following morning, she noticed her chemise stained with milk that had escaped from the nipples. She continued nursing this child regularly for seven months. The child was satisfied, and thrived remarkably well. Her catamenia, which had continued regularly from the time of her confinement, ceased, and did not return whilst she nursed. The child died of dentition when seven months old; and two years afterwards, when this case was noted, a milky fluid could be drawn from the breasts.

BRITISH MEDICAL ASSOCIATION.

ADDRESS IN MEDICINE.

By SAMUEL WILKS, M.D., F.R.C.P., F.R.S.,

Physician and Lecturer on Medicine at Guy's Hospital, Examiner in Medicine at the Royal College of Surgeons, &c.

(Concluded.)

I CANNOT leave the subject of treatment without adverting to a method of practice which, I believe, is far from uncommon, and which some delude themselves is philosophic. We are called to a patient, and we feel extreme doubt as to the best plan of action; two opposite methods of treatment pass through our minds; the case may be one of pneumonia, and we are considering, on the one hand, the value of depletory measures, and, on the other, of stimulating; we halt between two opinions, and silently saying *in medio tutissimus ibis*, adopt a compromise. Now, if being in doubt, we did nothing, there would be reason in the plan; but to propose to oneself two methods and split the difference, is to adopt a treatment which I take to be most unscientific.

A very natural result of the instinctive feeling which all persons have to gain relief for their individual troubles without giving a thought to the deeper question of the cause of them, is seen in their endeavours to compel Medical men to give their undivided attention to particular parts of the body: I cannot say particular complaints, for of these the public knows nothing; but to particular organs and symptoms. They thus insist on one Medical man devoting his powers to the heart, another to the kidney, another to paralysis; and, if he do not choose to obey their behest, the public, if they seek advice from him, are pleased to ticket him with the name of kidney or liver doctor, according to the organ they believe to be at fault. Is the public right in its demand, and the Profession in submitting to it? If what I have already said be true, there can only be one answer. If the greater insight into the mechanism of man and the morbid changes to which his body is liable obliges us to take an increasingly comprehensive view of disease and its treatment, the idea of chopping up the body into separate parts must be strongly deprecated. Who would be most likely to possess the more correct view of the nature of cancer—he who saw it in some of its external forms only in a cancer hospital, or he who in a general hospital would meet with it in all parts of the body, and had an opportunity of comparing it with other morbid growths? It may be asked: Has not scientific advance encouraged specialism? I should say decidedly not. If history showed me that the more comprehensive method was adopted in ignorant times, and that a higher civilisation had brought with it the division of the art into sections, I would submit to the fallacy

of my argument; but my reading of history proves the contrary. The votive offerings in our British Museum are monuments to the special cures practised by the Greek Medical men; and in Egypt, we are told by Herodotus, every place was full of physicians, there being some doctors for the eyes, others for the teeth, some for the head, and others for the belly. If we read what was taking place in our own country a hundred years ago, we shall find this so-called division of labour carried to a much greater extent than now. Thus Goldsmith writes: "In other countries the physician pretends to cure diseases in the lump. The same doctor who combats the gout in the toe, shall pretend to prescribe for a pain in the head; and he who at one time cures a consumption, shall at another give drugs for a dropsy. How absurd and ridiculous! This is being a mere Jack of all trades. Is the animal machine less complicated than a brass-pin? Not less than ten different hands are required to make a brass-pin! and shall the body be set right by one single operator? The English are sensible of this force of reasoning; they have one doctor for the eyes, another for the toes; they have their sciatic doctors and inoculating doctors; they have one doctor who is modestly content with securing them from bug-bites, and five hundred who prescribe for the bite of mad dogs." Other contemporary writing will show that there was good reason for drawing this picture; and, if it in any way approaches the truth, it is evident that the fondness for specialities has been waning, and a larger view of the practice of medicine, founded on a more scientific basis, is taking its place. With the progress in our science and art, this meddling with particular organs and symptoms has decreased; and this is what might have been expected, if the method were shown to be due to a lesser knowledge than exists at the present day. The division of our art into specialities, according to the manner of the Egyptians, is antiquated and unphilosophic. If so, the public suffer from their exactions. If they oblige a man to devote all his time to the skin, they reap the reward when they find a necrosed bone cannot be cured by arsenic. If they compel a man to give all his time to gout, they should not quarrel with him if he cannot reduce a dislocated thumb by potash water; or if they oblige a third to do nothing but look down their throats, it is their own fault when they discover that their best days are passed for taking good advice for their phthisis. I would not say for a moment that a physician or surgeon should not devote more attention to one subject than another. In fact, whether he choose it or not, his own turn of mind will incline him to do so; and, if this be the case, his advice will naturally be sought in the department in which he has most studied; but, having a knowledge of the whole range of disease, he is not likely to be misled or foolish enough to treat one symptom without considering its bearing upon others. The evil of so doing is less likely to occur now than formerly; for an ophthalmic surgeon may divine that blindness can arise from causes remote from the eye; and the obstetric physician knows that, with a highly nervous or hypochondriacal woman, his whole thoughts need not be given to the uterus; and thus, at the present time, every author of note detaches hysteria from any necessary disturbance of the womb. Should, however, an exclusive attention be given to this organ, absolute harm to the patient may result; and one feels often sorry to witness many cases of morbid irritability of body perpetuated by it. One of the few specialities where a long and extended experience enables the professor to gain a larger knowledge than the mass of Medical men can possess, is mental disease; but this is one of the few least patronised by the public. At least, from my own observation it has seemed that, when a man's mind is going wrong, the last person whose aid he seeks is the "mad-doctor." The division into medicine and surgery, even, has its evils; and thus I am convinced that the best advisers for the people at large are the general practitioners.

Not only does the Profession suffer in its true scientific dignity by its being divided—not only do those who seek advice often meet with disaster; but the poorer portions of the community suffer from the diversion of benevolence into wrong channels. It is a standing disgrace to England, and especially to London, that so little is contributed towards the maintenance of general hospitals. If we except those which are largely endowed, there is not one of the other great hospitals which has not often overrun its funds, or is forced to close some of its wards from sheer poverty. The public would not subscribe their guineas for so mean an object as the cure of an inflammation of the lungs, an erysipelas, or a broken leg, but choose rather to give their hundreds and thousands to maintain some special institution which was pleasing to their fancy.

Sentiment often entirely rules; and thus the abject poor, with their vulgar wants, are neglected; whilst any amount of money can be raised to expend on a beautiful house and grounds for the cure of hopeless jabbering idiots. I might also allude to the evil of drawing away cases from the hospitals where pupils resort for instruction, although it is therein, and from the physicians and surgeons attached thereto, and who rarely practise specialities, that they gain a knowledge of those very subjects which are supposed to be known only to the few. In whatever way, therefore, the subject is handled, the evils of the so-called division of labour are evident. There can be only one thing said on the other side; that it gives those engaged in the practice of one department greater facility in manipulation and the use of remedies. It may be true, if your watch be out of order, that the boy who can make a pin would be better able to set it right than the watch-maker if a pin only were required; but I think, for all this, the boy's advice would not in the first instance be sought.

In what, then, does our science consist? According to my idea, we study the peculiar tendencies and disposition of the human frame. We see in it the proneness to various changes and degenerations. We see acute rapid affections running their course in a few days, whose origin is legion. We see the body attacked by causes altogether from without. In all these cases, we stand by and watch. We have found various substances in Nature, the most valuable having their histories lost in tradition, which are useful in arresting morbid processes, or in assisting in the completion of necessary changes. Such medicines when given as experience dictates, have saved the lives of numbers. This must be positively spoken of digitalis, opium, iodide of potassium, and some other remedies. I say we are still watching, for we do not yet know the value of symptoms; and, until we do, we have no right to interfere. Our sole duty is to act empirically. Nothing can be said against any system under which the greatest number have recovered. Suppose a number of hungry people crying for bread, and blessing their benefactor who continually supplied their wants; he would gain more credit than the man with a large political creed who devised a political scheme to prevent starvation; but undeservedly so, for the latter would be the truer philanthropist. So it is with the art of medicine. Apollo was the God of Medicine; and why? Because, says Bacon, "the variable composition of man's body hath made it a body easy to distemper, and therefore the poets did well to conjoin music and medicine in Apollo; because the office of medicine is but to tune this curious harp of man's body and to reduce it to harmony." It will be remembered that both the Society of Apothecaries and the College of Surgeons have chosen for their mottos adjacent lines from Ovid's *Daphne*, in which Apollo says, "Opiferque per orbem dicor," and "Quæ prorsum omnibus artes." I think a text for another theme might be got out of the intermediate line,

"*Hei mehi! quod nullis amor est medicabilis herbis.*"

which might imply that affections having a moral cause must be treated by moral means. Hysteria, for example, is too often perpetuated by the too officious interference of the Medical man. Moral means often avail when all the herbs have proved futile. *Daphne* was right in running away from Apollo when he said he was a doctor.

Special Report

ON

DISEASES OF THE THROAT.

Edited for the "MEDICAL PRESS AND CIRCULAR."

By PROSSER JAMES, M.D., M.R.C.P.,

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IV.—LARYNGOSCOPY.—(Continued.)

Difficulties and Obstacles. Movement of Mirror. Retching. Arching or Thickness of the Tongue. Enlarged Tonsils. Irritability of the Fauces and means of relieving this Condition. The Epiglottis—its Form and Position, &c.

EXPERIENCED laryngoscopists will often place the

mirror in the fauces so accurately as to obtain instantaneous views of the vocal cords in a number of cases successively. But even those in constant practice do not always thus easily succeed, though the movements they make after the mirror touches the uvula may be so slight and so rapid as to be almost unnoticed. On the other hand the beginner cannot expect to become an expert in his first lesson, and he will acquire the necessary tact more easily by deliberate movements than by any attempt at rapidity. If the image of the vocal cords does not appear at once, the position of the mirror must be altered to a slight extent. A common mistake is to move it too much, a very slight movement deflecting the rays of light to a considerable distance. This fact may be illustrated by the following engraving—

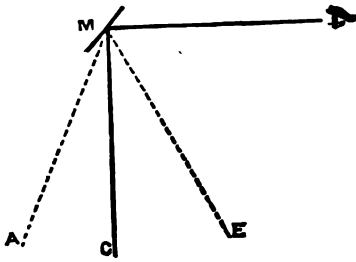


FIG. 16.

in which *m* represents the position of the mirror, and *g* that of the glottis. A ray of light from the observer's eye falling upon the mirror *m*, is reflected to the glottis *g*, of which an image appears at *m*. A very slight inclination of the mirror may throw the light along either of the dotted lines, in which case the image of *g* will be replaced by another, *a* or *e*, as the case may be.

The most likely movement to be required is a slight elevation of the hand. If too near the centre and in the way of the light the hand must at the same moment pass nearer to the corner of the mouth. This movement is seldom required with my rectangular-handled mirrors, hence they are often found easier to use by learners. Whatever movement be necessary should be made deliberately and continuously, not in jerks. It can then be arrested the moment the laryngeal image is brought into view. There can be no objection to resting one or two fingers on the patient's cheek in order to steady the hand; but with practice many will find this unnecessary.

The mirror should not be kept too long at a time in the patient's mouth, nor should it be moved about too much. Retching is not so likely to be produced by two or three separate introductions. In fact, timid patients gain confidence as they find the mirror can be introduced without inconveniencing them.

This retching—the dread of patients who have never been examined by the laryngoscope, and the bugbear of those who are learning to use the instrument—is most likely to be excited by touching the tongue with the

mirror. Bearing this in mind, the error will mostly be easily avoided. Another reason for care in this respect, is that the mirror becomes covered with secretion, and its reflecting power thereby diminished or even destroyed. On the other hand, while avoiding the tongue by carrying the mirror high enough, we should not let it actually touch the palate. It is, in fact, to be carried between the tongue and roof of the mouth, touching nothing until it comes in contact with the uvula. I have known beginners derive some assistance by letting the stem slide along the upper front teeth, and in a difficult case this may be done, but practice soon makes this unnecessary.

Occasionally the uvula is itself found in contact with the tongue. In this case, the patient is to be requested to take a deep breath, or to say "a" (or emit any other vowel sound), as during these acts the uvula is raised, and so the mirror more easily placed.

The same plan should be adopted when the tongue involuntarily arches itself so much as to almost fill the mouth, and also in cases in which the root of the tongue seems preternaturally thick.

In the majority of cases the arching of the tongue is due to apprehension on the part of the patient, or inability to control its movements. Sir Thomas Watson (*a*) recommends in such cases, that the patient should practise before a looking-glass. It is easy thus to acquire the art of keeping the tongue in such a position as to admit of the introduction of the laryngoscope in the simplest manner, as already shown in Fig. 10.

But such complete command is unnecessary, and to acquire it occupies time. The best way is to tell the patient to put out his tongue, and to hold the protruded organ between the thumb and forefinger of the left hand covered with a napkin. This plan practised with the utmost gentleness very seldom fails.

The patient should also be told to breathe through the mouth, and not through the nose.

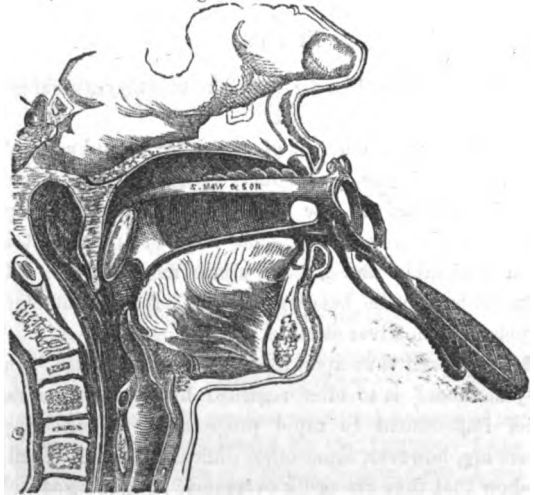


FIG. 17.

A very nervous patient may be advantageously set to

(*a*) "The Laryngoscope." Two Lectures at the Royal College of Physicians by George Johnson, M.D. London. 1864.

hold the tongue himself. This diverts his attention, and should local treatment become necessary, the physician will want both his hands free.

In exceptional cases, especially in those in which the root of the tongue is unusually thick, it has been proposed to hold it by a variety of instruments. Of these, Labordette's *speculum laryngien*, has perhaps been most used, but like many similar contrivances, has not met with general favour. It is somewhat complicated, necessitates a degree of force not so completely perceptible to the physician as it should be, and is not unlikely itself to excite vomiting or some other inconvenience.

If any instrument be used to control the tongue it cannot be too simple. It is this quality that constitutes the value of my tongue depressor, which is so easily managed that with little practice it becomes, so to say, a mere addition of the physician's fingers. But even this is more useful for rhinoscopy than for laryngoscopy. Its use is illustrated in Fig. 18, which differs in several



FIG. 18.

other respects from Fig. 10 (a). The two may, therefore, be advantageously compared.

Instead of an instrument of any kind the physician's forefinger can be used, and some operators have almost entirely discarded the use of tongue depressors. It appears to me, however, that some kind of instrument is often preferable and its use seems more delicate. If "fingers were made before forks" we have not therefore dispensed with silver at table.

I have dwelt thus upon the tongue, because that "unruly member" is so often regarded by beginners as the chief impediment to rapid progress in laryngoscopy. There are, however, some other difficulties which, if only to show that they are easily overcome, it may be as well to mention here.

One of these is enlarged tonsils. A moderate degree

of hypertrophy is the chief cause for the use of oval mirrors, but sometimes these organs are so much enlarged as to give rise to considerable difficulty. They are then manifestly in a condition to require treatment, which should not be delayed, unless some contra-indication exist.

Great irritability of the fauces occasionally proves an obstacle to overcome which, requires tact on the part of the physician, and confidence on that of the patient. Many cases yield to the simple plan of sucking ice for a few minutes before the introduction of the mirror. Where time is not of importance the patient may educate himself before a looking-glass, and gradually accustom the throat to the contact of instruments. Some have recommended painting the fauces with various local astringents, or saturating the sponge probang with them, and applying it from time to time. A better method of employing these remedies is by means of the atomiser. In fact a patient educating himself will find an astringent gargle, or the atomiser of great service.

A whiff of chloroform or ether has been proposed, but is not to be justified unless in urgent cases.

The internal use of the bromides has also been recommended. There is no doubt that anaesthesia of the fauces, more or less complete, may be produced by these drugs in large doses, but they must be pushed to the point of saturating the system in order to attain the end, and few would think it right to subject a patient to bromism for this purpose. The use of small doses is as futile as the employment of gargles containing a little bromide, on which some have depended. An alum gargle would be far more effectual.

An irritable condition of the fauces is common in some stages of congestion and inflammation. The local remedies for these diseases are then the best applications. In laryngeal phthisis there is often great irritability, and this is mostly relieved by inhalations of atomised sprays, or by such soothing vapours as may otherwise be indicated.

Tact and gentleness will, in these cases, as well as in physiological irritability, almost always succeed, if the directions as to respiration, vocalisation, and other points be carefully followed.

(To be continued.)

STUDENTS' COLUMN.

SYNOPTICAL REVIEW OF THE OFFICIAL PREPARATIONS OF THE BRITISH PHARMACOPŒIA.

BY W. HANDSEL GRIFFITHS, PH.D., L.R.C.P.,
L.R.C.S. Edin.,

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OLEA (OILS) (a).

These are distilled or expressed; they are enumerated in the following table:—

(a) These will be more fully discussed when considering the *Materia Medica* of the Pharmacopœia.

CLASS I.—DISTILLED OILS.

- (a). From the fresh flowering herb.
Oleum Menthæ Piperitæ.
 " Menthæ Viridis.
 " Ruta.
- (b). From the fresh tops.
Oleum Sabinæ.
- (c). From the leaves.
Oleum Cajuputi.
- (d). From the bark.
Oleum Cinnamomi.
- (e). From the oleo-resin.
Oleum Copaibæ.
 " Terebinthinæ.
- (f). From the flower.
Oleum Anthemidis.
 " Caryophylli (bud).
 " Lavandulæ.
 " Rosmarini (flowering tops).
- (g). From the fruit.
Oleum Anethi,
 " Anisi.
 " Carui.
 " Coriandri.
 " Cubebæ.
 " Juniperi.
 " Pimentæ.
- (h). From the seed-kernel.
Oleum Myristicæ.
- i). Distilled with water from the seed after expression of the fixed oil.
Oleum Sinapis.

CLASS II.—EXPRESSED OILS.

- (a). From the fresh peel.
Oleum Limonis.
- This oil is sometimes distilled.
- (b). From the fruit.
Oleum Olivæ.
 - (c). From the seeds.
Oleum Amygdalæ.
 " Crotonis.
 " Lini.
 " Myristicæ Expressum.
 " Ricini.
 " Theobromæ.

Heat is employed in the expression of *Oleum Theobromæ* and *Oleum Myristicæ Expressum*.

Oleum Morrhuæ is extracted from the fresh liver of *Gadus Morrhuæ* by a heat not exceeding 180°.

The following are the preparations into the composition of which the oils enter:—

Oleum Amygdalæ ni. Unguentum Cetacei, Unguentum Hydrargyri Oxidi Rubri, Unguentum Plumbi Subacetatis Compositum, Unguentum Simplex.

Oleum Anisi ni. Essentia Anisi, Tinctura Camphoræ Composita, Tinctura Opii Ammoniata.

Oleum Anthemidis ni. Extractum Anthemidis.

Oleum Cajuputi ni. Linimentum Crotonis, and Spiritus Cajuputi.

Oleum Carui ni. Confectio Scammonii, and Pilula Aloes Barbadosis.

Oleum Caryophylli ni. Confectio Scammonii, Pilula Colocyntidis Composita, and Pilula Colocyntidis et Hyoscyami.

Oleum Coriandri ni. Syrupus Sennæ.

Oleum Crotonis ni. Linimentum Crotonis.

Oleum Juniperi ni. Spiritus Juniperi.

Oleum Lavandulæ ni. Linimentum camphoræ Compositum, Spiritus Lavandulæ, and Tinctura Lavandulæ Composita.

Oleum Limonis ni. Linimentum Potassii Iodide cum Sæpone, and Spiritus Ammoniæ Aromaticus.

Oleum Menthæ Piperitæ ni. Aqua Menthæ Piperitæ, Essentia Menthæ Piperitæ, Pilula Rhei Compositus and Spiritus Menthæ Piperitæ.

Oleum Menthæ Viridis ni. Aqua Menthæ Viridis.

Oleum Myristicæ ni. Pilula Aloes Socotrinæ, Spiritus Ammoniæ Aromaticus, and Spiritus Myristicæ.

Oleum Myristicæ Expressum ni. Emplastrum Calefaciens, and Emplastrum Picis.

Oleum Olivæ ni. Charta Epispastica, Cataplasma, Lini Emplastrum Ammoniaci cum Hydrargyro, Emplastrum Cevati Saponis, Emplastrum Hydrargyri, Emplastrum Picis, Emplastrum Plumbi, Enema Magnesiæ Sulphatis, Linimentum Ammoniæ, Linimentum Calcis, Linimentum Camphoræ, Unguentum Cantharidis, Unguentum Hydrargyri Compositum, Unguentum Hydrargyri Nitratis, and Unguentum Veratriæ.

Oleum Ricini ni. Collodium Flexile, Linimentum Sinapis Compositum, and Pilula Hydrargyri Sub-chloride Composita.

Oleum Rosmarini ni. Linimentum Saponis, Spiritus Rosmarini, and Tinctura Lavandulæ Composita.

Oleum Sinapis ni. Linimentum Sinapis Compositum.

Oleum Terebinthinæ ni. Confectio Enema, Linimentum, and Unguentum Terebinthinæ, and Linimentum Terebinthinæ Aceticum.

Oleum Theobromæ ni. all the suppositories.

(To be continued.)

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, SEPTEMBER 11, 1872.

LEVELLING UP THE LANDMARKS OF THE PROFESSION.

OUR readers will recollect that in the course of last year a Medical Act was passed by the Canadian Legislature under the provisions of which a Medical Council was constructed on a similar basis to that which has proved so delightfully effective in the "old country." The passing of this Act gave rise to bloody affray between the homeopaths and eclectics and the legitimate members of the Pro-

fession, which resulted in the admission into the new Medical Council of certain persons professing these forms of quackery.

This Council met for the first time last month, and was composed of seventeen physicians and surgeons, four homœopaths, and five eclectic. In the course of debate one of the members said that as the eclectic had nothing distinctive in their body they ought to fuse with the general Profession, and in this way a suggested diminution in the number of Council members would take place.

Dr. Muir, one of the eclectic representatives, said that the extinction of that body was inevitable, as the facilities afforded students in Canada for preparing for the allopathic examination were more favourable than for eclectic. Another member expressed himself as pleased with the turn things had taken, *as it would henceforth allow allopaths and eclectic to meet in consultation.*

The Council diverted itself by a debate with reference to a breach of etiquette on the part of Dr. Carson, one of its members, which elicited considerable discussion of a personal character. The substance of the charge was, that Dr. Carson is engaged in the manufacture and sale of patent medicines. One of these nostrums, the *female regulator*, was singled out for attack. Dr. Carson tried in various ways to wriggle out of the position, but enough was elicited to show that he was connected with this disreputable business, and a resolution was moved, to strike his name from all committees of the Council.

Dr. Lawrence was of opinion that the Council was only half doing its duty in removing his name from all committees. He deemed it monstrous that they should have one amongst them guilty of such acts. Dr. Edwards looked upon Carson's advertisement as sheer quackery. He thought it time for the Council to put its foot down in the matter. McGill College, Montreal, had threatened to cancel the diploma of a man who had put forth such medicines. Dr. Carson was severely censured by many other members of the Council, including members of his own body. The motion was carried by a majority of 14 to 6, and recorded in the minutes of the Council.

The perusal of the record of these proceedings is eminently calculated to mitigate the disgust and anger which the Profession in our own country almost universally entertain. After all, our own Medical Council is nothing worse than useless, expensive, voluble, and obstructive. We have not yet, thank Heaven! reached the climax when matters Medical are legislated by avowed quacks, and when a representative lawgiver is openly convicted of trading in the most abominable quack nostrums. Perhaps after all Medical reformers who agitate for the deposition of King Log may not have a sufficient fear of King Stork before their eyes.

A MUDDY BUSINESS.

In the article headed Chloralum in our last number, we quoted from the *Pharmaceutical Journal* a paragraph suggesting criticism of the Board of Trade in connection with disinfectants, which ended somewhat as follows:— "We want to know if the new thing [chloralum] is a true thing, and most naturally appeal to the Medical adviser of the Board, if such officer exist." This very proper appeal will, we trust, be responded to by the officer or officers in question; for they owe it to themselves and the Profession to which they belong, to exone-

rate themselves from the charge of having advised the remarkable course of action which has been pursued in this matter. The gentlemen who have acted since the year 1867, as the Medical advisers of the Board of Trade, are, we have been informed, Mr. Harry Leach, Senior Medical Officer, Dreadnought Seamen's Hospital, and Dr. W. Dickson, Medical Inspector of Her Majesty's Customs. We heartily join our pharmaceutical *confrère* in demanding of them an explanation of the circumstances which led to the insertion of chloralum in the merchant shipping medicine scale, and consequently its obligatory shipment on board all cargo vessels, and use for sanitary purposes, when there was hardly anything beyond the assertions of its manufacturers to show it to be a disinfectant in any other sense than that wherein common salt is one. We take this opportunity also to request the favour from Messrs. Leach and Dickson, of a few words of explanation touching the retention on the medicine scale of Carbolic Acid, after the Ship-owners' Association had so clearly proved it to be totally unsuited for ships' use, being a product which many ship-owners even refused to take on board their vessels on freight, on account of the injury caused to cargo by its offensive exhalations; and finally we should like to see answered by them or others the following simple questions:—

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By whose authority have the words "all rights reserved" been printed on the title page?

Into whose pocket go the monies that are paid for the advertisements which appear in the Guide!

THE REMUNERATION OF MEDICAL MEN IN SCOTLAND.

RECENTLY there appeared in the columns of a contemporary a very able and exhaustive letter, by Dr. Black, of Glasgow, on "Special Hospital Abuse" in that city. Dr. Black, who is a true Medical reformer, did not deary that grievance too strongly, and we trust his suggestions will not be thrown away. It is not our intention to supplement or to controvert his remarks, but rather to bring under the notice of the Profession another social grievance still more disastrous to our status and interests. We refer to the degrading practice of undervaluing our services.

Although long ago we directed the attention of the Profession to this subject, but little appreciable good has resulted, and in one district—which we have made the subject of our investigations—the sixpenny charge is as rampant as ever, for the abuses complained of (like certain diseases) are, for the most part, endemic to particular districts of Scotland.

The one to which we particularly refer is situated in Ayrshire. Thank Heaven! we cannot be accused of writing through jealous or splenetic motives, our lines having fallen in more pleasant places, where the community properly appreciate the status and remuneration of Medical men.

Can city practitioners fail to be astonished if the following be the *bona fide* scale of fees adopted by a surgeon of thirty years' experience? Midwifery, from 2s. 6s. 1s.; advice, 6d.; consultations, 1s.; other charges *proportionately* moderate.

We have never seen the above printed (how could a printer's bill be paid under the circumstances?), but we have again and again known it practised. Fortunately for the honour of the district, the sixpenny circle is a limited one; and there are those who prefer a limited practice to popularity of such a questionable kind.

How, we ask, can the young practitioner, with his exalted notions of professional dignity, compete with such a class? He must inevitably be dragged into the quagmire of poverty with his sixpenny neighbour, though (through refusing the sixpence) he arrives at that undesirable haven by a more honourable road than his senior brother. If this foul social blot reflected only on the wilful suicide, we should say nothing (we might even slightly chuckle at his self-imposed penury); but unfortunately the disease is, in its effects, contagious, and every member of the Profession is neglecting his duty by refusing to declaim against it. Could city practitioners be persuaded that a radius of practice of from fifteen to twenty miles, necessitating daily and nightly work, does not afford a remuneration that will justify taxation? In other words, it is less than £100 per annum! No wonder the "externe" is shabby, the "buggy" unseemly, and that the horse, from an indisputable family likeness, may safely claim kindred with Don Quixote's Rozinante. How could it be otherwise?

We have again and again called attention to abuses of this kind in other localities, and have more than once specified those who are thus dragging down their professional brethren into the quagmire of poverty. We have made inquiries before referring particularly to Scotland, and on this occasion we touch the subject as cautiously as we do reluctantly. We are, however, by no means disposed to let it rest here, and are quite open to further information on the subject. At the same time with our invariable practice of fair play we are willing to receive any defence or apology that may be offered by those concerned. Will any one defend the sixpenny charge? We trow not. Will one who values his services at that price find time to apologise for it? Our columns are fairly open. His time cannot be so very valuable. Has he the moral courage to affix his name to a letter in our columns?

Notes on Current Topics.

Spread of Cholera.

In his address on "Public Medicine," the Rev. Samuel Houghton, M.D., D.C.L., F.R.S., maintained that cholera was usually imported into Ireland from England. He said:—

"In 1866, it was proved, beyond the possibility of doubt, that the cholera was imported into Ireland; and we could trace the cases through the parts of Dublin, Belfast, Drogheda, Wexborough; and we could lay our hands on cases, and say that these came through the canals and other ways from Sheffield, Liverpool, or Bristol. Our isolated position gives us peculiar advantages for the study of epidemics, and for the determining whether they are, or are not, the result of contagion. With regard to small-pox, there is less difference of opinion than with regard to other diseases; but no one has undertaken the study of the subjects connected with epidemics who has not become, like myself, an ardent contagionist. One of the

advantages of our isolated condition is, that we in Dublin can make Liverpool our Medical barometer. We know when there is an epidemic at Liverpool that we shall have it as well. In all cases of an epidemic which affects Dublin and Liverpool, Liverpool has it first. I went to Liverpool when the cholera of 1866 was raging, and made the most minute inquiries; and Dr. Trench, with the greatest kindness and courtesy, placed his tables and all other information in his possession at my disposal. By the means of these tables and the information which Dr. Trench gave me, I was enabled to mark out the course the disease would take in Dublin, and this before it came to the city. In the mortality of Liverpool, a curve of a remarkable mathematical shape appeared; and, by enlarging the curve, I could predict, in a general way, what would be the mortality of the disease which was coming to Dublin. And this prediction was verified in a remarkable degree; for, afterwards, we found that the total mortality in Dublin was what we said it would be after looking at the mortality in Liverpool, and we were enabled to say when it was at its maximum. So you see that Dublin is as well off, or as badly off, just as you like, as Liverpool in regard to hygienic conditions; and neither town is what it should be in regard to sanitary regulations—in fact, they are upon a par. Now, when I come to small-pox, we have another element to deal with, which we have not in other epidemics; for in this disease we have a means of protection in vaccination, and we can see how well or how ill a town has been protected by the vaccination laws being carried out. We see the small-pox sweeping its way over this island, and its greater or less virulence is a test of our diligence, or of the diligence of those who have gone before us, in protecting the population against this terrible scourge."

Vaccination or Death.

THE vaccino-phobiacs would do well to ponder the lesson read by Dr. Houghton at Birmingham, and which supports by facts and figures the conclusions long accepted by the Medical world and the immense majority of the educated public. He said:—

"When I come to England, I am astonished to find intelligent persons in numbers, who, for some reason, come forward publicly to oppose the process of vaccination. Some of these people express a strong doubt—an honest doubt—whether the mortality from small-pox is really as fearful as the doctors say. To get a proper basis of calculations as to the mortality from small-pox among unvaccinated persons, we must go back to the records of past generations in this and other countries; and we find this astonishing result, that from 60 to 70 in every 100 persons attacked by small-pox must die, if not vaccinated. Some people have the idea that this is a bugaboo of the doctors, and that they need not necessarily die if not vaccinated. Of course it is impossible now to get the experience of an immense number of persons who have not been vaccinated, to give them the small-pox, and see how many would die. This experiment could not be easily carried out. Therefore I adopted another method. I took it for granted that the writers and records of the close of the last century were correct. The average which they gave was that 66 per cent. of every class—men, women, and children—must die if they had got the small-pox and were not vaccinated; whereas, of those who were attacked after being well vaccinated, the number of deaths was only 6·6 per cent. This reduction of the mortality from 66 to between 6 and 7 per cent. represents what vaccination has done. The value of vaccination is, therefore, established beyond the possibility of a doubt, and I think that this is a subject on which the Medical Profession should speak out. Should not Birmingham, with her literary men and newspapers, lead the public on this great question? I wrote to my friend Dr. Hayden, of the Mater Misericordiæ Hospital in Dublin, to send me

the total number of small-pox cases treated there, and of the deaths; and I undertook, from these figures, to calculate the number of those who were vaccinated, and those who were not. This forms a very simple problem in mathematics, of which I will not trouble you with more than the results attained. From the figures sent me, I calculated, though I had never seen a patient, that 120 of the cases treated at the Hospital had not been vaccinated. I wrote to tell Dr. Hayden this; and he wrote back to say that the number recorded as known to be unvaccinated was 119. Since I have come to Birmingham, Mr. Woolley has kindly placed at my disposal all the information he possessed, and I hereby beg to tender him my warmest thanks for his courtesy. Although Birmingham has suffered what I cannot but regard as a most contemptible epidemic, the facts are strikingly illustrative of what, to my mind, is the truth of the principle which I am placing before you. Since the 18th November, 1871, there have been 1,911 cases of small-pox, of which 262 have died. I leave out the cases remaining under treatment. I calculated from those figures that 230 persons in Birmingham who had been attacked with the disease had never been vaccinated. I found in Mr. Woolley's returns that the certainly non-vaccinated were 209, while doubtful cases numbered 44. Well, it was fair in such a case to split the difference and call it 22, and, as that suited my theory very well, I adopted it; and when I added them to the 209 it made 231, which was only one above my calculation. It is like the trick of a conjurer, walking into the town, asking the number of small-pox cases and deaths, never having seen the patients, and yet telling the people of the town how many were vaccinated and how many were not. Dr. Trench tells me that 1,616 cases were treated in the Liverpool hospitals; the deaths were 375; from that I calculated that the non-vaccinated cases numbered 451. The number actually recorded as non-vaccinated was 432, being 19 less; but I am perfectly certain that to those should be added several of those properly set down in the reports as doubtful. This opens up a problem highly interesting to the Profession of medicine. As the mathematician in his closet can direct the astronomer in what part of the heavens and when to look for certain planets, so the progress of science and medicine can tell with certainty when and where certain districts will be attacked with epidemics. The records of the fearful epidemics and the plagues of the Middle Ages have perished; the poor have perished with no man to regard them. Even the writings of Defoe may be searched in vain for any statistics of the Great Plague which would satisfy the demands of modern Medical science. But, by examining into the records of our own times, we shall be able to read back the history of the epidemics of the past, the number and percentages of the mortality of those who suffered, who lie forgotten in their graves, and whose history no one has recorded."

Insanity or Kleptomania.

A DISTURBER of the order and completeness of the study-tables of Medical men in London has, for a long time, been wanted by the police. We are informed that for some weeks past, an individual of respectable exterior has been in the habit of calling at the houses of consultants. Should he find them within, he would give some trivial excuse to the servant and go as quickly as he came. On the other hand, should Dr. So-and-so be absent, which was most probable during certain hours, he would ask permission to write a note, and while the servant was absent for a moment to fetch him an envelope or other necessary, quietly possess himself of anything within reach, and be as mute as a mouse when the servant returned. Nothing seems to have been too big for his capacious pockets, nor too small for his notice, but barometers, cases of surgical instruments, postage stamps, and loose

cash received more immediate attention. On Friday last he was politely shown the inside of a prison, to await his trial at the Central Criminal Court. At his primary examination before the magistrate, he pleaded temporary insanity, but Mr. Knox *actually* refused to entertain this plea, with such an army of pawnbrokers before him. Having regard for our own libraries, we hope Her Majesty's Government may be induced to take care of this poor fellow for many years to come.

Incapacity for Military Service.

WE inserted a week or two ago a letter of inquiry as to short sight incapacitating from military service. Several correspondents are desirous of ascertaining how far various diseases interfere with the prospect of military employment in various countries. We now, therefore, print the following list of those diseases which absolutely incapacitate from service in most armies, in the hope that it will be an ample reply to all inquiries:—

1. Albinism.
2. Mental disorders—imbecility, idiotism.
3. Alopecia (extensive and permanent).
4. Anasarca, or œdema owing to organic causes.
5. Anemia, chloro-anemia.
6. Strictures of urethra (considerable).
7. Aphonia—dyspnœa—dumbness—stammering (permanent).
8. Ascites.
9. Asthma.
10. Cachectic scurvy, scrofulus, paludial.
11. Calculi in any organ with functional disturbance.
12. Cancer, its different species, and other degenerations.
13. Caries or extensive necrosis.
14. Caries or necrosis of all the teeth.
15. Caries, or a bad state of a large number of teeth with softening or ulceration (chronic) of gums.
16. Old catarrhes of slight consistency, or adherent with loss of substance, muscular or bony, chiefly in the lower extremities.
17. Permanent contraction of the flexor or extensor muscles, or their constant relaxation, preventing free muscular exercise.
18. Cophosis or permanent deafness of one or both ears.
19. Dysecea or considerable weakness of hearing.
20. Bucal dysodia, or constant foul breath.
21. Cutaneous dysodia, or habitual fœtid perspiration.
22. Epilepsy, fits epileptiform or apoplectiform catalepsy, ecstasy, chorea, and other nervous and convulsive diseases, habitual or periodical.
23. Epispadias, hypospadias and pleurospadias situated in the space comprehended between the middle of the penis to its root.
24. Scurvy well characterised.
25. Scrofulous tumours, voluminous, ulcerated, or in great numbers.
26. Fistulæ, communicating with bony cavities, serous cavities, or articulations; with the substance of spongy bones, or with important organs, with notable functional lesions.
27. Habitual hæmorrhage or periodical (hæmoptysis, hæmatemesis, hæmaturia, &c.)
28. Voluminous hæmorrhoids, ulcerated, constant hæmorrhoidal flux.
29. Hernia of abdominal viscera, in whatever degree.
30. Vaginal hydrocele, or of the spermatic chord impeding walking.
31. Incontinence of urine.
32. Incontinence of fœcal evacuations.
33. Lesions or deformities of the organs of sense.
34. do. do. in the head.
35. do. do. do. neck.
36. do. do. do. trunk.

37. Lesions or deformities of the legs and arms.
 38. do. do. do. hands.
 39. do. do. do. feet.

N.B.—When these impede the functions of the economy or manifestly embarrass the use of the uniform, equipments, riding on horseback, and the use of weapons of defence.

40. Eye diseases and their dependencies, impeding vision or rendering it incomplete for military duties, or producing habitual suffering.
 Myopia must be characterised by the impossibility to read at 35 centimetres distance with concave glasses, Nos. 3 to 5, French scale, and to distinguish distant objects with glasses Nos. 6 and 7.
41. Diseases of the auditive duct, with permanent functional lesion.
42. Diseases of the organs of circulation, and their dependencies, with appreciable alterations.
43. Diseases of the organs of respiration, with chronic symptoms.
44. Diseases of the digestive organs, ancient or permanent.
45. Diseases of the genito-urinary organs, serious or chronic.
46. Chronic cutaneous diseases, contagious and of a bad character, or of disgusting appearance.
47. Diseases producing permanent difficulty of mastication, deglutition, speaking, or breathing.
48. Necrosis and neuralgia, habitual with disturbance of important functions.
49. Obesity or general polysarcia—abdominal.
50. Ozæna, or chronic foetid purulent discharge from the nose, nasal fossæ, or from the frontal or maxillary sinuses.
51. General or partial paralysis, with permanent character.
52. Loss of one ear, or both eyes, or of their use.
53. Loss of all the superior or inferior incisor and canine teeth, or of all the molars of one or both maxillaries.
54. Loss of nose.
55. Loss of part or entire ear.
56. Loss of both testicles.
57. Loss of part or the whole of the external genital organs.
58. Loss of one arm, leg, foot, or hand, of the thumb, or of the last phalanx of the same, of the great toe, or of its last phalanx, of two fingers or toes, or their last phalange, or of the movement of either of these.
59. Large polypi.
60. Fall of rectum, or permanent stricture of same.
61. Permanent retention of testicles in abdominal cavity of one or both in the canal, or in the inguinal ring or perineum.
62. Chronic gout and rheumatism.
63. Siatorrhœa, or involuntary and abundant flow of saliva.
64. General syphilis.
65. Phthisis, laryngeal, bronchial, or pulmonary.
66. Tumour of hard and soft parts, impeding functions, or necessary movements for the service.
67. Ulcers, ancient, extensive, atonic, or of bad character.
68. Large or multiple varicose veins in any part impeding movement, particularly of the lower extremities.

Inspectors-General of Hospitals—Indian Leave and Allowances of.

THE following paragraph of a military letter from the Secretary of State for India has been published for general information :—

I have decided that an Inspector-General or a Deputy Inspector-General of Hospitals of the Indian Service, on leave in Europe, who has not completed his tour of service and has vacated his appointment, shall be granted the British pay of his rank after vacating his appointment

and be allowed to count the period of his absence from India, since vacation of appointment, as service for pension, subject always to the rule as to five years' absence from India.

English Hospitals in Paris.

Two hospitals for Englishmen exist in Paris. The first, Galignani's Hospital for the English and Americans, was founded in 1865 by Anthony and William Galignani, who endowed it with a gift of half a million of francs. This hospital is situated in the Boulevard Bonneau, at Neuilly, and contains twenty beds for each sex. Secondly, Sir Richard Wallace has founded an hospital of twenty-four beds near the Porte Maillot. It is nearly always full, the Parisian jockey furnishing a considerable contingent of surgical cases. It is attended by Drs. J. Cormack and Allan Herbert, who, with Sir Richard Wallace and the English Consul, form the committee of the "Hertford British Hospital."

Nomenclature à la Mode.

A WRITER in the *Chicago Medical Journal* thus elucidates the pathology of hysteria :—

"The more common form of hysteria is that in which the erethism of the emotional centres has affected those of ideation—the same sequence of events absorbed in most regularly progressive insanities—and the other symptoms are joined with wrong mental action, distorted conception of things, and the patient comes to have a fixed delusion."

Our "ideation" is not equal to the assimilation of this erudite definition. We decline the task of interpretation, lest our "wrong mental action" might involve us in a "distorted conception of things," and ultimately in "progressive insanities."

Increases of Medical Officers' Salaries.

THE Irish Poor-law Commissioners have sanctioned the resolutions of the committee of the following districts to increase the salaries of the Medical officers:—Dundalk and Barrowstown districts to £140 a year each; Ravensdale and Carlingford districts to £120 a year each, and of the Medical officers of the Louth and Dromiskin dispensary districts to £125 and £75 a year respectively, as proposed by the Board of Guardians.

The Pay of Army Surgeons.

THIS subject is constantly exciting discussion, and is certainly deserving the attention not only of those immediately concerned, but of all good citizens, for the welfare of the State depends so largely on the efficiency of the military forces (and the same observation applies equally to the sister service), and this so much on the Medical Department, that the questions involved ought to receive public attention.

In our recent investigations into the foreign services we have had occasion to contrast our own as compared with those of other countries. The difference of the value of money in this country and on the continent should be kept in mind in all contrasts made.

In Portugal the last revision took place in 1870, when the Medical Department was settled upon the following plan :—

ART. 1.—The Staff of Division and Brigade Surgeons is

fixed on two Division Surgeons and six Brigade Surgeons. They will be distributed as follows:—

	Surgeons.	
	Division.	Brigade.
Ministry of War, Health Department	—	1
1st Military Division at Head Quarters	1	1
2nd " " " "	—	1
3rd " " " "	1	—
4th " " " "	—	1
Permanent Military Hospitals } (Directors)	—	2
Total	2	6

ART. 2.—To the division and brigade surgeons attached to the general head-quarters of the different military divisions on the Continent will belong exclusively the duties which fall to them by the regulations now in force.

§ I. The brigade surgeon attached to the head-quarters of the 1st division, besides the work he has to accomplish in that department, will have to do work in the 5th division, as at Funchal (Madeira), when the Minister of War shall think fit.

ART. 3.—When the division and brigade surgeons have to make inspections out of their district and ordinary residence, they will be allowed an extra sum of 2,000 reis (about nine shillings) a day during the time of inspection, provided that time does not exceed thirty days in each three months.

§ I. This allowance is independent of all other emoluments.

§ II. The same allowance will be made to the Medical man who may have to do the work of sanitary inspector during the absence of any division or brigade surgeon of any military division.

§ III. To the surgeons of division and brigade on duty in the 1st military division, though they may be both employed at the same time in inspecting, they cannot receive more than the expenses incurred corresponding to three months, and this only in cases where there has been a reduction in the staff of inspectors. Exception will be always made in the inspections at the Azores and Madeira, which will be always considered extraordinary.

ART. 4.—The surgeons of different corps who have to inspect recruits out of the locality where they are quartered will receive an indemnity of 1,500 reis, 6s. 8d. per day, inclusive of the days of going and coming. The maximum of this allowance must not exceed four days each time.

Table of allowances, according to Art. 27 of the decree of 6th October, 1851, to personnel of the sanitary company, at the ambulances, hospitals, and to those who have to perform the same duties, according to Art. 32.

Grades.	Pay per diem.
1st Sergeant	Reis 160 = 8d.
2nd Sergeant.....	" 120 = 6d.
Furriel	" 160 = 8d.
Corporal	" 060 = 3d.
Auspecada	" 050 = 2½d.
Soldier	" 040 = 2d.

Surgeon-in-Chief of the Army.

Pay - - -	780,000 Reis.	
Gratification - -	360,000	£ s. d.
Allowance for 1 horse	91,250 = 1,231,250	= 273 10 0.
		Half Pay 144 0 0.

Division Surgeon.

Pay - - -	696,000	
Gratification - -	360,000	£ s. d.
Allowance for 1 horse	91,250 = 1,147,250	= 255 0 0.
		Half Pay 128 0 0.

Brigade Surgeon.

Pay - - -	648,000	£ s. d.
Gratification - -	300,000 = 943,000	= 210 0 0.
		Half Pay 120 0 0.

		<i>Staff Surgeon.</i>	
Pay - - -	360,000	£ s. d.	
Gratification - -	240,000 = 600,000	= 133 0 0.	
			Half Pay 64 0 0

		<i>Assistant Surgeon.</i>	
Pay - - -	336,000	£ s. d.	
Gratification - -	120,000 = 456,000	= 101 10 0.	
			Half Pay 40 0 0.

		<i>Pharmacutists.</i>	
1st Class—Pay - -	360,000	£ s. d.	
Gratification, 120,000 =	480,000	= 106 0 0.	
2nd Class—Pay - -	336,000		
Gratification, 60,000 =	396,000	88 0 0.	

		<i>Veterinary Surgeon.</i>	
1st Class—Pay - -	360,000 = £80	0s. 0d.	
2nd Class—Pay - -	336,000 = £74	10s. 0d.	

1st Sergeant.....	Pay 255	Gratification 160 = 415 = 2s. 0d.
2nd Sergeant ...	" 215	" 120 = 335 = 1s. 5d.
Furriel	" 195	" 160 = 355 = 1s. 6d.
Corporal	" 115	" 60 = 175 0s. 7d.
Soldier	" 85	" 40 = 125 = 0s. 6d.

MR. G. F. RODWELL, natural science master in Marlborough College, has been appointed lecturer on experimental philosophy in Guy's Hospital.

THE ex-Queen of Naples, Maria Sofia, who resides near Munich, has just had a bad fall from her horse, the accident causing a miscarriage of a male child.

LONDON is now extremely healthy; during the week ending Saturday last 2,188 births and 1,236 deaths were registered in London. The births exceeded by six, whilst the deaths were 239 below the average numbers in the corresponding week of the last ten years. There were only eight deaths from small-pox.

LONDON PAUPERISM is also much reduced as compared with the corresponding week of last year, the Local Government Board returns show 7,066 fewer paupers receiving poor relief in the metropolis.

It is stated that the Chair of Materia Medica in Queen's College, Galway, has become vacant by the resignation of Professor McCoy. The professorship is worth between two and three hundred pounds a-year.

THE University of Munich, at its recent 400th anniversary, conferred upon Mr. Simon, the Medical officer to the Privy Council, the honorary diploma of Doctor of Medicine, "propter præclarissima de sanitate publicâ tuenda atque augendâ merita."

Scraps from the Editor's Table.

REVIVAL OF THE ANTIPHLOGISTIC TREATMENT.

A FEW years ago, when the idea of inflammation always took the lead in pathology and therapeutics, the depleting plan of treatment was in general use; and it was pushed to such extremes that a natural reaction was the result. Taking advantage of the revolutionary moment, when the pendulum was about to swing in the opposite direction, a number of sects sprang up in opposition to regular medicine, and courted the multitude by their noisy declamation against old abuses.

Homœopathy, hydropathy, and other vagaries of one idea, contrived to enlist a large army of honest fools, smart knaves, and rickety philosophists, in a crusade against regular medicine, which it best suited their purposes to define as the indiscriminate and excessive use of the lancet, calomel, and tartar emetic. From this harp of three strings the schismatics succeeded in evoking a harmonious strain in opposition to regular medicine, albeit they were in mortal conflict one with another on all distinctive points. The popular mind was easily infected with the prejudice thus inspired, and physicians themselves gradually conformed to it by discarding valuable therapeutic agencies, assigning no better reason for doing so than because they had been abused by their predecessors. The vulgar outcry against bleeding and other instrumentalities of the ancient heroic practice gradually and stealthily modified the views of the Profession and revolutionised the treatment of disease, so far as almost to banish from the armament of the practitioner a number of the most potent agents of the *materia medica*. To such an extent has this irrational proscription been carried, that there are many physicians in full practice and high standing who have never so much as witnessed the process of venesection, who never resort to topical bloodletting, or to lancing the gums in dentition, or to blisters, and who entirely discard the preparations of mercury and antimony. There appears to us no warrant for such arbitrary and unconditional proscription either in medical logic or in the general principles of science. On the contrary, it belongs to the trickery of charlatans, and its logic is that of their advertisements in the newspapers. Between the habitual and empirical use of certain articles, and their indiscriminate prohibition, we can perceive no essential difference. There is neither reason nor science in either extreme.

But the pendulum which, half a century ago, swung from the extreme point of inflammation and depletion, appears to have passed the opposite extreme, and now begins to vibrate in a backward direction. Of late a number of able writers in England and America, as if by concert of action, have revived the claims of the discarded practice. The healing virtues of the lancet and of calomel are again presented in the light of fact and demonstration. The new generation of doctors begin to discover with something of surprise that bloodletting is not always murder, nor mercury of necessity a poison; but that there is a proper place in rational medicine for these and other potent agents, fashion, prejudice and quackery to the contrary notwithstanding. In the future, physicians will have less dread of popular clamour, whether of the vulgar herd, or of more refined people who have learned just enough of medicine to "intoxicate the brain." Without discarding expectation, conservatism and whiskey, they will readmit into their therapeutics bloodletting, mercury and antimony.—*Pacific Medical and Surgical Journal*.

DEATH FROM OVERWORK.

It is not the lazy or rank-blooded man who is so often struck down as the working man, ignorant of ordinary precautions, or the student or excited business man, whose brain is already on fire and whose nervous system is prostrated by overwork. Our ordinary murderous high pressure system shows its nature nowhere as in the recent records of mortality. Directions for care in exposure, dress and diet, are well enough in their place; but why should we invite death at every moment of our adult lives to give him this cold shoulder at the last? The proportion of children among those stricken down by the recent heat was appalling. Yet the heat was not worse than our forefathers bore and lived to tell us of; and it is quite true that the children carried about with them neither exhausting cares in mind nor too hardly worked bodies; but they had nothing to oppose to the fiery

test but the flaccid limbs and rasped nerves bequeathed to them by either liquor-drinking ancestors or those who make the stimulant of energy and overwork take the place of liquor.—*New York Tribune*.

ON COUNTER-IRRITATION.

(Concluded.)

WHEN, however, a large portion of the surface of the body is exposed to an action affecting the area of the capillaries, the entire circulation is changed as the result. This is shown by the following experiment:—

EXPERIMENT IV.—By means of the sphygmograph, a tracing was obtained of the pulse of a young man in full health and under ordinary conditions, the temperature of the air being about 82° Fahr. The pulse was found to be of fair volume. Without disturbing the instrument, the lower half of the body was then immersed in water at 70° Fahr. After the feeling of chilliness had passed off, a second tracing was taken. The pulse was much larger and stronger. Hot water was then added to the bath, until a temperature of 120° Fahr. was obtained. A third tracing then showed the pulse to have less volume than before, and less tension than in the normal state (a).

The effect of the cold bath in this case was to contract the vessels in that portion of the body to which it was applied. The result was, that the blood, meeting with increased resistance in that half of the body, was distributed in greater proportion to the part where the resistance was normal, and hence a larger pulse at the wrist. When the temperature of the bath was raised to 120°, the vessels of the lower half of the body relaxed, and again presented an easy passage for the blood, restoring the equilibrium, and hence the radial pulse became smaller.

But, aside from this direct action in the immediate vicinity of the part irritated, there may be in some cases another action in parts more remote. A reflex impression may affect the vaso-motor nerves in parts having the requisite nervous or "sympathetic" relation to the one irritated, and this transferred action would then be the same in kind as that already described, and a similar change in the circulation would result. Bernard found that applying acetic acid to the tongue produced a very marked change in the circulation of the sublingual glands, the amount of blood coursing through their capillaries being immensely increased, and the blood in the veins of the glands retaining its arterial hue. Numerous other examples might be cited, showing that the circulation in one part may be modified by irritation in another.

There are, then, as Dr. Smith conceives, four conditions in which counter-irritation may act to relieve pain, or abate inflammation:—

1. When there is a direct vascular connection between the irritated surface and the diseased part. In this case, counter-irritation acts by opening a larger passage for the blood through the sound tissue, and thus diverting the circulation in part from that which is diseased.

2. When a large surface is exposed to the irritating agent, in which case the entire circulation of the body, including that of the diseased part, may be modified.

3. When the irritation is transferred to a distance by reflex action, and there simulates the first condition.

4. When pain is the result of a mechanical cause, which cause may be removed by exciting muscular action through the reflex function; as when, in flatulent colic, the muscular coat of the intestines is brought into action by irritation applied to the abdomen, and expulsion of the flatus results. Of course, two or more of these conditions may coexist, and probably in most cases such is actually the fact, and the result is thus rendered more or less complex.

(a) Illustrated by a cut of the tracings.

If the views advanced respecting the effect of counter-irritation upon the circulation be correct, it follows that the aim should be so to manage the irritation as to cause the greatest possible flow of blood through the part. We should, therefore, stop short of inducing inflammation, as this tends rather to impede or arrest the capillary circulation than to promote it. More effect will be produced by irritating a large surface to a moderate degree, than by exciting an intense action within narrow limits. This is illustrated in the advantage which is derived from "flying blisters" in subacute inflammation of the joints or in sciatica. These blisters are applied for a short time only, so as not to produce complete vesication, and are repeated at short intervals. They are found to be much more efficacious than when the full action of a blister is produced.

It is not intended by this suggestion to ignore the effect which may result from the evacuation of serum by means of vesicants, or of the drain which may be established by maintaining suppuration from a blistered surface. This comes under the head of depletion rather than of counter-irritation, the latter being merely incidental to the former.

In examining the capillary system, we shall find that the skin on the one hand, and the mucous membranes and the solid internal organs on the other, are very richly supplied with these vessels, while the muscular and cellular tissues have much fewer in proportion. Excluding the latter, we may, for the sake of convenience, speak of the cutaneous system and the visceral system of capillaries. These two systems, comprising so great a proportion of all the capillaries in the body, stand in a certain antagonism to each other. The health of the body requires that neither of these should receive for any considerable time an undue proportion of blood. Such a condition involves a double departure from the normal state, as the excess in one system necessitates a corresponding deficiency in the other. Let us suppose, then, that the cutaneous capillaries are by any means increased in diameter to a considerable degree, as they may be, for instance, by the hot bath; we shall find as a result that, the resistance to the flow of the blood through them being diminished, a much larger proportion will seek that channel to reach the venous system than will pass through the capillaries in other portions of the body. As a consequence, the remainder of the body will be left with an insufficient supply. We may sometimes observe the results of this in phenomena appreciable to the individual. Thus, the lassitude felt after the warm bath may be attributed to imperfect nutrition of the muscles from the insufficient supply of blood to them resulting from this action. The tendency to syncope produced by the protracted use of the warm bath is probably owing to the diminished supply of blood to the brain, caused by the increased facility for its passage through the capillaries of the skin. On the same principle, the wakefulness of insanity may sometimes be overcome by hot applications to the chest and abdomen.

The converse of this is observed in the vigour which results from the use of the cold bath, or from exposure to a cold and bracing atmosphere. Here we have the vessels of the skin reduced in calibre, and as a consequence a greater proportion of the blood sent out by each contraction of the heart is compelled to find its way to the veins through the capillaries of the muscular and nervous systems.

But, under certain conditions not well understood, an impression of cold upon the surface leads to such a diminution in the cutaneous circulation, and consequently to such a distention of the visceral capillaries, as to induce a lesion of some one or more of the viscera. The pneumonia, bronchitis, nephritis, or diarrhoea, as the case may be, is then said to be the result of "taking cold." If in the very earliest stage the warm bath or some internal sudorific be resorted to, and a free channel thus opened in the skin for the passage of blood, the internal organ may be relieved, and the threatened disease averted.

But an impression of cold upon the surface may, under some circumstances, prove salutary. Thus, in syncope, we dash cold water into the face and upon the chest, in order,

as we say, to rouse the system by the sudden shock. The shock may perhaps have something to do with the result, but we do not find other means of rousing the nervous system to be equally efficacious. Shaking, flagellation, &c., so useful in opium-poisoning, do not approve themselves to us in this case. But cold water, combining with the shock a sudden contraction of the cutaneous vessels, and thus forcing more blood into the internal organs, including the nerve-centres, is an agent which has been used from time immemorial with success.

Medicines which are supposed to have a certain degree of control over the diameter of the capillaries are described in works on materia medica, and not unfrequently prescribed in cases in which the design is to affect the circulation in some diseased locality through the general action of the drug. The reasoning is as follows:—"This medicine acts upon the capillaries—the capillaries in the diseased organ require such action—ergo, the medicine is indicated." Now, if the diseased part is supposed to be acted upon only as a portion of the general organism, and not from any special relation to the medicine, the employment of the latter must result in disappointment, for the simple reason that, if all the capillaries of the body are acted upon alike, no change in the distribution of the blood will ensue. The most that can happen is, that the labour of the heart will be increased or diminished. The same result would be attained by employing a cardiac sedative or a cardiac stimulant.

These remarks will apply to the use of opium and of ergot as antiphlogistics. Dr. S. does not intend to raise a question as to their efficacy for this purpose, but merely to attack the theory of their supposed mode of action, which he believes to be untenable; unless, indeed, it can be shown that the capillaries of inflamed parts are peculiarly sensitive to their influence.

THERAPEUTICS :

An Address delivered at the Annual Meeting of the Norfolk (Massachusetts) District Medical Society, May 8, 1872

By B. E. COTTING, M.D. HARV.

(From the *Boston Medical and Surgical Journal*, July 4.)

MY FIRST QUESTION

As a Medical Student,—

ITS SOLUTION A SURE BASIS FOR RATIONAL THERAPEUTICS.

(Continued from page 184.)

A GREAT change has indeed been effected, and a great advance has been made, yet these "prejudices" occasionally crop out in the journals we have quoted, and are now and then to be seen lingering in the addresses annually given to students by eminent teachers. One of these, last autumn, declared that he held "the doctrine [of leaving cases to Nature] to be as dangerous as the more ancient doctrine which allowed men to undertake cures in rashness and ignorance"—as though any scientific observations undertaken in the cause of truth, and in the interests of humanity, could be as dangerous as the rude experiments of "rashness and ignorance." The lecturer's lament, sorrowful as it seems to be, that there is a "school" in England inclined to such observations and entertaining the doctrine he inveighs against, is truly encouraging, and marks a great progress in breaking down conventionalisms and "prejudices." The doctrine is quite familiar in this vicinity; has ceased to shock our immediate neighbours; and has begun to be received by some at a distance. For an example of this among many, in an annual address given last year in an adjoining State, it is said "if a case is doubtful it is wiser and safer to let Nature manage it alone;" and, in regard to giving too much medicine or giving too little, "the latter is the

safer of the two." In this there is no leaning to "rashness and ignorance."

It was the fashion within the memory of living men to call the spasmodic and tumultuous essays of "rashness and ignorance" by the popular phrase "heroic treatment"—but that day is past. He who withholds the *anceps remedium* is no longer to be called a sceptic or a timid old woman. "Do not let me hear that called heroic treatment," said Dr. Wilks in a lecture at Guy's Hospital, 1866, "where much and powerful medicine is given." Such treatment is more often dictated by ignorance and cowardice. . . . I call that young man a hero, and his was heroic treatment to insist on a man lying in bed, eating nothing, and taking no medicine. But even this latter heroism, as a distinction through the doctrine involved in it, is also fast passing away. Physicians who a dozen years ago would have shrunk from admitting the doctrine, now, consciously or unconsciously, advocate it, as though it never had been called in question; and the lamentations of opponents plaintively attest its spread throughout the Profession, here and elsewhere. For a little while longer only, will it be thought necessary to becloud its trial by a specious appellation, as that of the "nutritive plan," or the "mint-water treatment;" as though nutrition must not always be an essential in any treatment, or mint-water could be considered an agent of power even by the most credulous.

The solution of my first question does not require an abandonment of any other line of inquiry, or method of investigation into the nature of disease, or the best mode of its management. On the contrary, every suggestion, from whatever source, promising improvement in the knowledge and treatment of disease is to be most heartily welcomed; only its real value to the sick man must ultimately be tested by reference to this solution. Let every conceivable effort be zealously made to ascertain all the characteristics and medical properties of all known or discoverable substances, and to catalogue them in Dispensatories; let chemistry torture out their elements, and authoritatively designate the changes undergone in the system when they are taken into it; let physiology indicate, if it can, the exact tissue, or element, a given drug will ultimately find its way to and act upon, be it a nerve of the heart or blood corpuscle; let the action upon animals be sought out with diligence; furthermore, let the several effects of all proposed substances be carefully observed upon the human economy in health; and then, after that, in what Waring, one of the latest authorities, calls "the only sure way of ascertaining the true properties," in disease also; remembering, according to another high authority, "that whenever we give a man a dose of medicine we really perform an experiment," so little is as yet known of its real action—let all these several methods be followed out to the utmost in a truly scientific spirit, omitting none of the "refinements" of the day—and let no one of us underrate for a moment the brilliant results already derived from such sources—still *the one thing* will be lacking, if the natural history of the course and events of undisturbed disease is not sufficiently known to be taken for a standard and a test.

The effect of a medicine on the system is one thing; the benefit to be derived from it, if any, may be another and quite a different thing. Sleep, for instance, is the frequent termination of a recoverable case of delirium tremens, and, as such, anxiously watched for by sympathising attendants; but the sleep procured by opium, as used in that disease not many years ago, seldom ended the complaint, but sometimes apparently the sufferer. Delirium and wakefulness are often distressing accompaniments of typhoid fever, but the quiet and sleep produced by a hypnotic may prove more dangerous than the evils it is intended to remove. Perspiration is often considered a good sign in the course of a disease, but is it in reality more beneficial than the fever-paroxysm that preceded it? Philosophically speaking, are the last events of a disease any more curative than the earlier ones—each in its own order passing its allotted stages? Why need we so constantly act upon the supposition that disease, whatever our theory of its causation, is necessarily something added to, or else something taken from the system, seeing that such a supposition is gratuitous, that disease may be only (as Sir William Gull says) "a life-process of a perverted kind," and that we as yet know so little of the actual significance of external manifestations.

"The Art of Medicine," says the Father of Medicine, "would not have been invented at first, nor would it have been the subject of investigation (for there would have been no need of it), if, when men are indisposed, the same food and

other articles of regimen which they eat and drink when in good health were proper for them, and if no others were preferable to these. But now necessity made medicine to be sought out and discovered by men, since the same things when administered to the sick, which agreed with them in good health, neither did nor do agree with them." Such was the origin of the Art of Medicine; its crowning glory will be an exact knowledge of the best management of the sick man, what food for his nourishment,—what measures for his comfort and safety,—for the sick man is the disease, according to the last and highest dictum of the eminent attendants on the Prince of Wales; and the science of the sick man includes as an essential the answer still sought for to my first question.

This question of mine, thus asked in the verriancy of youth, has been ever recurring through a somewhat extended and satisfactorily successful term of professional service. Some of the attempts at its solution have, from time to time, been laid before this Society. That there is a lurking hope that they have had some beneficial influence on the manner of viewing disease, and its treatment, here and elsewhere, I shall not be so disingenuous as to deny. To have pulled at the oar in the right direction is of some satisfaction, though the bark might have reached its destination, and gained the prize, without such assistance. This question, asked of myself, before prescribing, at the bedside of each patient in succession, has saved many a one from much of the perturbation inculcated in the books of past generations, and taught too inconsiderately even now, at home and abroad, in the schools. That it has saved from disaster and death it may be presumptuous to assert; but it can be declared with confidence that it has never endangered a single life, nor added to the sufferings of a single individual. If students were generally to begin professional life in this way, their faith in real remedies would increase as they proceeded; and not, as in too many instances, end in complete distrust at last, after a "career made up of a series of failures and successes" in which they seemed to be only insignificant participants.

Moreover, the desired solution, if it could be satisfactorily obtained, would for ever silence the plausible argument of adventurers and impostors, who, no matter how preposterous or nugatory their treatment may be, claim that because recoveries may have followed their treatment, they themselves and their methods are worthy of confidence—for it would then appear, even to the common understanding, that such a supposition is untenable; but in the words of the "solid and accurate" Oesterlen, "so long as physicians appeal to nothing more certain in their practice . . . they must be content to let every one else, even charlatans, appeal to their experience; and . . . the sick will necessarily place the same confidence in, and award the same thanks to them, as to the most able physician."

As we have in part endeavoured to show, a very great advance has been made within the last quarter of a century in the study of the natural history of diseases; and the scepticism in regard to perturbative treatment has already borne most promising fruit. Still the coming student will find the work only partially begun, with abundant necessity remaining for earnest observation and candid investigation. Happily, however, though but begun, progress is less difficult now than the way is opened and the direction pointed out. Incentives also are not wanting. "It is," says the *British Medical Journal*, editorial, Jan. 13, 1872, "in comprehending, noting, and defining this course [of disease] and its stages, and interpreting the precise degree and incidence of the inner development of the process, and measuring its effect, that the great triumph of modern medicine consists." Hence expectation is aroused; fulfilment should not be too long deferred.

"Since the publication of Sir John Forbes's book," says Dr. Johnson in his Address in Medicine before the British Medical Association in August last, "and partly, no doubt, in consequence of that publication, our views as to disease and its treatment have undergone a very great change. A purely expectant treatment is now as common as then it was rare. It is now fashionable and orthodox to trust to the curative powers of Nature, and to doubt the therapeutic power of Art. The pendulum has swung from one extreme to the other." To the young men of the Profession this announcement from an influential observer offers unusual assurances. The obstacles in the way of their fathers-in-medicine need no longer to greatly impede their progress. Let them avail themselves of present opportunities while they can. "Life is short, opportunity fleeting," said the great Master; pendulums do not tarry long in an extreme. While it is "fashionable and orthodox," since

every one instinctively conforms in some degree to the tendencies of his time, let them strive unceasingly to solve for themselves and others, *my first question*,—that they may have in the solution a surer basis for their faith in their Art, and thus become better guides to the sick than their predecessors.

As for the still often-expressed fear that individual success would be ruined, and the Profession reduced to a nullity, should such investigations become general, nothing can be more groundless.

In all ages, and in all countries, the most successful, the most confided in, and ultimately the most honoured, have been those who, with no obnoxious pretensions to personal superiority, have been guided more thoroughly than others by Nature itself in their care of the sick. Of the truth of this, the late recipients of royal favour and a nation's gratitude, in old opinionated Fatherland, are notable examples. Personal success depends upon far other qualifications than ability to deal out nostrums and specifics. To be eminently successful, say our teachers, and their words are worthy of all acceptance, requires, in addition to adequate learning and science,—the kindness of heart and manner of a gentleman, to put one spontaneously in the place of the sufferer, however humble, that he may be done for as one would wish in like circumstances to be done by,—balance of character,—steadiness of purpose,—uncomplaining patience,—self denial,—rectitude,—sagacity,—sympathy, with firmness capable of assuming the expression of inflexible sternness,—a certain amount of personal experience and responsibility conjoined with the talent for comprehending and applying its results (a). These, according to our teachers, are some of the requisites for personal success. Whoever has these need not fear a loss of occupation. That there are such in our Society, such in the State, such in all countries, admits no shadow of doubt; and they are they who, in the exigencies of individuals and of the State, will be sought out and chiefly depended upon.

The Medical Profession is essential to every community; henceforth no civilised people can possibly do without it. Were any or all of the drugs in popular repute proved to be useless; were it even found that there is no particular medicinal agent essential to the best treatment of disease, of which, however, there is not the slightest apprehension, the value of the Profession, as such, would not be diminished, nor would it become, as one reviewer has coarsely expressed it, "just about good for nothing." It has, as we have before and frequently intimated, higher and nobler purposes. Never in the memory of the oldest was less medicine given than at the present day, and never was the Profession, the truly regular and scientific portion of it, held in higher regard by the people. Said a commoner within hearing a day or two ago, "there is a great deal of real respect for educated physicians everywhere. After all, they are the best and most substantial men we have. In country towns they are invaluable."

The Profession which has members with the qualifications and influence we have described may well endure the insolence of scoffers, the gibes of the thoughtless, and the fears of pusillanimous friends, for, akin to sacred teaching, no human employment confers a greater good upon the race, or is in fact more truly valued by mankind. It is deeply grounded in the necessities of human nature, and cannot be undermined; but its usefulness will be vastly increased, and placed on firmest foundations, and it will be held in still higher estimation when it shall have added to its already great and varied acquisitions a full solution to *my first question*.

Literature.

THE FALLACIES OF TEETOTALISM (b).

THE object of the writer of this volume is to oppose the introduction into England of a liquor law resembling that adopted by the State of Maine. The objection to such a law is that the opinion of minorities is disregarded,

(a) This last clause is from Sir Henry Holland's "Recollections of Past Life." The other "requirements" are from various sources not needing special acknowledgment.

(b) "The Fallacies of Teetotalism, or the Duty of the Legislature in Dealing with Personal Freedom, &c." By Robert Ward, Editor of the *North of England Advertiser*. London: Simpkin, Marshall & Co.

and this, according to some of the most distinguished thinkers of the day, is an injustice that mars our representative system. We have no desire to see such a law instituted, but think it needless that a good argument should be weakened by mere personalities against a leader of the Alliance Society, such as, for example, by telling him to "shrink into his natural insignificance," by speaking of his "insolent conceit," and by bidding him, in metaphor more forcible than elegant, "stand naked on a pedestal." We regret that the Alliance should wish to push forward legal measures to prevent the sale of alcohol, but we do not wish the author of the volume before us wholly despise that Society. We consider that the true strength of such a society consists in passive expression of opinion, and in its supporters not endeavouring to make converts, and in its funds being limited to the small amount necessary to pay for rooms for its members to meet in and similar trifling expenses.

Mr. Ward's claims on behalf of alcohol are rather one-sided. We dispute that "it is the business of the publican to rouse up all the faculties of the mind, and that if a man's mind contains within it any spark of generosity a little alcohol is the most likely thing to arouse it into action;" unfortunately the stirring thus advised so often brings to the surface other qualities which more than counterbalance the vinous generosity. Again, in saying that courtships and marriages have often owed a felicitous end to a cheering glass of wine, we are reminded that many a slight difference has owed its seriousness to the same stimulant.

When the writer seeks his arguments from Biblical lore he falls into the same pit as his opponents by laying great weight, contrary to the expectations of the writers, on the literal meaning of passages abounding in oriental imagery.

When Judith fascinates Holofernes, makes him drunk, and murders him, we protest against this quotation to show that drink is admirable. We substitute the pure morality of Christianity, and say that Judith's conduct was diabolical.

The fallacies of teetotalism are opposed in Mr. Ward's book by a questionable argument when he says that as carbon, hydrogen, and oxygen are constituents of alcohol, and as these substances are also contained in the body, therefore alcohol is a nutritive power. Many of the poisons contain simply carbon, hydrogen, and oxygen, yet these could hardly be described as nutritious.

Again, some of the historical arguments are somewhat forced. So far from agreeing with Mr. Ward that the fall of the Aztec and Red Indian races was due to the avoidance of alcohol, we feel inclined to believe that the fall of the majority of the tribes may be attributed to their love for "fire-water." The section of Mr. Ward's book that affords most interest is, that giving an account of the working of the liquor law in Maine, where it seems that the law is systematically evaded, as in Scotland are the regulations for closing public-houses on Sunday.

COOLEY'S CYCLOPÆDIA OF PRACTICAL RECEIPTS AND COLLATERAL INFORMATION (a)

THIS excellent old friend appears more portly than ever, and yet sounder in constitution. It is certainly cyclopædic to find Jam, Jaundice, Japanning, Jathrophic, Jasper, and Jelly on one page.

The peculiarities of this edition as mentioned by the editor in the preface are, that in the chemical portion it has been corrected to the present state of our knowledge, except in matters of a purely scientific interest, which have been expunged. The Indian and United States Pharmacopœias have been added. All the articles on excisable or duty-bearing commodities have been in this volume re-written by Mr. Harkness, of the Inland Revenue. But this description fails in conveying the

(a) "Cooley's Cyclopædia of Practical Receipts and Collateral Information." Fifth Edition. Revised and partly re-written by E. Tison, F.C.S. London: J. and A. Churchill. 1872.

value of this edition to those who possess the old work. As previously stated, it is written up to the chemistry of the day and with every amount of care. It has evidently not only passed through the hands of a practical man, but one whose knowledge is based upon sound scientific attainments. We think the excision and curtailment of the articles on the recognition and treatment of disease was judicious and might be even more thoroughly carried out. The editor says, "the length and number of the articles on the recognition and treatment of disease have been reduced, as it was thought that those of previous editions might, in many instances, be productive of more harm than benefit to those for whom such information was compiled—namely, emigrants and others not within the reach of the surgeon or physician. In a cyclopædia of receipts the valid excuse for the insertion of such matter would be for the "treatment of each disease" and the insertion of popular remedies. How impracticable is it to carry this properly out. We will notice in passing one small mistake which, slight as it is, might in the hands of a tyro lead to an accident. Under the head of "water" is given the "formula for Nesler's test for ammonia," in which it reads: "filter and add to the filter 2,000 grains of potassium, &c." Now the addition of 2,000 grains of potassium to water would be rather striking, and the typographical error would be seen at once by any but a chemist of the most limited experience. To illustrate the fulness of this work we may notice that under the head of pills alone we find between 400 and 500 formulæ.

Correspondence.

MEDICINE AND MEDICINE MEN.—A MIDNIGHT ESSAY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—“Twice does he live who can enjoy the remembrance of the past,” constitutes the frequent apology for rushing into print, and here the opportunity occurs of suggesting to the beginner to illustrate and lighten composition by utilising the brains of others, until the trained author can fly alone; when, choosing new phrases, coining quaint similes, he may abandon the crutch and kick aside the ladder of quotation. A stilted, jerky, disconnected style, difficult to change, requires time to correct; a great art also lies in excluding, or, at all events, concealing egotism. “Sir, you have but two topics—yourself and me—I am sick of both,” said Dr. Johnson. Yet the task is one of pleasure to take up the pen according to humour, dotting down ideas momentarily uppermost, and to lay the paper aside when the fit is over. This is Monday night. An aged primipara has been in labour since Saturday. I hate midwifery, but resembling the gentleman from Galway, who paid the rent by eating rats at country fairs, one must live, and a tight fit it is when one's taste, Harold Skimpole fashion, inclines to truffles and champagne. However, the os rigid, undilatable, the pains vigorous, a fair amount of room, but an ugly look about the eye, coated tongue, convulsive movements, irregular pulse, all attract attention; chloroform and tartar emetic no good; ipecacuanha tried. In the meantime writing this letter will pass an hour, just as Fosco in the midst of trouble could trifle with bonbons and canaries.

People out of the Profession, indeed many in it, whose lines have been cast in pleasant places, simply watching the wreck from the shore, little imagine the sorrows of the struggling doctor in failing health, with an expensive weakly family ever tugging at the purse strings. Once full of zeal, hope, and vigour, now he lags behind. Younger men creep ahead. Where formerly he attended the master the servant is visited. Without energy or opportunity to study the ever changing ideas of the day, and considered simply one of the old school, patients begin to doubt, to lose confidence, perhaps to dabble in homœopathy, or an obscure injury about the hip-joint involves an action for malpraxis. The stab inflicted by a colleague, bitterly does he cry—Et tu, Brute! Suddenly comes the end—worsted in the conflict, the poor fellow lays

down his weary head free at last from vexation and worry, no more heartbreaking, hopeless battles with loathsome diseases amidst dirt, destitution, and sad faces, no more insults from the vestry, no more bodily pain, for the Christian practitioner awakes in the happy hunting ground at length rewarded. How about his family? (A Medical man to get practice is obliged to marry—the clergyman, the author, or the lawyer need not.) What money did he leave behind? Not a sixpence! The sound investment turned out a rotten swindle, the insurance company failed, and before the chance occurred of recuperation the lamp was extinguished, the curtain fell. Butchers, bakers, publicans also die.

“Underneath, in hopes of Sion,
Lies the landlord of the Lion;
Submissive to the heavenly will,
The son keeps on the business still.”

Mark the last line—before the doctor is buried the practice has been greedily snapped up. As the shark, tormented by parasites, is always hungry, other Medical men, what with eager competition and the ruinous cost of living, must think of themselves; Patients also, and why should they remember the family of the man who shortened his life by lengthening theirs? He was paid for it; at all events, sent in his bill. Jefferson tells us about fees in former days. Sir Astley Cooper netted five guineas the first year, twenty-six the second, £400 in the seventh, eventually his income rose to £21,000; Meade earned £7,000; Atkins received £6,000 for attending a sick child, afterwards Charles the First; the physician who attended Queen Caroline received 500, the surgeons 300 guineas each. Dr. Dimsdale, who went over to Russia and inoculated the Empress and her son in 1763, received a fee of £12,000, a pension for life of £500, and the rank of Baron of the Empire; too, we read of a physician who, losing two ladies of quality, his income fell from £3,000 to £300. In those days medicine was in its infancy, and Don Quixote was suggested by a cynical, doubting genius as the best text-book. What would he think now of “Aitken's Medicina,” “Druitt's Surgery,” or “Parkes' Hygiene?” Two miles down in the bosom of the deep, resting on soft sand, amidst the debris of shells, where all is calm, where the most minute organism cannot exist, the Atlantic cable flashing the news of Livingstone's safety and information generally, sometimes becomes silent. Yet the eye of science penetrating the blue waves can see the point of injury which skill and perseverance can repair. In a minor degree of comparison the modern physician, what with books, appliances, reagents, &c., can look into the brain, the throat, the kidneys, the uterus, and other organs. Thanks to the much abused specialist, instead of throwing clubs about in the dark, he pounces down on the spot where the smouldering flame of destruction insidiously is going on. Yet, stripped of its high calling, glory, and interest, no one can deny that our information is gained by the disgusting dissection of the dead, by sickening operations on the living, and by the examination of filthy excretions from various sources. We wring secrets also at the infectious bedside of malignant fevers in dens and garrets, and returning home jaded and tired we are afraid to kiss our children when they cluster round to wish us good night. Having stated the case, the inadequate payment for priceless services, what is the remedy? Surely the labourer is worthy of his hire; we are but human beings anxious to do the best, and to benefit others, but we like to have a roof over head, to keep the wolf from the door, and to leave some provision for our widows and orphans. Let us wage war against cheap doctoring in every shape, clubs, dispensaries, miscellaneous out-patient attendance, as well as cheap Medical schools, the forcing-beds of men whose birth, sphere, and tastes incline behind the counter, men who at one moment would give advice about pneumonia, and at the next be ready to sell photographs and hair-oil. Instead of waiting until Christmas, when the other bills pour vexatiously in, the account should be sent in when the gratitude is red-hot. There should be an organised fund to prosecute quacks, herbalists, practising chemists, and unqualified practitioners. Young lads about to enter should pause to consider the overstocked condition of the Profession, how many dogs to the bone, and the difficulties to be surmounted.

Thank God the case has ended, mother and child doing well, the glorious sun plays on the haggard faces of those who have been up all night, the birds welcome another day, and as each day has its appointed duties, a bath and shave will be the only rest for

Your obedient servant,
A FELLOW OF THE ROYAL MED. CHIR. SOCIETY.

THE PUBLIC SERVICES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—To the Students' Number of the MEDICAL PRESS which I observe to be issued next week, and which is the preface to the opening session, it might appropriately belong to exhibit the relative positions of the public Medical services, and the exact market conditions of the three Medical departments.

The proportionate competition of members of the three countries is an indisputable criterion of the general estimate of each service, and if it should appear that one service is monopolised by the students of one nation it must follow either that these candidates are superior to all comers, or that the appointments are deemed valueless by the others. Judged by this test it will be found that the Indian Medical Service is by far the most acceptable to all students of the United Kingdom, that the Naval also can draw competitors from the three countries, but that the Army Medical Department is left entirely to the use of the Irish.

At the last examination for the Indian Service, in February, 1872, the nationalities of the 40 successful competitors were as follows:—15 Irish, 14 English, and 11 Scotch. At the last examination for the Naval Service in the same month, out of 17 accepted candidates, 10 were Irish, 4 Scotch, and 3 English, while at the same time, of 12 admissions into the Army Medical Department, 10 were Irish, 1 English, and 1 Scotch.

It behoves the Irish students, therefore, to consider whether in seizing on the appointments which are spurned by the other divisions of the empire, they are not betraying themselves into positions of which they may in after life sorely repent; and also to reflect that in filling these rival-less vacancies, they are inflicting grievous hardships on those who had entered under fairer prospects, and who, now in the time of disappointment, appeal to them to secure the concession of justice by joining their Scotch and English brethren in the rejection of such treacherous appointments.

Omitting all minor details, the disadvantage of this service can be made intelligible to all by stating that, while promotion to the rank of surgeon can be obtained in the Indian and Naval services in twelve years, the senior "assistants" of the army have now entered on their 16th year of service, that only nine promotions have been made during the present year, and that twenty-six assistant-surgeons still remain who joined in the year 1857, and ninety-seven in 1858, making it perfectly evident that many of those of the latter year must complete twenty years in the menial capacity of "assistants." In conclusion, no better advice can be given than that offered by the MEDICAL PRESS AND CIRCULAR, April 10th, 1872—"It will, therefore, be well for future candidates for the commissions of assistant-surgeons to weigh well if the play be worth the candle-light. *We would say certainly not, if something be not done to open the way for more rapid promotion.*" And also by the *Lancet*, March 16th, 1872—"We venture to think that young Medical men too, will, by-and-bye, find out that they had better not enter into any engagement with the present War Office."

I am, Sir, yours, &c.,
MILITARIS.

SPECIAL CORRESPONDENCE.

VACATION NOTES.

BY C. R. DRYSDALE, M.D., M.R.C.P.L., F.R.C.S.

PARIS, August 12th, 1872.

SIR,—Many able men in the Medical Profession are accustomed entirely to throw aside all thoughts of Professional subjects for a short time every year, and to endeavour to recruit their energies by a short fallow. Perhaps they are right in so doing; but in the few lines which follow, I will, with your permission, narrate what I have lately seen during a week or two of absence from London. Passing through Margate, on my way to the Continent, I took the opportunity of visiting the renowned Margate "National Sea-bathing Infirmary," and found it a most healthily situated hospital, close to the shore, a little way out of that most salubrious of London sea-bathing places, Margate. There are about 250 patients in the

wards at present, 150 of whom are children under the age, I think, of 16, and 100 are adults. They seemed to me all to be suffering from some form of scrofulous disease, either hip-joint disease, or disease of the bones and glandular system. Among the children, I was not able to detect any one with the peculiarities of teeth caused by inherited syphilis; so that, I presume, such cases are not very common here. The children bathe in the sea twice a week in summer, having a bathing machine of their own at their service. The Infirmary is two stories high, and the female patients have possession of the wing facing the sea, the males being further from it.

The children pay some five shillings a week for their board, which, of course, makes the hospital, after all, not a truly national one, in the sense that the French would use that word; but as the hospital is supported by voluntary subscriptions from good-hearted people, we can hardly "look the gift-horse in the mouth." Some two years ago, it may be in the recollection of your readers that I gave a description of a very large hospital at Berk-sur-Mer here in France, built by the late Empress Eugenie's orders, and maintained still by the "Assistance Publique" of Paris. There was a great contrast between the comforts of the little hospital at Margate, with its well-clad and respectable-looking patients, and those I remember to have seen at Berk, where the patients reminded me of the scholars at that classical academy "Do-the-Boys-Hall near Greta Bridge, Yorkshire," so wan and pallid did they look. Yet, when I remember that the scrofulous children of Berk were sent from the poorest quarters of Paris, Amiens, and other hives of industry, at the expense of the cities sending them, I am not sure that the Margate Infirmary can compete with the Berk hospital in real national utility. At any rate, we want in England a hospital where the scrofulous poor of our unfortunate over-grown cities could be sent, to grow up with some chance of enjoying a happy existence.

By the way, Margate is a particularly healthy sea-bathing place; and for invalids, much preferable to Ramsgate or Southend. The soil seems very dry and the sea-breezes admirably fresh on the new pier. I should say decidedly to Londoners wanting fresh air and health, "go to Margate." Ramsgate has better sands, but is too much of a town to be tranquil enough for invalids who live in London. Deal is a pleasant place, and has also an agreeable pier; it is, I should say, remarkably healthy. Dover is quite detestable as a health resort; but Folkestone is a delightful sea-bathing town, and much has been done during the last five years to make it attractive as well as eminently salubrious. It seems to have a very low death-rate. Boulogne has also been much brushed up, and is no longer the quaint ramshackle town I remember it some ten years ago. Still, with all that, the excellent Medical man who was, and perhaps still is, Maire, has done to cleanse the bed of the river at low tide, by damming up the small stream, the Liane, and allowing its water suddenly to pour down in a rapid stream into the empty river bed, Boulogne is still, in my opinion, not a desirable residence for an invalid. The bathing, however, is quite admirable and "laisse rien à désirer." It is a wonderfully gay and bright place in comparison with our sober English provincial towns; and for persons who are not invalids, and are lodged far away from the port, it is a most pleasant and attractive residence, as, indeed, our compatriots recognise, as the English element is very strong in Boulogne.

In a flying visit to Paris for a few days I had a rather rare opportunity of visiting the Maternité, or hospital for accouchements, as it is situated next door to the Hôpital du Midi, and my kind friend Dr. C. Mauriac was attending some of the patients in the Maternité, who had fallen sick after delivery, together with one or two of the young lady-students in the hospital. As we have no similar institution to this in London (and as I am one of those who believe that the education of women in medicine is one of the noblest movements of the day), I may

be allowed, perhaps, to give you some details of the Maternité Hospital, and what I saw and heard in it. The hospital is a large building with some ten acres, perhaps, of ground attached to it, all enclosed within lofty walls, and adjoining the Observatoire, the Hôpital du Midi, and the Hôpital Cochin. There are now-a-days only some sixty women taken into the wards, since the admirable works of Lefort and others pointed out the great danger of packing lying-in-women into such hospitals; and consequently, there are scarcely ever any cases of epidemics heard of now. The accouchements are attended to by Madame Calé, the "sage-femme" in chief, and by the pupils, some eighty in number, most of whom are sent up from the provinces to study in the hospital. Dr. Tarnier is the physician accoucheur, and visits the hospital daily. There is also an *interne*. The students study Cazeaux, edited by Tarnier.

The Ecole d'Accouchement, or Maternité, is designed to form sage-femmes of the first class for the whole of France. The students, most of them young ladies under twenty, learn in this school from Dr. Tarnier and Madame Calé, the theory and practice of midwifery. Vaccination and the care of children is taught by Madame Calé and by the *interne*, who also teaches dressing and the art of bleeding (which in England, I presume, would be considered as needless); and the apothecary of a neighbouring hospital lectures them daily upon the elements of botany, natural history, and pharmacy. As the pupils are not allowed outside of the precincts of the hospital, they have a botanical garden, a druggist's shop, and a museum all for themselves within the walls. Persons are admitted as students between the age of twenty and thirty-five, upon showing that they know how to read, write, and spell *correctly*, and upon production of those mysterious papers which the French are so fond of, their certificate of birth, of marriage or widowhood, and of good life and morals, given by the Maire of the town they come from. They have further to show that they have been vaccinated, or had the small-pox. They must not enter before the 1st of July, nor after the first ten days of this month have elapsed. Examinations, reception, and distribution of prizes take place only at the end of June.

During the year of residence the pupils are only allowed to leave the hospital six times with their fathers and mothers, or husbands, or with persons expressly pointed out by these. No pregnant woman can be admitted as a student. The price of pension or board, including instruction and food, is 600 francs, or £24, payable quarterly in advance, and 36 francs additional is charged for washing. The price of books is 42 francs, and of instruments 19-75 francs; making a total of only £27 18s. 6d. for one year of an education which is very practical and thorough, as far as it goes.

Dr. C. Mauriac showed me the lecture-room where Madame Calé was lecturing to the students, and where were inscribed the names of Madame Lachapelle, along with those of Bandelouque, Dubois, and others; and I was shown by one of the young pupil sage-femmes the druggist's shop, the anatomical figures and plates, and other means of instruction afforded by this most admirable institution for the daughters of France.

There is, in addition to the Maternité Hospital, a school for midwifery for women at the Hôpital des Cliniques, where there are also some fifty students of all ages; but, in this case, the students live where they like and have nothing at all to pay for the instruction they get, which is confined entirely to midwifery. It is chiefly frequented by students who live at home in Paris, and the only qualification for attending these classes is a knowledge of spelling, reading, and writing French. The students are thus not so well instructed as in the Maternité, but it suits the means and tastes of many better than that more conventual style of education. Each pupil remains one night and a day a week in the hospital, in attendance on cases in the wards, and passes the rest of the week at home. After passing a year at either of these hospitals, the sage-femmes are allowed to compete for medals, and

are allowed to come up for examination and pay some £4 16s. for their diplomas of Sage-Femmes. As I know well the miserably unprovided state of many of our country districts, in the matter of medical assistance in labours, I am convinced that if there were many women in Britain as well taught in midwifery as these ladies are, almost all the simpler cases of midwifery would fall to their care. Besides, this is the opinion of one of the ablest men of the Obstetrical Society of London given to me orally.

This year all seems going on very quietly in the medical world in Paris, and I think there is a relief in the minds of all to have got rid of the *tyran*, as a medical friend tells me N. III. was called in Paris.

The Midi, which suffered from a bomb during the bombardment, has been repaired, and is quite full of cases as usual, notwithstanding the much praised inspection of prostitutes in Paris. M. Mauriac tells me that he too is beginning to be rather sceptical as to the great virtues of mercury in syphilis, since it does not seem to prevent the appearance of eruptions, or, indeed, in many instances, much influence the course of the disease. But then, as he truly adds, it is given as a matter of routine and faith; and it is most troublesome to make the long comparison of cases with and without mercury, requisite for coming to a definite conclusion as to the real value of this drug. He gives iodide of potassium in large doses of fifteen grains, or one gramme thrice or four times a day; and has noticed a good number of cases of precocious periostitis, which makes him doubt of the value of the dictum of M. Ricord, that syphilis is so regular in its course. In this I agree with him, for I have found iodide of potassium useful in all stages of the disease if given in its dose of fifteen grains. Dr. Mauriac is publishing some interesting cases of early syphilitic periostitis in the *Gazette des Hôpitaux* at present. Dr. Alfred Pournier's lectures, delivered at the Lourcine, are in the press at present, and will be published in two months or so.

One thing that pleased me in Paris this year was, to hear less about soldiers and powder and bullets than usual. Much as I respect the profession of a defender of his country, there is something afflicting to the medical mind, I conceive, in the sight of so many persons, as one usually was in France, devoted to the destruction, and not the curing of their fellows. Many medical men here seem to think that diplomacy may perchance restore Alsace to France without the horrors of another war like the last, which made all civilised nations shudder; and I cannot help thinking that the philosophy of Voltaire and others of the school of Cordoret, Taine, and Comte, may soon prevail, and make this noble country less easily guided by a mixture of military adventurers and Jesuits. The admission of our great *confrère* Littré into the Academy is a step in the right direction, and coinciding with the ascendancy of J. S. Mill, Bain, and H. Spencer with us, makes me hope much for the future of England and France. The philosophy of Germany, I fear, is far too transcendental to lead to happiness at present. As yet, I do not find the prices of the necessaries of life much risen in Paris, on account of the taxation necessary to pay the interest of the war debt, so that the condition of the working-classes is not bad, and I was only once asked for charity in a week in Paris. The smallness of the families strikes me every year more and more; and it is evident to me, at least, that, so long as the Parisian work-people are so prudent as to their numbers, and so artistic as they are made by the admirable schools of art here established, Paris will always be the city of Europe where the working-classes will have the greatest enjoyment and dignity.

A good deal has been said about the hospitals of England and France; and certainly the London hospitals are much cleaner and healthier than those here. For instance, I visited Bethlehem Hospital shortly before leaving home, and found everything there on a most magnificent scale, and the poor patients treated quite like ladies and gentlemen. This was a great contrast to the homeliness of La Salpêtrière, as I remember it some years ago on a

visit. But, then, the expenses of Bedlam are very great indeed for the number of patients taken in; and the class of cases is evidently derived from the "respectable" classes, whereas Salpêtrières is the property of the whole French people; and administered with strict economy, by the Assistance Publique, whilst Bethlehem is looked after, I think, by some of the magnates of the City of London, and I have seen too much of London charities not to know what an immense waste goes on in all managed by that venerable but rather grotesque body, the Lord Mayor and Corporation. If Bethlehem Hospital were in Paris, I should suppose the expense of maintaining its 300 patients would not be more than half of what it now is. Still, there is, to the uninitiated something truly delightful in the cleanliness of English as compared with French hospitals; and, no doubt, the former people have a far greater love of soap and water and scrubbing-brushes than the latter. The true comparison, however, lies between the Parisian hospitals and our workhouses, for in Paris the workhouse does not exist, so that when people are very poor there, they fall sick and get into the hospital, especially in winter.

Medical News.

Apothecaries' Hall of England.—At a Court of Examiners held on Thursday, the 5th inst., the following gentlemen, having passed the necessary examinations, received the L.S.A., viz., Messrs. Fred. William Barron, of Peterborough (St. Bartholomew's Hospital); Douglas William Gifford, of Guernsey (St. Bartholomew's Hospital); William Rutherford, of Ballinasloe (Dublin School of Medicine); and John Francis Staines, of Southampton row (London Hospital). At the same court Messrs. Henry Evans, of Guy's Hospital, and Henry Jackson, of the Middlesex Hospital, passed the primary Professional examination.

Glasgow Medico-Chirurgical Society.—At the last meeting of this society the following gentlemen were elected office bearers for the Session 1872-3, viz:—*President*, Dr. Robert Scott Orr. *Vice-Presidents*, Dr. Geo. Buchanan, Dr. Andrew Fergus. *Council*, Dr. James Gray, Mr. Robert Grieve, Mr. J. Pollock, Mearns, Dr. R. Renfrew, Dr. George Miller, Dr. T. D. Buchanan, Dr. R. Stewart, Coatbrg., Dr. James Scanlan. *Secretaries*, Dr. Robert Perry, Dr. Alex. Robertson. *Treasurer*, Dr. H. R. Howatt.

NOTICES TO CORRESPONDENTS.

THE Editor of the IRISH MEDICAL DIRECTORY will be glad to receive, and, if possible, to carry into effect in the forthcoming issue of the DIRECTORY, any suggestions for new matter, or emendations in the old. The Editor will add to the DIRECTORY any information which may appear to be interesting or useful to even a small section of the Profession in Ireland; and he solicits from the readers of the DIRECTORY their advice on the subject.

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 request.

All communications intended for insertion must bear the name and address of the writer; not necessarily for publication, but as a voucher of good faith.

Rejected MS. will always be returned, if a request be received from the author, within one week after the article or letter has been declined.

SUBSCRIPTIONS IN THE UNITED STATES.—A correspondent has drawn our attention to the fact, that some of the houses in the United States are charging the enormous figure of 15 dollars per annum (more than £3) for supplying this Journal to different parts of the States. We beg, therefore, to state that we shall be happy to supply the same regularly post free per annum, if paid in advance, for considerably less than half this amount, viz., six and-a-half dollars (about £1 8s. 0d.), either direct from our offices in this country, or through our recognised agents in the United States.

Ms. J. W. D., Gosport, will receive an answer to his inquiry in a day or two.

Dr. F. P.—The stamps were not enclosed as stated.
L. E. R.—It is an unseemly and undignified proceeding, and is unfortunately not of rare occurrence. You will find a similar case adverted to in another column.

THE NEW LAW ON ADULTERATIONS.—As there seems to be a doubt existing in the mind of many as to the actual purport of this Act, and in reply to one or two correspondents, we give the following particulars:—The law now is, that every person who shall wilfully admix, and every person who shall order any other person to admix, with any article of food, or drink, any injurious or poisonous ingredient or material to adulterate the same; and every person who shall wilfully admix, and every person who shall order any person to admix any ingredient or material with any drug to adulterate the same, shall, for the first offence, pay a penalty not exceeding £30, and for the second offence shall be guilty of a misdemeanour, and be imprisoned for a period not exceeding six calendar months. The penalty on a person selling articles of food, or drink, or drugs, which they know to have been adulterated, to be not exceeding £20 and to pay costs; and if any person so convicted shall afterwards commit the like offence, the justices shall cause such offender's name, place of abode, and offence, to be published, at the expense of such offender, in such newspaper, or in such manner, as to the said justices shall seem desirable. Any person who shall sell any article of food or drink, or any drug, knowing the same to have been mixed with any other substance, with intent fraudulently to increase its weight or bulk; and who shall not declare such admixture to any purchaser thereof before delivering the same, and no other, shall be deemed to have sold an adulterated article of food, or drink, or drug, as the case may be, under this Act. The Pharmacy Act, 1868, is to be incorporated with the present statute. Analysts are to be appointed at various places, and inspectors of nuisances may submit articles of food to be analysed. The analysts appointed are to make reports quarterly to the local authorities. Proof is to be given of the identity of the articles submitted to analysts. A purchaser in any place where there is an analyst appointed under this Act, may require the same to be analysed. The articles of food, &c., ordered for analysts are to be received, and samples retained by the inspectors. The expense of executing this Act shall be borne in counties out of the county rate, or out of the grand jury cess in Ireland; and in boroughs out of the borough fund, and in Scotland out of the police money in counties and boroughs respectively. The Act is not to affect the power of proceeding by indictment or to take away any other remedy against any offender under the Act.

VACANCIES.

Parish of St. George, London, W. Medical Officer of Health. Salary £350 per annum. (See adv.)
Limerick Union. Annacotty Dispensary District. Medical Officer. Salary £100, exclusive of fees. (See adv.)
Salford Hospital. District Surgeon, to visit patients at their homes. Salary £80 per annum.
Lancaster Infirmary. House-Surgeon. Salary £100 per annum.
Tunbridge Wells Dispensary. House-Surgeon. Salary £90.
Evesham Union, Worcestershire. Two Medical Officers. One for the Workhouse. Salary £30, with extra fees. One for the District. Salary £53, with fees extra.
Alderbury Union, Salisbury. Medical Officer for District No. 3, at a salary of £120 per annum.
Tiverton Infirmary. House-Surgeon. Salary £80, with residence.

APPOINTMENTS.

Cox, E., M.R.C.S.E., Medical Officer for District No. 5 of the Barnstaple Union.
DURHAM, A. E., F.R.C.S.E., Surgeon to Guy's Hospital.
ERSKINE, W., M.D., Medical Officer for Cullross, Perthshire.
GIVEN, G. K., M.D. Qu. Univ., L.R.C.P. Edin., Medical Officer to the Gortin Infirmary Workhouse and Dispensary, co. Tyrone.
HUGHES, A. C., F.R.C.S.I., Surgeon to the Stanley Hospital, Liverpool.
KEMPTHORNE, J., L.R.C.P.L., F.R.C.S.E., Medical Officer for the Callington or No. 7 District of the Lakeard Union, Cornwall.
LITTLE, W., M.D., L.R.C.P. Ed., M.R.C.S., Surgeon-Accoucheur to the Toxteth Park Lying-in Charity, Liverpool.
LLOYD, S., M.R.C.S.E., Medical Officer for the Leigh or No. 4 District of the Martley Union, Worcestershire.
LOWSON, D. F., M.B., C.M., Resident Medical Officer to the General Hospital and Dispensary for Sick Children, Manchester.
PARKER, R., M.B., B.Sc., Physician to the Stanley Hospital, Liverpool.
RICHARDS, W. A., M.D., L.R.C.P.L., M.R.C.S., Assistant-Physician to the County Hospital, Winchester.
SHARPE, A., M.D., Assistant Visiting Surgeon for Woolwich under the provisions of the Contagious Diseases Acts (Women).
TUDGE, J. M.D., M.R.C.S.E., Resident Medical Officer to the Westminster General Dispensary, Gerrard Street, Soho.

OPERATION DAYS AT THE LONDON HOSPITALS.

WEDNESDAY, September 11.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 2 P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 2 P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1½ P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
CANCER HOSPITAL.—Operations, 3 P.M.
THURSDAY, September 12.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
FRIDAY, September 13.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, SEPTEMBER 18, 1872.

STUDENTS' NUMBER.

STUDENTS' NUMBERS have now become annual necessities, not only for those about entering Medical Schools, or the Profession, but also to keep those who are already in its ranks *au courant* with every change of regulation—official or otherwise—Professorship successions, &c. To do this briefly and at the same time attractively, it seems to us that the most practical information as to the method of Medical education and the future disposal of the Student is required of us, rather than prolix official regulations, which, when desired, are always at command. We have, therefore, accorded to such matter the smallest possible space consistent with clearness, confining our erasures as much as possible to technical redundancies, and omitting nothing which seemed of the least importance.

Into the space which this epitomising has given us, we have endeavoured to compress as much practical, every-day information as we conceive to be necessary, and writing as we do for the Students of the United Kingdom, we have endeavoured to give predominance to the educational arrangements of no special locality.

As we have, with the view of economising the space at our disposal, dispensed with all details which are contained in the advertisements of the various Medico-Educational Institutions, we beg to refer our readers to the advertisement of each in connection with which the editorial information should be read. Our duty has been to supplement these announcements by information of an unofficial character, and our readers will thus, we trust, be put in possession of a complete *vade mecum* of the method and means of Medical Education.

THE TEACHING OF PRACTICAL PHYSIOLOGY.

ONE of the most important changes in the curriculum of the Medical student is that lately brought about by the determination of the examining boards to require proof of instruction in Practical Physiology. We have on former occasions referred to the provisions made by some schools in order to comply with the new requirements. We this week lay before those concerned the arrangements made at the great East-end College, that of the London Hospital, and are glad to be able to report so favourably. As the matter is of the very highest moment we shall probably, as opportunities occur, report on the provisions of other schools in this respect.

At the London Hospital the instruction is given in an able manner by Dr. Fenwick, Physician to the Hospital, and formerly Lecturer on Pathology in the University of Durham, and Dr. Bathurst Woodman, Physician to the Hospital; assisted by the indefatigable demonstrator, Mr. J. Needham, F.R.M.S. The course occupies two winter sessions, of 100 lectures each, fifty of which are devoted to theoretical, and the remainder to practical instruction.

The theoretical or systematic physiology is taught by lectures twice a week in the anatomical theatre, where the tables, at which the students are seated, are so arranged that specimens (placed under the microscope) illustrating the histological points of the lecture, can be passed round without the slightest inconvenience or noise.

Histology or practical physiology is taught in the histological laboratory by demonstrations twice weekly, Wednesday and Saturday; those on Wednesdays being given alternately by the lecturers, and those on Saturdays by the demonstrator.

The instruction given on Wednesdays is principally for first year's students, and, therefore, of rather an elementary character. In these classes the student is required to make himself thoroughly acquainted with the microscope and its uses; also to familiarise himself with the appearances of fresh and preserved tissues. Each has placed

before him a set of reagents in drop-bottles, and is required to provide for his own use—glass slips, 3 in. by 1 in., thin-circular-covering glass, a pair of fine scissors, a pair of fine forceps, a razor, and two needles in holders. The more expensive instruments are provided by the college, and lent when necessary.

The Saturday demonstrations are of an advanced and thoroughly practical nature. The students of this class (who are required to attend the Wednesday demonstrations for one session previous to being admitted) are taught not only human but comparative histology. They are instructed on the latest and most approved methods of investigation, also in putting up preparations permanently for the formation of a collection of microscopical objects. The necessity of this comes to us with greater force, when, on referring to so great an authority as Kölliker, we find as follows:—"A collection of microscopical preparations is indispensably necessary for a more exact study of histology." (Sydenham Society Trans., p. 7.) During the demonstrations the more difficult and costly preparations, such as many injections, sections of bone and teeth, &c., are sent round for inspection.

Physiological chemistry is given in Dr. Letheby's practical chemistry class, which is held in the summer session, and consists principally of the qualitative analysis of urine, blood, bile, &c., &c.

There are twenty-six microscopes by R. and J. Beck, and Crouch, the objectives being $\frac{1}{4}$ in. and 1 in. by Beck, and 1.5 in. by Crouch. The oculars, A and B of Beck, and A of Crouch. Other instruments and apparatus are numerous. The student is encouraged to bring his own microscope; should he not do so, an instrument is lent by the college, for the use of which (during the session) a fee of half-a-guinea is charged. The material and all chemicals that can possibly be required are provided by the college.

The histological laboratory is a large, well-ventilated room, beautifully illuminated by ordinary side windows

and sky-lights. In it there are four large tables, each containing ten drawers, one of which is appropriated to each student; and six Argand gas lamps. Large and convenient cupboards are placed on one side of the room for the protection of the microscopes, instruments, and apparatus, when not in use; also large shelves for reagents and preparations; also a cabinet containing some hundreds of microscopical objects for the use of students. There is a plentiful supply of water, both hot and cold.

In fact, everything that could possibly be done to further the proper teaching of this most valuable subject has been done in a most praiseworthy way by the council of the London Hospital Medical College.

Resources of the Young Surgeon after Studentship.

THE PUBLIC SERVICES.

ARMY MEDICAL SERVICE.

THE appointment of assistant-surgeon in the Army is open to all who can prove their claim to it by superior answering. Candidates for the British Medical Service must be unmarried, and not more than twenty-eight years of age. The competitive examinations are held at Chelsea, usually in the first weeks of February and August. The candidate is not required to produce any other qualification before presenting himself for examination than his license to practise and certificates of registration, age, moral character, and physical capabilities.

Having received his diplomas in surgery and medicine, both of which are essential to his competition, the student is obliged to apply himself vigorously to the study of certain collateral subjects, which he does usually through the medium of a "grinder." He must perfect himself in chemistry, pathology, and comparative anatomy, and if he can throw a proficiency in botany and natural history and French and German into the scale, he will materially improve his position in the scale of merit, and establish for himself a character with the authorities for industry and scientific attainments.

The assistant-surgeon is subjected to three separate examinations within the first ten years of his service, each examination having a definite object—the first, to ascertain, previous to his admission into the service as a candidate, his scientific and professional education, and to test his acquirements in the various branches of professional knowledge; the second, after having passed through a course of special instruction in the Army Medical School, to test his knowledge of the special duties of an army Medical officer; and the third, previous to his promotion, to ascertain that he has kept pace with the progress of Medical Science.

The candidate having sent in his papers, and followed them to London, meets his competitors at Chelsea.

For the first two days of his examination he is employed in penning answers to printed questions; for the third and fourth days he is examined *visa voce* on all subjects; and on the fifth and sixth days he is tested by the diagnosis of disease at the bedside in the hospital, by the application of surgical apparatus, and by operations on the dead subject. This trial finished, the successful candidates (varying in number from fifteen to thirty) are selected.

SERVICE ON THE WEST COAST OF AFRICA.

A certain number of candidates, whose answering has been satisfactory, but not sufficiently so to entitle them to a place, were formerly offered appointments on the West Coast of

Africa, but recently they have been appointed to the Naval Medical Service, as vacancies on the Coast have not existed for some time. These situations, while they are subject to strong objection on the score of the deleterious nature of the climate, possess some advantages for those whose health can resist its influence. The districts comprised under the West Coast Districts are Sierra Leone, Gambia, and Cape Coast Castle. If the candidate accepts the appointment he is sent out at once, without the period of probation to which others are subjected at Netley Hospital. He is allowed to spend a year at home, on full pay, for every year spent in Africa, and the entire period at home and abroad should count as service for pension.

PROBATION AT NETLEY HOSPITAL.

The competitor who has been so fortunate as to obtain a place in the ordinary service is not allowed to join a regiment at once. He is obliged to undergo a probation of four months at Netley Hospital, near Southampton, where he is compelled to attend the following lectures—viz.: Hygiene, by Dr. Parkes; Pathology, by Dr. Aitken; Military Surgery, by Dr. Longmore; and Tropical Diseases, by Dr. Maclean. The lectures on Military Surgery include gunshot and other wounds; arrangements for the transport of wounded; duties of Army Surgeons in the field, during sieges, on transport, &c.; and other special subjects. Those on Military Medicine refer to the tropical and other diseases of the British possessions and colonies, and to the losses by disease. The lectures on Hygiene relate to the examination of water, air, food, clothing, &c., of the soldier; his duties and exercise, and the circumstances affecting his health, meteorology, statistics, and prevention of disease. The lectures on Pathology have reference chiefly to the scientific examination of tropical diseases, and of the other complaints which the Army Surgeon is especially called on to investigate. The candidates also attend the wards of the hospital under the Professors of Medicine and Surgery, to make themselves acquainted with the system of recruiting, and the modes of keeping the Army Medical Returns. They are also called on to make *post-mortem* examinations, to operate on the dead body, and pass through laboratory practice on the modes of recognising the qualities and adulterations of food, and on microscopic examination of morbid tissues and adulterations of food, &c. During his preliminary training here the student is understood to be in Her Majesty's service; he wears uniform, is under military discipline, and receives pay at the rate of five shillings per day, and two shillings per day for lodging money, if he be not provided with lodgings in the hospital. A sum of money equal to the half-yearly interest on £1,200, the surplus from the "Herbert Memorial," is at the end of each session awarded to the candidate who has the highest number of marks; the fortunate young man who wins this "Blue Ribbon of Netley" being tolerably certain to be well provided for. At the termination of the four months he is again examined in the subjects in which he has been instructed during that period, his marks are added to those obtained by him at the Competitive Examination, and his position on the list of merit determined by the total. Successful candidates are now eligible to be gazetted to a regiment, or employed on the staff, and enjoy all the rank and honour, pay and privileges, of Assistant-Surgeons, as provided by the regulations.

Thus it will be observed that the first, or Chelsea examination, simply admits the candidate to the service, and the conjoint result of it and the Netley examination determines his order of merit.

LIFE AT NETLEY.

The Medical candidates, as the surgeons are called until they have passed out of the Hospital by their second examination, are congregated at Netley, in addition to the commissioned officers who may be there. Each candidate

has to pay £5 towards the mess fund, one half on his arrival and the remainder when he has passed his second examination. He is then a member of the mess, and entitled to dine at any time during the remainder of his service. The cost of dinner is 2s. 4d. daily, not including wine, and of breakfast from tence upwards.

THE PROMOTION EXAMINATION.

But there is still one other which *must* be passed before he is promoted to full Surgeoncy, and *may* be passed at any time after five years' service.

A series of printed questions will be sent by the Director-General to the principal Medical officers of stations where Assistant-Surgeons may be serving, who will deliver these sealed questions to the Assistant-Surgeons, and see that they are answered without the assistance of books, notes, or communication with any other person. The answers are to be signed, and delivered sealed to the principal Medical officer, who is to send them, unopened, to the Director-General, together with a certificate from the Surgeon of the Regiment, or other superior Medical officer, that the Assistant-Surgeon has availed himself of every opportunity of practising surgical operations on the dead body.

The Assistant-Surgeon will also be required to transmit a Medico-Topographical account of the station where he may happen to be, or of some other station where he may have been resident, or else a Medico-Statistical Report of his regiment for twelve months.

If the Examining Board and the Director-General are satisfied with the certificates and answers, and with the report, the Assistant-Surgeon will be held qualified for promotion.

GENERAL OBSERVATIONS.

The bachelor Regimental Assistant-Surgeon, commencing with an income of £182 10s., in addition to quarters, coals, and candles, has the use of a soldier-servant for 10s. a month, and 15s. for washing. Mess bills and subscriptions vary according to circumstances, high in the cavalry, rifle brigade, and certain line regiments at home, but moderate in the artillery and line generally: about £10 would represent the outlay. Some can live cheaper by taking breakfast in their own room, the bed in one corner, the tub in another, not a wholesome arrangement. Respectable uniform, a gentlemanly appearance in dress must be maintained, and the servant clad for everyday work besides to wait at mess. Being on the staff as a rule is comparatively cheaper for married men, but the bachelor, friendless and homeless, will find there is nothing better than a good line regiment, especially where the colonel and the surgeon pull together and the latter takes a fair share of work. Those who marry early without means should remember they may reach the age of forty as assistant-surgeons with a large family to keep and drag about on an income under £300, deducting income-tax. The more pursuits and accomplishments a Medical officer has the better, specially if at the same time he is a good doctor and a gentleman. For the combatant officer a position is made; the Medical man makes his own as in civil life. The army would attract good men if the dead-lock and stagnation were removed by optional retirement at £1 a day after twenty years' service. Unless the Medical officer has private means he should not remain a day in England.

NAVAL MEDICAL SERVICE.

In applying to be admitted as an Assistant-Surgeon in the Royal Navy it is merely required to address a letter to the Secretary of the Admiralty, stating that you are in possession of a diploma from such a College—naming it; that you are desirous of being admitted as a candidate; when, if there are any vacancies, you will be informed when you

will be required to present yourself at Somerset House, London, for examination.

Having passed your examination you will, in the course of the following day, receive your appointment as acting Assistant-Surgeon to one of Her Majesty's ships, either for service on board that ship, or for service on shore, at one of the naval hospitals—Haslar or Plymouth. You will at the same time be informed that you are granted two or three weeks, as you may require, leave of absence, to enable you to provide your uniform and appointments. These you can get at any of the naval outfitters.

The expense of an Assistant-Surgeon's uniform is about £47 5s. You must also provide yourself with a set of surgical instruments, which will cost you from ten to fifteen guineas. All kinds of underclothing, towels, handkerchiefs, &c., may be purchased much more advantageously from a regular dealer in those things than from any naval outfitter.

ADVANCE OF PAY ON JOINING.

On joining your ship you will, if you wish it, be paid what is termed three months in advance, £30. Of course it is not all advance, as your pay will have been going on from the date of your appointment.

Every article of mess traps is now furnished by the Admiralty gratis. The same with your cabin furniture; every necessary article except bedding is supplied from the dock-yards. An officer on joining his ship has, therefore, nothing more to pay than his mess subscription monthly. This varies in ships according to the station they are on, from £2 10s. to £3 10s. per month. This subscription does not include anything for wine or liquors of any kind. Whatever amount of these you may consume will be paid for by you separately, at the end of each month or quarter. But as all wines are permitted, by sanction of the Admiralty, to be shipped free of duty, you drink them so much cheaper on board than you could the same qualities of wine on shore. The monthly subscription of say £3 with the Government allowance of £11 3s. 8d. per annum to each member in lieu of provisions, is generally found sufficient to meet all ordinary expenses of messing.

It is the custom in all wardroom messes to have an extra dinner on two days of the week—generally Monday and Thursday. The days so selected are styled "field-days." It is on these days that guests are invited to dine by the mess. The guests thus invited are called public guests, and such invitations entail no extra subscription from any one, except for the extra wine consumed. It is usual to invite the captain, and other superior officers that may be on board, once a week; the other public guests are so many of the junior officers of the ship; and, if in port, officers of the sister service, and other public functionaries. The captain, or admiral, if there be one on board, usually has two or three wardroom, and two or three gunroom, officers, to dine with him on every other day of the week than that on which he dines in the wardroom. Any member of the wardroom mess inviting a private friend to dine with him on board, pays usually from 2s. 6d. to 3s. 6d. (according to the rule of the mess) for his friend's dinner, in addition to any extra expense for wine.

The foregoing are the whole of the ordinary and extraordinary expenses of messing in the wardrooms of Her Majesty's ships, and which should not, with drinking a reasonable quantity of wine, beer, &c., exceed fifty guineas per annum.

Officers in the Navy, wherever they may be serving, can remit, by the paymaster of the ship, without any expense, any portion, or the whole, of their pay that may be due to them on the last day of each quarter.

SERVANTS.

Assistant-Surgeons are allowed only half a servant each ; or in other words, a servant between two of them.

These servants are entered on the ship's books with the rating of officer's servant. Their pay from the Admiralty is about £17 per annum and their provisions ; and where they are well conducted, attentive lads, it is usual for each of their masters to give them 10s. a month, which makes their pay up to about £29 per annum.

The pay of naval Medical officers has hitherto been the same as for their military brethren.

EXTRA PAY AND ALLOWANCES.

The following extra pay and allowances are paid to naval Medical officers under the conditions stated below :—

	At Home.	Abroad.
Inspectors-General in lieu of provisions for their servants, and of the ordinary allowances for provisions for themselves	£54	£130
Deputy Inspectors-Generals, Staff-Surgeons, and Surgeons, do. do.	£35	£112
Assistant-Surgeons do. do.	£30	£108

Staff-Surgeons, when serving in flag-ships on foreign stations, are allowed extra pay of five shillings per diem.

Staff-Surgeons, Surgeons, and Assistant-Surgeons, when serving in ships in which there is no accommodation for residing on board, as in drill ships for the Royal Naval Reserve, are allowed £50 per annum for lodgings, and one and sixpence per diem in addition in lieu of ship's rations.

Whenever Medical officers are employed on extra duty, they are allowed such extra pay as it may appear to the Lords Commissioners of the Admiralty the nature of the service merits.

Medical officers, when travelling on the public service, are allowed on the home stations—in addition to all expenses of first class fare by rail or otherwise—for subsistence :—

	Special Service occupying 12 hours.	Ditto for every 24 hours.
Inspectors-General and Deputy Inspectors-General	£0 13 0	£1 0 0
Staff-Surgeons and Surgeons	0 7 6	0 10 0
Assistant-Surgeons	0 6 0	0 7 6

PENSIONS OF MEDICAL OFFICERS.

Besides the half-pay awarded to Medical officers, there are three good-service pensions of 10s. each per diem awarded to the three inspectors-general who have completed the longest and most meritorious services.

There is also one Greenwich Hospital pension of £80 per annum awarded to a deputy inspector-general.

There are fourteen other Greenwich Hospital pensions of £50 each per annum, awarded to those fourteen deputy Inspectors-General, Staff-Surgeons, and Surgeons who are considered by the Admiralty to be most deserving of them.

PROMOTIONS.

An Assistant-Surgeon having served three years may be examined as to his qualifications for promotion to the rank of Surgeon. If he be serving abroad he may, if he wish it, be examined provisionally by an Inspector or Deputy Inspector-General and three Surgeons ; and as soon after his arrival in England as may be convenient for him to present himself at Somerset House for his regular and final examination. To enable Assistant-Surgeons to pass this examination satisfactorily they are granted, on application, two months' leave of absence to prepare themselves for it. The use of passing the provisional examination abroad is, that the Assistant-Surgeon, having served five years, is then eligible for promotion into any vacancy that may occur, as Acting Surgeon.

If the vacancy occurring shall have been caused by the death of an officer of superior rank, this promotion as

Acting-Surgeon will be confirmed as Surgeon on passing the regular examination at Somerset House. If the vacancy has occurred from any other cause than that of death, the Assistant-Surgeon appointed to fill it, whether he may have passed only provisionally or finally, will be appointed only as Acting-Surgeon until the pleasure of the Admiralty be known, who may either confirm him in it, or supersede him by the appointment of a Surgeon from half-pay.

Surgeons are promoted to the rank of Staff-Surgeons on twenty years' service, provided that ten years have been completed since passing for the rank of Surgeon.

By an Admiralty regulation, dated the 12th of July, 1867, promotion to Staff-Surgeon is to be open to officers for distinguished or special services, although they may not have completed twenty years' service.

An officer may be promoted to the rank of Inspector-General on the completion of thirteen years' service from the date of his entry into the Royal Navy.

PRIZE MONEY.

Medical officers share in the proceeds of all prizes captured from the enemy, of captures and seizures under the several Acts of Parliament passed relating to the revenues of customs, and of trade and navigation, for the abolition of the slave trade, for the capture and destruction of pirates and piratical vessels ; and of the rewards conferred for the same ; as also in the awards of all salvage granted to the crews of Her Majesty's ships and vessels of war, with other officers of corresponding ranks.

NOTE.—We do not advise Medical students to think of entering the Army or Navy, but the advantages of a certain income, the opportunity of study, the freedom from the drudgery of private practice, the pleasure of travel, must not be overlooked.

POOR-LAW MEDICAL SERVICE.

A YOUNG qualified practitioner, indisposed to be an assistant, and desirous of commencing general practice without investing any money in purchasing a succession, may, perhaps, obtain a Poor-law appointment, though he should scarcely expect to obtain a livelihood from this inadequately remunerated employment.

ENGLISH POOR-LAW MEDICAL SERVICE.

Prior to the passing of the Metropolitan Poor Act of 1867, the English Poor-law Medical Service may be said to have been in the hands of the Guardians, supervised by the Poor-law Board. Each parish in England and Wales had its guardians of the poor, and these parishes were grouped together to form unions. The unions were divided into districts for Medical relief. Union Medical officers, therefore, have the care of a district, or sometimes the care of the workhouse of the union—sometimes of both. The officer was elected by the guardians, and the appointment approved by the Board. He was required to have both a Medical and surgical qualification. In some instances these were specified, but almost always the London College of Surgeons and Apothecaries' Hall were the two most favoured diplomas. For this reason London students will still continue to take these qualifications, whatever else they may add to them. But the L.R.C.P. Lond. is now recognised as a full qualification, both Medical and surgical. The salaries of Poor-law appointments are very low. They are, however, sought after by young men as a means of getting into practice, and are often almost obligatory in the country to prevent fresh opposition being introduced. The Metropolitan Poor-law Act, 1867, assimilates the Poor-law, so far as London is concerned, to that of Ireland, and the Poor-law Board is now merged in the new Local Government Board. It has established in London asylums and dispensaries, and distributed the cost of supporting them over the metropolis.

THE IRISH POOR-LAW SERVICE.

THE newly-qualified Medical Practitioner, who may elect to try his luck in the Irish provinces, sets his hopes, in the great majority of instances, upon obtaining one or more Poor-law Medical appointments in some district where there is hope of private practice. There are 163 workhouses and 798 Dispensary Medical Officers besides apothecaries. The number of vacancies that occur annually averages 100. The average salary in this service is £90; and when it is taken into consideration that, in the vast majority of rural districts, it is necessary to keep a horse, and in some a boat as well, the average area being from forty to sixty square miles, it is plain that there will not be a very large margin left from the public emoluments. The Medical Officer will also have the refusal of the Registrarship of Births, Marriages, and Deaths, which office in country districts seldom yields more than £10 a year, and often not half that amount. Despite the miserable salary, and the very many discomforts of dispensary life, these appointments are generally eagerly sought for—firstly, because they afford the new comer a certain though hardly-earned salary to supplement his private earnings; and, secondly, because, if not secured by the new comer, they would of necessity bring a competitor for practice into the field, and inasmuch as private income is of far greater import than public earnings, country Medical practitioners are obliged to undertake the public duty in order to save to themselves the monopoly of their private emoluments.

APPOINTMENT.

The qualifications required by the Poor-law Commissioners are a licence in Surgery or a diploma in Medicine, and a diploma in Midwifery; the candidate must also be twenty-three years of age.

The appointment lies with the Dispensary Committee, who elect by vote. As politics and religious feeling run high in Ireland, these elements enter into the election of Poor-law Medical Officers. Family interest also possesses great weight.

The candidate will do well to bear these facts in mind, as his personal attendance on the day of election will be required. And whatever other qualification he may have, he will then find that his compatibility in these respects with the majority of the committee is essential. And, accordingly, he had better first make himself acquainted with the local peculiarity, whatever it may be, before he enters on his candidature, otherwise, in all probability, any expenditure that he may make in the matter will be simply thrown away. We may here observe, also, that in very many instances the appointment is virtually made before the advertisement appears for a Medical Officer, in which case also candidates are put to unnecessary trouble and expense under false pretences.

CONTROL.

Each district is under the direct control of a committee composed of the neighbouring landholders, the appointment of Medical and other officers are made by this committee, and the entire management of the district is under their control. Their acts are, however, subject to the approval of the Poor-law Commissioners, who have the power either of interposing their veto on any appointment, or even of expelling an officer by a "sealed order," without trial or accusation, and without the resource of appeal or investigation. This salary is paid by the Board of Guardians, and no increase or decrease can be made in the amount without their assent and that of the Commissioners. Under the late Sanitary Act the committee may recompense the Medical Officer for special services, such as those during an epidemic of cholera, or for sanitary reports. The number of unions in Ireland is 163, to each of which is attached a Medical Officer, who is appointed and controlled by the Board of Guardians in the same manner as the Dispensary Surgeon is by his committee. The salary is usually better

than that of the Dispensary Doctor, and the duties of a more easy and satisfactory description, inasmuch as the duty is confined to daily attendance at the Workhouse Hospital, and no night visits out of doors or any long journeys across the country are involved.

DUTIES.

The duty of the Dispensary Doctor is two-fold. He is to attend his Dispensary on a given day or days in the week. Frequently there are two dispensaries in the district, separated from each other by several miles, and he will have, perhaps, to attend two days a week. He has also to visit at any hour of the day or night a sick person, for whose relief a visiting ticket has been issued by a member of the committee or by the relieving officer, and to continue his attendance as often as may be necessary until a termination of the case. Moreover, he has a great many registry books to keep, and a multitude of returns to make, and in the majority of districts he has to make up all the medicines for the poor.

The pressure of these duties is in the greatest degree dependent on the goodwill of the members of his committee. If the Medical man be a favourite with his masters they will give him very little trouble with "scarlet runners," as the visiting tickets are, from the colour of the paper on which they are printed, humorously called, and will be unwilling to trouble him even with cases deserving of personal attendance.

If, on the other hand, it is his misfortune to come in contact with some of the half-bred committee-men, who know nothing of the treatment fit for an educated gentleman, or cherish a personal spite, the discharge of his duties may become simply unbearable. He may be peremptorily summoned, in any weather, at any hour, and to any distance, to a case which he may probably find to be altogether trivial, or to a person whom he may know to be perfectly well able to pay—Aye! even the committeeman's own brother or daughter.

By a recent Act of Parliament Poor-law Medical Officers may now receive a pension of *one-sixtieth of their salary for each year of service* on being incapacitated from illness or old age. This grant is strictly at the discretion of the guardians, nevertheless it has been given in most cases in which physical incapacity has been clearly proved. It is, however, at best a miserable resource, and can by no means be calculated upon as a provision for old age.

Assistancies in English General Medical Practice.

THE most usual portal of entry into general practice in England is by an assistancy to some practitioner already well-established in business; and, moreover, to the advanced student the position of unqualified assistant is, frequently, in itself the means of livelihood and professional advancement until he finds himself able to qualify for succession to the practice by taking his diplomas. As may be presumed, the duties of the office are very various, and the relations between principal and assistant very complex, so much so as to demand a special volume for themselves. Mr. Langley has supplied this want by his volume "Via Medica," from which we are permitted to extract such excerpts as we are able to find space for.

SURGEONCIES IN THE MERCANTILE MARINE SERVICE.

THE appointment of surgeon in sea-going vessels is much sought after by young surgeons who are desirous of seeing a

little more of the world than school, college, or home have shown them; but the office is seldom held for more than a few years, or regarded as a permanent provision for life. These appointments are almost uniformly in the gift of directors and secretaries of companies, and of the owners themselves, with whom, as may be believed, personal influences are a better recommendation than any professional qualification.

The Peninsular and Oriental Service heads the list in respect of its eligibility, and admission to it is a matter generally quite outside the range of the unfriended candidate.

The appointment is made by the directors, and the surgeon is bound for three years' service. He is placed always at first on some of the lines at the other side of the Isthmus of Suez, and is drafted into the "home" service between England and Alexandria, as vacancies occur. The pay is at first twelve guineas per month, which is afterwards increased, and he is permitted to receive such fees as may be offered for attendance on passengers, whom, however, he is bound to attend without charge, if required to do so. Occasionally large fees are paid by grateful patients; but usually the income from this source is not large, and less in the home service than elsewhere.

The surgeon can resign on giving a month's notice when on leave—*i. e.*, when his ship is laid up.

The Cunard and other American mail lines select their surgeons through the interest of owners and managers. The American ships are bound to carry American surgeons, and the English ships English Medical officers. The pay varies from ten guineas per month upwards, and the arrangement may be terminated by the surgeon at any time that the ship is laid up. If, however, he has signed special articles, he will of course, be bound by them.

The West India Mail Service admits candidates only between the ages of twenty-two and forty. A regular curriculum similar to that required by the licensing bodies, is necessary, and a special examination in climatic disease is administered to the candidate.

The following is the scale of pay:—At entrance £100 a-year, Senior Surgeon, £120, amounting with all fees generally to about £200. When the ships are engaged on transport service the pay is doubled. Surgeons in the service have a private cabin and a boy to assist in dispensing. They mess in the saloon, and are found in every requirement free of charge. A pint of wine is included in each day's rations, or in lieu of it a payment of 1s. 3d. At entry surgeons are requested to join vessels in the West Indies or Brazils, relieving surgeons longest out, and being themselves relieved in turn.

The emigration Commissioners are now reducing their staff, and making no appointments to vacancies as they occur. Many of the trading ships which carry emigrants to New Zealand and Australia take surgeons only on their outward voyage, and call at China for silks and other freight on their way home. Surgeons to these vessels are paid only £35, and finding it impossible to obtain a passage home again are compelled to settle in the colonies, which are accordingly overstocked.

European Communities.—There is a growing demand for surgeons for small European colonies, and several desirable appointments have thus been recently made. A number of colonists feeling the want of efficient Medical advice subscribe an annual guarantee salary of say £600. These appointments have been made through the agency of Dr. Langley, of Lincoln's Inn Fields; as, however, they are few and somewhat lucrative, the communities are entitled to expect a high degree of education and intelligence in their Medical attendant.

The Students' Life, Education, and Qualifications.

THE GENERAL MEDICAL COUNCIL.

To THIS body is entrusted the supervision of Medical education, and it has made a number of recommendations, the majority of which have been accepted by all the Examining Bodies, and are, consequently, found in their regulations. The student has, therefore, nothing to do with the Council, except that he must take care to be duly registered as a student of medicine, at the commencement of his career, at the office, Soho Square.

MEDICAL REGISTRATION.

All duly qualified Physicians, Surgeons, Medical Graduates, and Apothecaries, are required by the Medical Act 21 and 22 Vic, c. 90, to be registered before they can hold any public Medical or surgical appointment, or issue valid Medical certificates.

The Medical Registration of any Practitioner may be effected, on application, in writing (according to a form to be had at either of the Branch Offices or at Soho Square), and producing, or transmitting with such requisition the *Diplomas* to be registered, and also paying or remitting the fee which is regulated by the Medical Council, viz., £5 for first registration, and 5s. for every qualification which may be subsequently added.

MEDICAL STUDENTS are required by the Medical Council to be registered, but they must previously have passed a preliminary *Arts Examination*. In order to effect this each student should apply according to a form accompanied by a certificate of his having passed such examination, same to be lodged with the Registrar, who will thereupon enter the name in the Students' Register, and issue a certificate to that effect. No fee is required from *Medical Students* for their registration.

THE CAREER OF THE ENGLISH MEDICAL STUDENT.

THE young gentleman who is about to enter the Medical Profession in *England* has more than one course open to him, whether he decide on fulfilling his curriculum in London or in one of the provincial schools. The latter course is generally determined by local causes with which pupil and parent are both familiar. We propose, therefore, in this place, to point out a few things that concern alike the London or provincial Medical student.

APPRENTICESHIP.

First of all, as to apprenticeship. The only English corporation that absolutely requires an apprenticeship is the Society of Apothecaries, which is bound by Act of Parliament. The clause, however, is very liberally interpreted, and the apprentice may, during his term, fulfil part or the whole of the curriculum. *The master must possess the licence of the Company*, but he may practise any department of the Profession. There is much difference of opinion as to the value of an apprenticeship. Some profess to despise it, and regard it as a badge of trade. There are, however, many advantages in the system, if carried out in the liberal mode we have spoken of; and we feel sure neither pupil nor parent would ever regret having entered into such an agreement with a

Medical gentleman of position and honour. Thus, suppose a pupil to be bound apprentice to a Licentiate of the Apothecaries' Company for a period of five years, with the right to attend lectures and hospital practice during the last three years, he enjoys the following advantages: In the early part of his pupilage he not only learns practical pharmacy, and becomes acquainted with the more generally used articles of the *Materia Medica*, but may be assisted in preparing for the Preliminary Examination. Moreover, he prepares himself to take, should he ever wish to do so, the post of assistant to a general practitioner, as the experience he has thus acquired will procure him a situation in preference to prizes, gold medals, and even university distinctions. Again, this experience is of the very highest value, should he decide on settling in general practice after he is qualified. On the whole, then, this modified apprenticeship system is equal to any, and parents who know a practitioner to whom they would willingly entrust their sons, cannot do better than pay him a fair premium. Those residing near will occasionally be able to arrange for an out-door apprenticeship.

PUPILSHIP.

Supposing, on the other hand, that the plan of apprenticeship be rejected, a young man may still become the pupil of some one in practice. This is often done by those who aim at the higher branches of practice. A physician or surgeon who will give some time to the superintendence and direction of a pupil's study certainly offers him great advantages, and those who can afford thus to act will not regret the expense of providing their sons with such a guide.

HOSPITAL STUDY.

Lastly, a pupil may enter at any of the London hospitals without any such preparation. He has only, *provided he has passed a preliminary examination*, to pay the first year's fee, and he is admitted at once to all the dignity of a Medical student. A preliminary examination recognised by the General Medical Council *must* be passed before entering a hospital. He should decide on the diplomas he requires, and guide his studies accordingly. Most of the schools now have a composition fee, entitling to all lectures and practice required for the ordinary qualifications in medicine and surgery. They also mostly have another sum, very little higher, entitling the student to perpetual attendance on all lectures and hospital practice. It is better to take out the perpetual ticket, as all contingencies are thereby provided for. The fees are mostly payable in two or three instalments, at the commencement of each Winter Session. The Dean will always forward details, as well as any special information of which a student may find himself in need. The first instalment varies from forty to fifty guineas; the second is a like sum; the third usually only makes the whole sum paid a hundred guineas or a little over. There is a tendency to slightly increase the expenses in consequence of the great improvements in the schools, and the additional requirements of the Examining Boards, and no doubt the fees in London will gradually rise.

RESIDENCE.

The student who comes from the country to enter in London not unfrequently requires lodgings. Those who can live with relatives and friends are, of course, best suited; but not a few find themselves very comfortable in furnished apartments, which are to be had in respect-

able streets near all the hospitals. Two brothers or two friends can, of course, do this a little less expensively than one. The price varies with the season a little, and some can afford more than others, and therefore can always have a selection of better rooms.

It should be mentioned that one or two of the Medical schools have collegiate institutions in connection with them, where rooms may be had instead of the more usual plan of taking lodgings. At many schools some of the lecturers receive pupils, and all of them will at any time afford special information to those who may inquire of them.

Residence settled, student life begins by hearing the Introductory Lecture, at the conclusion of which the fees may be paid, unless they have already been handed over.

PRIZES.

As to contending for prizes, there are differences of opinion. Diligent attendance on the classes and in the wards will enable the student to store his mind with knowledge fitting him for his profession, and this should be his first aim. Gold and silver medals are honourable distinctions, but only secondary ones. We never competed for them, nor encouraged others; and some of the most eminent men hold the same views. Others, however, differ from us, and the pupil may judge for himself. Competition for appointments to dresserships and other offices, where much practice is seen, stands on a different footing. No prizes can equal such posts; and the possibility of getting them should influence largely the choice of a school. In some schools they must be paid for. In others, the diligent gain them without extra expense. The student, having selected his hospital and school, has chosen his teachers. We have only to remind him that however able they may be, the result depends on his own application.

CURRICULA AND QUALIFICATIONS.

The information most important to students may be divided into two parts:—

I.—The regulations with which they must comply before they can present themselves for examination to any of the Licensing Bodies.

II.—The means that exist to enable them to do so.

In the first division are to be placed the regulations of the Corporations; in the second, some account of the many Schools of Medicine and Hospitals where professional education can be pursued. A natural supplement to this information is a brief sketch of the career open to young men after they have obtained their diplomas, especially in the Public Services.

According to this plan, we proceed to consider, first of all the regulations of the Qualifying Bodies. These may also be divided into two classes—1. The Universities; 2. The Corporations.

Oxford and Cambridge.—The elder English Universities have of late years opened their doors much wider than heretofore, and that without losing any of the prestige they possessed. Those who propose to follow their course of education need not any longer enter at any particular College or Hall, although it will probably be long before lodger students will be very numerous. There are advantages in the College life that will not be willingly given up by those who can afford it, and, for a purely Medical career it would be perhaps preferable for those who would not like to enter a College to graduate at the London University.

University of London.—The Medical degrees of this University have now obtained a reputation second to none, and no student can therefore propose to himself a higher qualification. The training is rather longer than that required for the diplomas of most of the corporations. The examinations are very stringent, and it is in after years that the student will feel the gratification of having obtained such a degree. Every student is required to go through the full course of hospital studies *after* he has passed the matriculation examination. It is, therefore, very desirable he should matriculate before entering a Medical school, otherwise two years will be lost. The matriculation examination of this University is accepted as a preliminary by the Medical Council, and therefore the labour bestowed in preparation will serve the student's purpose even if he do not proceed to a degree. The Medical degrees of the University are Bachelor and Doctor of Medicine, and Bachelor and Master in Surgery. Degrees of Bachelor and Doctor of Science are also now obtainable. There are at each stage of the graduate's career, examinations for honours, which afford the student the opportunity of gaining highly-prized distinctions in various branches. There are also scholarships for the most successful.

University of Durham.—The degrees of Bachelor and Doctor of Medicine are granted by this University, as is also the degree of Master of Surgery. There is also a licence in medicine, to obtain which residence is not essential. A licentiate cannot pass to the M.B. until he has obtained the degree of B.A., or passed an equivalent examination. Only M.B.'s of twenty-one terms' standing can proceed to M.D.

There is a Medical scholarship of £25 tenable for four years, and the fees, both Collegiate and University, are very moderate.

From the Universities we pass to the other bodies that are empowered to give authority to practise,

THE ROYAL COLLEGE OF PHYSICIANS OF LONDON.

The Fellowship of this College is only attainable by election. No one can be proposed who is not a member of four years' standing.

THE MEMBERSHIP.—A person may become a Member of this College without holding a degree in Medicine, or indeed any other diploma. This is not very often done; for the Membership gives no right to the use of the title doctor, though some Members not possessed of a degree do so style themselves. This is, however, in direct violation of the rules of the College to which a member pledges himself on admission. The curriculum extends over four years.

Graduates in Medicine of any British University are admitted to an examination for the membership. Such graduates are exempt from some parts of the examination—*e.g.*, anatomy and physiology. Even foreign graduates of accredited Universities have no difficulty in being admitted to examination.

THE LICENCE.—This diploma authorises the holder to practise his Profession as a Licentiate of the College. Unless a graduate of some University, he is forbidden to use the title of doctor, but we regret to say many do so. At first it was regarded as a Medical diploma for the general practitioner, intended to supersede that of the Apothecaries' Company. The examination is conducted by specially appointed examiners, and is complete in the several departments.

Not quite five years ago we had to record the most important change that has ever occurred in reference to the qualifications of general practitioners. This licence of the London College of Physicians was then recognised by the Poor-Law Board as a qualification in surgery as well as medicine. Consequently, this single diploma is sufficient to enable any one to take a Poor-law appointment. Any one contented with the diploma of L.R.C.P. Lond., would thus have all he needed as a legal qualification.

It is to be supposed that the College will follow up its advantage, and protect all its Licentiates in the exercise of all branches of the Art of Healing.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

No Corporation has exercised so great an influence over the Profession in England as this. Without the M.R.C.S. it is not easy to obtain any English surgical appointment. In a parish appointment, its membership, though no longer essential, carries great weight. Hence, most English students intend to prepare themselves for this, which, together with a Medical qualification, suffices for every purpose of the general practitioner. The College has two grades, Member and Fellow. It also gives a diploma in Midwifery, but this is mostly confined to those who are already Members.

THE FELLOWSHIP.—Members of long standing can be admitted by election. As, however, this grade is also obtainable by examination, this is the more usual mode. Consulting surgeons mostly take the Fellowship by examination, though there are many hospital surgeons in London who have contented themselves with remaining Members.

A Member of the College of eight years' standing is admitted to examination on the production of a certificate of three Fellows, that he has been engaged for eight years in the practice of surgery, and is a fit and proper person to be admitted a Fellow.

THE MEMBERSHIP.—This diploma gives no vote in the affairs of the College. It is in effect only a licence to practise, and corresponds with the licentiateship of the Edinburgh and Dublin Colleges.

In future, candidates for the diploma will be examined in the practice of medicine, and also in the practical employment of splints, bandages, and other surgical appliances.

APOTHECARIES' SOCIETY OF LONDON.

The Licence of the Worshipful Society of Apothecaries is perhaps the most useful Medical diploma for the general practitioner in England. The monopoly enjoyed by this body for many years, in this respect, is not easily to be disturbed. The laws of many institutions require their Medical officers to hold this diploma, and these laws are not readily altered. Though other Medical qualifications are recognised by the Poor-law Board, there is no doubt that the guardians throughout the country—and they elect the Medical officers—are familiar with the diploma of the Apothecaries' Society, and it is to them more of a guarantee than other qualifications, of the value of which they are ignorant. The drawback to many a student is that, constrained by the Act of Parliament, the Society requires apprenticeship. This clause has, however, received a very liberal interpretation, and every pupil of a licentiate, who is certified to have served *after the manner* of an apprentice, is considered to have fulfilled the requirement. During this term he may also have carried on his hospital studies. Everyone, therefore, who can show this certificate, intending to settle in *England* as a general practitioner—even if he take other diplomas—would probably consult his own interest by becoming a Licentiate of the Apothecaries' Society; and as the fee is only six guineas, a very large number of young men will, we doubt not, secure this possible avenue to appointments.

HOSPITALS AND SCHOOLS OF MEDICINE IN LONDON.

In entering a School of Medicine, application is to be made to the Dean. In London the fees range from 80 to 100 guineas for the course of study required for the ordinary diplomas. The sum, if paid at once, is less than if paid in two or three instalments. From 40 to 50 guineas at the commencement of each of the two first years is an ordinary arrangement, the remainder being paid on entering the third winter. The amount of the

fees does not differ so much as to make it of importance in the selection of a school.

THE LONDON HOSPITAL AND COLLEGE.

The Medical College of the London Hospital has been greatly enlarged, and is now very complete, lectures and demonstrations being given in all the subjects required by the Medical examining boards. In the new buildings, a reading room and other accommodation has been provided for the students, the museum has been more than doubled in size, and a physiological and histological laboratory has been erected and amply furnished with microscopes and all the needful appliances for practical instruction and original research. Pathology is also systematically and practically taught in this school. The College, therefore, worthily supplements the great East End Hospital, which has long been famed as one of the finest fields for practical study. There are now a large number of scholarships and prizes of considerable value, but more important still to studious men, all the numerous appointments in the wards are open to pupils without extra payment, and it is almost impossible to exaggerate the value of the dresserships, clerkships, house surgeoncies, house physiciancies, and other residential positions in a hospital of the first magnitude, where the staff take great interest in the development of its educational resources.

Pathology is here taught in a systematic manner, and there is a well-fitted histological and physiological laboratory complete in all its arrangements.

ST. BARTHOLOMEW'S HOSPITAL.

The great city hospital has always attracted large numbers of students from all parts of the country, so that the school is very flourishing.

H.R.H. the Prince of Wales is the president of the hospital, which receives within its walls upwards of 5,000 in-patients annually, and its out-patients and casualties amount to more than 100,000 annually. It contains 650 beds, of which 403 are allotted to surgical, including ophthalmic, orthopaedic, aural, and syphilitic cases, and 247 to Medical cases and diseases of women and children. One of the assistant-physicians sees the Medical out-patients daily, between eleven and two; and one of the assistant-surgeons sees the surgical patients daily, between twelve and two.

Accommodation is provided for residence of students in the college connected with the institution, for which an entrance fee of 2*l.* 2*s.*, and a further payment of caution money, 3*l.* 3*s.*, is required. The cost of maintenance varies from 30*s.* to 38*s.* per week, payable in each term; and the term of residence is unlimited.

GUY'S HOSPITAL.

This old favourite borough school still attracts as many students as ever. The school has long been one of the most popular in the metropolis, and still keeps up its old renown. In special departments, Guy's is the most advanced. This hospital set the example of giving the appointments to its special departments to gentlemen not on the general staff.

Guy's is situated close to the London Bridge Railways. Hence great facilities for getting to any part of London or the country. It is quite practicable for students to reside a little distance down either of the lines that converge at this point, and thus enjoy the benefit of country air during their hospital career. For those who wish to live close to the hospital, there are many lodgings to be had at a moderate price.

ST. THOMAS'S HOSPITAL.

The opening of the new buildings on the Thames Embankment, and the strengthening of the professional staff, has given a new impetus to this school.

There is accommodation for residence and [free maintenance in the college-house for the two house-surgeons, resident accoucheurs, one dresser, one obstetric clerk, and assistant obstetric clerk, which appointments are awarded by competition. There are many prizes and scholarships.

UNIVERSITY COLLEGE AND HOSPITAL.

This is situated in a very central position, near the Gower Street station of the Underground Railway, affording facilities for gentlemen residing in many parts of London. The college gives instruction in every department of science, and specially prepares students for degrees in all the faculties at the University of London. There is, however, no theological faculty, the College, like the University with which it is in intimate connection, being founded on the non-sectarian principle. The

Medical faculty and the hospital are very complete, and flourishing as educational institutions. There is also a Faculty of Science. The University College School specially prepares boys to be ready at a proper age to enter the College.

KING'S COLLEGE.

This College gives instruction in all the faculties, and has a theological department. It was established by Church of England persons, in opposition to University College, which is a non-sectarian institution. King's, then, is the Church of England College. The College is situated close to Somerset House, having a frontage on the new Thames Embankment, within a few minutes' walk of a station on the Underground Railway. There is also a junior school in connection with this College, to prepare boys to enter the College at a proper age. The hospital is only a short distance from the College, and although small, the renown of its staff has always kept up its reputation, so that King's is one of the most popular of the Medical educational institutions in London.

CHARING CROSS HOSPITAL.

This hospital, though one of the smaller ones, derives from its situation great advantages. It is one of the most central positions in London, where there is constant communication with every part. In connection with it the practice of the Royal Western Ophthalmic Hospital close by, affords an excellent opportunity for the study of that branch of the Profession. Other special departments have been established, and the authorities seem to have the courage to establish them on a liberal basis, the hospital staff not monopolising these appointments.

ST. GEORGE'S HOSPITAL.

The chief advantage of this school, is its unrivalled position, at the corner of Hyde Park—perhaps the most salubrious part of the metropolis. Students can easily find lodgings within half an hour's pleasant walk. It is, perhaps, the most aristocratic of the London schools, and the present staff maintain their position as worthy successors of Hunter, Brodie, and other worthies who formerly taught in it.

MIDDLESEX HOSPITAL.

There is a special department for cancer cases affording accommodation for thirty-three in-patients, whose period of residence in the hospital is unlimited. Wards are also appropriated for the reception of cases of uterine disease and of syphilis, and beds are set apart for patients suffering from diseases of the eye.

Special attention is bestowed on the clinical instruction of the students both in the wards and out-patients' rooms. Three clinical prizes, including the governors' prize of twenty guineas, are annually awarded to those students who pass the most satisfactory examination at the bedside, and in the *post-mortem* room. Class prizes are also given, and six resident clinical appointments are annually awarded after competitive examination, to students who have completed their education and complied with the regulations of the school. The officers thus appointed reside and board in the hospital free of expense.

The college tutor assists all general students free of charge, especially those who are preparing for examination, and his daily instruction is arranged with a view to avoid the necessity of students obtaining any private teaching apart from that of the Medical school.

WESTMINSTER HOSPITAL.

This is near the Abbey and the Houses of Parliament, and will be found convenient for all in that neighbourhood. It is well appointed in every respect, and one of the most moderate in respect to fees. The whole course of study for the usual examinations may here be completed for seventy-five guineas, payable in instalments. The perpetual fee is only eighty guineas. Resident appointments, clerkships, and dresserships, are all conferred without extra payments. Suitable lodgings may be obtained in the neighbourhood, and at not more than a quarter of an hour's walk from the hospital.

ST. MARY'S HOSPITAL.

There is a Medical School in connection with this hospital, which is located at Paddington, in close proximity to the Great Western terminus. Students with slender purses will find the neighbourhood of the hospital a very moderate one as regards lodgings, and easy of access by omnibus and the Underground Railway to all parts of London. Three resident Medical officers are appointed for twelve months, and an

obstetric officer for six months, who board free of expense in the hospital. A resident registrar is also appointed from amongst the students, with a salary of 100*l.* a-year. These appointments are awarded after competition, without additional fee. There are several scholarships.

OTHER METROPOLITAN HOSPITALS AND INSTITUTIONS.

ROYAL SCHOOL OF MINES [GOVERNMENTAL].—During the twenty-second session (1872-73), which will commence on the 1st of October, courses of lectures and practical demonstrations will be given by the Professors. The fee for students desirous of becoming Associates is £30 in one sum on entrance, or two annual payments of £20, exclusive of the Laboratories. Pupils are received in the Chemical Laboratory, under the direction of Dr. Frankland, and in the Metallurgical Laboratory, under the direction of Dr. Percy. These Laboratories will be re-opened on the 1st of October. By order of the Lords of the Committee of Council on Education, the instruction in chemistry, physics, and natural history will be given in the new buildings, in the Exhibition Road, South Kensington.

ROYAL FREE HOSPITAL, Gray's-inn Road.—102 beds. Physicians: Dr. Hassall, Dr. O'Connor, Dr. Cockle, Dr. Rickards. Surgeons: Mr. Thomas H. Wakley, Mr. Victor de Méric, Mr. Alexander Marsden, Mr. Frederick Gant, F.R.C.S., Mr. John D. Hill, F.R.C.S. Dentist: Mr. Hasler Harris.

GREAT NORTHERN HOSPITAL, Caledonian Road, N.—Physicians: Dr. Leard, Dr. Hardinge, Dr. Cholmeley, Dr. F. C. Webb, Dr. Jephson, Dr. Cruicknell. Surgeons: Mr. Gay, Mr. W. Adams, Mr. T. Carr Jackson, Mr. Spencer Watson, Mr. Osman Vincent, Mr. J. A. Bloxam. Obstetric Physician: Dr. Murray. Diseases of the Eye: Mj. B. J. Vernon. Aural G. C. P. Surgeon: Mr. Harvey.

WEST LONDON HOSPITAL, Hammersmith, W.—68 beds. Consulting Physicians: Drs. H. Bence Jones and W. O. Priestley. Consulting Surgeons: Messrs. S. A. Lane, F.R.C.S., and W. Bird, F.R.C.S. Physicians: Drs. Goddard Rogers, H. Maudsley, and A. Wiltshire. Surgeons: Messrs. W. F. Teevan, F.R.C.S., and Alfred Cooper, F.R.C.S. Junior Physicians: Drs. Thorowgood and F. Simms. Junior Surgeons: Messrs. J. A. Bloxam and H. T. Butlin. Secretary and Superintendent: Mr. T. Alexander.

NORTH LONDON HOSPITAL FOR CONSUMPTION, London and Hampstead.—52 beds. Consulting Physicians: Drs. Routh and Fuller. Consulting Surgeons: Sir W. Fergusson, Bart., and Mr. H. Smith. Physicians: Drs. Timms, Johnson, Dudley, Drysdale, Prosser James, Gosset Brown, and Lomas.

HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, Brompton.—Physicians: Dr. R. P. Cotton, Dr. R. Quain, Dr. J. E. Pollock, Dr. E. S. Thompson, Dr. C. T. Williams. Assistant-Physicians: Dr. R. D. Powell, Dr. J. Tatham, Dr. R. Thompson, Dr. Burney Yeo, Dr. F. Roberts.

CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST, Victoria Park. Office: 24 Finsbury Circus, E.C.—Physicians: Drs. Peacock, J. Risdon Bennett, Birkett, Ward, and Andrew. Consulting Surgeon: Mr. J. Hilton. Assistant-Physicians: Drs. Thorowgood, Sutton, Shepherd, Baumler, Smith, and Corfield.

ROYAL HOSPITAL FOR DISEASES OF THE CHEST, City Road, E.C.—Established 1814. 12 beds. Consulting Physicians: Drs. C. J. Fox and Herbert Davis. Physicians: Drs. Horace Dobell, H. H. Cruicknell, G. Goddard Rogers, A. E. Sansom, and P. J. Hensley. Consulting-Surgeon: Mr. J. Adams. Surgeon: Mr. Alfred Cooper.

HOSPITAL FOR DISEASES OF THE THROAT, Golden Square, W.—Consulting Physicians: Dr. Billing and Sir W. Jenner, Bart., M.D. Consulting Surgeon: Sir W. Fergusson, Bart. Physicians: Drs. Morell Mackenzie, Semple, and Prosser James.

NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC, 23 and 24 Queen Square, Bloomsbury.—Physicians: Drs. Ramskill, Radcliffe, Hughlings Jackson, and Buzzard. Assistant-Physicians: Drs. H. Charlton Bastian, Elam, and Maclure. Medical Superintendent: Dr. Herbert Tibbits.

ROYAL ORTHOPÆDIC HOSPITAL, 315 Oxford Street.—Surgeons: Messrs. B. E. Brodhurst and J. D. Hill. Secretary: Mr. Maskell. Operations on Thursdays at 2 p.m. The hospital is open to all legally qualified practitioners.

ROYAL LONDON OPHTHALMIC HOSPITAL, Bloomfield Street, Moorfields, E.C.—Founded 1804. 100 beds. Consulting Physician: Dr. F. J. Farris. Consulting Surgeon: Mr. J. Dixon. Surgeons: Messrs. Critchett, Bowman, Wordsworth, Streetfield, J. W. Hulke, G. Lawson, and J. Hutchinson. Assistant-Surgeons: Messrs. J. Couper and J. Soelberg Wells, M.D. House-Surgeon: Mr. F. Ewbank.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL, Charing Cross.—Fee for attendance on the practice and lectures: Three months,

£3 3*s.*; perpetual, £55*s.* The office of house-surgeon is open for competition to students attending the hospital. Operations daily at 2 p.m.

LONDON SCHOOL OF DENTAL SURGERY, 32 Soho Square.—Lectures are delivered in winter on Mechanical Dentistry, by Mr. James S. Turner, M.R.C.S., L.D.S., on Wednesdays, at 7 p.m.; on Metallurgy in its application to Dental Purposes, by Mr. G. M. Makins, M.R.C.S., on Fridays, at 6.30 p.m. In summer, Mr. S. H. Cartwright, M.R.C.S., L.D.S., lectures on Dental Surgery and Pathology; and Mr. C. S. Tomes, M.R.C.S., L.D.S., on Dental Anatomy and Physiology (Human and Comparative). General fee for special lectures required for the curriculum, £15 15*s.*

DENTAL HOSPITAL OF LONDON (in connection with the above).—Surgeons: Messrs. Fox, Underwood, Gregson, Coleman, Harding, and Hill. Assistant-Surgeons: Messrs. Moon, Medwin, Tomes, Lane, Bartlett, and S. H. Cartwright. Dental House-Surgeon: Mr. R. Hepburn, jun. Fee for two years' hospital practice required by the curriculum, £15 15*s.*

HOSPITAL FOR DISEASES OF THE SKIN, 55 Great Marlborough Street, W.—Surgeon: A. J. Balmanno Squire, M.B.

HOSPITAL FOR DISEASES OF THE SKIN, 25 New Bridge Street, E.C.

NATIONAL INSTITUTION FOR DISEASES OF THE SKIN, Gray's-inn Road.

ST. JOHN'S HOSPITAL FOR SKIN DISEASES, 45 Leicester Square, W.C.—Surgeon: J. L. Milton, M.R.C.S. Physician: Dr. R. Locke Johnson.

LOCK HOSPITAL AND ASYLUM: FEMALE, Westbourne Grove, Paddington. MALE, 91 Dean Street, Soho, W.

SEAMEN'S HOSPITAL (late *Dreadnought*), Greenwich, S.E.—Physicians: Drs. Stephen H. Ward and Reginald Thompson. Senior Medical Officer: Mr. Harry Leach. Surgeon: Mr. W. Johnson Smith. House-Physician, Dr. Lyell. House-Surgeon: Dr. O'Farrell.

HOSPITAL FOR WOMEN, Soho Square.—Established 1842. 68 beds. Physicians: Dr. Protheroe Smith, Dr. Alfred Meadows, Dr. Heywood Smith. Surgeons: Mr. John Scott, Mr. Christopher Heath. Assistant-Physicians: Dr. Arthur W. Edis, Dr. Squarey. Operations: Saturday mornings, 9.30. Third-year's men and Practitioners may attend the practice and operations by presenting their card.

BRITISH LYING-IN HOSPITAL, Endell Street, W.C.—Physicians: Drs. Heywood Smith, Arthur Edis, and Wiltshire. This institution receives women only as midwifery pupils.

THE HOSPITAL FOR SICK CHILDREN, Great Ormond Street.—Physicians: Drs. West and Dickinson. Assistant-Physicians: Drs. Gee, W. B. Cheadle, J. J. Phillips, John Murray, and R. J. Lee. Surgeons: Messrs. T. Smith, F. Howard Marsh, and Mr. J. W. Haward.

BELGRAVE HOSPITAL FOR CHILDREN, 1 Cumberland Street, S.W.—16 beds. Physicians: Drs. Anstie and Hope. Surgeon: Messrs. Brodhurst and Pick.

EVELINA HOSPITAL FOR SICK CHILDREN, Southwark-bridge Road.—Founded and endowed in 1869, by Baron Ferdinand de Rothschild. 100 beds. Physicians: Drs. C. Hilton Fagg, C. Kelly, E. B. Baxter, and F. Taylor. Surgeons: Messrs. Morratt Baker and H. G. House. Resident Medical Officer: James B. Ball, M.B. Lond.

THE LADIES' MEDICAL COLLEGE.—Established by the Female Medical Society for Teaching Educated Women the Theory and Practice of Midwifery and the accessory branches of Medicine. Details may be obtained by letter from the Lady Secretary, 164 Great Portland Street.

PHARMACEUTICAL SOCIETY OF GREAT BRITAIN, Bloomsbury Square, London, W. C.—School of Pharmacy. The session will commence October 1st, and extend to the end of July. Lectures on Chemistry and Pharmacy will be delivered by Professor Redwood on Monday, Tuesday, and Wednesday, at 9 a.m. Also lectures on Botany and Materia Medica, by Professor Bentley: the first and second parts of this course will be delivered at 17 Bloomsbury Square, on Friday and Saturday, at 9 a.m.; the third part of the course, on Systematic Botany, will be delivered at the Royal Botanic Gardens, Regent's Park, on Friday and Saturday, at 9 a.m. The Laboratory, under the direction of Professor Atfield, is open from 10 a.m. to 5 p.m. daily, excepting Saturdays, when it is open from 10 a.m. to 2 p.m. Students may enter at any period during the session.

SOUTH LONDON SCHOOL OF CHEMISTRY AND PHARMACY, 231 and 285 Kennington Road, S.E.—Director, Dr. Muter. Classics, Mathematics, Chemistry, Physics, Botany, Materia Medica, and Pharmacy are all taught.

ROYAL VETERINARY COLLEGE, Great College Street, Camden Town.—The lectures will commence at this institution on Tuesday, the 1st of October. The anatomy, physiology, and pathology of the horse and other domesticated animals are regularly and scientifically taught in the institution. The late Professor Spooner's chair has been worthily filled by Professor Simonds. Perpetual fee to all the lectures, with Infirmary practice and anatomical demonstrations daily, twenty-five guineas. Matriculation fee, one guinea.

ENGLISH PROVINCIAL MEDICAL SCHOOLS.

UNIVERSITY OF DURHAM COLLEGE OF MEDICINE, NEWCASTLE-ON-TYNE.—The winter session will commence on Tuesday, October 1st, at 2 p.m., when the Very Reverend the Dean of Durham, Warden of the University, will present the Dickinson Scholarship, the Medals, Certificates of Honour, &c., to the successful Candidates.

Fees for Lectures.—Fee for all the Lectures, except the course of Practical Pharmacy, 50 guineas.

Medical Scholarship in the University of Durham.—A Medical Scholarship, of the annual value of £25, will be awarded after examination, commencing on Tuesday, October 8th, 1879, and open to all Candidates who have been duly registered at Durham as Students in Medicine.

The Scholarship is tenable for four years by a Student pursuing his Medical studies at Newcastle, and not of sufficient standing to proceed to a Licence in Medicine.

Dickinson Memorial Scholarship.—The friends of the late John Dickinson, M.B., Durham, who was Medical Officer to the Universities' Mission to Central Africa, in 1866, desirous of testifying their admiration for his character, and their sorrow at his untimely death, subscribed a sum of money, the annual interest of which, amounting to £15, is awarded annually, as "The Dickinson Memorial Scholarship."

LEEDS SCHOOL OF MEDICINE.—*Lecturers in the School:* Anatomy, James Seaton, L.R.C.S., Robert T. Land, M.D., M.R.C.S., John A. Nunneley, M.B., M.R.C.S. Physiology (including Practical Physiology), C. J. Wright, M.R.C.S., James Walker, M.R.C.S. Medicine, John D. Heaton, M.D., F.R.C.P., T. C. Allbutt, M.A., M.D., F.L.S. Morbid Anatomy, John E. Eddison, M.D. Surgery (including the Practical Course), Claudius G. Wheelhouse, F.R.C.S., T. Pridgin Teale, M.A., F.R.C.S., T. R. Jessop, F.R.C.S. Mental Diseases, J. Crichton Browne, M.D., F.R.S.E. Chemistry, J. Chapman Wilson, F.C.S. Materia Medica, John E. Eddison, M.D. Midwifery, W. Hall, M.R.C.S. Forensic Medicine, Thomas Scattergood, M.R.C.S. Botany, Edward Atkinson, F.L.S. Comparative Anatomy, C. G. Wheelhouse, F.R.C.S., T. C. Allbutt, M.A., M.D., F.L.S. Demonstrations of Anatomy, R. P. Oglesby, M.R.C.S., Edmund Robinson, M.R.C.S.

The Composition fee, for attendance upon all the required courses of School Lectures is 44 guineas, and may be paid at once or in two instalments at the commencement of the first and second Winter Sessions.

The fee for the Comparative Anatomy course is not included in the Composition fee.

Entrance fee to Library and Reading Room, £1 1s., to be paid by all Students on entrance.

Practical Physiology.—In accordance with the regulations of the Royal College of Surgeons, this course is carried out in conjunction with the Lectures on Physiology. It consists mainly of a series of Microscopical Demonstrations of Animal Structures, in which every member of the class is enabled to familiarize himself with the practical use of the microscope and the manipulations necessary for preparing specimens for examination.

A limited number of microscopes is provided. It is, however, very desirable that every student should possess an instrument of his own.

The Large Laboratory is devoted to the use of Students, and has sufficient space for 28 or 30 Students to work at one time. Each table is supplied with drawers and closet, gas, water, sink, and separate frames of re-agents.

General Chemical Students.—The Laboratories are open daily, under the direction of Mr. Wilson, for the instruction of General Students in Chemical Manipulation, Technical Chemistry, and all branches of analysis; and also for the use of gentlemen wishing to pursue special chemical researches.

West Riding Lunatic Asylum, Wakefield.—Dr. J. Crichton Browne, F.R.S.E., the Medical Director of the West Riding Lunatic Asylum, lectures on Mental Diseases during the Summer Session. The Systematic Lectures are given at the School, and the Clinical Lectures at the Asylum, which now accommodates 1,500 patients. It is needless to point out how great and unusual an advantage is here presented to those inclined to make themselves conversant with the improvement made of late years in the treatment and management of the insane.

The Leeds Fever Hospital.—Much valuable experience

in the diagnosis and treatment of fevers is to be gained in this Hospital, which is capable of receiving 80 patients.

BRISTOL SCHOOL OF MEDICINE.—The Winter Session will commence on Tuesday, October 1st, 1879.

The present building was completed and occupied in 1858, and is furnished with many modern improvements. It contains 140 beds, in addition to which the out-patient department affords a large and instructive field of observation. The number of patients treated during the past year was 15,127.

Guthrie Scholarship.—A Medical Scholarship of £15, founded by the late Rev. Canon Guthrie, is awarded annually to the most diligent Student attending the Medical Practice of the Hospital.

Clarke Scholarship.—A Surgical Scholarship of £15, founded by H. M. Clarke, Esq., of London, is awarded annually to the most diligent Student attending the Surgical Practice of the Hospital.

Sanders Scholarships.—A Scholarship, founded by the late John Naish Sanders, Esq., and consisting of the interest of £500, is awarded annually to the most proficient Student in Medicine and Surgery. Two of these Scholarships will be offered for competition in 1879.

Obstetric Medicine.—Dr. Swayne attends on Mondays and Thursdays, at half-past two o'clock, to see patients affected with uterine diseases.

Dental Surgery.—Mr. Parson attends on Mondays and Thursdays, at nine o'clock, and will give instruction in Dental Surgery.

Morbid Anatomy.—The *Post-mortem* Examinations are conducted, and Pathological Demonstrations given, by each Medical Officer at two o'clock. The Museum contains numerous interesting and instructive specimens.

MANCHESTER ROYAL SCHOOL OF MEDICINE, incorporated with the Owens College.—Connected with this school are Museums of Human and Comparative Anatomy and Materia Medica, and a Chemical Laboratory. The Winter Session will open on the 1st October, and attendance will be given daily from 12 till 2, at the Medical School, 10 Faulkner street, up to the 14th October, for Registration. Three Scholarships of the value respectively of £20, £15, and £10 are open annually to the competition of perpetual students; and Prizes for general proficiency, and Certificates of Honour for regular attendance and good conduct are awarded at the end of each Session. A Composition fee of 40 guineas admits to the whole of the Lectures, and a further Composition fee of 40 guineas to the Hospital Practice of the Royal Infirmary. Prospectuses may be obtained from the Registrar at the College.

SHEFFIELD SCHOOL OF MEDICINE.—The Introductory Address will be delivered by T. H. Morton, Esq., and the prizes distributed on October 1st.

SHEFFIELD GENERAL INFIRMARY.—Physicians, Dr. de Bartolomé, Dr. Law, and Dr. Frank-Smith. Surgeons, Mr. Barber, Mr. Favel, and Mr. Parker, F.R.C.S.

The Infirmary contains 160 beds for in-patients. Shortly to be increased to 200. The new wards are now nearly completed, and will be opened in the course of the year. A new museum and pathological theatre will be added immediately.

The fees for perpetual attendance at the Infirmary are £15 15s. for Medical, £21 for surgical practice.

UNIVERSITY OF CAMBRIDGE.—*Faculty of Medicine.*—The following lectures will be delivered in the Course of the Academic year:—Experimental Physics, Prof. Maxwell. Chemistry, Prof. Living. Practical Chemistry, Prof. Living and Dr. Hicks. Anatomy and Physiology, Prof. Humphry. Practical Anatomy, Prof. Humphry and Dr. Wilson. Practical Physiology, Dr. Michael Foster. Zoology and Comparative Anatomy, Prof. Newton. Botany, Prof. Babington. Materia Medica, Prof. Fisher or Dr. Latham. Pathology, Dr. Bradbury. Medicine, Prof. Paget, M.D. Clinical Medicine, Drs. Paget, Latham, and Bradbury. Clinical Surgery, Mr. Lestourgeon, Dr. Humphry, and Mr. Carver.

ADDENBROOKE'S HOSPITAL, CAMBRIDGE.—Clinical Lectures in Medicine and Surgery in connection with the Cambridge Medical School, are delivered at this hospital twice a week during the academic year; and practical instruction in medicine and surgery, in the wards, is given by the physicians and surgeons daily, during the vacations, as well as term time.

QUEEN'S COLLEGE, BIRMINGHAM.—Two Warneford Scholarships and the Sands Cox Prize, value £20, are awarded annually after examination. The Warden's Prize, value £5 5s., is awarded annually to the most proficient student of the first year. The Percy Prize is awarded for proficiency in German, and class prizes and certificates of honour are given in each class after examination. Students may reside within the College, where they will be provided with rooms and board, and be under the supervision of the warden and resident tutors. Fee £50 per annum. In the Arts Department, junior students are prepared for any of the preliminary examinations of the licensing boards. The University of London holds an annual matriculation examination within the walls of the College in the month of June, for students residing in Birmingham and the neighbourhood. Hospital practice may be attended at either the General Hospital or the Queen's Hospital, which are equidistant from the College.

GENERAL HOSPITAL, BIRMINGHAM.—Physicians: Dr. Bell Fletcher, Dr. Russell, Dr. Wade, Dr. Foster. Surgeons: Mr. Baker, Mr. Pemberton, Mr. Bartleet, Mr. Goodall, and Mr. Jolly. Fees, Medical and Surgical practice, six months, £10 10s.; one year, £15 15s.; perpetual, £31 10s. Clinical lectures are delivered by the physicians and surgeons every week during the session. Special clinical courses, with demonstrations, will also be given on the following subjects—viz., diseases of women, stethoscopy, laryngoscopy, ophthalmoscopy, dermatology, bandaging, and minor surgery, and clinical microscopy. The following resident appointments, with board, lodging, and washing, are filled up from amongst the students, without extra fee—viz., resident Medical assistant, tenable for twelve months; resident surgical assistant, tenable for twelve months; two resident dresserships, tenable for six months. Extern clerks and dressers are also appointed without extra fee. Prizes in books or money (at the discretion of the Medical Board) to the value of £25 are given annually.

THE QUEEN'S HOSPITAL, BIRMINGHAM.—Incorporated by a special Act of Parliament as a clinical hospital.

The wards are visited daily, and clinical lectures and instruction are delivered by the physicians and surgeons. There are special lectures and demonstrations on diseases of the skin, diseases of women and children, orthopedic surgery, venereal diseases, bandaging, and the application of surgical apparatus.

Clinical prizes of the value of £31 are awarded annually. Composition fee for the Medical and surgical practice, £31 10s.; one year's attendance, £15 15s.; six months' attendance, £10 10s.; special department for midwifery and diseases of women, £2 2s.; dental fee, optional, £1 1s.

LIVERPOOL ROYAL INFIRMARY SCHOOL OF MEDICINE.—Four Exhibitions, value £31 10s. each, consisting of free board and residence in the Royal Infirmary for six months, with dresserships, on award of the Medical Board. Six dressers and six clinical clerks are elected quarterly. Pupils of the infirmary are admitted to learn pharmacy in the dispensing department for six months. The surgeons of the infirmary will award, in May, 1873, a prize of the value of £5, for the best report of twelve surgical cases occurring in the infirmary.

Fees.—For six months' Medical practice, five guineas; twelve months, six guineas; surgical, six guineas for six months, eight guineas for twelve months (this includes admission to the practice of the Lock Hospital adjoining the infirmary); perpetual Medical and surgical practice, thirty-two guineas.

The hospital contains 300 beds, including wards, with 40 beds, for the treatment of diseases of women.

LIVERPOOL NORTHERN HOSPITAL.—146 beds. A special ward for the diseases and accidents of children. Clinical lectures are regularly delivered by the physicians and surgeons during the winter and summer sessions. Instruction in morbid anatomy is given by the Medical staff. A class will be formed for instruction in bandaging and the minor operations of surgery. Clinical clerkships and dresserships are open to all the students, without additional fee. Clinical prizes will be awarded at the termination of the winter session.

Fees for Hospital Practice and Clinical Lectures.—Perpetual, twenty-five guineas; one year, ten guineas; six months, seven guineas; three months, four guineas.

One resident pupil received; fee, sixty guineas per annum. Attendance on the practice of this hospital qualifies for all the examining boards.

LIVERPOOL SOUTHERN HOSPITAL.—200 beds. Clinical Lectures, with special instruction in the employment of Medical and Surgical Instruments, in Bandaging, and in Minor Surgery, are regularly given during winter and summer sessions. Accommodation for resident pupils. The lectures and practice are recognised by all the Examining Boards.

Fees for Practice and Lectures.—Perpetual, twenty-five guineas; one year, ten guineas; six months, seven guineas; three months, four guineas.

For further particulars, apply to the house-surgeons.

COLLEGE OF PHYSICAL SCIENCE, NEWCASTLE-ON-TYNE.—A new building has been erected in Newcastle-on-Tyne for the teaching of physical science the first of the kind in this kingdom. The names of the professors are as follows:—Professor W. S. Aldis, M.A., will teach Mathematics; Professor A. S. Herschell, B.A., F.R.A.S. Experimental Physics; Professor A. Freire-Marreco, M.A., Chemistry; Professor David Page, LL.D., Geology. Various exhibitions and scholarships will be awarded at the close of the session.

It is proposed to found also a Chair of Natural History in connexion with this College as soon as funds will permit.

WOLVERHAMPTON AND SOUTH STAFFORDSHIRE GENERAL HOSPITAL.—200 beds.—The practice of the hospital is very extensive and varied; the number of cases annually treated being large and important. Practical instruction in surgery to first-year's students, and dresserships for students after two years' professional education, both in accordance with the Royal College of Surgeons of England, may be obtained at this hospital; also clinical clerkships.

SCOTTISH INSTITUTIONS.

The fees for degrees in all four of the Scottish Universities are uniform—viz.: M.B., £15 15s. (being £5 5s. at each of the three examinations); C.M., £5 2s. (in addition to the fees of M.B.); M.D., £5 5s. (in addition to the fees for M.B.); and £10 3s. for Government stamp.

University of Edinburgh.—This is a teaching as well as a qualifying body, and the other facilities are as complete as that of medicine. The University confers the degree of M.D., and M.B., as well as that of C.M., and so affords its graduates the opportunity of obtaining, at the same time, a surgical, in addition to the Medical diploma. The C.M. is not conferred on any one who does not take at the same time the M.B. For the degrees of M.B. and C.M., four years of professional study must be completed after passing a preliminary examination recognised by the Medical Council. A Degree in Arts in any British University exempts from the preliminary examination. Of these four years, one must be passed in the University of Edinburgh, and one other either in that or some other University entitled to confer the degree of M.D.

The University recognises the course of lectures of extra-academical teachers in Edinburgh, subject to certain regulations.

University of St. Andrew's.—This University confers the degree of Master in Surgery (C.M.), as well as the degrees of Bachelor and Doctor of Medicine. For many years the University did not require residence, and large numbers of Medical men resorted to it in order to obtain the Doctorship by examination only. In this the University closely assimilated itself to the University of London, which is exclusively an examining body. The large number of practitioners who obtained the degree after an examination extending over three or four days, attests the wisdom of a policy which was almost reversed by the University Commissioners. Only ten persons per annum can now obtain the St. Andrew's Degree without residence. There are not a few of the old graduates who look upon this policy as retrograde and illiberal. The University of London maintain its position without requiring academical residence, and no one can doubt that the University of St. Andrew's might have pursued the same course with great success, and by so doing conferred a benefit on the Profession. Those who have not now fulfilled their course in a University must either go to the University of London or forego a degree. The London University compels matriculation before commencing hospital study. Only a relaxation of this rule can secure to all who desire it the opportunity of being examined for a degree.

University of Aberdeen.—This is a large teaching body, as well as one entitled to confer degrees in all the faculties. The curriculum required for Medical degrees is the same as that of the University of Edinburgh. Thus, four years of professional study, after passing a preliminary examination, is essential. One year must be passed at Aberdeen. The lectures qualifying for this and other examining bodies are delivered by the Professors in the University.

University of Glasgow.—This is a large teaching as well as examining body. The same degrees are conferred as in the Universities of Edinburgh and St. Andrew's. The course of study and regulations to be observed by candidates are the same as those of the University of Edinburgh, one year's compulsory residence at the University of Glasgow being required instead of at Edinburgh. The examinations are conducted by the Professors of medicine, together with the three Assessors appointed by the University Court. The lectures qualifying for the degrees are delivered by the Professors in the University, and the hospital practice is attended at the Glasgow Royal Infirmary.

Royal College of Physicians of Edinburgh.—This, like its London sister, is exclusively a licensing body, though, since the arrangement for the double qualification has been carried out, it may possess some additional control over the teaching at Surgeons' Hall. By this arrangement students who have filled the prescribed curriculum may pass the joint examination of this College and the Royal College of Surgeons, and obtain the two diplomas. They can thus at once register both a Medical and surgical qualification.

The Fellowship is conferred only by election, and no one can be ballotted for until he has been a member for one year.

The Membership is conferred on licentiates of a College of Physicians, or graduates of a University, who are twenty-four years of age, and satisfy the College of their knowledge of Medical and general science.

THE LICENCE.—The regulations are nearly the same as those for the Joint Examination for the Scotch Double Qualification.

Royal College of Surgeons of Edinburgh.—The Fellowship is conferred only on persons who have obtained a diploma from this or one of the Colleges of Surgeons of England or Ireland, or the Faculty of Physicians and Surgeons of Glasgow, and who are twenty-five years of age. At the election, three-fourths of the votes are required to be in the candidate's favour, and he has to promise to maintain the privileges of the College and obey its laws. Fellows are forbidden to keep open shops, to be connected with secret remedies, or to suffer their names to be used in indelicate advertisements or publications.

THE LICENCE.—The regulations are nearly the same as those for the Joint Examinations, conducted by the Colleges of Physicians and Surgeons.

Faculty of Physicians and Surgeons of Glasgow.—This body has similar powers to those of the Royal College of Surgeons of Edinburgh, and its regulations for Licence and Fellowship correspond. It has also the same arrangement with the Edinburgh College of Physicians for a double diploma.

The Scotch Double Qualification.—As already stated, the Royal College of Physicians of Edinburgh has made arrangements with the Royal College of Surgeons of Edinburgh, and the Faculty of Physicians and Surgeons of Glasgow, by which, after one series of examinations, the successful candidate receives two diplomas, and is thus able to register a Medical and a surgical qualification under the Medical Act, thus:—

Lic. Roy. Coll. of Phys. Ed., and Lic. R. C. S. Edin., or Lic. R. Coll. of Phys. Ed., and L. Fac. Phys. and Surg. Glas., as the case may be.

The principle on which the joint examinations are conducted is a simple compromise by which the College of Physicians takes exclusive charge of the examination in medicine; the College of Surgeons or the Glasgow Faculty, as the case may be, of the examination in surgery; while the examination in subjects common to both medicine and surgery is conducted by a Board, in which each of the bodies is represented.

It is proper to state that such arrangements as these were contemplated by the Medical Act and authorized by Section XIX., while those under consideration were sanctioned by the Medical Council on the 7th August, 1859.

Candidates for the double qualification having fulfilled the prescribed curriculum are subjected to two professional exami-

nations. The preliminary examination for future students must be passed before commencing professional study, and in other respects be in accordance with the recommendations of the Medical Council.

Anderson's University, Glasgow.—This is exclusively a teaching body. It offers excellent opportunities for acquiring a complete Medical education, and the expenses are very much below those of any other institution. The fame of Glasgow as a place for clinical instruction has long been known, and this school affords the means of dissection, and the pursuit of other practical knowledge throughout the year. Hospital practice is attended at the Glasgow Royal Infirmary.

Edinburgh Royal Veterinary College.—This highly useful Institution, established so long back as 1823 by Professor Diok, is now under the Principalship of Professor W. Williams, F.R.S.E., author of the new and comprehensive treatise on *The Principles and Practice of Veterinary Surgery*. The present year is the jubilee of the College, and its fiftieth session will be opened on Wednesday, October 30th, with an Introductory Lecture by Professor Dewar. For fees, &c., apply to Professor Williams at the College.

GENERAL FEE FOR ALL LECTURES AND HOSPITAL PRACTICE REQUIRED FOR THE USUAL DIPLOMAS.

LONDON.		£	s.	d.
St. Bartholomew's (£31 10s. and £36 15s.)	.. .. .	110	5	0
Charing Cross (in three yearly instalments of £38 15s., £31 10s., and £14 14s., in the case of Matriculated Students a deduction of 8 per cent.)	.. .. .	83	19	0
St. George's Hospital (£10 10s.)	.. .. .	94	10	0
Guy's Hospital (£10)	.. .. .	100	0	0
King's College (in one sum)	.. .. .	100	0	0
.. .. . (in instalments of £53 10s., £42, and £10 10s.)	.. .. .	105	0	0
London Hospital (in two instalments)	.. .. .	90	0	0
St. Mary's (in one sum)	.. .. .	84	4	0
.. .. . (in instalments by arrangement with the Dean)	.. .. .	84	5	0
Middlesex, unlimited (or in yearly instalments of £35, £35, and £20, and £10 each succeeding year)	.. .. .	90	0	0
St. Thomas's (in yearly instalments)	.. .. .	105	0	0
University College (payable in yearly instalments)	.. .. .	102	12	0
Westminster (in one sum)	.. .. .	70	0	0
.. .. . (in yearly instalment)	.. .. .	75	0	0

THE PROVINCES.

Birmingham—Queen's College and Hospital	.. .. .	84	0	0
Birmingham—Queen's College and General Hospital	.. .. .	84	0	0
Bristol Medical School and Bristol Royal Infirmary	.. .. .	103	15	0
Bristol Medical School and Bristol General Hospital	.. .. .	92	10	0
Leeds Medical School and Infirmary (in two yearly instalments)	.. .. .	86	2	0
Liverpool Royal Infirmary School (Lectures only)	.. .. .	42	0	0
Liverpool Royal Infirmary School and Northern Hospital	.. .. .	88	5	0
Manchester Medical School and Infirmary	.. .. .	64	0	0
Newcastle School and Infirmary (in one payment)	.. .. .	64	1	0
Sheffield Medical School and Infirmary	.. .. .	73	15	0

MEDICAL EDUCATION IN IRELAND.

THE CAREER OF THE IRISH STUDENT.

THE practice of the Profession in Ireland, though not nearly as remunerative as in England, still affords a certain prospect to any Medical man who is content with modest independence. Irish Medical men pride themselves on holding a higher social position than the English general Medical practitioner. They are entitled to meet the gentry of their locality on terms of equality, and it is not necessary or usual for them to endanger their prestige by the adoption of the trading or Christmas bill system which obtains elsewhere. In fact, what they lose in income they gain in rank.

In order to put the career of the Irish Student as plainly as possible, we narrate the progress of an ideal person, from the day on which he takes his first step towards medicine to the hour of his issue from the cocoon of his studentship, a fully-developed surgeon.

The parents and guardians of Master Robert Sawyer have, after much discussion, decided that he shall be a doctor. He has had a moderate amount of schooling, at least the very moderate amount which is essential for the Medical prelimi-

mary examinations, and his father is ready to expend about £130 on his Medical education, that sum being divided over four years, or paid down in order to secure the advantage of a considerable saving.

THE CHOICE OF UNIVERSITIES AND COLLEGES

will depend on various circumstances, and on the aspirations of Master Sawyer. If he's intended to make a fortune and enlighten his generation as a metropolitan practitioner, and if money and education are plenty, he will probably take University degrees in Arts and in his profession. If the attainment of good professional rank on moderate terms be desired, the College of Surgeons and College of Physicians will serve every purpose. For University Degrees it is to be remembered the student must undertake the prolonged study of classics and science, in addition to his Medical, Surgical, and Anatomical studies, and he will have to pay a considerable sum for this course of teaching, and, in the case of the Queen's University, to live for a certain period at the College where he studies. But if he is content to face the expense and labour he will enter the Profession with all the prestige of an educated gentleman. In fact, the question whether he will or will not lay out for himself a University graduation in Arts and Medicine depends principally on whether he has money and time to give to it, and whether or not he means to practice in the Metropolis. The Queen's University places at the disposal of the student a cheap University Degree, and thereby attracts many applicants, but it is burthened by the necessity for the residence of the student for a time at Galway, Cork, or Belfast, and, in the question of prestige, can hardly pretend to compete with the time-revered University of Dublin.

The Colleges of Surgeons and Physicians of Ireland confer qualifications which may stand well beside any in the United Kingdom, and as they do not require either residence or anything more than a single Arts examination, they continue to be the licensing bodies for the rank and file of the Profession in Ireland. If a student contemplates provincial practice—the Army or Navy—or a dispensary, he will most probably take the usual licenses from the two Colleges.

THE CHOICE OF SCHOOLS.

It must not be supposed that a student who intends taking a degree or diploma in any College must take his lectures in the school attached to that College, if there be one. On the contrary, with few exceptions, all certificates of attendance on lectures are interchangeable, and a student, no matter what Medical school he may have studied in, will be admitted to any University or College. To this rule there are some exceptions. The University of Dublin does not admit any candidate who has not taken one year or annus medicus in their School, and the Queen's University insists on certain courses being attended in one of the Queen's Colleges.

There is in some cases a sort of semi-official connexion between certain Colleges and Hospitals, as between Trinity College and Sir Patrick Dun's, between the College of Surgeons and City of Dublin Hospital, and between the Catholic University and Mater Misericordiæ Hospital; but this connexion only exists because the Professors of the College are in many instances officers of the Hospital, and it confers no special immunity or privilege on the student of such Hospital.

The choice of a School, Hospital, and College having been made, Master—now *Mister*—Sawyer is perhaps sent to those to pass his

PRELIMINARY EXAMINATION

in general education, but if he be either lazy or ignorant, he may adjourn that unpleasant process, *de die in diem*, until the eve of his final qualification as a Surgeon, when, if he does so, he will find himself in possession of a mental muddle of latin and physic. The preliminary examination is, however, not to be feared.

We strenuously advise the parents of the student to insist on his passing his preliminary education before he enters a Medical school or hospital, and thus the student will relieve his mind of the apprehension of a future examination, which he will assuredly put off to the last moment if he can.

The preliminary examination (of the subjects of which details will be found in the official regulations of each College) having been passed or postponed, Mr. Sawyer comes to town to begin work.

He may do so either (1) on his own account, or (2) he may become voluntarily a pupil of some Medical man, usually a teacher or hospital surgeon, who can assist him in his studential course. This is by no means a requirement of any of the Colleges; it is purely a matter of option. Should the student pursue the first course, he usually comes to town, takes a lodging close to his School and Hospital, either by himself or in companionship with some *chum*, and either arranges to maintain himself or to board with his landlady. There is, of course, every degree of expense and comfort, but we should say that reasonable yet frugal living may be had in Dublin at about 10s. per week for lodging, and £5 to £6 per month for maintenance.

We would here, as a matter of private judgment, remark that it is better for parents to have board provided on a good substantial scale by the house. Young men are too apt to spend their money on luxuries or extravagancies, and make up the deficit by using insufficient food, to the great injury of the health.

COST OF EDUCATION.

Should the student proceed on his account, the lectures necessary for the L.R.C.S.I. will amount to £65; hospital attendance about £25; lying-in hospital from £4 4s. to £7 7s. These, with the diploma fee of £26 5s., represent the essentials. The sum of £50, paid down at the commencement, is taken by the College of Surgeons as payment in full for all lectures requisite, and all the hospitals allow a considerable discount. Thus, the absolute payment will amount to somewhere about £83, taking the minimum mode of payment. In addition to this sum are to be considered the payments for "grinding" or "coaching," as the Londoners call it, a process by no means necessary to any industriously inclined student, particularly under the new and more practical *régime*, where "tips" will be less useful than the practical knowledge and the fall of the mere coached be rendered probable by being asked to put his ideas on paper, examine his patient, make his diagnosis, and order his prescription. The fixed sum is at present, for private teaching, £15 15s. for the surgical and Medical qualifications, and £5 5s. for pharmacy, &c. Should the candidate "grind" for the army and navy examinations, a fee varying from £10 10s. to £21 is, we believe, usual. Should the candidate perform operations on the subject as a practice, they will cost something extra. So, that, assuming the extras or voluntary costs are incurred, the total will vary say from £114 to £120 on a moderate scale; it is of course to be expected that pupil holders should have some extra payment, we therefore might name for them £140 guineas.

PAYMENT OF FEES.

If Mr. Sawyer becomes an apprentice, he need trouble himself nothing about his payments. If he is his own manager, he must enter his name with the Secretaries of the School and Hospital, and pay for the Lectures and Hospital he intends to take out. If he is wise he will not adjourn the majority of his lectures, as he may, to the next year, but will take in his first year a full third of his curriculum. He is supposed to pay the Professor's fee or Hospital fee in full on entering his name, but few students do so, and many, we are sorry to say, are in the habit of entering for the minimum allowable number of lectures, and paying the minimum allowable proportion of the fee, putting off the attendance perhaps for ever, cer-

tainly until the last moment, and adjourning the payment until they must take up the certificates.

By a most objectionable laxity of system a student may get credit for one of his four years of attendance by paying a couple of guineas for dissections, and he may think himself safe in doing so if money be scarce; but if he does not pay his full third or fourth of the fees each year it often happens that he has to put off his examination from year to year—perhaps for ever, for want of the money to pay the accumulated fees of previous years.

The entry of names and commencement of study is supposed to date from the 1st of October in each year, but really does date from the 1st of November, and may be delayed by the dilatory until the 25th of the same month.

Mr. Sawyer then begins work, attending Hospital each morning at nine o'clock, and occupying his day from half-past eleven to five between lectures and dissections. His holidays—if the term be not ignoble—are a fortnight at Christmas and a week at Easter, and he finally returns home at the end of July.

The progress of each year is the same, except that he usually devotes more attention to "grinding," dissection, and hospital dresserships, and less to lectures in his later years of study, and after the expiration of his third session, his student-life, whether it begin in laziness and end in hurry and incompetency, or whether it commence in diligence and end in the confidence of proficiency, ends with the last examination, and he goes forth into the world either an ignoramus or a reliable surgeon, whichever his choice may have been.

PRIVATE TEACHING, OR "GRINDING."

The classes for private instruction, or "grinding," as it is technically and generally called, are carried on in Dublin with universality and success.

As a rule, all private teachers are connected with schools of medicine, and are in every respect highly qualified, many of them being also hospital physicians or surgeons, and therefore in a position to afford the special advantages in the way of clinical instruction to their pupils.

Grinding is followed in two methods—namely, on what are commonly known as the "public" and the "private" plans. In the former, a number of gentlemen, varying in different schools from two to four, associate themselves into a firm, or co-partnership, and each man, selecting particular branches, gives instructions in those only. For these classes a pupil may enter at any period of his course, by payment of a certain sum; but as the amount demanded generally is the same at whatever period of his course the student joins the class, and as he is taught for it until he obtains his degrees, it is usual to enter as early as possible, so as to secure the largest amount of instruction; but while there can be no objection to entering the name at the earliest period, we strenuously advise the student not to devote himself to "the grind" for his first, or even for his second, year of study, but to apply himself to his hospital and dissecting.

As an example of the method pursued with regard to these "public grinds," we cannot do better than give the following extract, treating on the subject, from the book of instructions and information for students, issued by the Professors of the School of Surgery of the Royal College of Surgeons:—

"In connection with the School of the College, for many years four of the senior demonstrators have jointly instructed private classes in all the subjects required for the professional examinations of the licensing bodies.

"In these classes, students are taught so as to insure that the subject shall be thoroughly understood by them.

"They are divided into senior and junior, according to the course of study, capacity, and diligence of the pupil.

"The subjects are—

"Practice of Medicine, Midwifery, and Surgery.

"Anatomy and Physiology.

"Materia Medica, Botany, and Chemistry.

"At least four classes are held daily (besides those for junior) at such times as do not interfere with the lectures at the School, each lasting for one hour—part of these classes being in the evening, for those who cannot otherwise attend. The fee is £18 18s., half of which is paid at the time of entry, the remainder when the diploma or degree is obtained.

"Should Materia Medica, Botany, and Chemistry not be required, £15 15s. for all the other classes divided in a similar manner.

"The fee for Materia Medica alone is £5 5s.

"For those who have already obtained professional qualifications, there are classes held for the army and navy medical competitive examinations, when special instruction is given in all the subjects required. Fee for these classes varies from £10 10s. upwards, according to the length of time required."

"Private grinding" is simply an arrangement quite independent of the other. A student who may, or may not, be a member of another class, wishes for instruction; he goes to a "grinder," who, for a sum of, usually, £3 3s. per month, instructs him in the required branches of his profession. As a rule, each teacher devotes himself to particular subjects: thus, one gentleman grinds in, perhaps, Anatomy, Physiology, Surgery, and Medicine, another in Surgery alone, whilst a third will teach Chemistry, Botany, and Materia Medica.

In some schools slight differences of system are obtained: thus, a pupil may enter for the subjects he requires by paying a fixed sum, which entitles him to attend for the length of a session, but gives him no further claim on the attention of his grinder.

Each of these plans will be perceived to have its own particular advantages. By entering for public grinding, a pupil, on the payment of a moderate sum, secures that he shall be taught all his necessary subjects; while, on the other hand, if he enters for private grinding, he may, from being in a smaller class, secure a larger amount of individual attention; but does so at an increased expense, and must pay separately for the various branches of his teaching.

It does not require a very arithmetical head to see the difference between paying—say, £15 15s. for being taught for four years at least, in Anatomy, Physiology, Medicine, and Surgery, and paying £3 3s. per month for instruction in Anatomy and Physiology, and the same for Surgery or Medicine, or that the instruction obtained by a private or personal catechism is more valuable than in a public class.

In the School of the Royal College of Surgeons, the senior demonstrators are associated together for the purposes of private teaching, each gentleman giving instruction in special branches.

Mr. Croly, } in Surgery, Anatomy, Physiology,
Dr. Stoker, } and Medicine.

Dr. Kilgarriff { Materia Medica, Chemistry, and
Botany.

Dr. W. Handsell Griffiths, Librarian at College of Surgeons, gives notice that he will meet his Classes for Professional Examinations on the 1st of October.

Drs. Stoney and Wheeler, Demonstrators in the School, are also joined in private teaching.

Dr. Ormsby also teaches several of the above subjects.

In the Trinity School—

Dr. Foot, } Anatomy, Physiology, Surgery, and
Dr. Finney, } Medicine.

Dr. Little, }
Dr. W. Smith—(Chemistry and Materia Medica.

Dr. Collins, } Anatomy, Physiology, Surgery, and
Medicine.

In the Carmichael School—

Dr. Corley, } Anatomy, Physiology, Surgery, and
Dr. Kelly, } Medicine.
Dr. Cameron, } Materia Medica, Chemistry, and
Botany.

In Steeven's Hospital and School—

Mr. Swan,
Dr. Bookey,
Dr. Bell, } Chemistry, Botany, and Materia
Medica.
Dr. Tweedy—Preliminary Examination.

In Catholic University private teaching is conducted by
Drs. Hayes, Coppinger, and Nixon.

In Ledwich School—

Dr. Ledwich and
Dr. Mason, assisted by
Dr. Ward,
Dr. Corry,
Dr. Battersby.

REGULATIONS AND BYE-LAWS OF LICENSING BODIES IN IRELAND.

UNIVERSITY OF DUBLIN.

REGULATIONS OF THE SCHOOL OF PHYSIC.

Regius Professor of Physic—William Stokes, M.D., D.C.L.,
F.R.S.

Regius Professor of Surgery—Robert Adams, Ch.M.

University Professor of Anatomy and Surgery—Benjamin G.
M'Dowel, Ch.M.

University Professor of Chemistry—James Apjohn, M.D.,
F.R.S.

University Professor of Botany—E. Perceval Wright, M.D.

Professor of Surgery in Trinity College—Robert W. Smith,
Ch.M.

University Anatomist—Edward H. Bennett, Ch.M.

Erasmus Smith's Professor of Natural Philosophy—Rev. John
Lealie, M.A.

University Lecturer in Operative Surgery—Richard G.
Butcher, M.D.

University Examiner in Ophthalmic Surgery—Henry Wilson,
F.R.C.S.I.

King's Professor of Institutes of Medicine—Robert Law, M.D.

King's Professor of Practice of Medicine—William Moore,
M.D.

King's Professor of Materia Medica and Pharmacy—Aquila
Smith, M.D.

King's Professor of Midwifery—Edward B. Sinclair, M.D.

Professor of Medical Jurisprudence—Robert Travers, M.B.

The following Degrees and Licences in Medicine and Sur-
gery are granted by the University of Dublin :—

1. Bachelor in Medicine. 2. Doctor in Medicine. 3. Mas-
ter in Surgery. 4. Licentiate in Medicine. 5. Licentiate in
Surgery.

Matriculation.

Every student must be matriculated by the senior lecturer,
for which a fee of five shillings is payable; but he need not
have his name on the College books, or attend any of the aca-
demical duties, unless he desire to obtain a Licence or Degree
in Medicine or Surgery. No student can be admitted for the
Winter Courses after the 25th of November.

QUALIFICATIONS FOR DEGREES AND LICENCES.

Bachelor in Medicine.

Candidates must be graduates in Arts, and may obtain the
degrees at the same commencements as the B.A., or at any
subsequent one. The Medical education of a Bachelor in
Medicine is of four years' duration, and comprises the follow-
ing lectures :—

Winter Courses.—Anatomy and Physiology—Practical Ana-
tomy with Dissections—Surgery—Chemistry—Practice of Me-
dicine—Midwifery.

Summer Courses.—Botany—Materia Medica and Pharmacy
—Institutes of Medicine—Medical Jurisprudence.

Hospital attendance on a Medico-Chirurgical Hospital dur-
ing two courses of nine months each, with three consecutive

courses of clinical lectures. Also nine months' additional at-
tendance on a recognised hospital, and six months' Practical
Midwifery. Six months' Dissections and three months' La-
boratory Instruction in Chemistry are required.

Any of the courses may be attended at any recognised Medi-
cal school.

The schools recognised are—1. The School of the Royal
College of Surgeons of Ireland. 2. The Carmichael School.
3. The School of Steeven's Hospital. 4. The Ledwich School.
5. The Cecil Street School.

The fee for the *Licent ad Examinandum* is £5.

The fee for the degree of M.B. is £11.

Doctor in Medicine.

A doctor in medicine must be M.B. of at least three years'
standing, and requires no other qualification.

Total fees for this degree, £13.

Master in Surgery (a).

This degree can only be obtained by Bachelors of Art. The
curriculum is the same as that for the Licentiate in Surgery,
as given below.

Total amount of fees for the degree of Ch.M., £16.

Licentiate in Medicine.

Candidates for the licence in Medicine and Surgery must be
matriculated in Medicine, and must have completed two years
in Arts, and four years in Medical studies, and must pass an
examination in Arts, including Greek, Latin, English, and
Mathematics. The Medical course necessary for a Licence in
Medicine is the same as for the degree of M.B. A fee of £5 is
charged on taking the Licence. Licentiates in Surgery of the
Royal College of Surgeons, on passing the Art examination
will be admitted to examination for the Degree of Licence in
Medicine.

Fee for the *Licent ad Examinandum*, £5.

Fee for the Licence in Medicine, £5.

Licentiate in Surgery.

Candidates must have kept one full year in Arts, and will
be required to perform surgical operations on the dead sub-
ject. The curriculum extends over four years, and is as fol-
lows :—Two courses each of Anatomy and Physiology, and
Theory and Practice of Surgery; three courses of Demon-
strations and Dissections; and one course of each Practice of
Medicine, Chemistry, Materia Medica, Midwifery, Laboratory
Chemistry, Botany, Medical Jurisprudence, and one course
of Ophthalmic Surgery. Also attendance for three Sessions,
each of nine months, on a recognised hospital. Of the course
of lectures, which are of six months' duration, not more than
three can be attended during any one session. Any of the
above-named courses may be attended at any of the Medical
schools at Dublin. A fee of £5 is charged for the licence, and
£5 for the *Licent*.

ORDER OF STUDY RECOMMENDED.

No regular order of attendance on Lectures, Dissections,
and Hospitals is required; but the following course has been
approved of by the Board of Trinity College.

First Year.—1. Matriculation, 5s.; 2. Anatomy, £3 3s.;
3. Practical Anatomy, £3 3s.; 4. Dissections, £4 4s.; 5.
Chemistry, £1 11s. 6d.; 6. Botany, —; 7. Comparative
Anatomy, —; total, £12 6s. 6d.

Second Year.—1. Practical Anatomy, £3 3s.; 2. Dissec-
tions, £4 4s.; 3. Surgery, £2 2s.; 4. Physics, —; 5. Materia
Medica, £3 3s.; 6. Chemical Laboratory, £2 12s. 6d.; 7. Sir
P. Dun's Hospital, £9 9s.; total, £24 13s. 6d.

Third Year.—1. Practical Anatomy, £3 3s.; 2. Dissec-
tions, £4 4s.; 3. Surgery, £2 2s.; 4. Midwifery, £3 3s.; 5.
Practice of Medicine, £3 3s.; 6. Sir P. Dun's Hospital,
£9 9s.; total, £25 4s.

Fourth Year (b).—1. Institutes of Medicine, £3 3s.; 2.
Medical Jurisprudence, £3 3s.; 3. Practical Midwifery (Sir P.
Dun's Maternity), £3 3s.; 4. Ophthalmic Surgery (St. Mark's
Hospital), £2 2s.; 5. Sir P. Dun's Hospital, £9 9s.; total,
£21.

The following Books are recommended to Students of the
first and second years :—

1. *Anatomy.*—Harrison's Dublin Dissector.
Power's Surgical Anatomy of the Arteries.
Quain and Sharpey's Anatomy.
Kirk's Physiology.

(a) After the year 1874, candidates for this degree must be of the
standing of Master in Arts.

(b) Students wishing to dissect during the fourth year can obtain
this privilege on payment of One Guinea.

2. *Chemistry*.—Roscoe's Lessons on Elementary Chemistry. Attfield on Pharmaceutical Chemistry.
3. *Materia Medica*.—The British Pharmacopœia.
4. *Botany*.—Henfrew's Elementary Botany, by Masters; Part 1 and Part 2, Chapters 1 and 2 (a).
5. *Comparative Anatomy*.—
6. *Physics*.—Ganot's Treatise on Physics.

MEDICAL SCHOLARSHIPS.

Two Medical Scholarships are given annually, value £20 per annum each, tenable for two years, the examinations for which are held each year in June, in the following subjects:—Anatomy, Physiology, Chemistry, *Materia Medica*, and Botany.

Medical School Exhibitions.

The professors of the University school give three exhibitions annually; two senior, value £15 and £10, open to all students who have been three years attending the school. The subjects being—Practice of Medicine, Surgery, Pathology, and Forensic Medicine.

One junior, value £15—the time and subjects of examination being the same as those for the Medical Scholarship.

Expense of obtaining the degree of Bachelor in Medicine and Master in Surgery in the University of Dublin:—Lectures, £49 7s.; Hospitals, £33 12s.; Degree Fees, £32 = £115 4s.; Private Tuition, say £20; total £129 14s.

N.B.—As no degrees in Medicine or Surgery are conferred except upon graduates in Arts, the expense of the degree of Bachelor in Arts, amounting altogether to £33 4s., should be added to the foregoing, making the total cost something over 200.

The Board of Trinity College have recently passed orders:—

1. That three-fourths of the courses of lectures must be in all cases attended.
2. That the system of perpetual pupils be abolished.
3. That a daily roll be called by each Professor.
4. Students in Arts shall be entitled to attend one course in Botany, and to receive a certificate free of charge.
5. Candidates for degrees and licences in Surgery shall be required to attend one course only on Anatomy, for which he shall be charged three guineas.
6. The two courses delivered by the Professor of Surgery shall include practical instruction in Operative Surgery on the dead subject; and for each the professor shall charge four guineas.
7. The professor shall charge three guineas for the winter lecture in Chemistry.
8. Laboratory instruction shall be substituted for the second course of chemistry, hitherto delivered, for which the Professor of Chemistry shall charge five guineas.
9. Students in Arts may attend the Professors of Surgery and Chemistry, and receive certificates on payment of half the fees.
10. That after Shrovetide, 1868, all candidates in Medicine shall produce certificates in practical Midwifery, including at least six deliveries.

2. That Students of the School of Physic shall be required to attend the Lectures of Erasmus Smith's Professor, on Heat, Electricity, and Magnetism, and shall be entitled to receive Certificates of such attendance from the Professor, without the payment of a fee.

14. That Candidates for the Degree of Bachelor in Medicine shall be required to produce Certificates of Six Months' instruction in Practical Midwifery, with Clinical Lectures.

15. The following Regulations respecting the payment of Dissecting Fees, were finally adopted:—

(a). Students entering for Demonstrations and Dissections in the Dissecting Room of Trinity College, are required to pay the sum of Seven Guineas before the first day of December.

(b). Students entering for Dissections only, are required to pay Four Guineas before the first day of December.

(c). Students entering for Demonstrations only, are required to pay Three Guineas before the first day of December.

(d). Students of more than three years' standing in the Dissecting Room of Trinity College are privileged to use the Dissecting Room, on payment of the sum of One Guinea on entrance.

(e) The Student accompanying the Professor of Botany on the Botanical Excursion is required to have with him a copy of the London Catalogue of Plants, price 6d.; and either Babington's or Hooker's British Flora.

16. That Two Years' attendance in Arts be required as a qualification for the Medical and Surgical Licences, in addition to the Medical and Surgical Courses.

17. That Candidates for the Degree of Bachelor in Medicine shall be, in future, required to produce a Certificate of actual attendance upon cases of Fever.

THE QUEEN'S UNIVERSITY IN IRELAND.

FACULTY OF MEDICINE.

DEGREE OF DOCTOR OF MEDICINE.

EACH candidate for the degree is required—

1. To have passed in one of the Queen's Colleges the examination for Matriculation in Arts (a), and to have been Matriculated in Medicine.
2. To have attended in one of the Queen's Colleges, Lectures on one Continental language for six months, and on Natural Philosophy for six months.
3. To have attended, in some one of the Queen's Colleges, two other courses of the Medical curriculum. For the remainder of the courses, certificates will be received from the Lecturers in Schools, recognised by the Senate.
4. To pass two University Examinations—The First University Examination and the Degree Examination.

The curriculum of Medical study extends over four years, and is divided into two periods of two years each.

The first period comprises attendance on Chemistry, Natural History, Anatomy and Physiology, Practical Anatomy, and *Materia Medica*. Practical Chemistry in a recognised Laboratory is also to be attended during the first period, and the practice during six months of a Medico-Chirurgical Hospital, containing at least sixty beds, together with the Clinical Lectures delivered therein.

The second period comprises attendance on Anatomy and Physiology, Practical Anatomy, Theory and Practice of Surgery, Midwifery and Diseases of Women and Children, Theory and Practice of Medicine, Medical Jurisprudence. During this period Students attend Practical Midwifery, and eighteen months' practice of a Medico-Chirurgical Hospital, containing at least sixty beds, and in which clinical instruction is delivered.

At least two of the above courses of Lectures must be attended in some one of the Queen's Colleges; the remainder may be taken at the option of the candidate, in any University, College, or School recognised by the Senate of the Queen's University.

The University Examinations are held twice in each year, in June and September.

Each candidate for examination in June must forward to the Secretary, before the 1st of June, notice of his intention to offer himself, along with his certificates; and each candidate for examination in September or October must forward similar notice, along with his certificates, before the 1st of September.

THE FIRST UNIVERSITY EXAMINATION IN MEDICINE.

The First Examination may be passed either in June or September.

Students may present themselves for this Examination at the termination of the first period of the Curriculum, or at any subsequent period.

Before being examined, each candidate must produce evidence of having completed the course recommended for study during the first period.

HONOURS.

Competitors for Honours will be examined in all the subjects of the First Medical Examination, including Experimental Physics and Modern Languages.

DEGREE EXAMINATION IN MEDICINE.

Examinations for the M.D. will be held in June and September. The fee is £5.

Each candidate must produce—

1. A certificate from the Secretary of the Queen's University, that he has passed the previous examination, unless he presents himself for both examinations simultaneously.
2. From the Council of his College that he has passed a

(a) The following are the subjects of Examination. Homer's *Iliad*, Books I, II (omitting Catalogue of Ships), III; Lucian's *Dialogues* (Walker's edition); Xenophon's *Anabasis*, Books I, II, III; Virgil, *Æneid*, Books I, II, III; Sallust; Horace, *Satires*; Latin Prose Composition; English Prose Composition; English History; Modern Geography; Arithmetic; Algebra, to the end of Simple Equations; Euclid, Books I, II, III.

full examination for Matriculation in Arts, and has been admitted a Matriculated Student in the Faculty of Medicine.

3. That he has attended in the College lectures on one Modern Language, on Experimental Physics, and two other courses.

4. That he has completed all other prescribed courses.

The Degree Examination comprises the subjects recommended for study during the second period, along with Experimental Physics and one Modern Language, unless an Examination in these subjects has been already passed at the previous Medical Examination.

The examination for the Degree of M.Ch. comprises in addition an examination in Operative Surgery.

See advertisements of Queen's Colleges, Belfast, and Cork.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

The Council of the Royal College of Surgeons adopted last year a new scheme of examination to supersede the existing scheme. The new method of examination is framed with the object of enabling the student to pass through his examinations *gradatim*, instead of being obliged to encounter the ordeal of the whole examination at one time. Thus, the divided examinations will be at once easier for the student, and a much more rational and perfect test than the old system.

The old system is, however, continued for the present, to enable students who have already commenced their curriculum to complete it as had been originally intended. All students joining the Profession, or who have passed their first examination, should proceed upon the new system, as it will be easier and much more instructive.

REGISTRATION OF PUPILS.

Every person, and without any examination, shall be registered as a pupil on payment of five guineas, which is allowed in his diploma fee.

Registered pupils can study in the museum on two days in each week, and read in the library every day from ten till one. They may also attend the Lectures on Comparative Anatomy, and obtain the certificate without payment. No student is admitted to the sessional or final examination for letters testimonial until he becomes a registered pupil, but he may register at any time previous.

CLASSICAL EXAMINATION.

Students are admitted to this examination at any period previous to the final examination for letters testimonial.

The following are the subjects for the Preliminary Examination:—The English Language, including Grammar and Composition. Arithmetic, including Vulgar and Decimal Fractions. Algebra, including Simple Equations. Geometry, first two books of Euclid. Latin and Greek, including Translation and Grammar. In Greek—The Gospel of St. John, the Menippus of Lucian, or the First Book of Xenophon's *Anabasis*. In Latin—The First and Second Books of the *Aeneid* of Virgil, the Jugurthine War of Sallust, or the Third Book of Livy. These examinations are held quarterly, viz.:—On the third Wednesday in January, April, July, and October, in each year. Fee, ten shillings.

DIPLOMA IN MIDWIFERY.

Any Fellow or Licentiate shall be admitted to an examination upon the following documents:—

a. Certificates of one course of lectures on Midwifery and Diseases of Women and Children.

b. That he has attended a recognised lying-in hospital for six months; or a recognised dispensary for lying-in women and children, devoted to this branch of surgery alone.

c. That he has conducted thirty labour cases. Candidates for the Midwifery Diploma shall be examined on the organisation of the female; the growth and peculiarities of the fœtus; the practice of midwifery, and the diseases of women and children.

Licentiates of a college of physicians or graduates in medicine of a University, shall be examined in general and Descriptive Anatomy, Physiology, the Theory and Practice of Surgery, and Operative Surgery. Rejected candidates cannot present themselves until after six months.

The conduct of the examinations under the old scheme is the same as herein described, except that the examinations

are two instead of three, and are held on the fourth Tuesday in January, April, July, and October.

CURRICULA.

The Junior Class shall produce certificates of three courses of Lectures on Anatomy and Physiology, three courses on Practical Anatomy, with dissections; two courses on Chemistry, one course on *Materia Medica*, one course on Botany, and one course on Forensic Medicine.

This class shall be examined in Anatomy, Physiology, and *Materia Medica*.

The Senior Class shall produce certificates of three courses on the Theory and Practice of Surgery, one course on the Practice of Medicine, and one course on Midwifery; also of attendance at a recognised hospital for three Winter and three Summer Sessions.

This class shall be examined in Surgery, Operative Surgery, the Practice of Medicine, and form of Prescription.

The examinations in Operative Surgery are conducted by the four surgical examiners. The questions are written upon cards deposited in a balloting-box, from which each candidate, as called up, draws his question, and performs the operations there indicated.

Any candidate rejected in Operative Surgery is not permitted to present himself for the senior *viva voce* examination.

The fee for this examination shall be fifteen guineas.

FEES TO BE PAID BY CANDIDATES FOR LETTERS TESTIMONIAL ON THE OLD SYSTEM.

1st. The candidate pays ten shillings for his preliminary examination.

2nd. Five guineas as registered pupil of the College.

3rd. Five guineas for the Junior Class examination, which is not returned in case of rejection, but is allowed in the fee for his second examination.

4th. Fifteen guineas for the Senior Class examination—total, £26 15s.

5th. Every candidate rejected at the quarterly examinations shall be required to pay to the College the sum of two guineas on applying for re-examination.

6th. The Registrar receives £1 1s. on handing over the diploma.

The Sessional Examinations essential for the granting of the Letters Testimonial are to be three in number, instead of two, as at present, and must be passed by the candidate within the following periods:—

- The Primary Examination, at any examination after the termination of the Second Summer Session.
- The Secondary, at any examination after the termination of the Third Summer Session.
- The Pass or Practical Examination, at any examination after the termination of the Fourth Summer Session.

Each examination will occupy two days, of which the first is to be devoted, in the Primary and Secondary Examinations, to the writing of answers to printed questions; and in the Pass Examination, to clinical examination and operative surgery; and in the second day, in all cases, to *viva voce*.

For the written examination four hours are to be allowed to candidates on the first day,—two in the forenoon and two in the afternoon; but candidates may retire from the hall when they shall have completed their answers, and handed their papers to the Examiner.

The *Viva Voce* Examinations commence on the day following the written examinations, and are continued from day to day until all candidates have been examined. Each candidate is examined for a quarter of an hour by each of the four examiners.

The Sessional Examinations commence on the second Tuesday in April and July, and the first Tuesday in December. The Primary and Secondary written examinations take place on the first day; and the *Viva Voce* Examination first of the Primary and afterwards of the Secondary class, are continued from day to day in the alphabetical order of candidates' names.

The candidates are to assemble in one of the rooms of the College, having been previously informed of the hour at which they are to attend by means of a note forwarded to their addresses through the post, and at the conclusion

of the examination the result is communicated to them in the same manner.

For the Primary Examination: The subjects for this examination are—

- a. Anatomy (bones, muscles, ligaments, chest, abdomen, urinary and genital organs).
- b. Physiology of digestion and of absorption.
- c. Chemistry (chemistry and physics, as applied to pharmacy and medicine).
- d. *Materia Medica* and Medical Botany (not including prescriptions or pharmacy).
- e. Principles of Surgery (inflammation and its consequences).

For this examination the candidate is required to produce the following certificates:—

(a) Practical Anatomy, with demonstrations and dissections, two winter sessions; (b) Physiology, one course; (c) Theoretical Chemistry, one course; (d) Practical Chemistry, one course; (e) *Materia Medica*, one course; (f) Botany, one course; (g) Surgery, one course; (h) Eighteen months' hospital attendance.

Secondary Examination: The subjects for this examination are—

- a. Anatomy (regional and surgical).
- b. Physiology and Histology.
- c. Surgery (general and theoretical).
- d. Medicine (practical).

The description of anatomical specimens, and of microscopic histological preparations form part of the written examination.

Also the candidate is required to produce the following certificates, in addition to those required for the Primary Examination:—

(a) Physiology, two courses; (b) Practical Anatomy, one course; (c) Surgery, one course; (d) Practice of Medicine, one course; (e) Medical Jurisprudence, one course; (f) Nine months' hospital attendance.

Final or Pass Examination: The subjects of this examination are—

- a. Clinical Examination.
- b. Surgical Operations.
- c. Surgical Appliances.
- d. Prescriptions.
- e. Medical Jurisprudence.

Clinical Examinations.

The forenoon of the first day of the Pass Examination is devoted to Clinical Examination, and the afternoon to Operative Surgery.

The candidates attend at the College half an hour before the time fixed for the Clinical Examination, and a certain number of candidates, previously selected by lot to attend each hospital, are then informed as to the hospital at which they are to be examined, and proceed thither at once to meet their examiner.

On the afternoon of the same day the examinations in Operative Surgery and Surgical Appliances take place, and that not less than two operations and three surgical appliances form the subjects of examination for each candidate.

The second day of the Pass Examinations is devoted to the writing of prescriptions and to Medical jurisprudence; and each candidate is examined for one hour.

Midwifery Examination.

An examination in Midwifery is held at the same time as the Pass Examination; the passing of which shall, however, not be compulsory on candidates for Letters Testimonial. Any candidate presenting himself for examination in that subject shall, if passed, receive the Midwifery Diploma without extra fee.

The candidate is required to produce the following certificates, in addition to those required for his two previous examinations:—(a) Midwifery, one course; (b) Surgery, one course.

Marks to be Given.

The maximum number of marks which it shall be possible for any candidate to receive at any examination shall be fixed at 40; he shall not be allowed to pass unless his aggregate marks amount to 25; that no examiner shall give a higher number than 10.

Fees to be paid by the Candidate in respect of each Examination.

1. That each registered pupil shall be admitted to the Primary Examinations on payment of a fee of £5 5s.

2. That the fees for the Second and Final Examination shall be £5 5s. each, and that a fee of £5 5s. shall be paid, in addition, previous to the Final Examination for the Diploma.

3. Any rejected candidate seeking re-examination shall pay an additional fee for such examination of £2 2s.

4. That no fee shall be charged for the Midwifery Diploma to any candidate who may pass in Midwifery at his Final Examination, or the next following periodical examination.

We are informed, and received the information with much regret, that the Council have decided to leave this much needed reform of the admittedly defective examination system to the option of the student. Examinations under the old system will still be continued, and the improved and more liberal method will not be obligatory upon any student, except those who commence their studies henceforth. This compromise is so obviously impracticable and undesirable that we are assured it must fall to the ground in a few months, and the reformed examination be substituted in all cases for the present inefficient test.

KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND.

REGULATIONS RELATIVE TO THE LICENCE IN MEDICINE.

EXAMINATIONS are held on the second Tuesday in each month.

The name of every candidate, together with his Schedule and the required documents, must first be submitted to the College on the first Friday in each month, and no name can be received later than the Monday previous.

REGULATIONS RESPECTING THE LICENCES IN MEDICINE AND MIDWIFERY.

Candidates who have not obtained some Medical or surgical qualification must give proof of four years' study; and of having studied Anatomy and Physiology, Practical Anatomy, Chemistry, Practical Chemistry, *Materia Medica*, Botany, Medical Jurisprudence, Practice of Medicine, and Pathology, Surgery, Midwifery.

Of having attended a Medico-Chirurgical Hospital, with Clinical Lectures, for twenty-seven months.

Of six months' Practical Midwifery at a hospital, or other evidence of having attended Practical Midwifery.

Testimonials of character from two registered Physicians or Surgeons.

A Candidate who has already obtained a Medical or Surgical Qualification is required to fill up a Schedule; but he is only required to produce his Diploma or Certificate of Registration, and the Certificate of Practical Midwifery, and Testimonials as to character.

The examination is partly by written questions, partly *Viva Voce*, and partly Clinical, and divided into two parts:

First Part.—Anatomy, Physiology, Botany, and Chemistry.

Second Part.—*Materia Medica*, Practice of Medicine, Medical Jurisprudence and Midwifery.

Candidates qualified as follows are required to undergo the second part only—viz., 1. Graduates in Medicine of a University. 2. Fellows, Members, or Licentiate, of the Colleges of Physicians of London or Edinburgh, admitted upon examination. 3. Graduates or Licentiate in Surgery. 4. Candidates who, having completed the curriculum, shall have passed the previous examination of any of the Licensing Corporations in the United Kingdom.

Under this last regulation gentlemen who have passed the first portion of the examination for the Licence of the Royal College of Surgeons of Ireland or the Royal College of Surgeons of England are exempted from the first part of the examination.

Candidates who have been five years in practice are not required to undergo the written or clinical portion of the examination.

REGULATIONS RELATIVE TO THE DIPLOMA IN MIDWIFERY.

Examinations for the Diploma in Midwifery are held on the day after those for the Licence in Medicine.

Candidates not being Licentiate will be admitted on the following qualifications:—The Degree or Licence in Medi-

cine or Surgery, with a Certificate of six months' Lectures on Midwifery, with six months at a recognised lying-in Hospital, or of having attended Practical Midwifery for six months at a recognised lying-in Hospital, or other evidence of having attended Practical Midwifery.

FEES FOR LICENCE AND EXAMINATIONS.

The Fee for the Licence is £15 15s.

The Fee for the Midwifery Diploma is £3 3s.

The Fee for the Licence in Medicine and Diploma in Midwifery, if taken out within one month, £16.

Further information and blank schedules may be obtained by application personally, or by letter, to the Registrar, College of Physicians, Kildare Street, Dublin.

THE APOTHECARIES' HALL OF IRELAND.

THE ARTS' EXAMINATIONS

Will be held at the Hall four times in the year, viz., the *third* Thursday in the months of January, April, July, and October, at the hour of Twelve o'clock, noon. It will be conducted by means of printed Papers and *viva voce* by Special Examiners (Graduates in Arts of the University of Dublin), under the supervision of the Court of Directors; the Answers to the Papers will be required in Writing.

THE PROFESSIONAL EDUCATION AND EXAMINATIONS.

Every Candidate for the *Licence to practise* must produce Certificates—

1. Of having passed an Examination in Arts previously to professional study.
2. Of being at least twenty-one years of age, and of good moral character.
3. Of Apprenticeship to a qualified Apothecary, or *practical* Pharmacy with an Apothecary for *three* years subsequent to the Examination in Arts.
4. Of *four* years Professional Study.
5. Of having attended the following Courses, viz. :—
Chemistry, one Winter; Anatomy and Physiology, two Winters; Demonstrations and Dissections, two Winters; Botany and Natural History, one Summer; Practical Chemistry, three Months; *Materia Medica*, three Months; Principles and Practice of Medicine, one Winter; Midwifery and Diseases of Women and Children, six Months; Practical Midwifery (attendance upon twenty cases); Surgery, one Winter; Forensic Medicine, one Summer; Instruction in Vaccination.
6. Of having attended a recognised Hospital, during two Winters and two Summers.
7. Of having performed the operation of Vaccination successfully under a recognised Vaccinator.

The Examination for the *Licence* is divided into two parts :
The **FIRST PART** comprehends Chemistry, Botany, Anatomy, Physiology, and Pharmacy.

The **SECOND**—Medicine, Surgery, Pathology, Therapeutics, Midwifery, Forensic Medicine, and Hygiene.

THE PROFESSIONAL EXAMINATIONS

Will be held *quarterly* on the first and second Monday in January, April, July, and October.

The **FIRST PART**, for Junior Students, on the *first* Monday at Twelve o'clock, noon; and on the Tuesday and Wednesday succeeding at the same hour.

Subjects :—Chemistry and Botany, *Monday*; Anatomy and Physiology, *Tuesday*; Pharmacy, *Wednesday*.

The **SECOND PART**, or Pass Examination for Senior Students, on the *second* Monday, at Twelve o'clock, noon; and on the Tuesday and Wednesday succeeding, at the same hour.

On Thursday, Clinical Examination.

Subjects :—Medicine and Surgery, *Monday*; Midwifery and Diseases of Women and Children, *Tuesday*; Forensic Medicine and Hygiene, *Wednesday*; Clinical Examination, *Thursday*.

The first two hours of each day will be devoted to writing Answers, and after that, two hours to an oral and practical Examination.

Doctors of Medicine, and Licentiate of a College of Physicians or Surgeons, who have served an Apprenticeship, or the required term at *practical* Pharmacy, may obtain the Licence by undergoing an Examination—the former in Pharmacy, and the latter in Medicine and Pharmacy. Licentiates of the London Society of Apothecaries are admitted *ad eundem*.

An *Honor* Examination for Apprentices is held in the first week in May, upon some subject of Medical or Pharmaceutical Chemistry, and a Prize of Five Guineas is awarded to the successful Competitor.

MEDICAL SCHOOLS AND HOSPITALS.

THE Clinical Hospitals of Dublin are 10 in number, exclusive of the Cork Street Fever Hospital, the Children's Hospital in Pitt Street, the Dublin Eye and Ear Infirmary in Ely Place, and other special institutions. To some of these institutions Medical Schools are attached, others, though they have no actual or official connection with any school, are in close affinity with certain teaching bodies, while others again are without any special connection with any school. While, however, such affiliation of a school and hospital may exist, it should be remembered that the Dublin schools and hospitals are open to all comers, and the Student is competent to attend any hospital and any school he wishes. The restriction which rendered it obligatory for Candidates for the Medical Degrees of the University of Dublin to attend Sir Patrick Dun's Hospital, was recently abolished, and perfect "free trade" thus established.

THE SCHOOL OF PHYSIC T.C.D., AND SIR PATRICK DUN'S HOSPITAL.—The Medical School is at Trinity College. All Candidates for the Medical Degrees of the University must attend a certain proportion of their curriculum in it.

THE ROYAL COLLEGE OF SURGEONS SCHOOL is situated within the walls of the College, and is under the superintendence of the Council, who appoint the professors. The Introductory Address is given on the first Monday in November, and immediately afterwards the Professor of Physiology commences his course with a series of twelve lectures on Comparative Anatomy—free to the public. The dissecting-rooms have been recently much enlarged. Prizes in Anatomy and Physiology, and Surgery, will be awarded at the end of the Winter Session.

THE CITY OF DUBLIN HOSPITAL has been hitherto more closely connected with the College School than any other hospital. It is situated in Upper Baggot Street, about ten minutes' walk from the Royal College of Surgeons. The hospital contains 104 beds, and accommodates about 800 intern patients annually. There are special wards for ophthalmic and aural diseases (on which subjects a special course of lectures is delivered), and for diseases of children. A new wing has been lately opened for the reception of fever and other infectious diseases. The "Purser" Studentship of £20 per annum (with apartments) is obtainable by competitive examination by all students; numerous prizes and medals are given, and special certificates are granted.

THE CATHOLIC UNIVERSITY SCHOOL is situated in Cecilia Street, about ten minutes' walk from the University itself in St. Stephen's Green.

The Hospitals most closely connected with this School are St. Vincent's, in St. Stephen's Green; the Mater Misericordiarum Hospital, in Eccles Street; Jervis Street Hospital; and House of Industry Hospital.

ST. VINCENT'S HOSPITAL was established in 1834 by the Sisters of Charity, some of whom had studied the system of the Parisian hospitals, after which it was modelled. The ward for "*Enfants Malades*" is an interesting feature. The hospital has over a hundred beds constantly full, and each sister has charge of about twelve patients. In connection with it a Convalescent Home was established four years since at Stillorgan. The clinical instruction in medicine and surgery is given by Dr. Quinlan, Dr. Mapother, Dr. O'Leary, and Dr. Cryan. Senior and Junior Prizes in clinical medicine or surgery are awarded at the end of the Winter Session.

A respectable lodging-house in Lower Leeson Street (within a minute's walk of the hospital) provides lodgings for students, at from 5s. per week and upwards. Maintenance varies, according to the habits of the student, from 15s. to 25s. per week.

The Introductory Lecture will be delivered by Dr. Cryan on Monday, November 4th, 10.30 a.m.

THE MATER MISERICORDIARUM HOSPITAL is the largest of the Dublin hospitals, and is intended to be much extended. It is situated at the northern side of the town.

There are three resident pupils appointed every six months. Good lodgings can be had very cheap close to the hospital. Prizes to the value of £30 are awarded at the end of the Winter Session, for the best reports on the cases under treatment in the hospital. The Introductory Lecture will be delivered by Dr. Coppinger,

JERVIS STREET HOSPITAL is one of the oldest established charitable institutions in Dublin, having been founded in 1721. It is situated in the neighbourhood of the Carmichael and Catholic University Schools, and in a part of the city not otherwise provided with hospital relief, and which, from its dense and poor population, and from the many factories, &c., in its vicinity, supplies at all times valuable and unique Medical and surgical cases. The hospital being found inadequate to the demands upon it, is about to be rebuilt. There will be no Introductory Lecture.

The **LEDWICH SCHOOL** was founded in 1810 by the well-known Dr. Kirby, and since then has fully sustained its prestige under the management of the Messrs. Ledwich and Mason, after the former of whom it is named. It is situated in Peter Street, not five minutes' walk from the College of Surgeons, the Meath, and Mercer's Hospitals, and in the same street with the Adelaide Hospital and the Anglesse branch of the Coombe Lying-in-Hospital, and ten minutes' from the Catholic University School, the School of Physic, and the City of Dublin Hospital.

MERCER'S HOSPITAL was founded on the bequest of Mrs. Mary Mercer. It is one of the oldest hospitals in Dublin, and receives a great number of accident cases. It is situated in Stephen's Street, close to the College of Surgeons, Ledwich School, and Adelaide Hospital.

The **CARMICHAEL SCHOOL** is situated in North Brunswick Street.

The various lectures are now delivered, and the dissections carried on in the new building, which the munificence of the late Surgeon Carmichael has given to the proprietors. As the building was designed with special reference to the requirements of a large Medical class, every convenience is afforded to the student in the prosecution of his studies.

The connection of this School with the Richmond, Whitworth, and Hardwicke, Meath and Jervis Street Hospitals, through its teachers, ensures equal opportunities to the pupils of becoming thoroughly acquainted with the more immediately practical part of their profession.

Arrangements have now been completed for rendering more available the Carmichael premium bequest, which enable the proprietors to distribute prizes to the amount of £80 yearly; and the Scholarship, value £15 yearly, which the friends of the late Dr. Mayne founded in his name, is allotted at the termination of the Winter Session.

To fill the vacancies which have recently occurred, the following appointments have been made:—

1. Joint Lecturer on Anatomy and Physiology—Reuben J. Harvey, M.B., Ch.M., T.C.D., late Demonstrator of Anatomy, School of Medicine, Trinity College, Dublin.

2. Joint Lecturer on Descriptive, Practical, and Surgical Anatomy—Gerald F. Yeo, M.D., Ch.M. T.C.D., L.R.C.S.I., Assistant Physician to the Richmond, Whitworth, and Hardwicke Hospitals.

Dr. Harvey is already known as a teacher, and his original investigations on the Development of Endothelial Cells, which were fortunate enough to secure the approbation of Stricker, were published in the "Medizinische Jahrbücher" for 1871. Dr. Yeo's paper containing his researches "On the Structure of Inflamed Lymphatic Glands" had the honour of appearing in the same periodical. Dr. Yeo's name also appears on the distinguished roll of Pathological Gold Medallists.

DR. STEVEN'S HOSPITAL AND SCHOOL are situated close to the Kingsbridge Terminus of the Great Southern and Western Railway, and therefore occupy a position of their own, far removed from the other Medical institutions.

Immediately adjoining is St. Patrick's (Swift's) Asylum for the Insane.

There is accommodation for residence of seven surgical and four Medical residents; besides whom the Resident-Surgeon receives house pupils. The fees payable for the privilege of residence are 21 guineas, winter; 15 guineas, summer six months; including hospital ticket; students have apartments, coal, gas, and furniture.

Accommodation outside the hospital, in the neighbourhood, is arranged by the hospital authorities.

PRIZES.

Three Cusack Medical and Exhibition, of £8, £5, £3; two Midwifery Assistants, £30 each; one Medical Clinical Prize, £10 10s.; one Surgical Prize, £10 10s.

The session opens with the distribution of prizes in the first week in November.

As we have said, certain hospitals have no special affinity

with any College or School, Of these are the Meath and Adelaide Hospitals.

THE MEATH HOSPITAL AND COUNTY DUBLIN INFIRMARY.—This hospital is situated about a quarter of an hour's walk from the University, and within a few minutes of the College of Surgeons and the Ledwich Schools of Medicine; affords every facility for the treatment and study of disease. Its salubrious position and long-established character call for constant admission to its accident, chronic, fever, surgical, and children's wards, which are thus constantly occupied with cases illustrative of medicine and surgery.

Four prizes will be given at the termination of the Winter Course to the best answerers in their respective classes.

The **ADELAIDE HOSPITAL** is in Peter Street, next door to the Ledwich School, and within a few minutes' walk of the College of Surgeons and the Universities. From the 1st of October the physicians and surgeons will visit the wards, and give instructions at the bedside, at the advertised hours, and the course of clinical lectures will be commenced in the beginning of November.

There are fever wards apart from the hospital, and two wards for infants and children. Special hours are devoted to clinical instruction in the Diseases peculiar to Women, the Diseases of the Eye, and Cutaneous Diseases, and Students are individually instructed in the use of the Stethoscope, Ophthalmoscope, Laryngoscope, and Microscope. Two resident pupils are selected half-yearly. Prize examinations are held at the termination of the Session.

SPECIAL HOSPITALS.

The Special Hospitals of Dublin are the Westmoreland Lock Hospital, Cork Street Fever Hospital, Pitt Street Children's Infirmary, the Dublin Eye and Ear Infirmary, St. Mark's Ophthalmic Hospital, and the National Eye and Ear Infirmary.

The **LOCK HOSPITAL** is supported by Government for the treatment of venereal diseases, and as such is one of the most valuable special hospitals in Dublin. Mr. McDowell and Professor Morgan are its surgeons, and especially for military surgeons the practice of the hospital is very valuable.

The **PITT STREET CHILDREN'S INFIRMARY** is situated close to Mercer's Hospital and the College of Surgeons. It was founded to provide treatment specially for children, and to teach that special branch of disease. Dr. Moore and Dr. Churchill, senior, are the Medical Officers.

The **DUBLIN INFIRMARY FOR DISEASES OF THE EYE AND EAR** was founded in the course of this year. It accommodates eighteen beds, and has for its chief surgeon Dr. Jacob, formerly Ophthalmic and Aural Surgeon to the City of Dublin Hospital; and for its consultants, Mr. Porter, Surgeon to the Queen in Ireland, Dr. Evory Kennedy, and Dr. John Cronyn. At the Dispensary every form of disease of the eye or ear is seen thrice weekly, and operations are performed on Tuesdays and Thursdays at four o'clock. Particulars of fees for attendance may be had from Dr. Jacob.

ST. MARK'S OPHTHALMIC HOSPITAL AND DISPENSARY FOR DISEASES OF THE EYE AND EAR.—Attending Surgeons: Sir William Wilde, M.D., F.R.C.S., Surgeon-Oculist in Ireland to Her Majesty; Henry Wilson, F.R.C.S., Professor of Ophthalmic and Aural Surgery, R.C.S., Examiner in the University of Dublin. Instruction is given on the mornings of Tuesdays and Fridays from eleven to one o'clock, and operations performed on Wednesdays from eleven to one o'clock. Fee: for three months' attendance, £3 8s.

LYING-IN HOSPITALS.

ROTUNDA HOSPITAL.—This well-known institution is the largest and oldest maternity hospital in the United Kingdom, and the repute in which it is held attracts students from all parts of the world. It accommodates an average of 1,700 intern patients, including those admitted to the chronic wards labouring under the various forms of uterine complaints, and is under the care of the Master, who is elected every seven years, and two assistants, who hold these appointments for three years. The mastership is at present held by Dr. Johnston, and the assistant is Dr. Alexander Taylor. There is, in addition, an external maternity department, where patients, procuring a ticket properly signed, can be attended at their homes; also, a dispensary is held every morning for diseases of women and children. Clinical instruction is given each morning both in the labour as well as in the chronic wards, and two courses of lectures are delivered in the year, which are recognised by all the licensing bodies.

A student entering for the practice of the hospital pays a fee of £10 10s. for six months. During that time he is required to attend at least thirty cases, either within the walls of the hospital or at the residence of patients who may apply for assistance. For this course of study, on examination, a diploma is given, which is received as a qualification in midwifery in the public services.

A limited number of students are admitted to reside in the hospital, for which they pay a fee of twenty guineas for six months.

COOMBE HOSPITAL.—This hospital was founded in 1826, but it was not till 1867 that it was incorporated by Royal Charter, which enables its Medical officers to issue diplomas qualifying the holders to practise midwifery. By a clause in the Charter the diplomas issued antecedent to its date have been made with equal force and value with those issued subsequent thereto. This hospital divides with the Rotunda almost the entire of the obstetric hospital practice of Dublin. It is situated in the centre of a district densely populated by the lower orders, and thus affords the amplest opportunities for practice. It accommodates about 600 labour cases within its walls, while those attended as externs amount to nearly double that number. Moreover, the chronic ward for the reception of cases of the diseases of females gives admission to about eighty patients annually. Its wards are in the charge of Dr. Ringland and Dr. Sawyer, as masters, and Dr. A. H. Ringland as assistant master, whilst the chronic ward for the diseases of females is under the charge of Dr. Kidd, the obstetric surgeon of the institution. The fee for attendance is £4 4s. for six months as extern, and £10 10s. as intern pupil. During that period the student attends on a given night in each week, or oftener, if circumstances permit, and takes charge in his turn of any cases that may be admitted to the labour wards, or may call for his assistance outside. In difficult cases he has the superintendence of the resident Medical officer, and of the masters when necessary. An annual examination is held in May and November, at which prizes of considerable amount are awarded, and certificates of good answering granted. Two paid resident pupil midwifery assistantships are obtainable annually by competitive examination, for which all pupils who have obtained their midwifery diploma are eligible.

IRISH PROVINCIAL SCHOOLS.

QUEEN'S COLLEGE, BELFAST.

The first Matriculation Examination will commence on October 17. There will be an additional Matriculation Examination on the 12th November for those who have not been able to present themselves at the first. Lectures will commence on October 29. No student can be permitted to enter after the 12th of November. Two junior scholarships, value £25 each, are awarded to matriculated students commencing the first year of their study. The examination for these will take place immediately after the first Matriculation Examination. Two of similar value to students of the second year, two to students of the third year, and two to students of the fourth year.

For the subjects of examination and other information see Queen's College Calendar for 1872. At the termination of the Session, prizes will be awarded for proficiency in the several classes.

The Trustees of the "Charters' Educational Fund," grant annually a sum of £50 for an exhibition in connection with the Belfast School of Medicine. The competitive examination for this exhibition will be held at the end of the Session, at which all Medical students can compete.

FEES.—Practical chemistry, £3. Anatomy and physiology, first course, £3; subsequent course, £2. Anatomical demonstrations and practical anatomy, each course, £3. For subjects each Session, 15s. Other Medical lectures, first course, £2; each subsequent course, £1.

A detail of the prizes and exhibitions in arts and medicine, the names of the Professors, and other information, will be found in the advertisement of this issue, and full details may be had on application to the Rev. Richard Oulton, B.D., Registrar.

QUEEN'S COLLEGE, GALWAY.

The College Session is divided into three terms. The first term commences in October.

Matriculation.

The Matriculation Examination is held at the commencement of the first term; but additional examinations are held before the close of the term. The last Matriculation Examination is held on the 16th November. Each candidate before being admitted to examination must pay a fee of ten shillings, which will be returned to such as fail to pass.

Attendance on Lectures.

All students shall pay the College fee, and a moiety of their class fees, and enter their names with the Registrar, before they are admitted to the classes of the several Professors. No student shall have his name replaced on the rolls at the second term who has not paid the second moiety of his class fees. No student shall be regarded as having kept a course of lectures who has not attended two-thirds of the entire number.

Examination.

A Sessional Examination is held at the close of each Session in the subjects of lectures. There is also a Supplementary Examination on the same subjects at the commencement of the following session.

Scholarships.

Eight Junior Scholarships, of the value of £25 each, are awarded to students pursuing the course for the degree of M.D. The examinations for junior scholarships are held at the commencement of the first term. Junior scholars are exempted from one moiety of the class fees. The College is empowered to award exhibitions, varying in value from £12 to £18, at the same examinations as the scholarships, and to be held upon the same terms.

THE ROYAL COLLEGE OF SCIENCE, established at the Museum of Irish Industry, in St. Stephen's Green, is a branch of the Science and Art Department at South Kensington. A complete Staff of Professors is connected with the institution, and courses of lectures are delivered on all Scientific Departments to which the admission charge is moderate.

RELATIVE COST OF MEDICAL EDUCATION IN IRELAND.

UNIVERSITY OF DUBLIN, M.B. AND M.Ch.		£	s.	d.
I. Lectures	... ..	49	12	0
II. Hospitals	... ..	33	12	0
III. Degrees	... ..	32	0	0
		115	4	0
Expense of Degree in Arts	... ..	83	4	0
Total	... ..	£198	8	0

QUEEN'S UNIVERSITY M.D. AND M.Ch.
If two years' Lectures and Hospital be taken in Dublin, about £67 0 0

COLLEGES OF SURGEONS AND PHYSICIANS.
About £140 0 0

On these terms a reduction may be made by cash payments to Hospital and College at the commencement of study.

INTRODUCTORIES IN DUBLIN.

The dates of the Introductories in Dublin and the Lecturers who are to deliver them have not yet in the majority of instances been fixed.

At the Royal College of Surgeons Dr. Davy, the Professor of Botany in the College, will open the Session on the first Monday in November.

Dr. Coppinger will deliver the Introductory at the Mater Misericordie Hospital, and Dr. Cryan at St. Vincent's.

At the Carmichael School and Jervis Street Hospital there will be no Introductories, and at Steven's the Session is always inaugurated by the annual distribution of prizes.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, SEPTEMBER 25, 1872.

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Original Communications.

DISEASES OF WOMEN.

By CHAS. R. DRYSDALE, M.D., M.R.C.P.L., F.R.C.S.E., Physician to the Metropolitan Free Hospital, London, and to the North London Hospital for Consumption and Diseases of the Chest.

THANKS to the unwearied labours of a class of practitioners who have devoted their time to a great extent solely to the mechanism of labour, and to the diseases of the uterus, we have now arrived at the possession of a large amount of sound doctrine in this department of practical medicine. This expression must not be held to indicate that the author supposes that most of the difficult points in female diseases are made out. Far from it. The genius of Simpson, of Henry Bennett, and many others, has only perhaps shown more clearly how difficult it is not to exaggerate any point in the science of medicine, and the way in which the diseases of women have passed through the operative era of Dr. Marion Sims, and other enthusiastic surgeons, shows that a good deal has still to be done before we have a correct notion of Nature in all her simplicity. It is by no means necessary to enter into much detail upon practical matters in this place, so that it may be as well to describe at once the aids to exploration of the female generative organs which have seemed most useful in the author's opinion.

It will be as well to say a word as to the position which the patient who is examined should assume. When we are practising *the touch*, it is much better to let the patient lie on the back, with the thighs flexed on the abdomen, and perhaps to use the *left* forefinger for introduction into the vagina, whilst we use the right hand to ascertain the existence of any abdominal tumour, or displacement of the pelvic viscera. In some cases doubtless also great information may be elicited by using the touch, when the patient is standing up and resting against the wall. The phenomenon of ballottement of the gravid uterus is made clear in this manner, and flexions and prolapse of the uterus are often better made out by this process. The

uterine sound is greatly used now-a-days, and the author has much to say in its favour. It was introduced into the Profession by Simpson in the year 1843. The instrument, of course, must never be used where there is the faintest possibility of pregnancy being present; and, in all cases, the greatest gentleness is required in passing it. If it does not pass at all easily, the end should be bent in different curves, until it enters the uterus without any force. Simpson's sound, and, perhaps, Sims', are all that are necessary for the practitioner to possess. The author does not remember ever, in his own practice, to have done any great damage with this instrument; but, in one case, there was considerable flooding after the use of the sound. Many writers, however, say that the use of the sound has done much more harm than good, and certainly we should therefore use the instrument as rarely as we can.

The days are gone by for Medical paper wars, as to the utility of the uterine speculum—and it is, therefore, only requisite for us to indicate the way in which this important instrument is best used, and the varieties of make most useful in practice. Récauier, in 1821, was the first to use the vaginal speculum for the ordinary examination of women with uterine disease. The author believes that the most useful instruments now made are the bivalve speculum of Cusco or Tyler Smith, and pewter speculums, of various calibre, used in Paris. Glass speculums are always breaking, and are by no means free from liability to do so when in the vagina. Coxeter's speculum, though useful, is not so good as Cusco's. When the light is sufficient, and patients timid, the speculum examination in this country should be made whilst the patient lies on the left side. When the light is bad, however, the uterus will certainly often be much better inspected if the patient lies in the supine position. Sometimes a very long speculum (seven inches) is required; but not often. The author has found Mr. Marion Sims' speculum sometimes very useful; but it is not so easily used, and requires an assistant, who is not always at hand. For operations, this and other vaginal retractors are indispensable, of course. The speculum used by Désormeaux, for the exploration of the cavity of the uterus, are of no great ser-

vice in practice. The use of the speculum has, doubtless, led to much rash practice; and topical remedies have no doubt often been used even when not required; but heroic practice in uterine diseases has, the author believes, had its day, and the speculum is now much more carefully used. This being the case, it is the part of a careful practitioner, to make use of an instrument, which rarely, if ever, indeed, can prove of the least harm to the patient, and which so often is useful in diagnosis, and also in treatment.

DISORDERS OF MENSTRUATION.

Menstruation is the sign that ("a woman") the ovaries have become capable of ripening the germ, which, being impregnated, will give birth to a fœtus. In temperate climates, between 33° and 54° N. latitude, menstruation appears about the fifteenth year. In the torrid zone, it comes on from the twelfth to the thirteenth year; and, in the frigid zone, it comes on between the fifteenth and sixteenth year, on an average. With regard to race, nothing very particular is known as to this point, nor concerning the influence which circumstances have upon the appearance of the flow. Many diseases appear at the epoch of the first invasion of menstruation, and the mortality of young women exceeds that of young men at that period of life. The sole fact, that a young woman has passed the epoch at which menstruation habitually appears, is no proof that she requires Medical advice, since some persons may begin to menstruate at ten, and others not until the age of twenty, and there are even cases on record where women have become pregnant who have never been menstruated. Dr. Aran, of Paris, in his "Leçons Cliniques sur les Maladies de l'Uterus," p. 282, mentions a curious case where a woman, the mother of nine children, had never menstruated, except when she was pregnant.

AMENORRHŒA.

Amenorrhœa, or non-appearance of the menstrual flow, may be produced either by the causes which prevent the accomplishment of the function, or by those which prevent the evacuation of the fluid. In the first case, we have to look for some faulty conformation of the uterus or ovaries. Sometimes both ovaries are absent, sometimes only one, and sometimes these organs remain during life in the condition of infancy, with scarcely any appearance of Graafian vesicles, in which case the patient is sterile. In a case which came before the notice of the author, there was, in a woman, æt. 26, imperforation of the os uteri, with a rudimentary condition of the mammary gland; and, although the os uteri was opened, and a sound passed into the uterus to the extent of two inches, menstruation has not appeared after an interval of many years. Absence, or rudimentary condition, of the uterus, is not so very uncommon. When the uterus is rudimentary, it may sometimes be advisable to use galvanisation either by the interrupted current, or the continuous current, one of the poles being introduced into the cavity of the uterus, and the other over the os pubis. Retention of the menstrual fluid may be divided into eight different species, according to their causes, which are:—Imperforation of the vulvo-uterine canal, congenital, or acquired before puberty; cicatrices after puberty; stricture of the vagina; pathological hypertrophy of the neck of the uterus; a foreign body in the cervix; flexions of the neck of the womb; spasmodic contraction of the organ; or, lastly, obliteration of the Fallopian tubes, either congenital or acquired. In the first group, the retention may arise, either from adhesions of the lips of the vulva, from imperforate hymen, absence of the vagina, or imperforation of the cervix uteri. A point to be noticed with regard to these causes of retention, is, that operations for their relief are all more or less frequently fatal. Among cases where retention ensues from some obstacle after puberty, we may have adhesion of the cervix to the wall of the vagina, or occlusion by cauterisation, or after amputation of the cervix, or after a severe labour, or after gangrene in typhoid fever, which may cause retention. Sometimes it fortunately happens that after a severe labour, or other

cause, which prevents the issue of the fluid, no more is secreted. The author has seen an example of this last year in the case of a woman, æt. 35. Then there may be congenital atresia of the vagina, or excessive tenuity of the os uteri; the mechanical causes of dysmenorrhœa, described with so much care by Dr. Marion Sims. Again, hypertrophy of the neck of the womb sometimes gives rise to retention, partial, or complete, of menstruation, and this may take place in cases of cancerous tumours, as mentioned by Dr. Bernutz, of Paris. Polypi may, in certain very rare cases, where growing in the cervix uteri, obstruct the passage of blood from the uterus; and also pseudo-membranous tumours may cause partial retention. In some cases, menstrual retention is doubtless caused by deviation of the uterus; and spasmodic contraction of the os uteri may lead to the same result. Congenital, or acquired, obliteration of the Fallopian tubes may, lastly, cause retention of the menstrual fluid. Both tubes have been found, in cases of amenorrhœa, to be imperforate on examination after death, and enormously distended with blood.

It is very important that the practitioner should be on his guard, in cases of prolonged amenorrhœa, that some of the conditions just mentioned may not exist, since the very rarity of cases of imperforate hymen may make him pass over a case, when it comes before him. The patient must be questioned carefully as to the possible existence of intermittent expulsive pains in the region of the uterus, returning at intervals of about a month. Sometimes the occurrence of peritonitis, limited to the pelvic cavity, may be suspected, from the occurrence of diarrhœa, especially when there is escape of blood into the pelvic cavity. In such cases a tumour may occasionally be felt in the retro-uterine space. The best diagnostic mark of menstrual retention is the regularity of the periodical expulsive pains. There is sometimes considerable difficulty in distinguishing between the retention caused by pregnancy, and that caused by the other circumstances adverted to, as well as to distinguish between disease of the ovary and retention, in some cases. With regard to treatment in imperforate hymen, the author has succeeded well in a case of the kind recently, by making only a pin's point incision in the membrane, from which the blood issued *guttatim*, and choosing the period of ten days, or thereabouts, after the pains of expulsion had been felt. When the vagina is absent, puncture by the rectum is not a good plan. It is better to use Amussat's operation for forming a vagina. Nor should the sound be employed in cases of atresia of the cervix and os uteri, which should be carefully incised.

Puberty, says West, is very tardy in idiots, in most cases, but in some cases the flow may be almost indefinitely postponed by the occurrence of fevers, or some grave disease. In cases of delicate health, or when chlorosis exists, menstruation may cease for a longer or shorter period. Some young women fall off in health on the appearance of menstruation, and gradually pine away and become affected with pulmonary tuberculosis. The chlorosis of pregnant women has been pointed out by several authors, such as Cazeaux and Kewish. The tendency of almost all diseases which affect the function of blood-making is towards amenorrhœa. Phthisis and cancer both cause it. Dr. Hérard, of Paris, in a paper "On the Influence of Fevers on Menstruation," shows that all fevers act alike on this function. Whenever any chronic disease causes cachexia menstruation languishes and disappears. No disease more rapidly causes derangements of menstruation than phthisis. The author has found at the North London Consumption Hospital that where cavities exist amenorrhœa is sure to take place in less than six months; and Raciborski asserts that the ovaries are always more or less atrophied in phthisical patients. Louis showed that amenorrhœa in phthisis usually coincided with the commencement of the hectic. The author cannot agree with Dr. H. Bennett that it is useful to treat uterine disease in such cases in any active manner.

Secondary syphilis also causes amenorrhœa. The non-evacuation of four to six ounces of blood per month cannot be usually of small consequence to the health of a woman; and in amenorrhœa we see symptoms of congestion of the liver and other viscera arise in many cases. In treating such cases of amenorrhœa our idea ought to be to improve the general health as much as possible by means of hygienic influences such as life in the open air and change of climate and occupation if possible, with hydropathic appliances, which are most useful, joined to carefully chosen drugs. Constipation may be amended by means of extract of aloes, and the compound iron mixture of the Pharmacopœia is often usefully prescribed. In some very rare cases menstruation seems to be imitated by bleeding from some other part of the body. Thus, the stomach, the nipples, the lungs, or the nostrils may all be the sources of more or less abundant periodical hæmorrhages at menstrual epochs. In such cases the organs of generation are usually healthy, and pregnancy has taken place in similar cases of amenorrhœa. The use of topical applications to the parts is to be tried in such cases. A warm sitz bath, morning and evening, with a small quantity of mustard in it, may be taken at the menstrual time, and nitric ether or spiritus juniper given in a draught. The author has had success in some cases of amenorrhœa by using the interrupted current (Stohrer's battery), one pole being placed over the pubes, and the other on the sacrum. Oil of savine is useful in some cases of obstinate amenorrhœa; but must be used with caution, and syrup of the iodide of iron is often serviceable. Neither mercury nor ergot of rye seem to the author to be even indicated. Medicines called emmenagogues have fallen into disrepute of late years since the discovery of spontaneous ovulation was made. A remedy which merely congests the organs, may not cause menstruation, but only hæmorrhage. It is only when the action of the organs is great enough to ripen the ovum that a slight stimulant to the organs in the shape of drugs is indicated. This is the *torpor* of Kiwisch, or the *asthenia* of Aran. Among other drugs useful in such a state, Trousseau advised ten minim doses of the tincture of iodine, the powder of rue in doses of twenty grains, or savine in powder in doses of ten to fifteen grains (or the volatile oil in doses of ten drops) may sometimes prove useful. Aloes was much praised by Schönleim and Scanzoni, and enemata of aloes in bad cases. Aran preferred the injection of ten drops or more of liquor ammoniæ in an ounce of milk into the vagina. Duchenne, of Boulogne, has recommended the introduction into the vagina of a double conductor so made, as to embrace the cervix uteri, and connected with an interrupted current of galvano-electricity. The galvanic pessary of Simpson is dangerous and useless. Cathetering of the uterus may succeed, but it is not prudent to make use of it in all cases. Leeches on the hypogastrium are not often of use, but may perfectly succeed in some cases. Among the curiosities of medicine a case is mentioned in the *Journ. Med.*, of Bordeaux, of September, 1861, in which a young lady, æt. 18, had hæmorrhage into the anterior chamber of the eye and epistaxis at the menstrual period. Grave inflammations of the uterus and ovaries or various forms of degeneration of the latter organs, or tumours in the uterus may arrest menstruation for an indefinite time. In some cases, menstruation ceases at an early age, as at 28 or 30, never to return. In some rare cases, menstruation may only last eight years,—i.e., it commences about 15 and ends about 45. According to one observer, M. Petrequin, the cessation of menstruation takes place at 40 to 50 in the case of the half of all women; at from 40 to 45 in a quarter; from 35 to 40 in one-eighth; and at from 50 to 55 for one-eighth. Cases have occurred where menstruation has lasted until the age of 65. The function is almost to be irregular both at the commencement and at the epoch of cessation.

It has been noticed by Dr. West, in his work on di-

seases of women, that venereal excesses often cause an arrest of menstruation for a time; and the author has also noticed this, that frequent masturbation is also followed in most cases by scanty and painful menstruation. Occasionally, however, excesses lead to profuse menstrual discharge. Parent Duchateles made the remark that prostitutes are very subject to amenorrhœa, and this probably is due in some measures to excesses. Cold feet, exposure to cold and wet may cause acute suppression of the flow; and the fear of becoming pregnant has, according to Dr. Raciborski, in the *Arch. di Med.*, 1865, t. j., sometimes caused suppression. Anger or grief may both cause sudden arrest of menstruation. In such cases a warm sitz bath, a turkish bath, or a cordial drink (such as twenty minims of spirits of sulphuric ether, twenty of spirits of lavender, and twenty of spirits of chloroform in an ounce of camphor water), may succeed in bringing on the expected flow. If this do not succeed, great care must be taken at the next menstrual time to endeavour to bring it on by the methods mentioned above in speaking of amenorrhœa.

(To be continued.)

ADDRESS IN MIDWIFERY (a).

By EVORY KENNEDY, M.D.,

Late Master of the Dublin Lying-in Hospital; President of the Section.

(Continued from page 121.)

CASE XIX. *Obstinate Procidentia of Uterus cured by Actual Cautery.*—Mary Burke, æt. 60, a widow with six children, had obstinate procidentia of the uterus, and could not retain any form of pessary. She suffered much distress; her general health was deranged; she was dyspeptic, and had lumbar pains. She was confined to the horizontal position, with the lips well raised, for a fortnight. The ulcers healed. The uterus was placed *in situ*, and astringent injections were used. The actual cautery was then applied about an inch and a-half from the vulva round the surface of the vagina for the extent of about half an inch. My clinical clerk, who was somewhat of the Gil Blas school, in criticising his master, adds that the old woman was so indignant at this operation, which, for obvious reasons, it was deemed more considerate not to explain beforehand, that she left the hospital in a fit of indignation, because a hot iron had been applied to her inside, as she said, without saying, "With your leave, or by your leave." She eventually permitted the treatment to be followed up by the application of nitrate of silver; and the report is thus continued by my clinical critic. At the expiration of two months, she was able to go about again. The uterus was *in situ*: and she had derived much benefit to her general health and condition, and a distressing pain, descending down the front of the thigh, from which she had constantly suffered, had disappeared. The cicatrix formed by the eschar prevented the descent of the os. He adds, however, this caustic comment on my operation: "She certainly got a regular touching up."

CASE XX. *Procidentia Vesicæ treated by Vaginal Mould.*—In February 1839, Catherine Sullivan was admitted with complete procidentia of the bladder, the result of a tedious and instrumental delivery of her first child. She had had two pregnancies, and suffered from prolapsus; but the protrusion occurred suddenly, about two years before admission, whilst she was lifting a feather-bed. She was treated by a variety of pessaries, and the actual cautery was applied to the interior of the vagina; but the protrusion recurred despite of all. She was kept for some time in the horizontal posture. A cast of the vagina was taken in wax, with the bladder restored to its natural position. A plaster of Paris mould was made from it; and in this a caoutchouc instrument was moulded. This she wore with great comfort and convenience. It should be mentioned that the difficulties in this case were added to

(a) Delivered at Birmingham, August, 1872.

by the existence of a growth supposed to be an exostosis, springing from the interior of the sacrum, and encroaching on the inlet of the pelvis.

CASE XXI. Inversion of Bladder, with Procidencia through the Vesico-Vaginal Septum.—J. S., æt. 50, suffered from lesion of the vagino-vesical wall in labour, to such an extent that the bladder protruded beyond the vaginal aperture to the extent of a small cricket ball. The loss of substance was such that no operation could possibly be undertaken, and the intolerance of pressure was so great that no attempt at reduction or support of the bladder *in situ*, as in the former cases, could be made or tolerated. A shield of tin was adapted to prevent friction, but its advantages were not very great.

CASE XXII. Procidencia of Uterus and Bladder, with Eversion of latter from Sloughing of Vesico-Vaginal Wall.—This case was also the result of a tedious and instrumental labour. The patient had been a miserable and hopeless sufferer for years. Nothing could be attempted, not even reduction within the vagina, with any hope of advantage. A tin shield was adapted, as in the previous case, to preserve the sensitive parts from friction. The ulcerations on the utero-vaginal wall, which you perceive in this drawing, were healed by the application of caustics, and she was discharged to wear out her life of misery and torture.

Whether the ingenuity of our operating surgeons will ever arrive, by adaptation of a plastic operation or otherwise, at any means of curing these apparently hopeless cases, is problematical. One comfort is, that the earlier use of instruments would appear to render these incurable cases less frequent; certainly we do not meet them as we did when the rule was to leave Nature day after day to her unassisted efforts.

CASE XXIII. Hypertrophy of Lips of Uterus.—I formerly described some cases of this affection occurring in the unimpregnated uterus, with operations for their removal. The drawing now exhibited shows this condition in the impregnated organ. It is, no doubt, a cause of tedious labour, and, when the lips of the uterus are caught by the head against the pubes, retards its progress. My case-books show several instances where delay was referable to this cause, and in which the head remained stationary until the tumid lip was pressed steadily up so as to relieve it from the pressure, when the labour progressed. In minor cases this is all that is necessary, but in more severe cases I have derived benefit from punctures. In Quinlan's case, now exhibited, attention was called to what was supposed by the pupil on duty to be a polypus connected with the upper and anterior part of the vagina. The head was at this time escaping the os, and pressed the tumour against the pubes. At noon, the head descended very little, but was forcing the tumour down before it. Two fingers were steadily kept against it during and in the interval of the pains, and the head descended to rest between the ischia, where it remained stationary, without making the turn into the hollow of the sacrum for ten hours. The pains became slack; there was no want of room; and the foetal heart was audible. I passed up the lever and brought down a living male child. This woman went out well and returned at a subsequent period, when the projecting growth was removed by curved scissors which I had constructed for the purpose.

CASE XXIV. Sudden and unaccountable Death on Fifth Day after Labour.—Mary Caulfield, æt. 30, was delivered April 14th, 1837, after a labour of ten hours. Her recovery was favourable. She was up for a short time on the 19th, apparently well, when she suddenly exclaimed, "What ails me? Oh, my God!" and almost immediately expired. After the most careful *post-mortem* examination, there was not anything found that could account for death. In a case of sudden death occurring some months previously in hospital, a dissecting aneurism of the aorta was found that had opened into the pericardium. It is quite possible that a lesion might have existed in Caulfield's case

also, that escaped detection; but every tissue in the body was examined most carefully, especially the respiratory, circulatory, and cerebral symptoms, and nothing abnormal could be detected.

CASE XXV. Funis Prolapsed; Long Forceps; Advantage of Stethoscope.—Biddy B. had her second labour in Nov. 1837. The funis was prolapsed, with rupture of the membranes. The os was fully dilated, and the head entering the brim of the pelvis. I replaced the funis within the uterus, and retained it *in situ* by pieces of sponge pressed up in the posterior and right side of the pelvis, where the funis had descended. This practice I had frequently before adopted with great advantage. However, on applying the stethoscope, the action of the foetal heart, that had been previously audible, became indistinct, and eventually could not be detected. My long forceps were immediately applied, and a healthy child was extracted, in which the respiration was speedily established.

CASE XXVI. Procidencia of Uterus and Vagina during Labour; with retained Placenta: Replacement; Recovery.—The last case to which I shall call your attention is one represented in this drawing, and which tells its own tale. The patient was sent into hospital as you see her, delivered by an ignorant midwife, after a labour of a few hours, with procidencia of the vagina. The funis was hanging out; the vagina lacerated at its superior part: the uterus was close to the external parts, and the placenta retained within it and adherent. There was little hæmorrhage, or she could not have reached the hospital alive. Reaction was established, and the uterus and vagina were restored to their natural position. The hand was slowly introduced into the uterus, and the placenta detached and removed. Fortunately, the laceration, which was flap-shaped, did not extend to the deep-seated tissues or bladder, and she recovered slowly but completely. She was retained for a long time in the recumbent posture; and the vagina and uterus kept their position without requiring artificial support.

PRACTICAL OBSTETRICS.—No. 3.

By FRANCIS E. CLARKE, B.A., M.B., T.C.D., &c.,
Drogheda.

AMID the varied incidents of our professional labours cases do occasionally occur which, although terminating unfavourably, yet from their rarity or power of affording illustrative information, are worthy a corner in our Medico-Scientific Press. The case I am about briefly to record is one of such, melancholy, alas! in the extreme, happily rare in its occurrence, and strikingly illustrative of several points of considerable importance.

Mrs. H., wife of a railway guard, æt. 25, apparently healthy, having arrived at the full period of utero-gestation in her first pregnancy, was taken in labour about nine o'clock on Sunday morning, August 18th. A midwife, who had been previously engaged, was in attendance shortly after. Everything appears to have gone on favourably (with the exception of diarrhœa, which it was said commenced the day before) until between five and six o'clock p.m., when the face became somewhat swollen, and within an hour the swelling had so extended in superficies as to involve entire chest, back, face, and arms. The midwife then asking for Medical advice, I was hastily summoned, and arrived about seven o'clock, when I at once perceived that emphysema of the subcutaneous areolar tissue had taken place, and had already advanced to a considerable extent. The eyelids were so far involved that the eyes could scarcely be opened, and the subcutaneous cellular tissue was infiltrated throughout the entire of the upper extremity that the least digital pressure produced the well-known crepitant sensation of emphysematous infiltration similar to the crepitation of "blown veal." Features, owing thereto, were much dis-

torted, countenance anxious, pulse hard, rapid, and weak. The os uteri was nearly dilated, head presenting. The midwife reported that the pains had not been unusually severe, but moderately regular, and labour had throughout advanced tolerably well, though slowly, as is usual in primiparæ. Recognising the rare and serious nature of the case I gave an unfavourable prognosis, and immediately requested a consultation. Within a brief period I had the advantage of having the assistance of the long and highly-cultivated obstetrical experience of Dr. Delahoyde, who agreed throughout with me in my views of the case. The pelvis was large, but the external genitals extremely small, and as I had administered a gentle stimulant just previous to his arrival we determined to let labour proceed naturally. A dead full-grown fœtus was expelled shortly after nine, when it was at once perceptible that there was another in the womb. Ergot being exhibited, and head presenting, we ruptured the membranes, but labour proceeded slowly, the head being unusually large, and expulsive power of pains feeble, so that we found it advisable to deliver with the forceps (first evacuating contents of the bladder with a catheter, though urine had been voided frequently during the day), this second fœtus being also dead. The placenta came away easily in about fifteen minutes with little if any hæmorrhage, but the diarrhœa, which had increased subsequent to the delivery of the first fœtus, became so excessive after the entire intra-uterine pressure was removed as to become quite choleraic in character and quantity. Such an intestinal flux I never saw before, save in Asiatic cholera. On inquiry regarding the nature of this I ascertained that she had not taken any purgative immediately previous to labour, but for fully the last two months of her pregnancy she had regularly taken pills of aloes and soap, which she prepared extemporaneously for herself. Notwithstanding every means used, brandy, opium (*per se*, and in combination with gallic acid, &c.), acetate of lead and opium injection, &c., this diarrhœa continued (but not so violent in character as immediately subsequent to delivery, which was beyond description, the sphincter appearing to lose all control, so great was the volume of the intestinal excretion). Although large doses of opium were administered there was no sleep during the night, respiration being difficult and laboured. Next morning pulse was completely imperceptible, owing to amount of emphysematous infiltration, which extended down to the tips of each finger; tongue thickly furred; cold clammy perspiration, and respiration quick, painful, and laboured. I drew off about a pint of dark coloured urine with the catheter, and ordered beef-tea, brandy, and a mixture antispasmodic and astringent. I had a consultation shortly after with Dr. Delahoyde, but our patient succumbed between four and five o'clock p.m. (the day after delivery).

Emphysema is of rare occurrence during parturition, at all times a serious accident, but in complex labour, owing to plurality of birth the chances are of course infinitely more against the patient than otherwise. In this case, once the pulmonic cell ruptured, and the accident happened, I believe nothing could have saved the patient, the emphysema spreading so rapidly and extensively. The urgent hypercatharsis illustrates well the accumulative property of aloes; during pregnancy its nightly imbibition produced scarcely a moderate stool, but immediately labour set in reflex action induced its cathartic hydragogue effects, and once the intra-uterine pressure was withdrawn the intestinal flux attributable thereto became uncontrollable. This, in any case, would have been most alarming, and fraught with more than ordinary danger, but laying it aside altogether the emphysema would in all probability, as it did, cause death. Both fœtuses were very large, much above the average size, and had the uterus not been enlarged so extremely such accumulative effects might not have followed the injudicious and frequent use of aloes, nor in all probability would emphysema have taken place.

Of course, the emphysema was interlobular as well as sub-cutaneous, but of its exact pulmonary nature, and

whether as well sub-pleural, mediastinal, or neither, it is impossible to speak authoritatively, as auscultation subsequent to my seeing the case was out of the question, and an autopsy would not have been permitted. It would have been most interesting to examine the state of the lungs, as of their previous structural or functional conditions I am alike ignorant.

The case I should say is almost unique—plurality, emphysema (*a*), and choleraic diarrhœa, and one beyond the pale of Medical science with which successfully to cope. When such instances occur in the course of our professional careers in what a gloomy shade appears the picture of our Medical achievements and modern progress! What triumphs death still too often has!

“Quid faceret? quò se, raptâ bis conjuge, ferret?
Quo fletu Manis, quâ Numina voce moveret?”

P.S.—Since the foregoing was written I have been informed that Mrs. H. was considered to have *delicate lungs*. Strange to say also, she had lost a sister in her first confinement, but from what cause I did not hear.

MARRIAGE IN THE ARMY.

BEING THE FIRST OF A SHORT SERIES OF ARTICLES ON THE RESULTS OF EARLY MARRIAGES, STERILITY, FERTILITY, FEVERS AFTER DELIVERY, PECULIARITIES OF LABOURS, INFANTILE MORTALITY, INFLUENCE OF CLIMATE, &c.

By FRANCIS R. HOGG, M.D., R.H.A.,

Fellow of the Royal Medico-Chirurgical and Obstetrical Societies.

BEFORE entering into professional details, and reporting on the health of soldiers' wives, it may not be out of place to give a few extracts from a pamphlet written for pastime during sickness, about two years ago.

The “Queen's Regulations” state that “commanding officers of regiments, who have ample experience of the very great inconvenience arising to the service and to the public from the improvident marriage of soldiers, are to discountenance such connexions, and to explain to the men that their comforts as soldiers are in a very small degree increased by their marriage, while the inconvenience and distress naturally accruing therefrom are serious and unavoidable, particularly when regiments are ordered to embark for foreign service.” But with all this warning, there are 823 soldiers' wives in Woolwich married with leave, and 1,646 children depending upon them; 106 are accommodated in the Common cottages, 120 in the Cambridge cottages, 25 in the huts, and a good number in the barracks—staff serjeants, as a rule, having two rooms, the others one. Many are on the lodging list. In the Cambridge cottages there is one family with seven children, one with six, and six families with five children. In the Common cottages there is one family with seven children, five families with six, five with five, nine with four. The number of married quarters altogether is 499. Lodging money amounts to 4d. a day, unfurnished lodgings vary from 2s. to 5s. per week, but for 4s. 6d. a very fair furnished lodging can be obtained. The Common cottages are very fair, the Cambridge cottages still better. For a moment, let us look at the married soldier's home. He will probably occupy one room, sixteen feet long, ten feet high, twelve feet broad; too often the door will be kept shut, the sweet fresh air excluded, the windows closed, the light kept out by curtains and plants; on the floor will be old unwholesome carpeting, harbouring dust and dirt—and in this amount of space, I have met with large four-post beds, with the usual amount of curtain; also birds, cats, and even rabbits. In this atmosphere a man,

(a) Two cases of subcutaneous emphysema occurring during course of natural labour may be found reported by Dr. Pratt, in the issue of this Journal for May 25th, 1870. Another case I heard the late Mr. Maurice Collis relate as occurring; I think (if I remember aright) in the practice of Dr. Sibthorpe.

his wife, and four children eat, sleep, and live, and after a time are poisoned by each other's breath. Sickness results (especially when on wet days women will dry clothes in their cottages). Here, in Woolwich, overcrowding in quarters is at times unavoidable, but prolonged experience only convinces me that, excepting in the case of large families with six and occasionally seven children, the best of health ought to be enjoyed in the Common cottages or the Cambridge cottages, and in many rooms in the barracks.

Let us consider a moment the position of a married gunner living at Woolwich in the cottages. His daily pay is 1s. 6d.; he is clad, housed, allowed fuel and light, the advantages of cheap food at the canteen, no taxes, his cottage kept in good repair, supplied with bed and bedding, and a few necessary articles of furniture; he has the use of the recreation rooms, the opportunity of admirable education for his children, indefatigable clergymen, free medical and hospital assistance for himself and family, reasonable prospect of professional advancement, and after a certain number of years he is pensioned. Ten per cent. of all ranks are allowed to marry. Good conduct badges bring in each a penny a day extra. The rations—consisting of 1 lb. of bread and $\frac{7}{8}$ lb. of meat—the soldier has for 4 $\frac{1}{2}$ d., which, in the town, would cost at least 7 $\frac{1}{2}$ d. Men get extra pay, and earn money as farriers; shoeing-smiths have 10d. a day extra; collar makers, 7 $\frac{1}{2}$ d.; wheelers, 7 $\frac{1}{2}$ d.; smiths, 1s.; tailors and shoemakers, what they can earn; and grooms and officers' servants are frequently the best off of any. Men also work at the canteen. The wives of gunners have, on an average, nine men's washing at 1d. a day per man, all profit, with the exception of soap, soda, and $\frac{1}{2}$ d. per diem for the use of utensils in wash-house. Some wives also are allowed to make six shirts a week, receiving 7d. a shirt.

As regards number of sick, a few days ago, on inquiry, the information was kindly supplied by the registrar, that out of 275 men in the Herbert Hospital, only ten were married men. Also that last year 4,423 patients were there treated, of whom 199 were married. These are remarkable contrasts, until it is taken into consideration that the majority of men are single; that married men, for the sake of their families, strain every effort to keep out, whilst bachelors are often very glad to get into hospital. For instance, during ten years about 5,000 cases of venereal diseases have been treated at the Herbert Hospital.

On the subject of married without leave, the condition of soldiers' wives so placed is so pitiable, so hopeless, that to prevent for the future the recurrence of such misery, the only remedy one can suggest is, that no marriage should be considered valid without the written sanction of the commanding officer being first received by the officiating clergymen. To afford advantages, in humanity and charity, to these unfortunate people, too frequently infringing on the privileges of those fully entitled, besides encouraging others to repeat this cruel, heartless crime—for crime it is, to take a young girl from home or elsewhere to lead a life of starvation."

Coming to the present state of affairs, the question arises, until conscription takes the place of competition with the labour market, which is the best, plan to employ young active bachelors ready to move at any moment, always smart, and under constant supervision, or else to encourage matrimony?

The bachelor sometimes dissipates, deserts, or ruining his constitution, becomes in hospital ineffective, then invalided. The married man is a very expensive luxury, but without the objections applied to bachelors. It is a finance question in time of peace, but when war comes consider the number of widows and orphans, the amount of pensions married men would involve, whereas the bachelor, free from care, a cheaper article, makes a splendid soldier, without the slightest excuse or wish to shirk danger.

Digressing a little, the question has often been asked re-

garding the number of men who in civil life would be Medical students, clerks, gentlemen, and so forth, and how they get on. There are wonderful instances I could tell you of several officers now in good positions and well married, having risen from the ranks, but who educated themselves. And why not? there is plenty of scope and opportunity. Honestly looking back many an army doctor would confirm the statement that a well conducted lad would do much better enlisting than drudging in trades or professions. But the so-called gentleman who comes to grief in London dissipation, the black sheep of the family who disgraces his parents, robs his sisters, and then as a last resource enlists, he never does any good. The other recruits delight in dragging him to their level; there is no favour shown to the man who clings to the order he has disgraced. On one occasion an assistant-surgeon passing men for India stumbled across the brother of a young lady of his acquaintance, one of these "gentlemen" who nearly broke his mother's heart; no difference was made, he was carefully examined and dismissed without a word in spite of his swagger. If people only knew the full advantages there ought to be no difficulty in getting a good class of recruits.

Turning from this knotty point, let us venture into an untilled field of inquiry to discuss the health and Medical points respecting soldiers' families, thousands of whom have been under observation and treatment during a subordinate service of fourteen years.

About 15 per cent. of soldiers' wives are soldiers' daughters, born on board ship, on the line of march, and reared in barracks—a rough school; some the offspring of mothers murdered in the Indian mutiny; others the orphans of soldiers suddenly swept away in terrible epidemics at Bermuda, Malta, Mauritius, and by fever in China, by cholera, dysentery, and sunstroke in India, and who have been adopted by an old comrade. Rarely, but occasionally, are the daughters of professional men met with as the wives of private soldiers. Taken altogether, the remainder chiefly consist of the children of agricultural labourers, and labourers, tradesmen, and sailors.

A large, healthy, fertile, cheerful, improvident class come from Ireland, a few from Wales, the wealthy from England, especially from London and Devonshire. The most comfortable homes are found amongst the Scotch; no debt, dirt, or sickness; the husbands, ruled with a rod of iron, wonderfully steady; and the least satisfactory people to deal with as regards cleanliness, common sense, hygiene, and constitutions, to work upon are women who, from long residence in hot climates, become helpless and lethargic: when sickness comes, they swear by brandy, only rapidly to run down hill.

Intemperance.—The drunkard's home is much the same all the world over; there are no more sots in the army than out of it, considering the terrible increase of this vice. The Lancers, recently stationed here, constituted a splendid dashing regiment, well conducted and healthy; the women a very superior class, of whom the few under Medical treatment made rapid recoveries; the majority very temperate. In 1870 there were 211 teetotallers amongst the men in garrison.

Morality.—Religions professed run somewhat in the following proportion: Church of England, 1,392; Roman Catholic, 435; Presbyterian, 150; Wesleyan, 67; Non-conformists, 18. Making allowance for circumstances, associations, and surroundings, a very honest, hard working class. Illegitimate children, or adultery, very exceptional. One woman in remorse poisoned herself with vitriol. Very little syphilis met with, or to speak more properly, very few cases diagnosed secondarily amongst the wives, but the children of a drunken, syphilitic, liver-diseased father, die early of brain and abdominal affections, or survive to swell the ranks of idiocy and scrofula. My statistics show that a third of the children born to soldiers die of convulsions, dysentery, or diarrhoea.

(To be continued.)

CASE OF FATAL PUERPERAL SCARLATINA.

By FRANCIS M. LUTHER, M.D.

Mrs. DAVIS, æt. 28, secundipara, confined naturally and speedily on the 30th June. I was present, but only interfered so far as to remove the placenta. There was no hæmorrhage. I had been attending a case of scarlatina for a fortnight previously, and used to remain a considerable time in the sick room. There were likewise cases of scarlatina a few doors from Mrs. Davis' house. On the third or fourth day she got a slight rigor followed by thirst, vomiting, and diarrhœa, with some malaise about the epigastrium, and a feeling of weakness. Her tongue was of a brilliant scarlet, but not glazed or dry; pulse not much accelerated. No difficulty in swallowing or sore throat. I was not well myself while attending this case, and not anticipating that it would end fatally, did not take daily notes of its progress; but it was remarkable for the absence of salient symptoms. There were, in fact, none others than those I have mentioned till the 9th of July, when the tongue got aphthous. On this day she said the diarrhœa, previously incessant, had ceased, and asked when might she get up, as the bed was weakening her. During the night diarrhœa returned, and next day she got collapse and died without any suffering. There was no delirium. Livid patches became noticeable on the body before death. While attending her I noticed once a measly eruption on the face, but thought it a scorbutic manifestation to which she was subject. She made so little complaint, and was by nature so delicate in appearance, that I did not perceive the gravity of her case; the more so as for seven years, or nearly, no woman whom I attended in labour had died. A run of luck makes one over-confident. The treatment I pursued was at first giving grey powder and castor oil, and afterwards, under the impression that it might be scarlatina, carbonate of ammonia and sulphurous acid (not on the same days, of course). I also gave aromatic powder, and used turpentine stupes to the abdomen. However, I do not think those remedies were carefully administered, for the young woman had no nurse and depended on the neighbours. I kept her principally on whey and arrow-root, with a very little wine. One day I found her sipping whisky and water, and said I did not think she required it as her pulse was good, not quick, and not weak for her. In a sort of lying-in fever that she got some eighteen months before, I allowed her a good deal of wine and beef-tea. It came on five weeks after labour, was characterised by intense congestion of the lungs and nocturnal delirium. She would get a rigor, and next day a pyemic abscess would appear on her wrist and again on her shin. The latter healed on being opened, but the former discharged for a very long time; when it healed, the hand got swollen and inflamed, a minute eczematous eruption appearing upon it. When this subsided, the hand hung dead from paralysis of the extensor tendons, and, from the same cause, semi-luxation of the carpal end of the ulna occurred. She was confined to bed for six or eight weeks, and was much longer in regaining her strength. In that fever there was no diarrhœa. She had all the aspect of one liable to consumption; indeed, the abscess on the wrist was supposed to be scrofulous, but as it was immediately preceded by a rigor, and occurred in the course of a fever though so long as five weeks after labour, I considered it of pyemic origin, particularly as the occurrence of another rigor was followed by another abscess on the shin. I did not come to any certain conclusion that the malady of which Mrs. Davis died was scarlatina. It might have been a sort of typhoid. I regret I did not give stimulants freely from the start, as McOlinock recommends, and that a second dose of castor oil was given without my knowledge by a friend of the patient. Purgatives should be avoided in puerperal scarlatina. Some four months before

this Dr. Hartland, of Villierstown, while acting as my locum tenens, attended a woman in labour, and she got scarlatina but recovered. The rash came out strongly, the throat was sore, and she was delirious. Hers was the first case of scarlatina in my district, but Dr. Hartland had been attending cases of it.

Hospital Reports.

METROPOLITAN FREE HOSPITAL

Under the care of DR. DRYSDALE, reported by Mr. WM. KIPLING.

PATRICK WOODS, admitted April 29th, 1872.

History.—Aged thirty-six. Occupation, a horse-hair curler.

Present Attack came on three years ago (ten weeks after a sore on penis); he went to work one morning quite well, but in an hour's time he fell on his side unconscious; does not know how long he was so, but when he came round he had lost his speech completely, and the use of his right arm and leg; could hold his water and fæces well. He was laid up three months, and has never recovered, but is a good deal better than he was.

Present State.—There is loss of power in his right arm; cannot flex his fingers on his hand, or hand on forearm; can bend his forearm on arm slightly. Pronation and supination are lost in his forearm. On lying down he can raise his right leg from the bed, he can also stand on it pretty well; cannot flex the foot on leg, or bend the leg on thigh; sensation is good in it.

Tongue is protruded straight; pupils equal; right angle of mouth is higher than left; can close his eyelids; can blow out his mouth without air escaping; complains of no pain anywhere; memory is as good as before the attack. Is a strong, muscular man.

Speech is a good deal affected; can say yes and no easily, but cannot mention his own name—saying pots. He cannot pronounce the following letters of the alphabet:—B C D E H J K Q T U W X Y Z, but gives some other word for each; but the rest of the letters he can manage pretty well.

Ordered Potass iodidi, gr. x.;

Aqua, ℥j., t.d.s.

To be galvanised daily with the secondary current of Stohrer's battery.

May 7th.—Has had the various groups of muscles of leg and arm galvanised daily; he has very fair motion in his shoulder joint, being able to flex his arm on his chest; he can bend his forearm on his arm better, but cannot flex or extend the hand or fingers. He has the muscles of the tongue itself—those between it and the hyoid bone, and the latter with the larynx, galvanised daily; also the oral muscles. The patients in the ward also practice him with the letters of the alphabet, and his speech is better since admission. He can now use his leg pretty well, with the exception of flexing his foot on his leg, which he cannot manage very well. There is no wasting of muscles of leg or arm. Urine normal.

May 21st.—Much the same as above, and is now ordered the continuous current of Pulvermacher's battery.

May 31st.—Not much improvement with the above, but he can move his right arm pretty well in all directions; can flex and extend the forearm on arm to a moderate degree. No improvement in pronation and supination; cannot flex and extend the hand or wrist, and the fingers are a good deal contracted; cannot flex the foot on leg well yet, or the toes on the foot.

Speech is a good deal better, and he has most difficulty in pronouncing the letters B D E H K; the others he can manage pretty well.

July 1st.—Discharged: much in the same state as at last report.

SOCIAL SCIENCE CONGRESS.

THE annual meeting of this Association has gone off well. It was held this year at Plymouth. The Health Section was presided over by Dr. Acland; and we are able to give our readers the following abstract of his address:—

For the first time in our history an office has been formed for the regulation and amendment of the destitution of the greatly increasing population of our country, and in the last Session another step was taken, that of committing to the people themselves the charge of their own health. His object was to endeavour to give a sketch of what is comprised in the idea of health, and then to consider what are the circumstances of this country in respect of that conception. The public health does not consist in the health of individuals, but in all those circumstances which affect the body politic. The term national health includes a further idea; it includes the idea of all circumstances, not only that affect a nation as a whole, but the whole of the individuals which compose it. Then we have a comparative national health, that health which affects and is affected by the circumstances of the whole world; the nations comparing among themselves the reasons why one is more healthy and one less healthy than another, and presenting to the mind the conception of the fluctuations and circumstances of the whole human race. The circumstances which affect these several ideas were very simple; but the cardinal idea of health, of public health, of national health, and of comparative national health, were all different. The cardinal basis of national health was a wise education. For the next subject he would take only three illustrations, carefully selected. When an expert in sanitary matters mentioned the word "hospital" there immediately arose in his mind a conception of what is called a hospital unit. This, technically called a "ward," is that place in which patients live, and if they have no convalescent home they live there always. Therefore it has to be made as perfect as possible for the purpose of health, so that in the general arrangement for the beds all those circumstances were considered which were requisite for placing a person in a healthy position, and then the unit may be occupied by any number of persons that was thought fit. The units may be arranged in a great variety of manners; so that the skilful architect will be able to lay out the building in the most desirable way as soon as he sees the ground on which he is to build. Having a sick man, the first thing to do is not to treat him for his sickness, but to place him in the circumstances of health. For a sick village, a sick town, a sick navy, or a sick army, we do the same. The same cardinal principles have to be applied somehow or other to each individual of the whole. He wished next to present, in a similar hasty way, the fundamental conception of sickness, because as the object of the health department of the association was to handle disease, and so to promote health, we cannot help remembering that disease is a necessity as our world is constituted, and that we have to provide means for the treatment of disease as well as for the preservation of health. What is disease, and how is it to be studied? The answer to this question was furnished by several illustrations of practical work in this direction, and especially by an account of the investigation of the Norwegian Government with regard to leprosy, of the report of the College of Physicians of London on the same disease, and of the work of the Indian Sanitary Commission and of the Medical Department of the Privy Council with reference to the propagation and diffusion of cholera. He next referred to a diagram illustrative of the comparative sanitary condition of different countries, taken from Johnson's *Physical Atlas*. The diagram is 20 years old, and would show, if it were based on correct data, the rate of mortality in all the chief countries of the world. The mortality in New Zealand was stated at the small rate of 100 per 10,000 per annum; in Norway, 20 per 1,000; Prussia, something under 30; and so on; but in reaching the warmer climates the mortality was greater, that at the River Ganges being 700 per 1,000. He did not vouch for these figures, because they were only approximative, but that was the way with all those questions. We must endeavour to find out the way of getting at the precise data of mortality—the rate of life in all civilized portions of the world; and then how briefly they might be expressed; and if he, a poor provincial physician, might presume to ask a request of the great leading journal (*The Times*), he would ask that, instead of putting these figures, as it now does, in a paragraph, they might be put in a form of a diagram. Such is the astonishing success of inquiries made that the Registrar-

General is actually able to tell us at breakfast once a week how the people are getting on not only in Oxford, London, Manchester, and so forth, but he tells also of New York, of Vienna, of Turin, of St. Petersburg, of Bombay, and of Bengal. We have therefore health, public health, national health, and this amazing rising science of comparative national health so roughly sketched; and now the question is: What are poor mortals to do? Mr. Gladstone has said, "Oh, well, so far as England is concerned, hand them over to the guardians;" and he thought Mr. Gladstone quite right. (Hear, hear.) The conception rested upon the conception of the nature of modern civilization, and all the possible future of this nation; and the question was this: Who will manage this country in future, the people or the despot? Are you going to make the people take care of themselves, or are you going to treat them like children, and in the type of the worst feudal times? What the poor working man cannot do, the Government is bound to do for him. These are the proper objects of legislation. Nothing is too minute for the attention of the legislator; but his action must be based upon that principle. When Mr. Goschen, in the course of the last year or two, introduced his sanitary measure, it came in contact with the enormous question of local taxation, and the consequence was that his Bill had to be withdrawn. Mr. Stansfeld, in the Act of 1861, with a rare combination of sagacity and impetuosity, introduced three sides of a sheet of foolscap, in which he placed this principle before the Legislature—that the care of the public health should be in the hands of a first-class Cabinet Minister, possessing within his office all the elements requisite for supervising the whole health of the nation. He was taunted with taking a narrow view of the question, and when the Bill was read a third time and passed in the House of Lords, some of the newspapers actually did not notice it. Dr. Acland next considered the chief matters which are comprised in the cardinal ideas on the inquiry concerning health. He had twenty-nine of them, and there was not one which could be properly left out of legislation concerning national health. There were many questions to be asked with regard to hospitals. Should a county hospital, because it is supported by voluntary contributions, be exempted from inspection? On the list he had one subject which may not at first seem to have much connection with public health and local government—namely, the reorganisation of charities. It seemed to him impossible that we should go on for another quarter or half a century without dealing with this subject, without seeing that there is no waste of the energies and powers either of Governments or individuals in caring for those who need care. Instead of committees squabbling as to who was and who was not eligible for aid and matters of that sort, there must be a combination of the powers of the State and with those of individuals on this subject, or, in point of fact, they would come to a dead lock. That was his answer to the sharp criticism that we sometimes hear as to the impropriety of collecting in one central office what is called the care of destitution and the care of health. The two subjects are inseparable, and in the present state of civilisation it is necessary that in some form or other these two great departments of State should be united. In adopting that plan the Government of Mr. Gladstone proceeded upon the wise principle that, instead of waiting till they could construct a perfect theoretical system, they would avail themselves of the existing institutions and habits of the country. In resting upon the local self-government of the country for the administration of this vast subject Mr. Gladstone followed the principle which has made England what she is. He relied upon the principle which has made her people self-reliant, and therefore capable. He recollected that he was dealing with a practical people—with the practical people whose forefathers, sailing from that port, laid the foundations of the American Republic, gaining for their country new worlds and new reputations; and this people, when they have duties assigned to them, and are told calmly and kindly how they are to discharge them, will not refuse to act up to their character as Englishmen. There is one thing, however, in the Act which he would wish to see repealed. It is absolutely necessary that there should be attached to the office what are called experts. A scientific expert is not necessarily a man who has not succeeded in his profession, and wishes to be delivered from the trouble and care by a Government salary. What is necessary is, that whoever our scientific experts may be their opinions should be able to stand such a test as the opposition in a court of law of his friend Sir John Coleridge, and the evidence of such men as Letheby, Frankland, and Liebig. It is not enough to send down experts in

the profession to lay down the law before Guardians; they have got to remember that the English people would resist a doubtful opinion in a Court of Law, or on appeal. The point is very easily met. What is wanted is not that the Local Government Office should pay experts large salaries, but that the services of the most eminent scientific men should be retained, and that they should be paid fees for their opinions. In this way you would be able to get the best opinions which the world can produce, and to avoid any subsequent contest in a court of law. He believed that the Public Health Bill—and he had carefully abstained from having any communication with members of the Government upon the point—has conferred upon the great central authority and upon the very competent person who holds the chief position in it the power to drive the country into such measures in the several localities as may be desirable, and to obtain the assistance of any number of experts to aid him and the local authorities in their honest and upright endeavours for the promotion of the national health. With regard to the legislation of the next Session, Dr. Acland said he would not take the responsibility of urging the Government to take up further action next year. He earnestly desired there might be no Public Health Bill in the next Session, and that the power of the Government should be given to the question of local taxation. His reason was perfectly plain. We cannot expect to treat this public health question with finality; and local taxation must be settled before completing arrangements for the payment of new officers, and even for assigning to them their proper duties. He would implore the Association to support the Government until they see what are the effects of the existing laws, and until the local authorities throughout the country have had time to mature their plans. It is only waiting for a few months, when both parties in the House of Commons might combine together to prepare a permanent sanitary code and not a mere consolidation. In conclusion, Dr. Acland pointed out that healthy minds were dependent on healthy bodies.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, SEPTEMBER 25, 1872.

THE PUBLIC HEALTH ACT.

THE Public Health Act has given rise to so many inquiries on the part of our correspondents that we may as well enumerate its chief provisions once for all, so as to enable them to consider fully their position, and peruse

or take part in the discussions that may follow. At the same time we should advise all whom it may concern to procure a copy of the Act, which contains sixty sections of a rather incongruous nature. Already copies of the Act have been sent by the Local Government Board to all town councils, boards of guardians, and other local authorities, with a circular explanatory of the provisions of the Act. Poor-law Medical officers will, no doubt, usually be able to consult this circular, and are likely to find it of use. Another circular is being prepared respecting the duties, qualifications, salaries, &c., of Medical officers of health in those cases in which the local authorities desire their salaries to be partly paid out of the national exchequer.

The Act is rather one of consolidation and rearrangement than anything else. A number of discordant authorities are quietly extinguished, and sanitary powers are henceforth confided to urban and rural authorities defined by the Act, and under the control of the Local Government Board. Medical Officers of Health and Inspectors of Nuisances are to be appointed by the new health authorities, and half their salaries will, under certain conditions, be paid by the Imperial Government. The Corporation of London is to take charge of the Thames, and with Dr. Letheby as Medical officer to the city, there can be little doubt that the sanitary authority of the port of London will be wielded with wisdom. The Act does not extend to Ireland or Scotland. We now state the effect of some of the clauses.

Sixteen are devoted to urban and rural sanitary authorities, into which the whole of England is divided. Urban sanitary authorities consist (1) of the corporate body of a borough constituted such either before or after the passing of the Act, (2) or the Improvement Commissioners of an Improvement Act district, or (3) the Local Board.

The boroughs of Oxford, Cambridge, Blandford, Calne, Wenlock, Folkestone, and Newport in the Isle of Wight are excepted. Cambridge will be deemed an Improvement Act district, and Oxford will be included in the Local Government district.

Rural sanitary authorities consist of the guardians of any Union which is not within the area of an urban sanitary district.

All Local Government Acts, as well as the Public Health Act of 1848, remain in force in urban sanitary districts and the new authorities, rural or urban, take all powers possessed under the Sewage Utilisation and Sanitary Acts, the Common Lodging Houses, the Diseases Prevention, and the Bakehouse Regulation Acts.

Every urban and rural authority is to appoint a Medical officer of health and an inspector of nuisances, whose appointment is to be subjected to the same conditions with the Local Government Board as now exist relative to the appointment of parochial Medical officers.

The inspectors of the Local Government Board may attend the meetings of urban and rural sanitary authorities.

In reference to port sanitary authorities, the Local Government Board may constitute any sanitary authority on the edge of any port the sanitary authority of that port, with power in accordance with the provisions of the Sanitary Act of 1866 over all craft moored therein.

Clauses 22 to 32 comprise alteration of areas and empowering the Local Government Board to declare any rural district an urban district; and also regulate the union of districts.

Clause 33 refers to the repeal of local Acts, and provides for the payment of compensation in cases of abolition of offices; and there are nineteen miscellaneous clauses referring, among other matters, to the transference of the working of the Metropolis Water Acts and the Alkali Act from the Board of Trade to the Local Government Board, to the provision made for the salary of the Medical officer of the Local Government Board, to the transfer of all officers and others employed for the purposes of the Act, to powers for the ordering the destruction of infected bedding, &c., and to the imposition of penalties on any persons who wilfully disobey sanitary regulations.

These are the chief provisions that interest Medical readers, but as we have already said, those immediately concerned should obtain a copy of the Act.

SIXTEEN YEARS' SANITARY WORK.

WE have before us the sixteenth Annual Report made to the Vestry of St. James's, Westminster, for the year 1872, by Dr. Lankester, Medical Officer of Health for St. James's, Westminster, in which we find a summary of his sixteen years' sanitary work in the district. The average death rate of the parish for the past 16 years has been 730; it would appear that upon an average there have been sixty less deaths every year since his sanitary operations commenced. Every one must feel that human work is carried on by human life, and that the result of work is wealth. The value of human life is therefore a calculable quantity. The charges for funerals, for illnesses, for work not done, for poor's rates, all the results of disease and death, can be easily estimated. He calculates that the sum thus saved to the community at large could not be less than £50,000.

In 1857 he was requested to draw up a special report, in preparation for cholera, which was made to the Vestry on the 15th of October. The recommendations there made were more or less immediately carried out. During this year he also drew up two handbills, one containing directions for the preservation of health, and the other directions for preventing the spread of infectious diseases. These were the commencement of a series of handbills which he drew up, and which have done a great deal of good in many parts of the country. Some of these have been reprinted and circulated in various towns of England.

In 1858 his attention was called to the overcrowded and unhealthy condition of those cellars and kitchens which had been let for the occupation of poor families during that year and the preceding ones. Sixty-two kitchens were condemned as being occupied contrary to the 103rd Section of the Metropolis Management Act. Since that time it required constant attention to prevent them being repopulated. The getting rid of the unhealthy population of the kitchens was undoubtedly a cause of the diminished population and increased salubrity of the parish.

In 1859 he pointed out that a large number of stables, cow houses, and slaughter houses were situated in the midst of thickly-crowded populations, and could but act, through the decomposing animal matter by which they are accompanied, injuriously on the health of the inhabitants of the houses near by.

In 1860 he was appointed analyst under the Adulteration Act, but without a proper laboratory for carrying out the provisions of it. He, nevertheless, made extensive analyses of articles of food, and much good has been done by the knowledge of the fact that he was ready to undertake the analysis of any article of food that was found to be unfit for eating, or improperly adulterated.

In 1861 his most especial business was the inspection of the bakehouses of the parish. The great majority of them were found to be free from objections on the score of the health of the persons employed.

In 1863 the cow houses, which had become a great nuisance in the Parish, were put under supervision by the aid of a clause in the Amended Metropolitan Act of 1862. The slaughter houses were also put under surveillance through the same Act, and the magistrates refused to license houses for slaughtering under ground.

In 1864, the Sanitary Inspector was chiefly employed in carrying out a house to house visitation, for the purpose of discovering persons who were unvaccinated. Upwards of one thousand families were visited, and upwards of one hundred and forty children were found unvaccinated. During this year the largest mortality occurred of any year during the sixteen of which he had been Medical Officer of Health. He undertook to investigate the causes, and showed in his Report that the death was due to the extreme cold of that year. He also brought forward that year the necessity of a more accurate registration of deaths, and a petition was presented to the Home Secretary on the subject.

In 1865, the very evident increase of diarrhoea and the existence of cholera on the continent of Europe, led to the adoption of immediate steps for meeting any outbreak of this disease in the Metropolis. It was in this year also he made extensive inquiries into the condition of persons in the various work-rooms where tailors and milliners were employed. This led to a large improvement in the condition of these work-rooms, as everywhere the proprietors were glad to receive instructions with regard to any improvement for the benefit of their workpeople.

In 1866, as had been anticipated, the cholera came. First, an unusual amount of diarrhoea, then true cases of cholera. The epidemic spent its strength in the East of London; but in St. James's, Westminster, there were eight deaths.

Notes on Current Topics.

Appointments in the Carmichael School, Dublin.

IN the appointments recently made at the Carmichael School of Medicine, we are happy to observe that the proprietors have exercised a wise discretion in selecting for the important posts vacant two gentlemen who have not only distinguished themselves as teachers, but have also proved their ability to undertake and conduct original physiological investigations. Drs. Yeo and Harvey undertake a responsible position in their accession to the Physiological niche so long occupied by Dr. Robert McDonnell, and their characters as experimental investigators give promise that they may worthily carry out the work so ably begun by their predecessor.

Cholera in India.

THE malignity and persistence of cholera amongst European troops in India is giving very great concern to the authorities, and much thought is devoted to the question of its origin. The *United Service Gazette*, in its last issue, details the substance of a conversation on this subject with "a field officer of great intelligence and of long Indian experience." It says—"We have received from him the strongest confirmation of our previously-expressed opinion, which was and is, that impure drinking-water is the real *fons et origo* of all these cholera outbreaks. It appears that previous to the present year, India had a long continuance of dry seasons, during which fever prevailed, but cholera was almost entirely absent. This year the plains have been flooded with rain, and the surface-water has drained into the wells, carrying with it all the

impurities which might be expected to lie on the surface all about Indian towns or cantonments. We are indebted to our informant in addition for a further, and what we look upon as being a very suggestive, piece of information. It appears that in the latter days of Sikh rule, Meean Meer was the site of Runjeet Singh's camp, and that that camp left behind it enough of abomination both on the surface and under the surface, to poison all the wells in India. During the long succession of dry seasons, these abominations remained where they had been deposited, but when the rains came, it is not at all unreasonable to suppose that they found their way to the wells, and deposited the cholera-germs in the water."

It seems rather a startling proposition that drinking-water may be contaminated by cholera-germs deposited in the soil a quarter of a century previously and washed out by rains. We should be sorry to believe that the present generation might thus be called upon to pay the penalty of the sanitary *laches* of its predecessors, but we can, nevertheless, fully conceive that the drinking-water of Indian towns or camps may become the storehouse of epidemics which only need victims for their development.

Boarding-out of Pauper Children.

SIR CHARLES TREVELYAN has written in reply to those who object to the system of boarding-out of pauper children. He says that the ladies and gentlemen who undertake the superintendence of the orphans know the steady married couples, striving widows, or elderly unmarried women in their respective neighbourhoods who can be trusted as foster parents, and in some interesting cases orphans have been engrafted into the family of the gardener or of the bailiff in charge of the home farm. Many a desolate home has thus been rendered cheerful; and while the largest scale of allowance authorised is still a saving to the ratepayers, the lowest forms an acceptable addition to the narrow incomes of the labouring class. In the manufacturing districts, he adds, the movement has taken a form suited to their special circumstances.

The Adulteration Act and the Vinegar Trade.

THE *Chemist and Druggist* calls the attention of its readers to a warning contained in its advertising columns relative to the sale of adulterated vinegar. It has long been the practice of some unscrupulous persons to give a fictitious strength to these articles by the use of vitriol. This practice will in future render the vendor liable to a penalty of £20 for each offence.

Small-pox in Holborn.

THE greatest number of cases reported by the Medical Officer of Health (Dr. Gibbon) in his former report as occurring in any one week was 13 during the week ending May 13th, from which date they averaged 9 fresh cases weekly up to June 17th, when 12 were reported; they then gradually declined until the middle of November, when a slight increase occurred in the returns for about a month.

The new report just published gives much additional information. Thus we learn from it that since the close of the year 1871 a few sporadic cases have occurred, chiefly in the registered common lodging houses.

This epidemic has certainly proved the most fatal, if

not the most wide-spread epidemic of small-pox, since the passing of the Metropolis Local Management Act, 1855. The next most formidable outbreak occurred in 1863, when small-pox killed 2,012 in London, whereas last year it killed 7,876 persons.

In this district, in 1863, there were 255 cases and 36 deaths (viz., 24 in private houses, and 12 in hospitals); whereas, in 1871, there were 249 cases and 58 deaths, viz., 14 in private houses, and 44 in hospitals.

In 1863 Holborn sent 33 cases into the Small-pox Hospital, of whom 9, i.e., 27 per cent., died; 89 cases into a separate and detached infirmary at the workhouse, and 3, i.e., 3.36 per cent., died; 266 cases were treated in private houses, and 24, i.e., 9 per cent., died.

During 1871 the same district sent 193 into the Hampstead and Homerton Small-pox Hospitals, of whom 44, or 22.8 per cent., died. Out of the 160 cases treated in private houses only 14, i.e., 8.7 per cent., died.

Out of 6,113 patients treated between the 1st of December, 1870, and the 20th of December, 1871, 1,167—i.e., 19 per cent.—died in the hospital. And even this is not the total mortality, as many of these patients were removed for the completion of their cure to convalescent hospitals—the females to the old workhouse of St. Mary's, Islington, where 40 died, and the males to the *Dreadnought* Hospital Ship, where 3 died. These 43 deaths, added to the number actually occurring in the Hampstead Hospital, bring them up to 1,210 deaths in 6,113 patients, or 19.79 per cent.

These returns show an excessively high death-rate of cases treated in the Small-pox Hospital—more than twice as great as that amongst patients treated in their own homes. The only argument in favour of hospital treatment as against home treatment, according to the report before us, is, that it affords more effectual isolation, and is, thereby, supposed to prevent the spread of infection. This theory of isolation in hospital, as applied to the treatment of the very poor, is, it is admitted, undoubtedly good; but, unfortunately, it was unnecessarily applied to many cases which were well and effectually isolated in their own homes; and whenever this can be done, Dr. Gibbon holds that it is as impolitic, in a preventive point of view, as it certainly is in a curative one, to remove cases of small-pox or other infectious diseases into hospital. However, as the Legislature has decreed that isolation should be tried on a large and expensive scale, he thinks it is only due to the metropolitan ratepayers that some inquiry should now be instituted to ascertain why the experiment has so signally failed in a preventive, as well as a curative sense, during the recent epidemic. He seems to think it will be found that isolation—admirable means of prevention as it undoubtedly is—in so very infectious a disease as small-pox, requires to be carried out under very strict and skilled supervision, otherwise its practice causes more disease than it prevents. Persons labouring under small-pox emit the seeds of the disease very copiously into the adjacent atmosphere, and are sure to infect all unprotected persons who come within a moderate distance, as well as articles of clothing, furniture, &c. He asserts that he knows of several instances in which the distemper was taken by persons being allowed to collect around the small-pox ambulance in the street, and from patients who were discharged from the hospital before they were free from infection and without previous disinfection. The practice of sending

small-pox patients unnecessarily through the streets to convalescent hospitals appears to him calculated to spread the disease.

Competency of Medical Practitioners who are not Apothecaries, to Compound Medicines.

WE recently quoted an editorial note of the *Pharmaceutical Journal*, which appeared to infer that Medical men, not being Apothecaries, were disqualified from dispensing. A recent legal decision in England, which we at the time discredited, went to show that a Medical practitioner could not recover the value of medicines unless he were legally empowered to do so by holding the Licence of an Apothecaries' Company. The *Pharmaceutical Journal* quoted in support of this allegation, the opinion of Mr. Glenn, the author of a well-known treatise on the laws affecting Medical men. Mr. Glenn (on the authority of the 31st and 32nd Vict., cap. 121, sections 1, 15, 16, and the 32nd and 33rd Vict., cap. 117, section 1) says that a Medical practitioner, not being a legally qualified Apothecary, may not sell, or keep an open surgery for retailing, dispensing, or compounding "poisons" (*i.e.* articles declared so by statute), unless registered prior to August 11th, 1869, or registered since that date with a diploma which could not be obtained without passing an examination in pharmacy. This regulation does *not apply* to Ireland, but somewhat similar provisions are enacted with regard thereto, by a recent Act—33 and 34 Vict., c. 25.

It is obvious from this statement that no Medical practitioner is disqualified from dispensing or recovering his remuneration for so doing as long as Pharmacy is included amongst the subjects of the examination of the licensing body from which he has taken his diploma.

The English Hospital Dinners.

THE Biennial Dinner of the Old Students of St. Mary's Hospital, Paddington, will be held at Willis's Rooms, on October the 2nd, Spencer Smith, Esq., in the chair. The Annual Dinner of the Past and Present Students and Friends of the Middlesex Hospital Medical College will take place at St. James's Hall on October 1st, T. W. Nunn, Esq., F.R.C.S., in the chair. The Council of the Leeds School of Medicine, with old Students and others interested in the School, will also dine together after the delivery of the President's Address, on October 1st.

Adulteration of Quinine.

THE *Indian Medical Gazette*, in its last number, gives the result of its analysis of twelve samples of *soi-disant* quinine bought in the shops of twelve different native practitioners in Calcutta. Of the dozen samples six were spurious, and consisted in great part of cinchonine.

Army Medical Department.

STAFF SURGEON-MAJOR VEALE has been ordered to Netley for duty, and is to join on the 1st prox. Staff Surgeon Herbert has embarked for St. Helena. Staff Assistant-Surgeon A. L. Brown has been granted six weeks' leave of absence, prior to embarking for Bombay; Staff Assistant-Surgeon Grant is on leave till Nov. 10th next.

The "International" at Omagh.

A MEETING was held the week before last at Omagh, under the auspices of Dr. Maunsell, the Poor-law agent of the *British Medical Journal* in Ireland, with the view of establishing a branch of the London Poor-law Medical Officers' Association in Tyrone. Dr. Maunsell was present, together with five out of the thirty-five Poor-law Medical officers of that county. Seven resolutions were passed with great and commendable unanimity by the four gentlemen present, about two to each person, and the foundation stone of the British Medical Association Agency having been proclaimed with much jubilation, the meeting went home to their dinners.

Portraiture a la Mode.

IT is not an uncommon thing for a man who has made his mark in the world of science, literature, or politics, to write his own biography, and we are not sure that our readers will dispute with us that many lives have been inscribed upon paper which to society were not worth the materials used for their construction; but it would be a very uncommon thing indeed if those biographers exposed their sensitive feelings to the attacks of critics during their lifetime. *Requiescat in pace* is the benediction pronounced over the dead; but this would frequently be reversed were the man alive. Criticism would not then be bound by the tomb, and he would see the mighty mountains of his own conceit topple over one by one beneath the sledge-hammer of the press and public opinion. We are led to this subject by an announcement of our artistic contemporary, *The Graphic*, that it will publish in its early October numbers the portraits of those gentlemen whose names are given to deliver the Introductory Addresses at the opening of the London Medical Colleges. Doubtless the gentlemen concerned will feel flattered for the attention of our contemporary, and will wax doubly eloquent at the thought that eagle-eyed cameras stare them in the face to catch the most telling attitude, the self-satisfied expression, and the elegant wave of the hand. We do not object to this: on the contrary, a spirit of emulation may be engendered, the honours of hospital chairs be more keenly contested, and a little more life and originality of thought be infused into these annual addresses when it becomes known that the eye of the general public will be upon them the next week, and students will no longer be their only censors. We do, however, for obvious reasons, strongly object that these gentlemen should be asked to write their own biographies for publication. 'Tis well to blow one's own trumpet sometimes—as a rule, this is performed by one who has no friend to do it for him; but the gentlemen selected to open the Session at our important schools should be above this, and their own professionally public life be the best biography.

THE next meeting of the British Association will be held at Bradford, on September 19th, 1873, under the presidency of Dr. James P. Joule, LL.D., D.C.L., F.R.S. Belfast was selected for 1874.

THE Senatus Academicus of Edinburgh University has lodged a reclaiming note against Lord Gifford's judgment in favour of the lady student. This will at least have the effect of delaying them on their road to legitimate degrees.

THE Corporation of London are under a legal obligation to re-build dwellings for the poorer classes in the immediate neighbourhood of the Holborn Viaduct within five years from the passing of their Viaduct Act, 1867. The Board of Works have twice reminded the Corporation of their liability in this very important sanitary matter. Inasmuch as the time specified by the Legislature has elapsed without the commencement of these dwellings, the report of the Medical officer of the district says it appears to be the duty of the Board, in the interest of the public health, to take measures to compel the fulfilment of this very wise provision of an Act of Parliament.

MEMORANDA (ANEURISM).

AMONG the anxieties and responsibilities of an active professional life, many useful precepts and important suggestions are forgotten, and the same observations and results are recorded again and again as original. The following affords an example of this fact:—In the last number of the MEDICAL PRESS (No. 1,750, for August) there is an interesting address at the meeting of the British Medical Association, by Oliver Pemberton, Surgeon to the General Hospital, Birmingham, on a modification of the operation of aneurism of the femoral artery. By the usual operation, Dr. Morris informs us, in his tables, the mortality is 24·5 per cent., or as great as amputating the thigh for disease.

In March, 1857, Mr. Pemberton relates a case (D., p. 151) in which pressure was applied to the sac of the aneurism for four hours at a time, so as to retard the circulation. During the first fortnight little good was effected. Then, for eight consecutive days, pressure was applied on an average of seven and a half hours per day, and for nine days, six and a half hours per day. From this time the aneurism diminished in size, ceased to pulsate, and the patient gradually resumed his ordinary occupation as an active sportsman. The remains of the aneurism is an indurated enlargement, the size of a chestnut. He is yet living in his 83rd year, active and well.

In case B., æt. 32, the aneurism had existed for three months. Exercise with occasional manipulation of the tumour accomplished the cure.

As this important treatment has been recommended in a work (a) little known in this country, we shall place before our readers a rational method of treating aneurism described by the author, affording an explanation which we consider worthy of consideration.

Instead of pressing or manipulating gently the sac of the aneurism, press gently upon the distal vessels of the aneurismal swelling with properly regulated stimulating applications over the sac, so as to encourage the formation of consolidated blood in the sac: To understand this effect, Dr. Wise makes an important distinction between consolidated and coagulated blood (b). The former term is employed to designate the preternatural vital change in the blood, when it is converted into a homogeneous red solid mass, or is consolidated into a vital body, which we constantly see removed and deposited, in which John Hunter found vessels, and which is sometimes inflamed and purulent matter is formed, or is changed into bony matter in the aneurismal sac, or into *phlebolites* osseous-looking bodies, or calculi in veins (c). In the latter case

the blood coagulates when its chemical constituents change or when it is removed from the body. The former, in the aneurismal sac, forms hard layers, and terminates, as in the above Case D., in a hard ball, which remains unchanged; but when blood coagulates in the sac it causes irritation and suppurates. In this case the inflammation in the sac extends to the blood vessels connected with it, and consolidated blood fills up these vessels and prevents the direct introduction of purulent matter into the system. This effect is produced by pressure upon the sac; but a better method is to produce pressure upon the distal vessels of the aneurism, to diminish the force of the circulation, with proper regulated stimulating applications over the sac, so as to encourage the formation of consolidated blood in the sac.

Literature.

A MANUAL FOR HOSPITAL NURSES (a).

THIS little book contains much valuable information, but it is doubtful whether it will meet with many purchasers among professional nurses, owing to the high price at which it is published—namely, half-a-crown, for 72 pages, 12mo. We regret to notice in it too many trivial remarks, such for instance as this:—"It becomes the duty of every nurse to see that a constant supply of fresh air is always provided for her patients, taking care that there are no draughts, and that the ward is not made unnecessarily cold." What can be the practical utility of telling nurses that they are expected to solve the problem of providing abundance of fresh air without too great lowering of the temperature, when it is notorious that this is almost impossible, at least in the cold season, in hospitals as hitherto constructed? Again, it is very easy to say, "a well-stuffed hair mattress about six inches thick is the best for the majority of cases;" but the phrase has no definite meaning. A well-stuffed mattress makes a very good bed for the first six months; after that time, however, it begins to get hard and thin, and in the course of the second twelve months of use, is anything but a good bed. All mattresses ought to be taken to pieces, carded, and made up again every six months, as is done in most French houses and institutions, but seldom or never in these islands; and he who puts himself forward as a teacher of nurses ought to know this and to direct attention to it. It seems to us, also, to be a serious defect in a manual for nurses that the important subjects of infection and the use of disinfectants are not so much as once mentioned. There must have been something radically wrong in the sanitary teaching of the school where Mr. Domville was educated to account for this omission. A completely satisfactory book on hospital nursing—one that might compare, for instance, with Miss Le Hardy's "Home Nurse," has yet to be written; for even Miss Nightingale's notes have no pretension to be a practical guide to nursing.

HYGIENE (b).

IT is the wont of a good many members of the Medical Profession to assert that of late years French Medical men are wanting, both in profundity, and in the industry required for the successful study of the science of medicine. This opinion is one worth examining into in detail, but

(a) "Essay on the Pathology of the Blood." By Dr. Wise. Second edition. Adam Black and Co. 1858. See particularly pp. 307, 308, 309, and 310.

(b) L. c., p. 32.

(c) L. c., p. 337.

(a) "A Manual for Hospital Nurses." By Edward J. Domville, M.R.C.S., &c. Churchill, 1872.
(b) *Traité d'Hygiène Publique et Privée.* Par Dr. M. Levy. Two Vols, 8vo. Paris: Baillière. London: Baillière, Tindall, and Cox. 1872

any person who takes up the various works on hygiene which have issued from the French press, will be likely we believe, to say that in industry at least there is no lack amongst French Medical authors. Indeed, when we look at the brief and scanty treatises upon hygiene, which we possess in the English language, and compare them with the learned work of Dr. Levy now under consideration, we shall feel compelled to acknowledge that neither in learning nor in industry can we at all compete with such authors as Tardieu, Becquerel, or our author. Every student of hygiene should possess this book.

The greater part of the two large volumes which constitute the late M. Levy's splendid work, are occupied with private hygiene. The early part of the first volume treats of the history of the science in the days of Socrates and Hippocrates, when gymnastics were so successfully cultivated, and carries us onward to the days of Galen, Celsus, Moses, the school of Salerno, &c. Hygiene passes out of the hands of the priest gradually into the domain of the man of science and the physician.

He then treats of the *temperaments* and *idiosyncrasies*, the peculiarities of constitution accompanying age and sex, and the proclivities to disease as influenced by such facts. The chapters on sex are peculiarly well done, especially, that one upon diseases peculiar to the male sex, which is always treated in a silly manner by the majority of writers in this country.

There is a most learned disquisition on climate in the first volume, and the question of acclimatisation is thoroughly gone into and solved as far as possible. This is a subject of the highest importance to natives of this colonising country.

The part of the work which treats of soil and habitation, and ventilation, is admirable and exhaustive, and that on drainage is admirable.

The chapters on food, too, are full, and will be found replete with materials useful to the lecturer on this important branch of the subject. There are numerous tables, giving the value of each kind of diet, and comparisons between the dietaries of various armies in Europe are made.

The chapters on bathing are well done, and it is evident that the author is a great admirer of what is now denominated "hydropathic" régime. His observations on drinks show that theoretically he is an admirer of pure water as a drink for the healthy; but he speaks favourably of both tea and coffee as beverages, on the whole tending to lengthen life, when partaken of moderately. He is a foe to tobacco, but speaks his convictions mildly, and with a tender feeling of regret in objecting to the herb which so often gives pleasure to the soldier or sailor.

In the matter of public hygiene, he acknowledges the evils of over-population, following in this the views of the great French writers on this subject, such as Say, Garnier, Becquerel, and Villermé, all disciples of Adam Smith, and the great English school of political economy.

We might go on for a great deal longer, but merely wish to express our opinion in brief, that the work on hygiene by the late M. Levy, is by far the most complete and valuable work extant on this subject, and that all English writers on such subjects, and students of what is called state medicine, should by all means have the work in their library.

THE MODES OF ORIGIN OF THE LOWEST ORGANISMS (a).

THE BEGINNINGS OF LIFE (b).

THESE volumes constitute a very able and elaborate defence of the doctrine of Heterogenesis or the evolution

(a) "The Modes of Origin of the Lowest Organisms." By H. Charlton Bastian, M.D., &c. Macmillan. 1871.

(b) "The Beginnings of Life." By H. Charlton Bastian, M.D., &c. Macmillan. 1872.

of life, popularly known as "Spontaneous Generation," and now styled by Dr. Bastian "Archebiosis," and a complete array of experimental and other evidence in its favour. The case of the Heterogenists in the present state of public opinion on philosophical and religious subjects, has to be conducted in the face of almost overwhelming prejudices, which will long prevent the evolutionary theory of life from being generally accepted. But such advocacy as that of Dr. Bastian must have great influence, in reconciling to that theory the rising generation of students and thinkers. Were these prejudices, however, to be set aside, there would remain little serious opposition of a scientific character to the doctrines in question, except that of the French *savant*, Pasteur, who may be considered the apostle of the contrary doctrine of Panspermism. Almost all other observers with whose writings we are acquainted concur in supporting the doctrine of Heterogenesis. Thus, Pouchet, Joly, Musset, Mantegazza, Wiyman, Schaffhausen, Bennett, Meunier, Child, Cantoni, Frémy, Sanderson, Le Gros, Onimus, and Garne, have all been constrained by the nature of the results attained by them from their experimental researches, to declare more or less decidedly in favour of evolution. But Pasteur, owing to his manipulative accuracy and ability in stating his case, is in himself a host. The trustworthiness of his experiments has never been seriously doubted, and if the decision of the question were made to rest on his results as interpreted by himself, he would undoubtedly be pronounced to have made good his position (a). Other observers, however, have not been content merely to repeat Pasteur's experiments; they have devised new ones, the results of which seem to entitle them to give an interpretation to Pasteur's very different from that put forward by the latter. Thus, the celebrated Alpine experiments, contrived for the purpose of showing that aerial germs, which, according to the panspermists, abound in the atmosphere at low levels, are absent at great altitudes, and wherein boiled and hermetically sealed flasks, containing organic infusions, exhibited no living organisms after being made to communicate with the external air, when repeated, with more concentrated infusions, by MM. Joly and Musset, acting in concert with M. Pouchet, manifested an abundance of infusorial life (b). The latter observer, who is entitled to be considered the leader of the modern heterogenists, had previously demonstrated that the production of organisms and the peculiar character of those produced were to a great extent determined by the nature of the substances entering into the composition of the infusions, and not by any germs conveyed into them from the air to which they were exposed after the boiling process (c). Again, Professor Wyman, of Cambridge, U.S.A., by working with small quantities of infusion in proportion to the size of his flasks, and consequently with relatively greater volumes of calcined air, hardly ever failed to develop organisms in experiments which, in the hands of Pasteur, had produced none; but found that when the boiling, which Pasteur was content to continue for ten minutes, was prolonged for five or six hours, no organisms were ever produced, even under the above apparently favourable conditions (d). The conclusion arrived at by

(a) "Mémoire sur les Corpuscules organisées dans l'Atmosphère; examen de la doctrine des générations spontanées," par L. Pasteur; *Annal. Scien. Nat.*, partie zool., t. xvi., pp. 6-98; Paris, 1861. "Expériences et Vues Nouvelles sur la Nature des Fermentations," par L. Pasteur; *Comp. Rend.*, t. lii., pp. 1260-64, 1861.

(b) Expériences sur l'Hétérogénie exécutées dans l'intérieur des Glaciers de la Maladetta (Pyrénées d'Espagne), par MM. Joly et Musset; *Comp. Rend.*, t. lviii., pp. 538-61, 1863.

(c) "Hétérogénie," par F. A. Pouchet; Paris, 1859. "Nouvelles Expériences sur la Génération Spontanée," par F. A. Pouchet; Paris, 1864.

(d) "Experiments on the formation of Infusoria in boiled solutions of organic matter enclosed in hermetically sealed vessels and supplied with pure air," by Jeffries Wyman, M.D.; *Silliman's Amer. Journ. Scien. and Arts*, Vol. xxxiv., pp. 79-87;

Dr. Hughes Bennett was that his experiments were totally adverse to the atmospheric germ theory, and indicated that the production or non-production of infusorial organisms, so far as the air was concerned, depended rather on the temperature, density, and other physical qualities of that medium than on the presence therein of infusoria or their germs (a). Dr. Burdon Sanderson, by an extensive and accurate series of experiments, has more recently thrown considerable additional light on the generation of the more constantly found of the organisms under consideration, namely, bacteria (wherewith vibrios are generally associated), to which he gives the name of microzyms. According to him, "liquids which contain no particle distinguishable under the highest powers of the microscope can often be proved to possess the property of evolving microzyms [after being boiled in sealed flasks] without contact with external media," but "no amount of exposure [of the liquids] has any effect in determining the evolution of microzyms, the air being entirely free from such organisms" (b). By his elaborate researches, Dr. Bastian has confirmed many of the above observations, and has, moreover, adduced numerous proofs that when the boiled infusions are sufficiently strong and of a highly fermentable order, infusorial life is freely evolved, even *in vacuo*, the absence of pressure being, according to him, a condition peculiarly favourable to such evolution. Of his many experiments perhaps none is more conclusive than that distinguished as No. 6., wherein "active protomycetes and ciliated monads were taken from a hermetically sealed flask, which eight weeks previously had been exposed to a temperature of 270°—275° F.; and these very organisms were killed afterwards by the temperature of 140° F." (c).

It would seem, therefore, that Pasteur had not succeeded in grasping the whole truth, although what he did lay hold of was true, so far as it went. Thus, that most telling of all his experiments, wherein certain infusions contained in flasks having long drawn-out and bent but unsealed necks, after boiling, could be kept for an indefinite period without producing organisms, so long as the necks remained intact, but gave rise to them after standing a day or to when the necks were broken off short, so as to put the contents in free communication with the atmosphere, only proved that the particular infusion used was such as would not produce infusorial life when shut out from the external air after being boiled. But this negative result cannot be accepted as proof that different organic infusions will behave in the same manner, in the face of the experiments of other observers which have given positive results with other infusions, or by working under different conditions.

In addition to the weighty direct evidence which can be brought forward against panspermism, in the shape of experiments by independent observers, wherein organisms were actually obtained under the observance of precautions against the intrusion of "germs" even greater than those insisted upon by Pasteur, there rise upon all sides against that doctrine, arguments based on the difficulty of admitting the atmosphere to be constantly loaded with the seed of all the various organisms to which panspermists attribute the different kinds of fermentation and putrefaction. According to Pasteur, each fermentive process has its own peculiar air-borne ferment, in the absence of which it cannot arise. There is one for the vinous, another for the cerevisic, another for the acetic, another for the malic, another for the tartaric (calcic tartrate), another for the

lactic, another for the butyric, another for the urinous, another for the albuminous (ordinary putrefaction), and so on; (d) and one and all, or their suppositious germs, are constantly present in the atmosphere to such an extent as to be ever ready severally to produce their peculiar transforming actions. It might be just possible to believe this in the case of liquids freely exposed to the air, whence might be derived all the various germs supposed to be floating therein, and among them perchance the particular kind suited to produce the fermentation peculiar to the recipient fluid. But, in such a case, for instance, as the occurrence of ammoniacal urine in the bladder from the partial retention caused by an enlarged prostate, how is it possible to admit the invasion of atmospheric ferment germs as its cause? Is the urethra in this instance, occluded as it is by the pressure of the prostate gland, not much more impervious to the air than the drawn-out and bent necks of Pasteur's flasks? Nevertheless we are required, by that authority and his followers, to believe that the evolution of ammonia from urine cannot take place except by the agency of air-borne ferment germs, and those, too, of one particular kind out of the many which the atmosphere is imagined always to have in stock!

But for what is called the "germ theory of disease," which attributes all the communicable distempers to parasitic fungi, and such like, the question of spontaneous generation would have little direct interest for the Medical Profession. It is true that in the evolution of the lowest forms of life there is something remotely like the evolution of the infectious diseases. There is not, however, a particle of evidence in favour of the notion that those diseases are due to the presence of independent living organisms of any kind, nor even to the setting up in the body of a process which can, except by a figure of speech, be compared to fermentation and called "zymosis." Few but unqualified observers or shallow pathologists could continue long to entertain the idea that the spreading diseases are of parasitic origin. Yet this is a feat which has actually been accomplished (a). But it is worthy of remark that most of those writers who regard panspermism with favour, as capable of accounting for infection, had previously committed themselves in favour of carbolic acid as a sanitary or medicinal agent. Thus, a very prominent authority on disinfection, who has warmly eulogised Pasteur, was patentee of a carbolic disinfectant (b). The chief apostle of the germ theory of disease in France is Lemaire, who is the author of a bulky volume in praise of carbolic acid (c), as well as a fervid advocate of panspermism. And in this country the principal supporters of the germ pathology are an eminent surgeon who has played a prominent part in popularising antiseptic surgery by means of carbolic acid; a London physician, who claims to have made a valuable discovery in recognising the therapeutic

(a) "Etudes sur les Mycodermes: rôle de ces plantes dans la fermentation acétique," par L. Pasteur; *Comp. Rend.*, t. liv., pp. 265-70; 1862. "Nouvel exemple de fermentation déterminée par des animalcules infusoires pouvant vivre sans gaz oxygène libre, d'un dehors de tout contact avec l'air atmosphérique," par L. Pasteur; *Comp. Rend.*, t. lvi., p. 416; 1863. "Recherches sur la Putréfaction," par L. Pasteur; *Comp. Rend.*, t. lvi., p. 1189; 1863. "Pasteur en réponse à M. Frémy," *Comp. Rend.*, t. lxxiv., p. 404.9; 1872.

(b) "Le typhus, le choléra, la fièvre jaune, la dysenterie, les fièvres intermittentes, et la pourriture de l'hôpital; sont-ils dus aux infusoires qui jouent le rôle de ferments?" par J. Lemaire; *Comp. Rend.*, t. lxxvii., pp. 653-56; 1868. "Recherches sur le rôle des infusoires, pour servir à l'histoire de la pathologie animée," par J. Lemaire; *Comp. Rend.*, t. lxxvii., p. 739.42; 42; 1868. "The Correlation of Putrefaction, Fermentation, and Morbid Infection," by A. E. Sansom, M.D.; *Brit. Med. Jour.*, Nov. 19, 1870.

(c) "Improvements in deodorizing and disinfecting sewage and other offensive matter, also applicable to deodorizing and disinfecting in general," by R. Angus Smith, Doctor of Philosophy, and Alexander McDougall, manufacturing chemist, *Specifications of Patents*, No. 142, A.D. 1864.

(d) "De l'acide phénique, et de son action sur les végétaux, les animaux, etc.," par Jules Lemaire; Paris, 1863.

New Haven, 1862. "Observations and experiments on living organisms in heated water," by Jeffries Wyman, M.D.; *Sill. Amer. Journ. Sci. and Arts*, Vol. xlv., pp. 152-69; New Haven, 1867.

(a) "The Atmospheric Germ Theory," by John Hughes Bennett, M.D.; *Edin. Med. Journ.*, Vol. xliii., pp. 810-33; March, 1868.

(b) "The origin and distribution of microzyms (bacteria) in water, and the circumstances which determine their existence in the fluids and tissues of the living body." Thirteenth Report of Med. Off. of Priv. Coun. for 1875, pp. 40, 59; London, 1871.

(c) "Beginnings of Life," Vol. i., p. 475.

properties of the sulpho-carbolates; (a) and a provincial Professor, who is best known as a manufacturer of carbolic acid.

Not content with the part which he has successfully performed in the manufacturing world, as the chief producer of carbolic acid, the latter of these authorities has taken upon himself to play the additional part of experimental exponent of the philosophy of putrefaction and infusorial life in connection with the germicidal virtues of that product. In opposition to what has been observed by all other experimenters on the subject, he imagines himself to have proved that there is found in putrefying liquids "a small black vibrio" which retains its vitality after exposure to the temperature of 300° F.; and in virtue of the charmingly simple notion that disease germs are of the nature of vibrios, jumps to the conclusion that disinfecting ovens cannot be relied on for the destruction of the contagia which hang about infected clothing, whereas carbolic acid can be trusted (b). And this in the face of the celebrated experiments on actual contagia by the late Dr. Henry, of Manchester, whereby he established that the activity of vaccine matter was completely destroyed by a temperature of 140° F., and that the virus of scarlet fever was rendered inert by a temperature of 204° F. (c). Although the value of disinfecting ovens could not thereby be rendered doubtful, were the said "small black vibrio" even proved to be a veritable salamander, it is satisfactory to know that Dr. Burdon Sanderson (d) has shown that microzoms (bacteria and vibrios) are killed by desiccation alone at so low a temperature as 40° F., and that Dr. Bastian (e) has confirmed his conclusions on this point; and that, moreover, according to Pasteur (f) himself, vibrios die immediately they come in contact with air (g).

The question of the origin and growth of the lowest infusorial organisms is still in a somewhat hazy state. The conditions of the experiments that have been made for the purpose of determining it, have not been sufficiently alike to render the results strictly comparable. More precision is necessary. All the modifying conditions ought to be noted. We would suggest that future observers should take exact account of the following conditions of their experiments:—

Description of the substances of which the infusions are composed.

Proportions of such substances relatively to the quantity of water.

Specific gravity of the infusions.

(a) "The sulpho-carbolates in Medicine," by Arthur E. Sansom, M.D.; *The Practitioner*, Lond., 1869.

(b) "On the action of heat on germ life," by F. Grace Calvert, F.R.S.; *Report British Assoc. Prom. Science*, for 1871, pp. 122-23.

(c) "Experiments on the Disinfecting Powers of increased Temperatures," by William Henry, M.D., F.R.S.; *Phil. Mag. and Ann. Science*, Vol. x., pp. 363-69. Lond., 1831. "Further Experiments on the Disinfecting Powers of increased Temperatures," by William Henry, M.D., F.R.S.; *Loc. cit.*, Vol. xi., pp. 22-31; 1832.

(d) "Sanderson." *Loc. cit.*, pp. 49, 50.

(e) Bastian, "Beginnings of Life," Vol. ii., p. 5.

(f) Pasteur, "Recherches sur la Putrefaction;" *Comp. Rend.*, t. lvi., p. 1,190; 1863.

(g) In respect to this, Calvert reports results the very opposite of Pasteur's. Having experimented with atmospheres composed of various gases, he found that "oxygen is an essential element in the production of putrefactive vibrios." ("On Putrefaction." By Dr. F. Grace Calvert, F.R.S. *Proc. Roy. Soc.*, Vol. xx., p. 186; 1872.) But Pasteur has stated that all vibrios are killed by contact with oxygen. His words are:—"J'ai reconnu que tous les vibrios peuvent vivre sans gaz oxygène libre, et qu'ils périssent au contact de ce gaz." ("Recherches sur la putrefaction." *Comp. Rend.*, t. lvi., p. 1,190; 1863.) Calvert's variance with Pasteur in regard to this effect of oxygen on vibrios, as well as with all other observers whatsoever in regard to the degrees of heat which these organisms are capable of withstanding, renders it doubtful whether he has been sufficiently careful to distinguish the so-called "vital" from the Brownian movements which are seen in inorganic particles as well as in organic corpuscles.

Kind and size of vessels.

Relative proportions of air and infusion in the vessels.

Temperature at which the infusions are boiled before sealing the vessels.

Length of time the boiling is continued.

Temperature at which the vessels are kept after the boiling.

Length of time they are kept.

Whether kept in the dark or in the light.

Whether kept motionless or occasionally moved or shaken.

Power of microscope used in the examination of the infusions.

Appearance of the corpuscles seen (if any).

Amount of Brownian movement observed in them.

Amount and nature of so-called "vital" movements.

And when all this is done, there will remain for consideration the question, are such infusorial organisms as bacteria independent living beings, in any other sense than that in which blood corpuscles are so considered?

Strongly impressed with the value of Dr. Bastian's writings and with his competence as an investigator of the intricacies of protoplasmic organisation, we take leave of his works with the following quotation, which summarizes some of his principal conclusions:—"The evidence we have gathered together tends to show, that the differences which exist between various kinds of matter depend, in the main, upon differences in molecular structure or mode of aggregation. This conclusion is forced upon us by the phenomena of allotropism and isomorphism, by the consideration that thousands of wholly different substances are compounded merely of carbon, hydrogen, and oxygen, in similar or different proportions, and by multitudes of other facts of a like nature. Some of these aggregates are stable, whilst others are highly unstable. Slight external influences suffice to alter the crystalline form of certain bodies, some of which, such as mercuric iodide, undergo the most remarkable changes. Such alterations are all passages from one mode of statical aggregation to another mode of statical aggregation. And yet crystalline matter is often capable of undergoing a very different kind of rearrangement by which it is converted into a colloid (e). The colloid is distinguished by its extreme mutability; its existence is a continual metastasis. It is, in fact, a dynamical state of matter. Further aggregations and rearrangements may take place amongst its molecules, and give rise to other forms of matter possessing the mutability which distinguishes colloids in a more eminent degree, and to such an extent as to enable them to carry on a continuous series of molecular changes, in response to the incidence of mere ordinary physical forces. This is, however, but a further degree of complexity in a direction already indicated. All intermediate degrees of molecular mobility may be traced (amongst various crystalline and colloidal states of matter) between the distantly successive changes from one to another mode of polar equilibrium which is alone possible with the majority of crystals—and the continuous changes of living matter. The lapse from one mode of statical equilibrium to another, if it take place with sufficient rapidity and be associated with a concurrent process of growth, will give rise to that continuous series of molecular changes which characterise what we know as 'living' matter. And yet the molecular aggregate which displays this responsive mobility and power of self-division—because it has been called a living thing, and because theoretical notions have been formed concerning 'life'—has been supposed to be separated from other closely-related kinds of matter by an impassable gulf" (b).

(a) The inverse rearrangement by means of which blood corpuscles are transformed into "blood crystals," in blood when kept shut up in a flask, is very significant of a close relationship between crystallization and initial organization. *Vide.*—Pasteur: "Examen du rôle attribué au gaz oxygène atmosphérique dans la destruction des matières animales et végétales." *Comp. Rend.*, t. lvi., p. 739; 1863.)

(b) "Beginnings of Life," Vol. ii., pp. 117-19.

Scraps from the Editor's Table.

ADULTERATION OF WHISKEY AND BEER.

THE *Financial Reformer*, writing on this subject, remarks that Dr. Hodges, of Belfast, has publicly stated that a bottle of whiskey, described as a fair sample of the liquor sold in low class public-houses, was heavily adulterated with naphtha, Cayenne pepper, and vitriol; that another sample consisted almost entirely of naphtha, with a slight colouring tinge of genuine whiskey; and that another charming compound was composed of Cayenne pepper, vitriol, spirits of wine, and bluestone, which could be produced at the rate of a penny per gallon, though it would, of course, be sold as if, in addition to cost of a genuine article, a duty of 10s. had been paid upon it, to say nothing of dealers' profits on the article and on the duty. A writer in the *Scientific Review*, some three or four years ago, enumerated amongst the multifarious ingredients for the adulteration of ale, beer, and porter—cream of tartar, alum, green vitriol, copper, lead, pyrotic acid, coculus indicus, grains of paradise, colouring matter of various descriptions, quassia, and other cheaper and more hurtful bitters, *ledum palustre*, *myrica gale*, and *datura stramonium*, besides liquorice, molasses, coriander, capsicum, carraway seeds, salt, horse beans, &c., &c. Hence, though the honest products of barley, hops, and the vine, may have much to answer for, they are debited with a vast amount of evil which is really occasioned by noxious, and, in some instances, murderous substitutes for them. One of the multifarious recipes for fraudulent and villainous concoctions, given in a book published for the guidance and assistance of publicans and vintners, winds up with "a pinch or two of *oxalic acid*" does something or other, we forget exactly what—but it is something in the way of improvement!

VACCINATION IN CHINA.

M. MARTIN, Physician to the French Legation at Pekin, has published a series of papers in the *Gazette Hebdomadaire* of Paris, on Chinese Medicine. The facts and remarks are very interesting. As to vaccination, M. Martin states that its use is pretty general in the seaports, although it penetrates with difficulty into the interior. The mandarins, however, who perceive the benefits of Jenner's discovery, favour the spread of vaccination, and they succeed by persuading the people that it has been imported by Mussulmans or discovered by the Emperor. The latter assertion is all sufficient.

UNGUENTUM SYMPATHETICUM, OR SYMPATHETIC OYNTMENT.

R. Boar's-grease, brains of a boar, powder of washed earth-worms, red sanders, mummy, blood-stone a ʒj., moss of a dead man's skull not buried ʒj., make an ointment, s.a. All wounds are cured by this ointment (provided the nerves and arteries be not hurt) thus: Anoint the weapon that made the wound daily once, if there be need, and the wound be great; otherwise, it will be sufficient to anoint it every other day. Where note, 1, that the weapon be kept in clean linen, and in a temperate heat, lest the patient be hurt; for if the dust fall, or wind blow upon it, or it be cold, the sick will be much tormented; 2. That if it be a stab, the weapon to be anointed towards the point descending; 3. If you want the weapon, take blood from the wound upon a stick, and use as if it were the weapon. Thus the toothache is cured by prick-

ing the gums and anointing the instrument. It is to be noted that the crystals of vitriol converted into a white powder by a gentle heat is that which is called the sympathetical powder, which cureth wounds by washing a bloody cloth in the water in which it is dissolved.—(*Synopsis Medicinæ*, by William Salmon, London, 1671.)

PHARMACY AT SEA.

THE following occurrence is vouched for by the *Chemist and Druggist*:—A sailor applied to his captain for relief, announcing that he seemed to have something on his stomach. The Captain referred to his book of directions, and promptly prescribed a dose of No. 15. Unfortunately, however, there had been a run on No. 15, and the bottle was empty. But the skipper was by no means at the end of his resources, and probably a remembrance of old games of cribbage came to his mind. There was plenty of No. 8, and plenty of No. 7. "Seven and eight make fifteen," said the captain; and Jack, to whom the calculation seemed quite natural, took the joint mixture with startling effect.

THE value of a popular nostrum and the efficacy of advertising, may be judged by the statement that a chemical firm in Leeds sold during the one month of August, the large number of 4,688 gross, or 672,192 bottles, of "Yorkshire Reliah."

Obituary.

JOHN CARGILL BROUGH.

THE name which heads this notice is one familiar to but few of the readers of this Journal, but such a man as John Brough can never pass from among his kind without sensibly deepening the impress which his whole life was constantly making upon those who knew him, and we, as of those, have sad pleasure in bearing weak testimony to the value of the gentle life which, at thirty-eight years, on the morning of the 7th instant, ripened into Immortality.

Mr. Brough was the youngest brother of a well-known literary family and in early life was himself connected with the London newspaper press. A decided predilection for Chemistry and Pharmacy, led, however, to his acceptance of the editorship of the *Chemist and Druggist*, an office which was to him a labour of love, though sickness and suffering were co-tenants with him during nearly the whole period of his tenure. Mr. Brough did much good literary work, both for Pure Science and for that which is scarcely less useful in its way, good and sound Popular Science. When twenty-four years of age he wrote a book—"Fairy Tales of Science"—which is as fresh and charming, and, what is still better, as true now, as it was fourteen years ago. In 1867 he put the whole force of his energetic mind into the project of a really scientific chemical journal. This idea took shape in the *Laboratory*, a periodical which, though unhappily short lived, was during its brief existence, contributed to by nearly all the well-known chemists of the day. Mr. Brough also edited one of the issues of "Cooley's Encyclopædia." He was appointed editor of the earliest "Year Book of Pharmacy," but continued illness prevented him from carrying out the work to the end.

Poor Brough wore ill-health as a garment, and may be said to have for most of his life enjoyed health only as most men suffer illness, at but rare intervals. When the arduous nature of work under such conditions is considered, it will be readily understood with what gladness his friends and himself hailed his election in 1870, to the important office of Librarian of the London Institution, a position

which was once held by Porson, and for which Mr. Brough was eminently fitted.

Here, without leaving his room, often for weeks without leaving his couch, did his *perferendum ingenium*, infuse new life into the entire establishment. Not content with the officially prescribed duties of his office, he organised several series of scientific lectures, and actually started and edited a monthly journal in which were chronicled the proceedings of the Institution.

We may not in this place, more than hint at the rare charm, so loved and yet so little understood even by those who best knew him, which was interwoven with Mr. Brough's whole manner and conversation. He has been spoken of as the "Charles Lamb of Science" and those who know poor Elia by his writings know exactly what is meant by this, that Mr. Brough should have left several children, some his own, some the adopted children of a dead brother, unavoidably and unhappily quite without provision for the future. But with a soul teeming with the most comprehensive christian charity; of blameless life and attracting all who came within the magic circle of his influence by this undefinable magnetism of which we have spoken; he was Elia without even Elia's failings, and his memory will remain green for ever in the hearts of those who knew and loved him.

It has been a sad and fitting sequel to this sad short life.

THOMAS HEWLETT, ESQ.

FEW of our readers, especially those who have known Harrow for some years, will hear without deep emotion of the death, on the 10th instant, of Mr. Hewlett, who has for forty-six years been the principal Medical practitioner in this town, and who has lived amongst us honoured and beloved by all classes, rich and poor alike. Every one, we are persuaded, will receive this intelligence with deep personal grief, and will feel that he has himself lost a true friend. It would ill become us to offer any testimony to Mr. Hewlett's Medical skill, for that has been repeatedly tested and fully acknowledged by men of the highest standing in his own profession; and all who have had occasion to call in his services will thankfully testify to the confidence which they ever felt in his judgment and skill. He had, we believe, peculiar talent in the diagnosis of disease. We may, however, speak most unhesitatingly of his personal character. Few men have ever passed through life more blamelessly, and with less reproach. Few have ever poured out such a shower of deep Christian love as they went their daily rounds. Few have ever been so distinguished by loving courtesy, by gentle manners, by hearty friendship, by deep love, by cordiality of heart and voice. Few have ever more thoroughly combined Christianity with their business, or tried to do their Heavenly Master's work whilst they were engaged on their own. Often and often did our deceased friend (we were almost going to use the word "father," for he was a father to many amongst us) drop a word of consolation to the mourner, or of warning to the trifler, when he was called to the bedside of the sick and dying. He was a bright example of all that the Christian gentleman and the beloved physician should be. Harrow has indeed sustained a heavy loss. Another of its grey-haired fathers has passed away, leaving behind him, however, a bright example for us to follow even as he followed Christ.—*Harrow Gazette*.

M. LOUIS.

THE death of Pierre Charles Alexander Louis may be termed an international loss. This great French physician has for upwards of sixty years exercised an influence second hardly to none in the Medical world, not alone in France, but in every quarter of the globe. His death will be deplored by pupils and friends in every part of the world. Retired from active practice for some years past,

we may speak of him as matter of history. The Nestor of his profession, he never slackened his interest in all that related to the healing art to the last.

He was born at Ai, in 1787. He showed a great predilection for medicine at a very early age. After completing his studies, he took M.D., at Paris, in 1813, and afterwards made a tour through Russia. On his return, he settled down and soon gained a large practice. He engaged for some years in studies in diagnosis and pathology, at the hospital of the Charité. In 1825 he published "*Recherches Anatomico-Pathologiques sur la Phthisie*," and in the succeeding year appeared his "*Mémoires sur la Muqueuse Membrane de l'Estomac, sur la Croup, et sur l'Abès du Foie*." In consequence of these books, he was chosen a member of the Academy of Medicine, and subsequently perpetual President of that body. He was one of the commissioners appointed to investigate yellow fever at Gibraltar, and published two volumes on the subject in 1832. He was then physician to the hospitals of the Pitié and Hôtel Dieu. He had applied the previous year for the chair of Clinique Intern de la Faculté, but unsuccessfully. In 1842 he was made an officer of the Legion of Honour. His work on Typhoid Fever appeared in 1838, and an *Examen de Broussais' Examen* was published in 1834. In the following year appeared his views on the effects of bleeding in inflammatory affections. He retired in 1854.

Correspondence.

REMARKABLE MONSTROSITY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—On the evening of August 9th I was called upon to attend M. P.—, aged fifty-three, married for last five years, in her first (and I hope her last) confinement. Dr. Parks, of Kilmacow, attended the case with me. The woman was stated by the neighbours to have been "largely in the family way" for the last two years. Presentation was facial—frontal bones with vomer and ethmoid came away before delivery, as the soft parts of the fetus were putrid. The woman's pelvis was deformed—promontory of sacrum projecting forwards. Dr. Parks delivered with Dr. Churchill's long forceps. Fetus presented the following peculiarities:—Bones all in extremely advanced stage of ossification. Parietal bones very large. The occipital was a mere flat plate, of triangular shape. Cerebellum absent, and cerebral convolutions equal on both hemispheres. The vomer was as large as a man's; the nose did not, however, project from the face; lips were thick, and under one split at symphysis menti; and two canine teeth were found fully developed in lower jaw. The facial angle closely resembled that of the canine species. The fetus was as large as a child four months old. There was complete inertia uteri, accidental hæmorrhage for a week previous to delivery; funis absent; great difficulty in removing placenta, which gave a most offensive smell, and broke down beneath the finger nail. The hands were turned like feet, fingers and toes webbed. The woman has since quite recovered.

I am, sir, yours, &c.,

JAMES B. NORRIS-CANE.

Mullinavatt, Co. Kilkenny,
Sept. 7th, 1872.

MEDICINE AT SEA.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—It is to be hoped that some more light will be vouchsafed to us by those whom it concerns on the state of matters as regards the official "Sea Captain's Medical Guide," whereof your article of the 11th inst. afforded a glimpse. I have long wondered how it came about that so meagre a Medical manual, especially in that part of it relating to the prevention of disease, as the one which, since the passing of the Merchant Shipping Act of 1867, has been exclusively furnished to the mercantile navy, should have obtained the patronage of the Board of Trade. Previous to the coming into operation of

that Act there were several very excellent Guides to the sea-medicine chest in use, and among them one in particular by Mr. Spencer Wells, which was decidedly superior to the work now imposed, "by authority," on all British merchant shipping. Owing to the monopoly enjoyed at the present time by the latter, and the advertisements it contains, it is evident that the number of copies of it which are sold must be very great, and the profits realised from its publication considerable. You have very properly raised the question as to the way in which those profits are disposed of. Should there be any disinclination, on the part of those who are in the secret, to answer your queries on the subject, I would suggest that some of the Medical men who are now in Parliament should take upon themselves to press for replies in the proper quarter.

Yours obediently,

Sept. 21, 1872.

VENTILATOR.

Foreign Medical Literature.

TENDENCY OF SURGICAL MALADIES TO INCREASE OR RELAPSE DURING ADOLESCENCE.

Translated from the *Journal de Médecine et Chirurgie Pratiques*, for April,

By FRANCIS W. LUTHER, M.D.

In a paper received by the Academy of Sciences during April, M. Gosselin studies the influence exercised by age on the choice of the modes of treatment applicable to the surgical diseases of adolescence. In conclusion the author proposes, in order to arrive at this choice, to allow himself to be guided by the following formula:—

"The spontaneous surgical maladies peculiar to youth have a tendency to last, to increase, or to relapse as long as youth lasts. They lose those tendencies when once adult age is attained."

Applying this formula to the treatment of various maladies, M. Gosselin examines successively the above-named tendency in ingrowing toe-nail, in painful valgus, in acute suppurating epiphysary osteitis, in epiphysary exostosis, and especially in large fibrous naso-pharyngeal polypus.

For ingrowing toe-nail, says he, many modes of treatment have been advised, and new ones have been sought, because relapse has followed on their use. Now, this depended most frequently upon the subjects being young and preserving the special pathological aptitude in virtue of which the disease first originated. For my part I have never remarked a relapse after twenty-five years, and I therefore conclude that, while taking every proper care to avoid a return of the disease, a definitive cure must not be expected from any procedure whatever, until the subject shall have attained his twenty-third or twenty-fifth year.

So in like manner with subungueal exostosis of the big toe. Very numerous have been the objections made to the different operative procedures devised for its cure, liability to relapse being the chief objection. But M. Gosselin saw that if relapse did occur it was mainly because the subject was young, for it ceased once the period of adult age was attained.

The same phenomenon obtains with respect to other pathological states, notably in the case of painful valgus and of naso-pharyngeal polypi. Hence the general indication with adolescents to refrain from heroic practice, to act with reserve—often with the aid of palliatives—to rely on tonic, and not to call maladies incurable which a little later may be combated with persistent success, if they do not disappear spontaneously.

CONTRIBUTIONS TO THE PATHOLOGY OF THE BLOOD.

By PROF. S. STRICKER, of Vienna.

(Translated for the MEDICAL PRESS, by E. B. BRONSON, M.D., from the *Archiv. fuso Dermatologie und Syphilis*, II. Heft, 1872.)

[CONCLUDED.]

The first case of lupus which was placed at my disposal exhibited them in considerable number, and in nine cases afterwards I found them again once, although not in great number; in all therefore, in ten cases of lupus, twice.

After these experiences the matter seemed, as Losortfer had represented it, to gain much in probability. I had found them only twice in 37 cases of non-syphilis, and in these two cases the suspicion was at least admissible that a radical distinction between syphilis and lupus was not removed from all question.

Meantime a circumstance arose that led my attention in a new direction.

The patient of whom I spoke above, whose blood offered me the opportunity to observe the development of the described organisms within so short a time, had hæmoptysis, and indeed, pretty severe attacks. Since I had in no other cases observed the described appearances so marked, the suggestion that the insufficient nutrition or the combination with another general affection might come materially into account, was not to be rejected. I addressed myself therefore to the examination of blood of persons who were suffering from severe chronic diseases. I have tested the blood of only a few persons in this direction, but those few specimens were quite sufficient to enable me to arrive at a preliminary conclusion. I found the corpuscles in one case of carcinoma ventriculi, and in two cases of tuberculosis in very large number, and in all three cases, even in the second day of the incubation; then, when I found them in more moderate numbers in a case of very advanced disturbance of nutrition, in which Morbus Brightii was combined with organic disease of the heart, and in a case of anæmia following variola, the affair seemed to me so far settled as was for the first estimate desirable.

The investigation of these cases justified the assertion that the organisms we have spoken of, do not occur exclusively in the blood of the syphilitic.

If we consider, however, that I have not found the corpuscles in the blood of such a great number of persons, partly healthy, partly affected with acute diseases, we cannot deny to the discovery which Losortfer has made a certain importance for the pathology and more especially for the doctrine of syphilis.

I will not assert that these corpuscles do not occur in the blood of healthy persons or of those suffering from acute diseases. The number of cases that I have examined is far too small. So much, however, may for the present follow from my observations as that these newly made known form-elements occur seldom in the blood of healthy persons, or those suffering from acute affections, but very frequently in the blood of persons who are suffering from chronic disturbances of nutrition of long duration, and of the syphilitic. Should it turn out that the relations which I have found apply wholly or approximatively to a larger series also, we shall be able to proceed to further estimate the facts.

In conclusion, I wish to show that the possibility of a very close relation between the corpuscles discovered by Losortfer, and those appearances which are embraced under the name of syphilis, is for the present not to be excluded. It will chiefly depend upon whether the germs were present or not in the blood itself. Should the latter be the case, then will the supposition of any very near relationship be indeed scarcely warranted. Then will it be easier to suppose that in the blood of certain persons there exists a chemical union which exercises upon the

organisms springing from the air or upon their development a favourable influence. But should it turn out that the germs lie in the blood itself, it will be necessary to consider that organisms can, under certain conditions, take on certain peculiarities, and consequently also those peculiarities which we are disposed to ascribe to a syphilitic virus.

This view can legitimately be maintained, even if further statistics shall irrefutably prove that the organisms are present in the blood of all persons who suffer from severe disturbances of nutrition of long duration. For nothing opposes the supposition that the syphilitic virus may take its origin in men under conditions unknown to us—that protracted disturbances of nutrition set these conditions—and that it gets its peculiarities only under certain conditions, perhaps when it is transmitted in single or multiple descentance from individual to individual.

The circumstance that these corpuscles were found in great number first in syphilis, carcinoma, and tuberculosis, certainly does not oppose such a supposition.

The circumstance that in all three forms of disease we find ourselves before a series of wholly unexplained appearances, must, on the other hand, stimulate us to pursue every trace that could lead us to a solution, so long as it be scientifically warranted.

ERYSIPELAS.

PROFESSOR BROCA has lately recommended a fresh plan of treatment which, according to *L'Abeille Médicale*, he has often successfully employed at the commencement of the disease. This plan is to apply a layer of collodion upon the skin above the part attacked. The layer of collodion, which is to be on sound skin, should be from six to eight centimetres wide, and forming a complete circle, separating the healthy skin from that attacked. A slight circular compression is thus produced, and it is rare for the disease to cross this barrier, behind which it speedily fades. The part should be examined once or twice a day, in order at once to repair any fissures, and the collodion should be quite pure, without any oil, which is sometimes added to it.—*The Doctor.*

NOTICES TO CORRESPONDENTS.

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

SULPHOVIRATE OF SODA.—The correspondent who asks about this may begin with half a dram for adults and half a scruple for children. The article to which he refers was probably meant for 25 grains.

We are obliged to postpone several Reviews and Communications, amongst them a clinical lecture, by Dr. Handfield Jones; the continuation of report on Laryngoscopy, by Dr. Prosser James.

STUDENTS' NUMBERS.

To the Editor of the "Medical Press and Circular."

SIR,—You have collected a mass of most useful information about the public services: *The Lancet*, *Medical Times* afford but little. Not belonging to the British Medical Association, I scarcely ever read the Journal, but am told, although a large number of Army Medical Officers subscribe, their long-suffering claims are never noticed. Army Medical Officers are often taunted "that they are better off than Parish Doctors," as if that position were the *ultima thule* of Medical ambition; besides, the Parish Doctor settles down in one place, makes friends, forms local ties, and may get on to better things. We are wanderers and vagabonds, and when service is over, with big livers, empty pockets, and uneducated children, return strangers to our native land.

Yours, &c.,

AN ARMY MEDICAL OFFICER.

FOREIGN DEGREES IN "THE MEDICAL DIRECTORY."

To the Editor of the "Medical Press and Circular."

SIR,—In the autumn of last year the traffic in Foreign Degrees had attained proportions which demanded from us a prompt effort for its discouragement. It was obviously our duty not to admit into the "Directory" degrees procured solely by purchase, and we had to discover what means we possessed of distinguishing degrees of that character from those obtained after due examination. Our resources in this respect were found to be inadequate, and we were compelled to have recourse to the regulation adopted by the Medical Council. This regulation falls harshly on those whose foreign degrees have been honourably gained, and, with a view to its modification, we have this

year communicated with several foreign universities, but as we have received responses from a few only, our power of detecting the "bogus" degree still remains imperfect. We are, however, desirous of giving insertion to foreign degrees in medicine and surgery fairly obtained, and they will in future be inserted in the "Directory" under any one of the three following conditions:—

- 1.—That the degree is registered under the Medical Act; or
- 2.—That the possessor has qualified in Great Britain or Ireland, and is practising abroad; or
- 3.—That the holder of the degree has also a British qualification, and that his possession of the foreign diploma and its attainment by examination have been certified to the Editors of "The Medical Directory" by two registered practitioners not themselves possessing foreign degrees.

Forms of Certificate for Condition 3 will be supplied on application.

FORM OF CERTIFICATE.

To the Editors of "The Medical Directory."

GENTLEMEN,

We hereby certify that we have seen the diploma of.....

..... obtained by..... of..... at the University of..... in the year.....

and that our knowledge of Dr..... induces us to give full credence to his statements that he obtained the diploma after presenting himself at the above-named University, and there passing an examination as stringent as that of British Licensing Bodies.

SIGNED	}	Name.....
		Address.....
	}	Registered Qualifications (a).....
		Registered Qualifications (a).....

Dated the day of 18.....

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED

- The Influence of the Mind upon the Body. By D. H. Take, M.D. London: J. and A. Churchill.
- A Manual of Diseases of the Eye. By C. Macnamara, F.R.C.S. London: J. and A. Churchill.
- Annual Report of Medical Officer of Health, St. James, Westminster.
- Annual Report of the Holborn District Medical Officer of Health.
- La Presse Médicale Belge; Nature; St. Louis Medical Journal; Boston Medical Journal; Detroit Medical Review; Le Lyon Médical; Le Mouvement Médical.

VACANCIES.

- Dunstable District, Glentworth Union. Medical Officer. Salary £100.
- Clara District, Tallamore Union. Medical Officer. Salary £100.
- Brompton Hospital for Consumption. Resident Clinical Assistantships.
- Liverpool Dispensaries. Assistant Resident House Surgeon for the East Dispensary. Salary, £108 per annum.
- Greenwich Seamen's Hospital. House Physician. Board and Residence. No Salary.
- Sunderland Infirmary. Dispenser. Salary to commence at £50.
- Alverstoke. Medical Officer of the Town District at £90 per annum.
- Medical Officer for the Country District and Workhouse. Salary £140.

APPOINTMENTS.

- BRIGGS, G. C., M.R.C.S., Resident Medical Officer to the St. Pancras Dispensary.
- BURGESS, E. A., M.R.C.S., a Resident House-Surgeon to the Brighton and Hove Dispensary.
- CLARKE, J. L., M.D., M.B.C.P.L., F.R.S., Consulting Physician to the Provident Medical Institution and Lying-in Charity, Fimlico.
- COOKE, J., L.K.Q.C.P.I., L.M., Medical Officer for the Rochester District of the Uttoxeter Union, Staffordshire.
- DAVIES, J., M.D., re-elected Medical Officer and Public Vaccinator for the Llansoyd District of the Neath Union, Glamorganshire.
- GOODWIN, J. W., M.D., Consulting Physician to the Suffolk General Hospital, on resigning as Physician.
- HADDEN, E., L.K.Q.C.P.I., Medical Officer for Aberfoyle, Perthshire.
- IRWIN, T. T., L.R.C.S.I., L.M., L.K.Q.C.P.I., Junior Resident Medical Officer to the Royal Free Hospital, London.
- KEMPE, C. M., M.R.C.S., Medical Officer of Health for Shoreham.
- LAMBERT, Mr. J., Resident Medical Officer to the Infirmary, Leeds.
- NIXON, C. J., L.K.Q.C.P.I., late Assistant-Physician, has been appointed a Physician to the Mater Misericordie Hospital, Dublin.
- O'FARRELL, Dr. J. P., House-Surgeon to the Seamen's Hospital, Greenwich.
- O'NEILL, J. P., L.K.Q.C.P.I., L.R.C.S.I., Medical Officer to the Provident Medical Institution and Lying-in Charity, Fimlico.
- WARD, J. B., M.D., Senior Assistant Medical Officer, Warwick County Lunatic Asylum, has been appointed Resident Medical Superintendent of the Warneford Lunatic Asylum, Oxford.
- WOODMAN, W. B., M.D., M.R.C.P.L., Physician to the London Dispensary, Spitalfields, and a Member of the Court of Examiners of the Society of Apothecaries, London.

(a) The qualifications of the signatories as they appear on *The Medical Register* must be stated for the purpose of identification.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, OCTOBER 2, 1872.

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DISEASES OF WOMEN.

By CHAS. R. DRYSDALE, M.D., M.R.C.P.L., F.R.C.S.E., Physician to the Metropolitan Free Hospital, London, and to the North London Hospital for Consumption and Diseases of the Chest.

(Continued from page 253.)

MENORRHAGIA.

MENORRHAGIA implies the existence of excessive menstruation, and may be characterised by the existence of a superabundant, or too frequently repeated flow. The causes of menorrhagia may reside either in some state of the constitution, or in some condition of the organs of generation. We must bear in mind that *all* losses of blood from the uterus do not bear the name of menorrhagia, although sometimes the distinction between such cases may be difficult enough. Among the causes which produce menorrhagia may be mentioned residence in damp localities or in tropical climates. Lead-poisoning causes menorrhagia in many cases, as first pointed out by Dr. Paul, of Paris, and observed by the author in some workers at a lead factory in Bethnal Green recently. Granular degeneration of the kidneys with albuminuria sometimes accompanied by menorrhagia, and the phenomenon of excessive menstruation is often observed at the epoch of the menopause, and has been attributed to congestion of the abdominal vessels and to sluggish liver. Prolonged lactation, which is so commonly met with in London and elsewhere as a method for rendering child-birth less frequent, is apt to be accompanied by menorrhagia, and when once the habit of flooding has commenced it is apt, unless soon cured, to injure the structure of the uterus, which thus becomes a local cause of menorrhagia. Sometimes a sudden emotion may give rise to menstruation, and sexual excitement, as before observed, not unfrequently gives rise to menorrhagia, from ovarian irritation; doubtless. Such knowledge is very valuable as a

hint to practitioners. Among prostitutes Parent Duchateaux noticed frequent cases of menorrhagia when they first commenced to commit excesses.

Among local causes of this phenomenon, we may mention the hypertrophy of the womb, so commonly noticed after delivery, or ovarian irritation of various kinds. Abortions frequently lead to menorrhagia in the succeeding menstrual epochs. Retroflexion and antelexion of the uterus gives rise to menorrhagia, and so do polypi, fibrous tumours, or cancer in certain cases. Metritis leads to it, although the idea that granulations exist in the interior of the body of the womb is not now admitted as a cause by many, except in the very rarest instances. Ovarian disease, such as inflammation, displacement, or tumours of the ovaries may give rise to menorrhagia. In the *Gas. d'Hop.*, 1866, p. 139, Dr. Duval points out that obesity in women is often accompanied by menorrhagia, although there is no lesion of the organs. Abstinence from starch diet, he says, does a great deal to restore health to such women. They should also drink very little according to the author cited.

With regard to the treatment of menorrhagia in cases where there is debility and atony of the system the use of hygienic remedies, change of air, and cold bathing will often effect a cure. Hydropathy and sea-bathing are often admirable remedies in such cases. In cases where excessive lactation is accompanied by menorrhagia, cessation of lactation will sometimes of itself cure the patient. Lead-poisoning should be treated by iodide of potassium in ten-grain doses, and the patient cautioned to abandon work for a time at any rate. When the cause resides in a plethora of the abdominal viscera, the patient must live very temperately and take saline purges, such as a drachm of the sulphate of magnesia with ten grains of nitre occasionally in an ounce of peppermint water. In a vast number of cases of atony of the system and flabby condition of the uterus, the author has found no remedy equal to that of the tincture of the perchloride of iron, in doses of twenty to forty drops in an ounce of water. In severe cases, the patient should keep in bed or recumbent at menstrual periods, and should take a brisk purge. In cases of inflammation of the uterus, accompanied by me-

norragia, leeches to the cervix uteri are often of much service, according to some, just before the menstrual epoch with drachm doses of Epsom salts in a mixture with eighteen drops of dilute sulphuric acid and an ounce of cinnamon water, taken occasionally. Menorrhagia is far more commonly united with debility than with plethora, and, in addition to perchloride of iron, alum, gallic acid, tincture of digitalis, and even lead, have all gained some reputation as astringents in such cases. Matico is used by Tyler Smith. Tincture of digitalis may be given in ten minim doses; alum in ten grain doses; gallic acid is doses of fifteen grains; or an infusion of the leaves of piper augustifolium matico may be used. Many practitioners are loud in their praises of ergot of rye in passive menorrhagia. The most simple preparation of ergot in the infusion, but a preparation of Mr. Long, of Dublin, is described by Dr. W. Curran and others as being most efficacious. The liquid extract of ergot of the British Pharmacopœia may be given in twenty minim doses alone, or combined with perchloride of iron. Digitalis has been found by Dr. Robert Lee to be a powerful means of arresting menorrhagia in some cases. Two drachms to half an ounce of the infusion of digitalis many say may be given as a dose, taking care not to continue this treatment long. It seems that digitalis acts by causing contractions of the fibres of the uterus, just as ergot does. Trousseau, of Paris, repeated some experiments of Lee and Dickinson on this point with success, but disapproved of the large doses used in England.

In some, happily, rare instances, women may die from menorrhagia, and yet no lesion of the organs whatever may be discoverable after death. In such cases cold enemata may be of service occasionally used twice daily with frequent washing of the vulva, &c., with cold water. Astringent injections into the vagina are also useful, and infusion of matico may be used for this purpose. As a last resource the vagina or the uterus may be plugged, or injections may be made into the uterus. The speculum may be used for plugging the vagina, which may be done by means of lint dipped in solution of perchloride of iron. The injection of a solution of gallic acid in the proportion of twenty grains to the ounce of water, or the tincture of iodine, have both been recommended in cases of dangerous menorrhagia by West, Routh, and others. Dr. Ayrard, of Paris, in a pamphlet written in 1867, recommends the use of a double barrelled sound where such injections into the uterus are required. The main point is that they should only be used in desperate cases, and tents, to dilate the os uteri previously, are of great service in such cases. Transfusion has been used lately by Dr. R. MacDonnell with great success.

DYSMENORRHOEA.

Painful menstruation is supposed to arise from three main causes, neuralgia, congestion, and mechanical stoppage to the outflow of the blood. In the neuralgic form, which occurs chiefly in young women, just before menstruation appears, the patient is often in agony, and obliged to lie down at each menstrual epoch, to calm her sufferings. The pain is felt chiefly in the two ovarian regions radiating downwards along the thighs. Hysterical, epileptiform, or maniacal symptoms, in some cases, accompany this species of dysmenorrhœa. Sometimes this form may occur after recovery from fevers, or other grave diseases. When caused by congestion, it is sometimes ovarian in its nature. Scanzoni thinks that, in some cases, the ripening of ovules deep down in the stroma of the ovary may be the habitual cause of dysmenorrhœa. In some cases of congestive dysmenorrhœa, there is a tendency to piles, and there is congestion of the pelvic viscera, among others the uterus. In other cases, although the author thinks these to be very rare indeed, dysmenorrhœa may be caused by impediment to the exit to the menstrual fluid, caused by the exfoliation of the epithelial covering of the interior of the uterus blocking up the internal os uteri. It is well known that at each

menstrual epoch, there is much *débris* of epithelium of the uterus discharged, at the same time as the blood from the uterus; and this is sometimes increased to a great and abnormal extent, so as to block up the passage. Gout and rheumatism are thought by many authors to cause painful menstruation. In rheumatic cases, the urine will be charged with urates, and some other sign of rheumatism will be present. Sometimes lumbago is present, at other times pains in the muscles of the thigh or sciatica. The muscles of the uterus are doubtless affected in such cases, and the affection has, among others, been described by Dr. Gooch, as *irritable uterus*. With regard to the last division, namely, the mechanical, it is very probable, as Dr. Graily Hewitt has pointed out in 1863, in his work "On Diseases of Women," p. 120, that temporary contraction of the internal os uteri, causing retention, may frequently cause dysmenorrhœa. The same thing may be caused by a fibrous tumour, by ante flexion, or retroflexion, or by excessive narrowness of the cervical canal. Dr. Mackintosh, of Edinburgh, about the year 1823, was the first to speak of narrowness of the cervix as an occasional cause of dysmenorrhœa; and to treat it by dilatation with bougies. In some very rare cases, after painful labour, there may be stricture of the cervix, so great as hardly to admit the finest sound; but, in the immense majority of cases of dysmenorrhœa, which have come under the notice of the author, the uterine sound could be passed, and it is very rare indeed in his experience, that stricture is the cause of dysmenorrhœa. The treatment of the various varieties of painful menstruation must be based on the foregoing observations. In neuralgic dysmenorrhœa, hot baths of half an hour are very useful, conjoined with rest in a warm bed, or sofa; and ethereal draughts (such as twenty drops of spiritus ætheris compositus, with twenty of spirits of chloroform in an ounce of camphor julep) or sal volatile may be used; or sumbul, in doses of three grains, or hyoscyamus in doses of five grains of the extract. Indian hemp, or the inhalation of chloroform, or ether, are rather heroic remedies. Morphia may be taken in half-grain doses, either by the stomach, or, better still, as a suppository. M. Bernutz, of Paris, praises the extract of hemlock in dysmenorrhœa. The root freshly powdered, may be given in doses of four grains, or the succus conii may be used. Bromide of potassium has been much praised by Raciboraki in doses of from five to ten grains. Lupulin is often used, in doses of four grains. In cases of congestive dysmenorrhœa, the application of leeches to the cervix uteri is often useful. Four or five leeches, put up to the cervix uteri by means of a glass speculum, are all that are requisite; or the uterus may be scarified by a long knife, just as is done in ophthalmia neonatorum. Hot water bottles (those of galvanised india-rubber are best) may be laid over the hypogastrium, and the bowels kept free by enemata, or doses of Epsom salts. As to the rare cases of extremely small os uteri, these are usually accompanied by an undeveloped condition of the uterus. To assert, as Dr. Marion Sims does, that the treatment of the majority of uterine diseases should be surgical, seems to the author to be absurd in the highest degree. According to that gentleman, who advises incision of the cervix more than even Dr. Simpson or Mr. Spencer Wells, this operation produces surprising and salutary effects in dysmenorrhœa, which, in his eye, is always mechanical. Incision may give rise to fatal hæmorrhage, according to Dr. Kidd, in the Dublin Obstetrical Society, 1866. And Dr. Gream, of London, says, that the division of the cervix sometimes brings on either a consecutive relaxation, which is prejudicial to gestation, or a scar. Dr. Barnes, in cases of conical cervix, divides the external os uteri, whereas Drs. Greenhalgh and Routh say that in the great majority of cases the stricture is at the internal os uteri. In France, and in Germany, there are but few who agree with the practice of Sims, Greenhalgh, and Routh, in this point. The uterus may suffer terribly from these heroic practices, and abscess in the pelvic cavity may arise from them, according to West and others. The introduction of

the uterine sound, or of various sizes of sounds may sometimes do much good in mechanical dysmenorrhœa, and the use of tents of laminaria digitata is often indicated, until the uterus is large enough to let enter a sound of the size of a No. 9 catheter. The hysterotomes of Simpson, Greenhalgh, or Mathien, are only required in cases of cicatrix after laborious confinements.

(To be continued.)

GLEANINGS FROM THE BIRMINGHAM CONGRESS.

The Lactic Acid Treatment of Diabetes. By Balthazar Foster, M.D.—Dr. Foster called attention to low temperature which he had observed in diabetes, and the bearing which this had on the respiratory theory of the disease. By means of diagrams, the daily excretion of sugar and water, the specific gravity of the urine and the body-weight, of each patient were represented graphically, under the ordinary diet, animal diet, and under treatment by lactic acid. An analysis of the diagrams showed that under the acid treatment the quantity of urinary water was notably diminished, and in less degree the daily amount of sugar excreted. The specific gravity of the urine was less affected. The bodily temperature rose under the use of lactic acid, and the functions of the skin were restored. Dr. Foster also observed that the acid exercised a favourable influence on the lung-complications in some cases.

Cases of Diabetes Mellitus treated with Lactic Acid. By John W. Ogle, M.D.—Dr. Ogle described several cases of saccharine diabetes, in which he had, in addition to the use of a non-amylaceous diet, used lactic acid in considerable quantities. The details and the results of some of these had been already mentioned in some of the weekly periodicals; and Dr. Ogle now brought before the Section the particulars of two cases which had recently been under his care at St. George's Hospital, and of which daily notes, with registration of amount of urine and its specific gravity, of the weight, and sometimes temperature, of the body, had been carefully noted. The two cases were admitted into hospital on the same day—one being a male, aged 20; the other a female, aged 28. In both cases meat, and non-amylaceous vegetables, with gluten bread, &c., were given for several days, without the administration of any remedies. In the case of the woman, who was treated for eleven weeks before the lactic acid was given, the urine ranged in quantity between 112 and 178 ounces per diem; after the use of the acid the quantity quickly sank, and throughout its use fluctuated between 40 and 70 ounces daily, one day being as low as 30 ounces. During the whole of this time the specific gravity remained much the same as when the patient came to the hospital. In the case of the man, who was treated for seven weeks, under the lactic acid treatment, no marked diminution of urine and no change in the specific gravity was observed; but, after its long continued use, whether owing to it or not was doubtful, great constipation came on, requiring active aperients. As regarded the weight of the body, in both cases during treatment it fell; in the man from 8st. 5lbs. to 7st. 7lbs., in the woman from 7st. 3lbs. to 6st. 8lbs. In the case of the man the temperature was chiefly above the normal, on one occasion only being below, and then it was 97.4—on one occasion reaching 102.8. In the woman it was always below the normal, mostly being below 98. In both cases the morning and evening temperatures were often taken, but neither one nor the other was uniformly below or above the other. In both cases the lactic acid was increased until four drachms were taken in the day, and this was persisted in for several weeks. In neither case were any stinging-like pains, rheumatic or other, complained of during

the entire treatment, and in neither was any noticeable perspiration produced. In both cases the sweet and hay-like smell of the breath existed. In neither case was there any indication of interference with or affection of the nervous system; power of movement of the entire muscular system, and sensibility, both general and of particular organs, were entire throughout. The uvula, palate, and pupils were natural. In neither case was there albumen or uric acid in the urine; and in neither was there any decided lung-mischief manifest, though a degree of harshness of respiration was perceptible in the woman. Although in one case a decided diminution of the amount of urine without increase of specific gravity followed the use of the lactic acid, yet in both cases flesh and strength were lost, and Dr. Ogle did not think that the cases showed that any benefit arose from treatment.

On the Removal of Portions of Morbid Tissue in Cases of Carcinoma Uteri. By A. R. Simpson, M.D., Edinburgh.—Dr. Simpson, in his communication, advocated the removal of portions of the diseased tissue in cases of carcinoma uteri, even where there was no possibility of complete extirpation. The risks were but slight, and the advantages accruing were arrest of the hæmorrhage and other exhausting and noxious discharges, and relief of pain, more especially in cases of intra-uterine disease, of which some illustrative instances were adduced. Where the part to be removed could be surrounded by the loop of a wire or chain, the amputation was best effected by means of the galvano-cautery or the *écraseur*; where the cancerous growth was flat or excavated, it needed to be dug out with a scoop or *curette*. It was usually advisable to apply perchloride of iron to the raw surface, which remained healthy for some time afterwards; and the chlorate of potash had been found an useful application to cancerous surfaces.

On the Plan of Treatment of Malignant Disease of the Uterus proposed by Professor Simon, of Heidelberg. By A. Wiltshire, M.D. London.—Simon's plan, which consists in scraping the fungating surfaces of the invaded tissues, was commented on, and two cases in which the method was adopted were given in illustration. In the first case no very decided results followed, but of the two the patient was rather better. In the second, however, the treatment (which, as in the previous case, had been put into practice by Dr. Munde, who introduced it to Dr. Wiltshire) was followed by severe peritonitis, and the subsequent expulsion of the whole of the body of the womb shorn of its appendages. The specimen was shown. The patient was recovering. Remarks were made on other modes of treatment—galvanic cautery, *écraseur*, hot iron, chromic acid, &c. The remarkable deodorant properties of chromic acid were alluded to. Simon's method was not new. Recamier and others had used it. Scanzoni, Rokitansky, Virchow, and others acknowledge the possibility of the uterus sloughing away in cases of cancer of that organ and recovery following. Instances were mentioned. Remarks on the etiology and general as well as local treatment of cancer closed the paper.

Further Remarks on the Treatment of Uterine Cancer, more especially by Gastric Juice. By C. H. F. Routh, M.D., London.—After referring to former papers which he had read on cancer of the uterus, and the success which had attended some of these cases when treated by bromine, and referring also to some successful cases published by Dr. Wynn Williams, Dr. Routh proceeded to speak of the employment by Drs. Broadbent and Barclay of acetic, citric, and carbolic acid, which were supposed to act by causing a solution of cancerous cells. Dr. Routh then proceeded to speak of gastric juice as a substance far more active than any of these acids. Instancing the two very remarkable cases cured by this agent by Messrs. Lussana and Pagello, in Italy, the author proceeded to consider the mode in which remedies should act in cancer, as founded on physiological as well as pathological experience. 1. Selection by certain remedies of particular

tissues; 2. Diminished vitality of diseased, as compared to healthy tissue; 3. Cessation of a new growth to increase, and its rapid disappearance, when circumstances favourable to its development were removed; 4. The absence of a central attractive growth, by its removal, prevented its reproduction. Dr. Routh detailed his mode of procedure in obtaining the gastric juice, which was a great difficulty. He expressed his preference to Morson's pepsine, as being that which he had more frequently used formerly, and that prepared by Messrs. Young and Postans, which he had chiefly used latterly. He then detailed the effects which he had observed produced by gastric juice on cancerous sores, specially those produced on a cancerous growth by the application of bromine previously; 1. Solution of sloughs; 2. Solution of the granular projections of the growths themselves; 3. The rapidity of its action; 4. Absorption and disappearance of glandular enlargements beyond the seat of growth. He then detailed the effects of gastric juice on the digestion of ordinary albuminous bodies even when diseased, and their conversion into nutritive peptones for the nutriment of the body—a process which justified the hope that, in some cases at least, the poisonous cancerous tissue might be so modified as even to become nutritive, and so arrest the cancerous cachexia. Dr. Routh spoke of Mr. Long's preparations of gastric juice in glycerine, and the preparation of Messrs. Young and Postans, without glycerine—instancing the remarkable influence which both preparations had in healing sores which had resisted often nearly every other remedy employed, as peculiarly encouraging. Two typical cases were given in illustration.

Mr. Spencer Wells (London), in opening a discussion on the papers of Dr. Simpson, Dr. Wiltshire, and Dr. Routh, was of opinion that little or no good could follow the process of partial scraping away. He thought it better practice to apply the caustic when practicable.

Dr. Henry Bennet (London), said that thirty years' experience convinced him that the less was done the better. Many cases were treated as cancer where cancer never existed. It was very doubtful whether the cases recorded were fully cases of cancer. He found cancer of the body of the uterus very uncommon.

Dr. Hickinbotham (Birmingham), asked Dr. Routh, if gastric juice were a cure for cancer, how was it that cancer of the stomach occurred?

Dr. Steele (Liverpool), very much doubted whether Dr. Routh's grounds were well founded.

Mr. G. Yates (Birmingham), thought that, if cancer was so easily cured as suggested by Dr. Routh, it was a much more simple matter than it had hitherto been supposed to be.

Dr. Ringland (Dublin), was of opinion that the thanks of the meeting were due to the authors of the papers. His experience went to show that cancer was incurable altogether. He found fuming nitric acid of the greatest possible value, but it did not cure. Removal of diseased parts was of great value.

Dr. Simpson (Edinburgh), had heard nothing adduced that he could regard as a valid objection to operative interference in cases of malignant disease of the uterus. Fully recognising the existence of a diathesis, and knowing that, in all probability, the disease would return and prove fatal, he yet thought that it was an end worth seeking to obtain to lessen in some degree the patient's suffering, or lengthen for a time her lease of life.

The President was of opinion that, if the growth were removed at an early date, much good might result, but that, if too long neglected, no good would follow.

Tricelarian Human Heart. By S. M. Bradley, F.R.C.S.—The child, from whom the heart was taken, was born at the full period, of healthy parents. For the first thirty-six hours after birth, the child appeared perfectly well, both circulation and respiration being efficiently carried on. At the expiration of this time it became cyanotic, was convulsed, and died at the end of forty-eight hours. The heart was situated naturally and was

of normal size. There was but a single emergent artery issuing from the heart; it gave origin to the pulmonary arteries, and to the usual aortic branches. This arterial trunk sprang from a single ventricle, into which both auricles poured their blood. The auricles were of unequal size, the right being larger than usual, the left extremely small: a freely patent foramen ovale permitted the passage of the blood from one to the other. The caval veins terminated as usual in the right, the pulmonary veins in the left auricle. The auriculo-ventricular valve approximated the mitral in character: the large single artery was furnished with well formed semilunar valves, behind which the sinuses of Valsalva were easily seen. The pulmonary arteries were large and close together, one, the left, being at a higher level than the other. The course which the blood would take in this case would be as follows. From the single ventricle blood would be poured into the arterial trunk; thence it would first of all pass into the pulmonary arteries, and partially traverse the lungs, the returning blood being poured by the pulmonary veins into the small left auricle, whence the greater part would flow through the foramen ovale into the right auricle, and thence into the single ventricle. The greater part of the blood, however, would never reach the lungs at all, but would be propelled along the continuing trunk (aorta) into the aortic branches: this systemic blood re-entering the heart in the usual way by the caval veins. The condition of heart which was found to exist in this child is the normal state in an embryo of eight weeks. At this time the aorta and pulmonary arteries are one; the auricular septum is imperfect, and the ventricular septum only commencing to be formed: a condition which is persistent in the batrachia. Five cases of a somewhat similar kind have been recorded.

On the Bending of the Ribs in forced Respiration. By A. Ransome, M.D.—This paper called attention to the large extent of forward motion of the ends of the upper ribs. This fact had not hitherto been noticed in relation to the extent of motion in the upward and outward directions, and hence it had been supposed that it could be explained by the angular movement of the ribs as they rise from a more to a less oblique position. Measurements of the angles made by the ribs with the spine, proved the impossibility of this explanation; and the want of mathematical relation between the upward and forward dimensions of the motion, showed the same thing. Actual experiment showed that a portion of the forward motion was due to a distinct inbending of the rib during the forced expiration which precedes inspiration. This observation explained the large extent of motion in children and women; the gradual diminution of the forward motion as age advances; the great extent of this motion in the upper ribs; and also several curious pathological facts relating to the motion of the chest.

Colotomy for Intestinal Obstruction. By Chas. Steele, F.R.C.S., Clifton.—Mr. Steele observed that many cases of intestinal obstruction terminated fatally without surgical interference, which, were timely operative measures adopted, would very probably end in recovery. He related the case of a man, aged 52, who, usually enjoying good health, had lately suffered from diarrhoea. On June 2nd, he was unable to relieve his bowels; he took castor-oil, but without effect. Mr. Steele saw him early next day, and found tympanitis, colicky pains, and fecal accumulation in the rectum with strong desire for defecation. Various aperients and enemata were unavailing; the rectum was cleared out, and galvanism was applied, but without result. Bad symptoms soon set in, succeeded by failing power of the heart. This was relieved by ether and laudanum. Liquid food was well taken, and retained. On the sixth day, the patient, who had somewhat rallied, suddenly becoming worse, colotomy was performed. Flatus immediately escaped, and feces some few hours afterwards. Localised peritonitis, inflammation of the skin,

diarrhoea, gastric and intestinal irritation, &c., gave anxiety for about four weeks. By this time the wound was well healed round the intestine, and the patient improved and became restored to fair health, but remained weak. No passage *per rectum* had since occurred; but free discharge of thick mucus had proved troublesome. A swelling high up in the pelvis, which before operation seemed like faeces accumulated in the intestinal coils, afterwards descended and proved to be a tumour, and the cause of obstruction. The patient was doing well. Mr. Steele concluded with observing that, where cause of obstruction is obscure, and appears to be fecal accumulation, all legitimate endeavours should be made to dislodge the same; that when the cause of obstruction is clearly mechanical, opiate treatment should be immediately commenced, and operative interference promptly adopted; that in such a case as the one narrated, surgical aid is the only means of saving life; that a person with a tumour compressing the lower bowel is in a much better condition with an artificial anus than with a constantly forced passage by the natural orifice; that the growth of the tumour will not be nearly so rapid as if it were subject to compression by the faeces and strained defaecation; and that operation is most likely to be successful when the obstruction is caused by tumour; there not being sloughing to fear, as in twisting, internal hernia, or intussusception.

The Art of Tinting Opacities of the Cornea. By C. Bell Taylor, M.D., Nottingham.—The author pointed out that, by means of fine needles or a grooved instrument manufactured for the purpose, unsightly opacities of the cornea may be so tattooed or tinted over with Indian ink and various other substances as to be indistinguishable from the neighbouring black pupil. Not only is the deformity thus removed, but the sight is also improved, owing to the suppression of the diffusion of light. The method is almost painless, free from danger, and easy of execution. When nearly the whole of the cornea is opaque, it is easy to restore a natural appearance by tattooing a central black pupil; and after iridectomy, extraction of cataract, &c., the dazzling, if excessive, may be limited by tinting a portion of the cornea, so as to constitute a permanent shade. It is not necessary to confine the patients or close the eye. When a solution of lamp-black and nitrate of silver is employed, one sitting suffices. The opacities should be tattooed obliquely, beginning from below. An interesting case was shown, in which, after the formation of an artificial pupil, and subsequent abscession of a staphylomatous cornea (which operation restored tolerable sight and the normal contour of the globe), a natural appearance had been restored to the eye by tattooing a central pupil.

On the Internal and External Orifices of the Uterus, their Anatomy, Physiology and Pathology. By Henry J. Bennett, M.D.—Dr. Henry Bennett commenced by stating that, owing to the non-recognition of some important facts connected with the anatomy and physiology of the orifices of the uterus, which he pointed out twenty-four years ago in the second edition of his work on uterine inflammation, practice continued in a most chaotic state as regarded the pathology and treatment of these orifices. Thus, some practitioners, following the example of the late Sir James Simpson, constantly saw stricture of the os uteri internum in varied morbid uterine conditions, and divided it in a routine manner; whereas other practitioners, of whom Mr. Marion Sims was an illustrious example, in exactly the same class of cases, all but ignored stricture of the os internum, and divided the os externum and the cervix uteri down to its vaginal attachments. Thus, the practice of one class of practitioners was negatived by that of the other. He himself still thought that they were both surgically and pathologically wrong in a very large proportion of the operations performed. Anatomically the uterus presents two cavities, that of the body of the uterus, and that of the neck. The larger cavity, that of the body, was separated from that of the neck by a vital sphincter, formed by the circular fibres

of the cervical structure. There was not a distinct demonstrable muscular sphincter like that of the anus; but the circular fibres of the cervix exercised the function of a sphincter, vitally closing the uterine cavity. It was worthy of remark that all the large cavities had sphincters. This vital contraction of the os internum resisted the introduction of a sound in the healthy female, although it often yielded to the gentle pressure of a small wax bougie previously warmed. Thus, the non-passage of a sound on examination was the natural healthy state, and not the sign of a stricture requiring operation. An open patulous condition of the os internum, on the contrary, implied in most cases inflammatory disease, or morbid aggrandizement of the body of the uterus. Dividing the os internum in these cases was, generally speaking, mere interference with a healthy, normal, anatomical state, and not justifiable. This vitally closed os uteri relaxed evidently during menstruation, as it also probably did for conception. In some exceptional cases, however, of congenital or pathological dysmenorrhoea, or in pseudo-membranous dysmenorrhoea, the os internum did require dilatation or division.

The os externum, although less vitally contracted, was normally closed, and if a good sized bougie could enter with ease, its division down to the vagina was not justifiable. He did not see how the surgical production of one of the accidents of labour, laceration of the cervix, could cure dysmenorrhoea, sterility, &c. He thought these anatomical points should be definitively settled as a necessary guide to practice.

Special Report

ON

DISEASES OF THE THROAT.

Edited for the "MEDICAL PRESS AND CIRCULAR."

By PROSSER JAMES, M.D., M.R.C.P.,

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DIFFICULTIES OF LARYNGOSCOPY.

(Continued from page 214.)

THE uvula occasionally proves an obstacle to laryngoscopy. Apart from irritability, in reference to which the remarks made on that condition of the fauces generally are equally applicable, the uvula may interfere with our procedure, either from its unusual size or shape. Its size may be increased in either direction, but elongation is more apt than thickness to interfere with inspection. It is no uncommon occurrence in a case with an elongated uvula for the pupil to find its tip descend considerably below the inferior border of his mirror, in which accordingly it is reflected. This difficulty is by no means insurmountable. The use of a larger mirror will often at once overcome it. If not, the directions already given as to inspiration and vocalisation can then be carried out, and the mirror placed rapidly on the retracted uvula.

Dr. Mandl, of Paris, has devised a small pocket at the back of the mirror to catch the tip of the uvula and support it. This instrument is simple and inoffensive. Others have employed various kinds of forceps and elevators, such as are used in rhinoscopy.

Some German writers recommend passing a ligature round it to fix it—a proceeding Englishmen do not

approve. If the uvula be so long or so thick as to prove a considerable obstacle to laryngoscopy, the physician should ask himself whether it be not in such a condition as to call for treatment.

Here it may be well to mention that some have mistaken for elongated uvula, a natural conformation of the parts in which the opening of the pharynx is large, and the uvula from its distance liable to fall before the mirror. This is more likely to occur if the pupil carry his mirror too far back, or attempt to support it against the pharyngeal wall. In reference to form, the uvula varies considerably, its tip occasionally being enlarged in all directions so as to form a ball at the end. Occasionally it is bifid. In all these cases choose the largest mirror for which there is room, and if necessary support it by its handle against the teeth, or by the little finger resting on the patient's cheek, and make your examination while the patient takes a deep inspiration, and then utters a falsetto note.

The same position and support of the mirror will suffice to overcome the next difficulty—that which occurs from rigidity, not only of the uvula, but of the whole *velum pendulum palati*. This condition is mostly due to old disease, the cicatrices of which are visible. They narrow the pharyngeal aperture, and too small a mirror is apt to slip behind the velum. A large one should therefore be used, and support, if required, afforded outside. Where actual contact of the velum with the pharyngeal wall, or even adhesion is present, the conditions are somewhat different; but similar directions will suffice for the examination.

The epiglottis sometimes proves the greatest obstacle of all to laryngoscopy. This valve varies much in shape, in size, and in position, and in either of these respects may be a source of inconvenience. Instead of the shape it has already been depicted, it is sometimes asymmetrical; it is often doubled upon itself to a varying extent. In these cases the illumination of the larynx is interfered with, and we may only see one vocal cord at a time by inclining the mirror more or less to one side. Position is still more important, for if the epiglottis be too horizontal it necessarily intercepts the rays of light reflected from the mirror in the direction of the glottis. We may thus be prevented from seeing more than the arytenoid cartilages. A glimpse of these is, however, often of great value, both for diagnosis and treatment.

The most common cause of difficulty is perhaps to be traced to relaxation of the glosso-epiglottidean ligaments, permitting too great pendency of the valve. The opposite cause, however, must not be forgotten, viz., contraction or swelling of the aryteno-epiglottic folds holding down the valve. These variations are, of course, pathological, but the natural conformation and position of the epiglottis give rise to quite as many differences. Indeed, the student should be prepared to find the epiglottis in healthy subjects varying greatly in shape, size, and position.

The difficulties caused by the epiglottis being so diverse in their origin are obviously to be met by equally varied methods, and these will exercise the patience of the student and bring out all his resources. A great number of plans have been vaunted, but it appears to me that no one can meet so many conditions. The object is to throw the light into the larynx, and, as already pointed out, the slightest variation in the position of the mirror suffices to deflect the rays to a considerable extent. Not only so, but any change of position, either of the observer or of the patient, must bring about changes in the relative position of the plane of the mirror, and that of the opening of the larynx. Thus, as in ordinary cases, we very slightly incline more or less the head of the patient, so to meet these contingencies we can either raise or depress the chin to a larger extent, so as to incline the head backwards or forwards. Such movements give a very wide range of changes. Sometimes it may be advisable further to so far change the position of patient and physician as to let the observer's eye be on a lower level than the patient's chin. He thus, as it were, looks somewhat upwards instead of downwards. In this case the patient's head is inclined forwards, and as large a mirror as convenient should be held almost or even quite horizontally immediately under the uvula, and as far from the pharyngeal wall as possible.

The reverse disposition of the parties is more frequently called for, the patient being placed on a lower level than usual, his head inclined backwards. In this case the mirror should be carried as far back as possible, and it may be necessary to change its angle somewhat. Occasionally it must even form a right angle with the stem.

Again, it is possible to change the position of the patient's larynx by manipulating the thyroid cartilage or the hyoid bone, as proposed by Türk.

The above plans all aim at changing the relative position of the mirror and the glottis. This they do indirectly, and so to say mechanically. The same end may often be attained by a physiological method—so to say—that is, we may take advantage of the changes brought about by respiration. Thus, sometimes, deep and slow inspiration suffices; at others, the patient must be made to take a series of quick, short inspirations—to catch his breath, as it is said, or to draw his breath by a number of snatches. During these sudden movements the epiglottis rises, and we may get a glimpse of the glottis. In the same way a noisy inspiration—that is a rather deep breath taken with a treble note—will sometimes reveal the parts. Moreover, the movements brought about in coughing, laughing, and retching, may all be taken advantage of.

It will thus be seen that patience, combined with a knowledge of the many changes to be brought about, enables us to cope with most unpromising cases. In the most obstinate the epiglottis may be raised mechanically. Occasionally, the left forefinger of the physician can reach the valve and support it for an instant. If an

instrument be employed it cannot be too simple. A simple laryngeal sound will often suffice. If not, the epiglottic pincette of Fournié or Mackenzie may be used. That of Bruns is armed with teeth which are as unnecessary as they are objectionable. Others of the German school have adopted the barbarous plan of passing a ligature through the epiglottis, in order to hold it up for the inspection. I am glad that no English writer recommends this unjustifiable proceeding.

There are some other obstacles that have been commonly ranged under the head of difficulties, and which may therefore be mentioned, although they are of less importance. Thus, the instruments are occasionally at fault—the laryngoscope may be mounted at an inconvenient angle, its surface may have become impaired by the heat or rough usage, and even the reflector may not bring the rays to a focus at a convenient distance. These and other inconveniences are the concern of the maker, but at the same time it is to be expected that every observer will attend to his own instruments. The same observation applies to the lamp. More frequently the observer is himself at fault, but if in the beginning he finds some difficulty from his own inexperience or want of tact, he may be quite sure that practice will remove it.

If, however, he be short-sighted, or the reverse, this defect should be corrected by appropriate glasses.

The use of ordinary spectacles is inconvenient with any of the portable reflectors, although they may easily be employed with my detached stand. As the forehead-band or spectacle-frame will be preferred by those who have not a room devoted to laryngoscopy, I have had lenses attached to these as already stated. It is easy therefore to correct presbyopia or myopia.

Inexperienced patients sometimes put an obstacle in the way of the observer either by perversely persisting in taking an improper position or refusing to breathe calmly and steadily. A little patience and clear instruction, if necessary by way of example is the only resource. Some patients will begin to take deep, forcible, and rapid inspirations, while others will hold their breath altogether for a few seconds and then suddenly push away the hand of the observer. These, as well as timid patients, must be assured that laryngoscopy does not interfere with the respiration at all, and that all they have to do is to breathe quietly through the open mouth. In rare cases they may even be told to hold their own nose and so compel themselves to breathe through the mouth.

The greatest difficulty of all is presented in children of tender age and timid nature, who cannot be brought to feel confidence that they are not going to be hurt. The means of overcoming this will suggest themselves to the reader. In spite of everything, we are sometimes baffled by children, or only able to obtain a rapid glimpse of the parts. Still it is surprising how often patience and tact will succeed. It is in these cases that the dexterity and rapidity of experienced observers stand them in such good stead, and enable them to get a view of what those unaccustomed to laryngoscopy find it impossible to see.

SPECIAL REPORTS ON FOODS,

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[PREPARED EXPRESSLY FOR THE "MEDICAL PRESS AND CIRCULAR."]

(Continued.)

REPORT UPON AUSTRALIAN MEAT—MEAT EXTRACTS, &c.

THE present extraordinary price of butcher's meat has made more urgent the great question of the day, the colonial supply of animal food. It is not our intention in the following reports to discuss the numerous processes which have been introduced and patented to facilitate the transit of uncooked meat, but merely to consider the various preserved meats, meat extracts, essences, and broths which are extensively found in the market at the present time. It is impossible to underrate the importance of this question. The famine prices at which the butcher's meat has arrived renders it necessary that some well regulated supply should find its way into this country—a supply that shall stem the tide of undue consumption and shall at the same time satisfy the waste of the constitution and cravings of the palate. The over-populated cities which are eating themselves up have only two considerations—namely, are the viands palatable, and how much per pound do they actually cost? Both important, but not the most paramount and vital questions. The first, although important, is of secondary consideration, whilst the second is utterly beyond the acumen of the popular mind. Some of the chief points for consideration are, 1. Are they wholesome foods capable of rapid assimilation? 2. Do they represent the nutritious value that ordinary butcher's meat would furnish—this is the true cost of any food, and 3. Does the nutritious value taken in connection with the gross cost represent a saving to the consumer?

Let us consider as a starting point the actual cost of our present meat supply. The determination we will presume to be performed upon prime joints, and thus to be everything that can be desired as good and wholesome animal food.

The following were the experiments performed for these Reports for the purpose of determining what butcher's meat actually costs when placed upon the consumer's plate. No fair criterion could be arrived at from the process of boiling, therefore the joints were roasted.

A small leg of mutton which was rather over roasted gave the following results:—

Mutton before roasting	8 pounds 8 oz.
Weight after roasting	6 " 4 "
Bones	1 " 2 "
Gravy	0 " 6 "
Net weight of cooked food	5 " 2 "

As this mutton was bought at 11d. per pound we may say that the meat actually cost 1s. 6d. per pound.

A joint of beef underdone, and consisting of the ribs was then taken and compared:—

Weight before roasting	11 pounds 4 oz.
After roasting	9 " 0 "
Bones	1 " 6 "
Gravy	0 " 9 "
Net weight of cooked meat	7 " 10 "

which we may say represents 1s. 4d. per pound when on the plate. Now, if these two joints are taken together they will represent a very fair average of ordinary meats, both as regards the two most important animals slaughtered and the different phases or degrees of cooking. We thus find that the roasting entails a loss of from 20 to 30 per cent., and that a further loss of 12 per cent. to be deducted for bone, whilst it actually costs at the present market price (retail) 1s. 5½d. for cooked meat. In a letter which appeared in the *Times* of November 2, 1871, the weight of a leg of mutton before and after cooking was given, and made to lose one-half.

Weight of leg of mutton before roasting .	9 pounds 10 oz.
" cooked meat	4 " 13 "
" bone	1 " 15 "
" gravy	0 " 10 "
Loss of weight in cooking	2 " 4 "

Therefore, although the meat was only quoted at 9½d. per pound, it was made to cost cooked 1s. 9d. We think our figures will more correctly represent the facts of the case.

Such experiments are quite sufficient to show the great price that butcher's meat has already attained with a prospect of a further increase. It is impossible to underrate the importance of this momentous question, for each penny in the pound of meat means ultimately a deterioration of the bodily capacities of the people, if not their mental deterioration. In fact, the *necessities* of life are becoming *luxuries*, and a hard-working, but underfed race, seeks to satisfy that indescribable craving of its nature by stimulants. It is no vain imagination to conceive that the whole fabric of society will be much more quickly disarranged by such a cause than by the working of any "International." To reiterate our remarks, the objects of this journal are to see how far the numerous substitutes for butcher's meat replace it in nutritious value. Also that nothing that can be conducive to a morbid state shall be introduced into commerce.

A considerable number of meat extracts and meat essences have been lately introduced into commerce, and we shall proceed to the consideration of these before dealing with the whole meat.

The origin of all these meat essences, and, in fact, the colonial and foreign meat preserving trade, may be found in Baron Liebig's researches, published in the *Annalen de Chemie u Pharmacie Bd 62*, and popularised in the second edition of Liebig's familiar letters on "Chemistry," published in 1851. In the twenty-ninth letter will be found his views upon this subject, and as very little has been added to our knowledge of it since then, we will briefly give a *resumé* of that illustrious chemist's labours as described by himself.

When finely chopped muscular flesh is lixiviated with cold water there is left a white fibrous residue consisting of the true muscular fibres of the cellular tissue, vessels, and nerves. When the lixiviation is complete the water dissolves from 16 to 24 per cent. of the weight of the dry flesh. The fibrine of flesh, the chief constituent of the muscular fibre, constitutes three-fourths of the weight of the lixiviated residue. If this residue be heated to between 158° and 177° F. the fibres contract together, shrink, and become horny and hard, a change (a kind of coagulation) takes place in consequence of which the fibres of flesh lose the power of sucking up water like a sponge and of retaining it. The lixiviated flesh when boiled with water is like

the water in which it has been boiled, tasteless, or has a slight nauseating taste; it cannot be masticated, and even dogs reject it. All the savoury constituents of flesh are contained in the juice, and may be entirely removed by lixiviation with cold water. When the watery infusion of flesh thus obtained, which is commonly tinged red by some of the colouring matter of blood, is gradually heated to boiling, the albumen of the flesh separates when the temperature has risen to 133° in nearly colourless cheesy flocculi; the colouring matter of the blood is not coagulated till the temperature rises to 158°. The liquid is now pale, yellowish, clear, and it reddens litmus paper, proving the presence of a free acid. The proportion of the albumen of flesh separated as a coagulum by heat is very various according to the age of the animal. The flesh of old animals often yields no more than 1 to 2 per cent., that of young animals as much as 14 per cent. The infusion or extract of flesh after being freed by boiling from albumen and the colouring matter of blood, has the aromatic taste and all the properties of the soup made by boiling the flesh. When evaporated, even at a gentle heat, it becomes darker coloured, finally brown, and acquires the flavour of roast meat. When dried up there is obtained a brown somewhat soft mass amounting to 12 or 13 per cent. of the weight of the original flesh supposed to be dried. This extract is easily soluble in cold water, and when dissolved in about 32 parts of hot water with the addition of some salt gives to this water the taste and all the peculiar properties of an excellent soup. The intensity of the flavour of the dry extract of flesh is very great, none of the means employed in the kitchen is comparable to it in point of flavouring power. The residue of flesh, after exhaustion with cold water, is of the same quality in different animals, so that it is impossible in this state to distinguish beef from poultry, venison, and pork.

STUDENTS' COLUMN.

SYNOPTICAL REVIEW OF THE OFFICIAL PREPARATIONS OF THE BRITISH PHARMACOPEIA.

By W. HANDSEL GRIFFITHS, PH.D., L.R.C.P.,
L.R.C.S. Edin.,

'Assistant-Librarian Royal College of Surgeons in Ireland.

LIQUORES (continued), TESTS, &c. (s)

Liquor Antimonii Chloridi.—A yellowish red liquid. A little of it dropped into water gives a white precipitate (of oxychloride of antimony, or "Algarothi's Powder," which is a variable mixture of terchloride and teroxide), the solution filtered from this precipitate gives with nitrate of silver a copious precipitate (of chloride of silver). If the white precipitate of oxychloride be treated with sulphuretted hydrogen, it becomes orange red (by formation of the tersulphide).

One fluid drachm mixed with a solution of ½ ounce of tartaric acid in four ounces of water gives a clear solution, which, when treated with sulphuretted hydrogen, yields an orange precipitate (Sb, S₃), weighing when washed and dried at 212°, 23 grains.

Liquor Arsenicalis.—A reddish alkaline liquid. After acidulation with hydrochloric acid, it gives with sulphu-

(s) The article on OLIVA has been inadvertently inserted out of place in our issue for Sept. 11. The author intended that article to follow the present one.

retted hydrogen a yellow precipitate (tersulphide). One fluid ounce (441·5 grains by weight), boiled for five minutes with 10 grains of bicarbonate of soda, and when cold, diluted with 6 ounces of water containing a little mucilage of starch, does not give with the Volumetric Solution of Iodine a permanent blue colour, until 808 grain-measures have been added, corresponding to 4 grains of arsenious acid. In this test, the oxygen of the soda converts the arsenious acid into arsenic acid, and the iodine combines with the sodium to form iodide of sodium. Until all the arsenious acid is converted into arsenic acid, sodium will be free for combination with iodine, which cannot therefore give the characteristic colour with starch.

Liquor Arsenici Hydrochloricus.—A colourless liquid with an acid reaction. The same quantitative test is directed for this solution as for Liquor Arsenicalis, using, however, 20 grains of bicarbonate of soda.

Liquor Bismuthi et Ammoniae Citratis.—Mixes with water without decomposition. Heated with solution of potash it evolves ammonia and yields a white precipitate. On the addition of hydrochloric acid, it gives a white precipitate (oxide of bismuth), which is soluble in excess.

Three fluid drachms mixed with an ounce of water and treated with excess of sulphuretted hydrogen, gives a black precipitate (sulphide of bismuth), which washed and dried, weighs 9·92 grains.

Liquor Ferri Perchloridi Fortior.—An orange brown liquid with a strong styptic taste. Diluted with water it gives a white precipitate with nitrate of silver (chloride of silver), and a dark blue precipitate, with ferro-cyanide of potassium (characteristic of a per-salt of iron), but no precipitate with ferridcyanide of potassium (showing the absence of a proto-salt of iron).

One fluid drachm mixed with two ounces of water, gives on adding excess of solution of ammonia, a reddish brown precipitate (of peroxide of iron), which washed and incinerated, weighs 15·62 grains.

Liquor Ferri Pernitricis.—A reddish brown liquid with a slight astringent taste. It gives a blue precipitate with ferro-cyanide of potassium, (presence of a per-salt), but no precipitate with ferrid-cyanide of potassium, (absence of proto-salt). When to a little of it placed in a test-tube, half its volume of pure sulphuric acid is added, and then solution of sulphate of iron is poured on, the whole assumes a dark brown colour, (due to the absorption by the solution of the sulphate of iron of nitric oxide gas, which is produced by the decomposition of the nitric acid set free by the action of the sulphuric acid.)

One fluid drachm treated with excess of solution of ammonia, gives a precipitate (of peroxide), which washed, dried, and incinerated, weighs 2·6 grains.

Liquor Ferri Persulphatis.—A dark red liquid with a very astringent taste. Diluted with 10 volumes of water it gives a white precipitate, with chloride of barium, (presence of a sulphate), a blue precipitate with ferro-cyanide of potassium (presence of a per-salt), but no precipitate with ferrid-cyanide of potassium (absence of proto-salt.)

One fluid drachm diluted with two ounces of water and treated with excess of solution of ammonia, gives a precipitate (of peroxide), which washed, and incinerated, weighs 11·44 grains.

Liquor Hydrargyri Nitricis Acidus.—Gives a yellow precipitate with excess of solution of potash (indicating mercuric oxide HgO). If a crystal of sulphate of iron be dropped into it, in a little time the salt of iron and the liquid in its vicinity acquire a dark colour (due to the conversion of a portion of the sulphate of iron into a state of persulphate by nitric acid, and the absorption of the nitric oxide so produced by the remaining portion of the sulphate). It gives no precipitate when a little of it is dropped into hydrochloric acid diluted with twice its volume of water, (showing the absence of sub-nitrate, for if that were present, sub-chloride of mercury would be formed, and this being insoluble would be precipitated).

Liquor Magnesia Carbonatis.—One fluid ounce evaporated to dryness yields a white solid residue, which, when

calcined, weighs not less than five grains, is insoluble in water, and answers to the tests for magnesia.

Liquor Plumbi Subacetatis.—A colourless liquid with an alkaline reaction and a sweet astringent taste. It becomes turbid on exposure, (by absorption of carbonic acid and consequent formation of carbonate of lead). It forms with mucilage of gum arabic an opaque white jelly. Gives with excess of sulphuric acid, a white precipitate (sulphate of lead), acetic acid being set free.

Six fluid drachms (413·3 grains by weight), require for perfect precipitation 810 grain-measures of the Volumetric Solution of Oxalic Acid.

Of the foregoing liquors: *Liquor Ferri Perchloride Fortior* enters into the composition of *Liquor Ferri Perchloridi* and *Tinctura Ferri Perchloridi*; *Liquor Ferri Persulphatis* is used in the preparation of *Ferri et Ammoniae Citras*, *Ferri et Quiniae Citras*, *Ferri Oxidum Magneticum*, *Ferri Peroxidum Humidum*, *Ferrum Tartaratum*, and *Tinctura Ferri Acetatis*; *Liquor Plumbi Subacetatis* is contained in *Liquor Plumbi Subacetatis Dilutus*, and *Unguentum Plumbi Subacetatis Compositum*.

CLASS VI.—SOLUTIONS OF ALKALOIDS AND THEIR SALTS.

Liquor Atropiæ.

- Atropiæ Sulphatis.
- Morphiæ Acetatis.
- Morphiæ Hydrochloratis.
- Strychniæ.

Liquor Atropiæ.—Dissolve 4 grains of atropia in 1 drachm of rectified spirit, and add this gradually to 7 drachms of water.

Liquor Atropiæ Sulphatis.—Dissolve 4 grains of sulphate of atropia in 1 ounce of water.

Liquor Morphiæ Acetatis.—Dissolve 4 grains of acetate of morphia in a mixture of 8 minims of dilute acetic acid, 2 drachms of rectified spirit, and 6 drachms of water.

Liquor Morphiæ Hydrochloratis.—Dissolve 4 grains of hydrochlorate of morphia in a mixture of 8 minims of dilute hydrochloric acid, 2 drachms of rectified spirit, and 6 drachms of water.

Liquor Strychniæ.—Dissolve 4 grains of strychnia in a mixture of 6 minims of dilute hydrochloric acid, and 4 drachms of water by the aid of heat, and then add 2 drachms of rectified spirit and 2 drachms of water.

It will be seen that all the solutions in this group have the same strength, viz.—1 in 120 or 4 grains in the fluid ounce.

The use of the rectified spirit in the last three liquors is to prevent decomposition, that of the acid is to aid solution. *Liquor Strychniæ* is in reality a solution of the hydrochlorate.

The only liquor of which we have not yet spoken, and which is not referable to any of the foregoing groups is—

Liquor Epispasticus.

This "Blistering Liquid" or, as it was formerly named *Linimentum Cantharides*, is prepared by macerating 8 ounces of powdered cantharides in 4 ounces of acetic acid for 24 hours, and then percolating the mixture with ether until 20 ounces are obtained.

LOTIONES (LOTIONS).

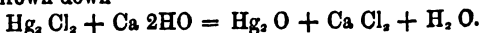
Of these there are but two, viz.—

- Lotio Hydrargyri Flava.*
- Hydrargyri Nigra.*

They are prepared by mixing 18 grains of perchloride of mercury and 30 grains of subchloride of mercury respectively with 10 ounces of solution of lime.

In the preparation of *Lotio Flava*, yellow, or mercuric, oxide (Hg O) is precipitated thus—

$Hg Cl_2 + Ca 2HO = Hg O + Ca Cl_2 + H_2 O$
while in *Lotio Nigra*, black, or mercurous, oxide (Hg₂ O) is thrown down—



These lotions are commonly known as "yellow wash" and "black wash."

MELLITA (HONEY S).

Including the oxymels there are four formulæ for the preparation of honeys, viz.—

Mel Depuratum.

„ Boracis.

Oxymel.

„ Scillæ.

Mel Depuratum, clarified honey, is made by melting honey in a water-bath, and straining it while hot through flannel moistened with warm water. The honey is thus rendered less liable to ferment by the removal of the flocculent matters and other impurities.

Mel Boracis is a mixture of 64 grains of powdered borax in 1 ounce of clarified honey.

Oxymel is prepared by mixing 40 ounces of melted clarified honey with 5 ounces each of acetic acid and water.

Oxymel Scillæ is made by evaporating in a water-bath, until the specific gravity of 1.32 is attained, a mixture of 1 pint of vinegar of squill and 2 pounds of clarified honey.

Mel Depuratum, besides forming an ingredient of the foregoing honeys, enters also into the composition of *Confectio Piperis*, *Confectio Scammonii*, and *Confectio Cerebinthine*.

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The Medical Press and Circular.

“SALUS POPULI SUPREMA LEX.”

WEDNESDAY, OCTOBER 2, 1872.

DEATH BY CHLOROFORM.

THE following report, which has been going the rounds of the London papers, furnishes another example of the dangers of chloroform as an anæsthetic agent, and also of the uncertainty of its action, which is remarkably illustrated by the evidence brought out at the coroner's inquest. We quote from *Reynold's Newspaper* of last week, the published account of a death from chloroform which followed on its administration, as has often happened, for a comparatively trivial operation—that for the cure of squint. The patient was a healthy girl of 16, and had been on a former occasion submitted to the influence without bad result. The notice is given as “Death from Chloroform

of a young lady, aged about 16 years, who expired at the South London Ophthalmic Hospital,” &c., and the evidence of the surgeon in attendance is thus quoted:—

“Mr. Robert R. Carter, of St. George's Hospital, stated that on Thursday, hearing that deceased and another had not taken food, and wished to be operated on, he ordered one to come up-stairs. The deceased came up; she went into the operating-room, and was asked if she had ever taken chloroform before. She replied that she had. Chloroform, measuring successive doses, was administered, he keeping his finger on her left pulse. After the usual struggling, she became in the ordinary way insensible. Although she did not object, the inhaler was removed for the operation to be performed, but, having removed the chloroform, she showed signs of returning consciousness, and the inhalation was again applied for a few moments. Having been laid down, she became unconscious, and an instrument was taken up to examine the eye, when a sudden change was observed. The window was thrown up and every means taken to restore the patient, but it was found that the heart had ceased action and that she had expired. The deceased, who appeared a proper healthy girl, was, to all appearance, fit to undergo the operation.

“The coroner having summed up the whole of the case, the jury returned the following verdict:—‘That the deceased expired in an hospital while under the influence of chloroform,’ and the proceedings, which occupied three hours, then terminated.”

Evidence was also given by the child's father, that she had been subjected to the influence of chloroform about five years previously for an operation on the eye.

Such cases naturally impress the public with a sense of insecurity and of doubt as to our professional resources, and consequently, many patients will from timidity endure the pain of operative interference, without the aid afforded by the use of anæsthetics, or, in many instances, defer such interference till too late to afford permanent relief.

There is no use in longer protecting ourselves by the ægis of conventionalism, or being satisfied that chloroform, because it has bestowed wonderful benefits, is without its *désagrémens* and its dangers. So urgent, indeed, are these that many surgeons eschew its use altogether, or resort to it with diffidence, and only in cases of urgency.

The claims of ether as an anæsthetic agent are gaining ground on the Continent, and have always held the ascendant in America, where it was originally introduced. It has been stated at the late Ophthalmological Congress, that it is almost impossible to kill a patient by etherization. We have ourselves reported in the *MEDICAL PRESS AND CIRCULAR* the most satisfactory results from etherization, indeed it may truthfully be stated they were, relatively to the average effects of anæsthesia by chloroform, perfect; and Mr. Morgan has, in the late numbers of our journal, clearly presented the question of Ether *v.* Chloroform to our readers' calm and conscientious consideration.

The *Boston Medical and Surgical Journal*, just received, smartly reviews the language of the *Medical Times and Gazette* when discussing the protest raised by M. Diday at the Medical Society of Lyons against the use of chloroform, where he expressed his honest conviction “that there would never be any proper security for patients until the strong arm of the law intervened, in order to arrest the chloroformists in their mistaken career.”

We quote the article *in extenso* for our readers:—

“M. Diday said, as reported in the *Medical Times*, that he would never recommend direct denunciation of a fellow practitioner, but if called before a legal tribunal he should,

Irish Poor-Law Intelligence;

UNDER AUTHORITY OF THE

IRISH MEDICAL ASSOCIATION.

SMALL-POX SERVICES AND REMUNERATION.

THE proceedings of the South Dublin Guardians and the resolution of the Local Government Board not to confirm the grant of £20 to each of the Workhouse Medical Officers, results in the perpetration of a very great injustice to the Dispensary physicians. The Guardians had considered it right to make an equal grant to the Workhouse Medical Officers, and the refusal of the Commissioners to assent to this proposal has had the effect of annulling the grant to the Dispensing officers, for whom we have reason to think the Local Government Board would have been ready to sanction a much more liberal grant. It is, however, no subject for regret that the resolution of the Guardians has proved invalid, because an opportunity will now be afforded of doing something like generous justice to the Dispensary officers. A tender of £20 to them is, to our feeling, ungenerous to insult. The small-pox epidemic commenced in the second week in October last year, and continued until the second week in August last—a period of ten months. The violence of the disease may be judged by the fact that in a single district 600 cases were registered, of which 270 went to hospital. The remaining 330 cases were attended by the Dispensary doctors at their own houses. The duration of a case of small-pox is twenty-one days, and thus it appears that if each case were seen only once (and it must be assumed that the more dangerous were attended several times) daily the Medical officers would have paid over 6,000 visits.

We recommend to the Guardians—and notably to a Mr. Macready, who considered such services not worthy of an increase of pay—the study of simple division. If a Dispensary physician is to get £20 for attending small-pox for ten months, is not that about 9s. a week, or say 15d. a day?

Can Mr. Macready secure the services of an old woman to carry a placard at that rate of pay?

SOUTH DUBLIN UNION.

EXTRA REMUNERATION FOR THE MEDICAL OFFICERS.

IN reference to the resolution of the Board, granting a gratuity of £20 to all the Medical officers of the workhouses as well as the dispensaries, in consideration of their small-pox labours—which grant had been objected to, so far as the workhouse officers were concerned, by the Commissioners,

The Clerk read the following communication:—

“Poor-law Commissioners’ Office,
September 24th, 1872.

“**SIR**,—The Commissioners for Administering the Laws for Relief of the Poor in Ireland have had before them the minute of the Board of Guardians of South Dublin Union

on the 19th instant, on the subject of the proposed gratuity to each of the Medical officers in the Union, and to the Medical officers and apothecary of the Workhouse, in which the Guardians state that they refuse to alter the terms of their resolutions of the 12th ultimo on this subject; and in reference thereto the Commissioners desire to state that they declined to sanction the proposed gratuity.
“**B. BANKS.**”

Mr. Byrne moved, and Mr. Robert Callow seconded, the following resolution:—

“Resolved—That the Board grant the gratuities to the Medical and other officers for special extra services rendered by them in an exceptional time, which has now, happily, passed away, and they consider it more in accordance with true economy to have acted in this way, rather than charge the rates with permanent increase of salary as suggested by the Commissioners. The Board see with regret a disposition lately exhibited by the action of the Poor-law Commissioners to thwart the efforts of the Guardians in the management of the Union, and to obstruct them by opposition, which is not only unnecessary, but unreasonable.”

Mr. Byrne maintained that the application was reasonable, and grounded on services honestly rendered and duties undoubtedly increased. He complained that the course taken by the Commissioners towards the Board seemed very little short of dictation. He counselled the Board to make a stand in the matter. The Commissioners were now the Local Government Board, and if some stand were not made they would arrive at the very worst form of despotism ever exercised over Boards in this country.

Dr. Owens supported the motion, which was opposed by Mr. Macready, who said he was not opposed to the principle of rewarding Medical officers who had had extra work to perform; but he denied that the house doctors were entitled to gratuities, inasmuch as they had not attended small-pox patients.

Dr. Stokes proposed, Mr. Roche seconded, as an amendment, that the Board consider the Commissioners’ order to meet the justice of the case.

The amendment was carried by twelve votes to ten.

THE POOR-LAW COMMISSIONERS AND THE GALWAY GUARDIANS.

A CONTROVERSY has arisen between the local inspector, Dr. Brodie, and the guardians, on the fitness of a certain relieving officer for the trust he filled. A large majority of the guardians felt that the charges urged by the inspector were utterly baseless, and all felt, as they were flatly denied by the officer impugned, that a sworn inquiry should be granted, and the following resolution was unanimously carried on the 30th ult., when it was proposed and seconded.

“We have learned with regret and surprise that the Commissioners decline to yield to the almost unanimous request of this board, as conveyed in its resolution of the 16th instant, desiring that further action in reference to relieving officer Flynn should be suspended. We adopted that course as an act of simple justice to Mr. Flynn, finding that no charge of neglect of duty had been established

against him. Though anxious on all occasions to lend our fullest co-operation to the Commissioners in the legitimate exercise of their authority, we must now, with all respect, having a due regard to our own efficiency and dignity, protest against his removal, unless, and until, some direct charge of neglect of duty shall be established against him; and with this view we call for a sworn inquiry, and request the Commissioners to defer action in the interim."

To the above very temperate resolution, a sealed order removing Mr. Flynn was the reply. The guardians replied to that step by the following very becoming resolution:—

"The decision of the Commissioners in removing by sealed order our relieving officer, Mr. Thomas Flynn, we have learned with anxiety and regret, as it conveys a want of due courtesy to the repeatedly expressed wisases of this board, and very plainly seeks to transfer one of the most important functions of our office, viz. :—the control of our officers, from this body to the Poor-law Commissioners themselves, a circumstance very much aggravated in this instance by the fact that the case against Mr. Thomas Flynn at present rests on entirely unsupported charges."

We trust this strange and arbitrary proceeding on the part of the Commissioners will institute a wide spread agitation for an immediate change in the law, guaranteeing to the local boards the control of their own officers in whose efficiency and character they have a far more vital interest, and should be better judges than three gentlemen sitting in Dublin.

We quote the foregoing extract from the columns of the *Freemans Journal*, because—without expressing any opinion on the merits—we entirely sympathise with the complaint uttered by the *Freeman*. In this case, as in many others, the Commissioners have availed themselves of their very unconstitutional powers to deal with an officer by the light of secret and irresponsible whisperings. We unreservedly condemn the statute which gives such a power, and the exercise of it by the Commissioners, and

we do so without any regard to the question as to whether the Commissioners or the inspector, were right in this individual case. It is quite possible that they were so, and that the Galway Guardians were intent on screening a guilty officer, but in our opinion the more justifiable action of the Commissioners may have been the more necessity—in the interest of justice—for its public justification. An open inquiry resulting in an equitable verdict, would give confidence and respect to the action of the Commissioners, while the secret and high-handed process adopted in this case, leaves their removal of the officer open to challenge, and makes a martyr of one who may or may not—as far as we know—deserve to rank as one.

CONDENSED MILK FOR THE NAVY.

SEVERAL of the English condensed milk manufacturers competed, but after repeated trials and chemical analyses the Admiralty preferred Messrs. Newnham's, of Mallow. This condensed milk has already secured a large share of public favour.

BOYLE UNION.

APPOINTMENT OF APOTHECARY.

MR. JAMES RAVERTY, L.A., has been unanimously appointed apothecary for Boyle Dispensary, at a salary of £45 per annum.

GUARDIANS' LIBERALITY.

WE observe by our Irish Provincial Exchanges that the following remuneration has been allowed by the several boards of guardians to the clerks of their respective unions for the extra labour imposed on them under the new Juries Act:—Limerick, £50; Thurles, £30; Tipperary, £30; Nenagh, £20.

The same glance informs us that the South Dublin Union Guardians have voted £20 to each of their Dispensary Medical Officers, in consideration of their unceasing and perilous contest with the small-pox epidemic, and a person named Macready divided the Board against the grant on the avowal of his opinion that as small-pox was strictly part of the Doctor's business he ought to receive no extra remuneration

TABLE showing for EIGHT LARGE TOWNS, &c., the AREA, in Statute Acres; the POPULATION in 1871; the ANNUAL RATE OF MORTALITY per 1,000 Inhabitants represented by the Number of Deaths registered during the Week ending Saturday, 21st September, 1872; the Total Number of BIRTHS AND DEATHS registered during the Week, with the Number of DEATHS at certain Ages, and from SEVERAL CAUSES; &c.

TOWNS, &c.	AREA in Statute Acres.	Popu- LATION in 1871.	WEEK ENDING SATURDAY, 21st SEPTEMBER, 1872.														
			Annual rate of mortality per 1,000 inhabitants.	Total BIRTHS registered.	Total DEATHS registered.	Deaths under 1 year of age.	Deaths at 60 years of age and upwards.	NUMBER OF DEATHS FROM							No. of Inquest Cases.	No. of Deaths in Public Institutions.	
								Small Pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Fever.	Diarrhoea.			Violence.
DUBLIN	9,745	310,565	22	142	130	36	22	4	3	1	...	...	7	10	8	7	23
BELFAST	20,687	182,214	20	126	70	25	9	...	...	...	...	4	2	6	2	3	9
CORK	13,816	90,851	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
LIMERICK	8,509	44,547	9	9	8	1	3	...	...	...	...	...	...	...	...	...	3
LONDONDERRY	21,865	30,893	10	18	6	1	...	...	...	1	...	...	...	1	...	...	...
WATERFORD	17,209	30,838	24	16	14	...	7	...	...	...	...	...	...	...	1	4	4
GALWAY	21,358	19,713	21	3	8	2	4	...	...	...	...	...	...	...	...	...	...
SLIGO	30,835	17,175	27	10	9	2	3	...	...	...	...	...	...	1	...	...	4

SLIGO UNION.

COMPULSORY VACCINATION PROSECUTIONS.

MR. MILLAR, as relieving officer, reported that he had proceeded against certain parents for non-compliance with the Vaccination Act. At the last county petty sessions he proceeded against parties who had got their children vaccinated in Sligo, but the doctors had not forwarded a duplicate certificate. The cases were dismissed, and the magistrates ordered him to summon Drs. Tucker and Loughed for not doing their duty.

Chairman—Those cases, it appears, were properly dismissed, and the question appears to be who is to pay the expenses?

Mr. Maguire—The doctors, of course.

Mr. Sidley said the expenses were not so very heavy, and it was a wholesome thing to summon a few people in the district.

Mr. Olpherts, as one of the magistrates who made the order directing that the doctors should be summoned, explained why it was such an order was made. He said it struck the magistrates that the doctors who vaccinated those children in Sligo, out of their proper district, were wrong in not doing as the law directed them to do—forward a copy of the certificate to the doctor of the district. Drs. Tucker and Loughed did not send this certificate to Dr. Hamilton, and he summoned the parties and brought them a long distance to defend the cases.

In reply to the chairman,

Mr. Millar said he had not summoned the doctors.

Mr. Jones—In courtesy and justice to the doctors we ought to inquire before we do so. If, after due inquiry, we find they were wrong, let us then summon them.

Mr. Walker moved that the order of the magistrates should be complied with, having the doctors summoned.

Mr. Maguire—I second it.

Several guardians objected to summoning before writing to the doctors.

Mr. Tighe thought it would be very hard on the doctors to summon them all at once without first making an inquiry. It would be very uncourteous to do so.

Mr. Olpherts—It struck us as rather hard on those poor people to bring them up from Glencar for nothing, because doctors did not comply with the Act by sending forward the proper certificate.

The Chairman put it to the meeting whether or not the doctors should be summoned without asking them for an explanation, and a large majority were in favour of writing to them first.

The clerk was directed to write to them, and the matter dropped.

INCREASING THE DOCTORS' SALARIES.

The Chairman said they had next to consider two notices of motion respecting the proposed increase to the doctors' salaries. Mr. Jones had given notice that they should be raised twenty per cent., and Mr. M^cGill that they should be increased by fifty per cent.

Mr. Jones asked that the doctors' application should be read, and the clerk did so. It ran thus:—

"To the Board of Guardians of Sligo Union.

"GENTLEMEN—The great increase for the last few years of our personal expenditure, in consequence of the very advanced price of all the necessities of life, including heavy house expenses, which are unavoidable (some other public officials are allowed extra pay for such), the indiscriminate issue of dispensary tickets, and the general prosperity of the country, induce us to seek for an increase of our salaries in proportion to the increased value of money. In support of our claims, we beg leave to remind you that the lamented Lord Mayo, when Chief Secretary, yielded in December, 1866, to the appeal made by the deputation from the Medical Officers of Sligo Union to have half the salaries of dispensary Medical officers paid from the National Treasury, thereby relieving the ratepayers to a large annual amount up to the pre-

sent. Shortly after the enactment of that measure the Guardians of the Dublin and some other unions in Ireland gave their Medical officers the full benefit of that Treasury grant by an increase of their salaries from £100 to £150 a year each. We therefore hope that the Board of Guardians of the Sligo Union will be equally liberal to their Medical officers, in consideration of their long labours and perilous public duties, which they are obliged to discharge at all hours—by night as well as by day—and which are unprecedented in any other office of the public service. The apothecary of the Sligo Dispensary, Dr. O'Reilly, hopes for an increase of £25 a year to his salary, which was originally recommended by the Sligo Dispensary committee. Signed—William R. Hamilton, M.D.; Robert K. Lynn, A.B., M.D.; Thomas Burrows, M.D.; Wm. Armstrong, Andrew M^cMunn, James Tucker, M.D.; Francis A. O'Reilly, L.A.H.I., L.M., Dublin."

The Chairman said there was also a letter from Dr. Powell, the Medical officer of the workhouse, asking for an increase, which letter he read.

Mr. Jones then stood up, and said that five weeks ago this application of the doctors was before the Board, when the then chairman (Mr. L'Estrange) asked if any one would propose anything in connection with it, but there was no response from any Guardian present. Afterwards he gave a notice of motion, which now came on for discussion. The letter which had been just read contained some statements worthy of consideration, not but it also contained a great deal of irrelevant matter (a laugh). For instance, the statement that red tickets were indiscriminately issued was a reflection on the members of the dispensary committee, none of whom, that he was aware of, ever did anything of the kind. A complaint of the kind was never brought before the Board. If it existed it would be a grievance, and should be put a stop to. Mr. Jones went on to say that the latter part of the letter had reference to Dr. O'Reilly, apothecary, but that gentleman had been only lately appointed, and appointed at a salary of twenty per cent. in advance of his predecessor. Therefore he should be content, and he (Mr. Jones) did not include him in his resolution. The arguments worthy of notice in this letter were those having reference to the great advance in the price of the necessaries of life, and to the general prosperity of the country. It was apparent to every one that money had been depreciated in value, as the necessaries of life advanced in price. A hundred a year some time ago was not equal to a £100 a year at the present time. That was the view he would wish to take of the matter, as it gave the doctors a fair basis for making this application. What they had to consider was what was the difference in the value of money at the time the doctors were appointed and the present time. There was, he considered, at the least a difference of thirty per cent. A hundred a year some time ago was equal to £130 at the present time. It was no increase. They were only called on to bring up their Medical officer to their former status. They all knew he was not generally disposed to increase expenses, but he thought in this matter they should be just, and he hoped they would unanimously adopt his moderate proposition of an increase of twenty-five per cent. They were not that day considering the general question, whether they were underpaid or not. His own opinion was that, as a profession, they were underpaid. He admitted the Guardians of Sligo Union had not been backward in paying their Medical officers, as when an average was struck over all unions in Ireland, it was found they paid as high as any other. They commenced with £100 a year, while in other places only £50 or £70 was given. He thought that if they brought up the salaries to their former value, the doctors could not grumble, and they would not be doing any injustice to the ratepayers. By a calculation he had made, he found that twenty-five per cent. would be under a farthing in the pound. This would not be very serious. His proposition originally was that an increase of twenty per cent. should be given; but as some guardians were down to zero, and would give no increase, others were at bloodheat in the matter, he thought

they should strike a happy medium and raise the salaries by twenty-five per cent.

Mr. M'Gill—Make it thirty.

Mr. Jones—We might be unanimous if we do what is just and proper. I propose that the eight Medical officers of the Union get an increase of twenty-five per cent. in their salaries.

Mr. Walker—I beg to move that the doctors' salaries remain as they are. I have not heard a reason except what is in favour of leaving the salaries as they are. The doctors had more than £100 a year when their vaccination fees were included.

Mr. Rowlett seconded Mr. Walker's amendment. Mr. Jones should recollect that the Guardians might look forward to a time when they would be called on to give a superannuation allowance to some of their doctors, and they would be appointing others. The sum they settled on to-day—if they gave any increase—would be the basis of the superannuation allowance, and would be the salary offered the new doctors. If the cost of living increased with the doctors, they had also to consider that it had increased with the ratepayers (hear, hear).

Captain Wynne seconded Mr. Jones's motion.

Mr. M'Gill said that in pursuance of his motion he would move that the doctors' salaries should be increased fifty per cent. He would be one of the last persons in the community to ask for an increase of salary for the doctors if it injured the ratepayers. The ratepayers would not lose much, and they would be only doing an act of justice if they gave the fifty per cent. However, he (Mr. M'Gill) would withdraw his motion if Mr. Jones included Dr. O'Reilly in his resolution. Mr. M'Gill said Dr. O'Reilly had a great deal to do. He was knocked out of his bed often at night to make up prescriptions of Dr. Lynn and Dr. Tucker. If he was included in the increase, Mr. M'Gill said he would not press his motion.

Chairman—Our doctors are now appointed for some time, and things have changed since their appointment. No complaints have been made that they were not attentive to their duties. Those are the reasons I would be in favour of a small increase. If we were appointing a new man I certainly would not be for giving him more than £100 a year.

Mr. Walker—But we never reduce a salary once we fix it.

Mr. Simpson believed the work of the doctors was decreasing.

Captain Wynne said it was increasing.

Mr. Cogan—I was ready to second Mr. Jones's original proposition for an increase of twenty per cent., but I would object to any other proposition.

Mr. Olpherts referred to the doctors' letter, and denied the statement in it that there was an indiscriminate issue of dispensary tickets. By a blue book he held in his hand he found that in 1870 only three tickets were cancelled in the entire union. Those were in Carney district. In the other four districts not a single ticket was cancelled. In 1871 there were no tickets at all cancelled. It had been said that the number of tickets had increased, but he found that in Carney, Sligo, Ballymote, and Riverstown districts there was a decrease in 1871 of tickets issued. That showed that there was a decrease of duty. Mr. Olpherts also referred to the amount paid the doctors yearly in vaccination fees. He was informed that some doctors would not get out of their beds to attend on a ticket, nor unless presented at a certain time.

The Chairman said it strengthened the case against the doctors that they took £100 a-year when there was no chance of superannuation allowances, for with such a chance the guardians might not have given so high a salary.

Mr. Tute.—They took their situations at £100, and Mr. Jones must show me that their work has increased or their emoluments decreased before I can support his motion.

Mr. Jones said he based his arguments on other grounds. There was a give-and-take line in everything. He thought

the circumstances entitled the doctors to an increase. The people of the country were never better off than now—never had so much money in bank, and Ireland was never so prosperous.

Mr. Sidley supported Mr. M'Gill's motion—that the salaries should be raised fifty per cent., and that Dr. O'Reilly should be included. He recollected that at the dispensary committee it was resolved—at the suggestion of Dr. Chambers—that £100 a-year should be offered. If the salaries were made £150 a-year only £75 would come out of the rates, and that should make them deal liberally with the doctors, who had now to pay dear for the necessaries of life.

The votes were then taken, with the following results:—
Against any increase, 15; for an increase, 16.

The Chairman declared the increase carried by a majority of one vote.

Mr. M'Gill said he voted against any increase because Dr. O'Reilly was not included.

A rather desultory conversation followed, and it became a question as to the number of doctors who should get an increase.

It was proposed that it should be the seven dispensary doctors, excluding Dr. Powell and Dr. O'Reilly.

Mr. M'Gill and other guardians supported the idea of including the nine Medical officers of the union.

The Chairman put it to the vote, but as only four or five guardians voted for the seven doctors, it was agreed that the increase should be given to the nine.

The Chairman put it to the guardians whether the increase should be ten or twenty per cent., and took the votes with the following result:—

For ten per cent., 9; for twenty per cent., 21.

The Chairman declared the motion for an increase of twenty per cent. carried.

At the last sitting of the Sligo Guardians a woman named Walsh—a widow—whose son was formerly in the employment of the Harbour Commissioners, and who lately went to Glasgow to earn a support for his mother, applied for out-door relief. Her case was supported by a letter from Mr. Monds.

Several guardians thought that as Mr. Monds recommended her she should get the out-door relief till her son would send her something.

Mr. Simpson—I would not mind that. I knew Mr. Monds to get out-door relief here himself, for a party who would not take bread, butter, and tea until he got eggs. I state that here publicly.

Relief was granted.

BIRTHS AND DEATHS IN DUBLIN.

In the Dublin registration district the births registered during the week ending 14th September, amounted to 154. The average number 161. The deaths were 154. The average was 147. Four deaths from small-pox were registered, none of which occurred during the week. In the Cork district 5 deaths from small-pox were registered. Eight deaths from fever were registered in the Dublin district—5 from typhus, 1 from typhoid, and 2 from simple continued fever. Five deaths resulted from scarlatina, 4 from measles, and 1 each from diphtheria, croup, and whooping-cough. Diarrhoea caused 14 deaths, against 31 in the corresponding week of last year. Thirteen children died from convulsions. Bronchitis proved fatal in 9 instances, and pneumonia 1. Two deaths were referred to paralysis, 2 to epilepsy, and 5 to brain disease unspecified. Heart disease caused 3 deaths, and liver disease 2. One death each from inflammation of the kidneys and inflammation of the bladder, and 2 from kidney disease unspecified. Twenty-one deaths resulted from phthisis, 4 from hydrocephalus, 2 from mesenteric disease, and 1 from scrofula. Cancer was the cause of 6 deaths, and dropsy of 1. One accidental death was registered.

remembering that he was a man first and then a doctor, declare to the court what he believed to be the truth, even at the risk of proving prejudicial to the accused operator. M. Diday then offered resolutions for the Society to adopt and to publish for the moral benefit they would exert upon surgeons by making them aware of their responsibility in case of disaster. We quote from the *Medical Times* :—

“We owe some apology to our readers,” continues the *Times*, “for occupying space with nonsense such as this; but without doing so we could convey no idea of this attempt to set up Medical terrorism in so large and enlightened a city. It is nothing less; for who, in face of such an anticipatory denunciation as this would venture to resort to an agent, mishap during the employment of which might ruin his reputation and bring him under the tender mercies of French law. Fortunately, the orator’s audience was not carried away by his declamation, and referred his damnatory conclusions to a committee, wherein we hope common sense and impartiality may not be without their advocates.”

“A little ‘common sense and impartiality’ one would expect to influence any but the *Times and Gazette* and ‘fanatical’ (that is the pleasant word our contemporary has for those on the other side) advocates of a deadly drug, the unnecessary use of which has already killed hundreds! Surely, if professional respect for life is not sufficient, the law itself should interpose for the safety of those who seek relief, not death, at the hands of operators. We hope the Lyons Society (a) will have the common sense to pass and publish the resolutions, and thus aid in stopping the worse than ‘nonsense’ we have been obliged to listen to so long in favour of this homicidal practice.”

The one journal advocates the continued use of an anæsthetic which is said to be the cause of, at all events, one death per week, and which has been proved to be the most dangerous of all the anæsthetics, while ether has been proved to be the safest. The other states that “if professional respect for life is not sufficient, the law should interpose for the safety of those who seek relief, not death, at the hands of operators.” As the public mind is becoming daily more impressed by reports such as those we have quoted, and by others circulated with less notoriety, it is well that serious attention should be given to the question of the speedy adoption of Ether, or of any safer anæsthetic than chloroform, which would be suitable for application in either minor or major surgical operations.

THE MEDICAL OFFICERS OF THE ARMY.

A MUTILATED copy of a letter on the position of Army Medical Officers lately fell into our hands. The writer pointed out in forcible terms some of the disadvantages under which they laboured as compared to other officers, and referred to the written opinions of the late Lord Dalhousie, in which the invidious nature of those distinctions was ably set forth.

Referring to the position of “civil officers” assigned to members of the Medical Department subsequent to the now famous warrant of October, 1858, the author of the pamphlet in question thus expresses himself :—

“Now the absurdity of this must be evident to all who take the trouble to reflect on the matter for a moment. Military surgeons are non-combatant officers,—it is not their business or duty to fight, or, more properly speaking, to direct those who are fighting: but for all that they are not civilians; they wear military uniform all the time that they are on full pay; they are subject to the Mutiny Act; they can sit as members of courts-martial, instances of which have occurred in my time; and, to quote once

(a) The Society, for the third time, has pronounced in favour of Ethorization.

more from Lord Dalhousie’s Minute,—“The Medical officer comes constantly under fire like other men. Every campaign which is fought exhibits the names of Medical Officers in the lists of killed and wounded; and the returns invariably show that they still more often fall victims to their own exertions on behalf of their suffering comrades.”

Proof can hardly be required of such well-known facts. If it be, the fatal record of the service which our professional brethren performed in the Crimea will more than bear out the statement made by the writer, who goes on to remark :—

“One Medical Officer from each regiment mounted the heights of the Alma with the attacking columns; an assistant-surgeon saved the life of the present Commander-in-Chief in the midst of the fight at Inkerman; and the surgeons of the army took their tour of duty in the trenches before Sevastopol as regularly as their combatant brother-officers. The late Inspector-General of Hospitals, Dr. Macleod, when attending to the wounded in the trenches before Badajos, was for the moment blinded by his brother’s brains, a captain in the regiment in which he served. It is well known all over India that at the battle of Corriegaum, one of the most brilliant feats of arms in the annals of British India, nearly all the artillery officers were killed, and at the most critical period of the action Assistant-surgeon Wylie directed the fire of the guns against the enemy in such a manner as materially to contribute to the success of the day. For this he was in after years rewarded with the Companionship of the Bath, and to the day of his death was known in the Madras army, to which he belonged, as the ‘Hero of Corriegaum.’ Surgeon A. D. Home rescued the wounded under his charge at Lucknow from falling into the hands of the enemy, barricaded the house into which he had them conveyed, defended the post for two days, and with his own hand killed many of the assailants. For this gallant act he was rewarded with the Victoria Cross. In the late operations on the frontier in India, Assistant-Surgeon Pile, on duty with a picket in an exposed position, when the combatant officer in command sought safety by deserting his post, remained with a gallant young ensign, and fell nobly doing his duty to the wounded around him. In a late despatch from New Zealand, General Cameron mentions the gallant conduct of Assistant-surgeon Temple in the discharge of his duty, in such terms that it is well known this Medical officer has been set down for the Victoria Cross. The number of Medical officers of both services who lost their lives during the Mutiny in Bengal, and the operations for its suppression, was greater in proportion than among any other class of officers in the service.”

The writer continues :—“My own experience in war, as compared with that of some of my old brother-officers of my own standing, has not been great; yet I have often been out at night on picket duty immediately in front of the enemy; I have landed more than once with troops under fire; I have served with the advanced guard under fire; the commanding officer of my regiment was killed within a few feet of me; the captain of the light company was slain while in the act of conversing with me; and a few minutes after, while attending to a wounded officer, a shot struck the parapet so closely above my head as to cover us both with the debris of the crushed bricks and mortar. The proportion of Medical officers at this day wearing the Victoria Cross is greater than among any other equal body of officers in Her Majesty’s service.”

Marshal Radetzky—no mean authority on such a point—declared, when commander-in-chief in Italy, “that the difference between officers as combatants and surgeons as non-combatants must cease. I see everywhere military officers and surgeons equally exposed to the fire; and therefore the surgeons shall enjoy advantages and distinction in every respect equal to those of the combatant officers.”

Notes on Current Topics.

The Necessity of abstaining from Surgical Procedures during Pregnancy and after Delivery.

FROM a recent discussion at the Société de Chirurgie, we find the general opinion to be opposed to interference. As to tumours or vegetations developed in the neighbourhood of the genital organs during any period of pregnancy, M. Disprès, does not hesitate to cut away and cauterize vegetations, the other members, including MM. Depual, Guénot, Verneuil, and Turnier, were opposed to any operative proceedings. Except in the case where the vegetation acquires enormous proportions, and attains almost the size of the foetal head, a growth of this kind ought not to be touched, for two reasons. In the first place, there is a risk of causing abortion; a simple cauterization sometimes sufficing to produce this result. Secondly, any use of cutting instruments is extremely prone to be followed by troublesome hæmorrhage. M. Verneuil advises still greater caution, and thinks that operations should not be performed upon any part of the body, excepting in cases of extreme necessity. Even when an abscess exists in a vulvo-vaginal gland, he considers it much safer to allow it to open spontaneously than to resort to the knife.

Respecting the time after delivery to which we should defer an operation upon women either for removal of a tumour or the cure of a vesico-vaginal fistula, it was held that the tissues should be restored to their original condition, and that those which have undergone a kind of hypertrophy in all their elements should become supple, firm, and elastic. Perhaps the true limit has been correctly indicated by M. Guénot, who waits for return of the menstrual function, until when, there is a risk of failure from the sutures coming away prematurely, in consequence of the excessive friability of the tissues, and a lessened vitality of the tissues acting as an obstacle to cicatrization.

Therapeutics of Infantile Diseases.

As a supplement to some of the papers on Therapeutics published or noticed by us lately, we may make the following extracts from a report to the Kansas Medical Society by Dr. A. R. Lanphier:—

ACTION OF MERCURY.

Mercury, whatever other action it may be supposed to possess, has undoubtedly an affinity for the glandular system, especially of the salivary glands. Instance the well-known mercurial sore mouth, and in the salivation attendant on the teething of infants, I am in the habit of exhibiting a powder of calomel and sugar, in the proportion of from one to twenty or one to forty, given frequently dry on the tongue, and I rarely find a case to continue longer than two or three days under its use. Again, in cases of infantile diarrhœa, attended with frequent greenish discharges, which I interpret to be expressive of glandular excess, I administer the same remedy, and nearly always with benefit.

ACTION OF ACONITE.

Aconite is said to act upon the nerves of the heart, affecting thereby the circulation, and controlling fever. This is probably its primary effect in the ordinary medicinal doses, but in much smaller doses, say the one-eighth to one-sixteenth of a drop, I believe it operates by an effect upon the vaso motor nerves, for I have never seen

it do permanent good in idiopathic fever. On the contrary, in simple catarrhal fever, attended or not by local symptoms in the respiratory surfaces, or digestive tract, I have frequently observed the most magical results, the little patient becoming, in course of half an hour or hour, quiet, surface cool, bathed in healthful perspiration, followed by a natural sleep and rapid recovery. At other times these manifestations are more tardy in their appearance, but in a majority of instances the progress of the cases is more satisfactory than under any other means I had resorted to. At the outset of *catarrhal croup*, nothing in my hands has ever afforded that rapid relief to the patient, and satisfaction to parents and myself, as these small doses of aconite. In the early stages of pneumonia and bronchitis I have found nothing to please me so well as these small doses of aconite combined with small doses of spirits of mildererus, and I have authority for quoting with other physicians of our town. Not long since I was relating my experience in these small doses to a very intelligent practitioner of a neighbouring city, and he asked me if I had tried a teaspoonful of cold water with an eighth of a drop of nothing in it? I told him I had not; possibly I may do so. I am not prepared to assert positively that it would not be a good treatment in *pneumonia*. I have no doubt there are cases in which such medication would be available. Yet from the long continued habit of attributing good effects to the remedies exhibited, I am inclined to believe it legitimate to attribute the beneficial results to the small doses. Nevertheless, I am conscious that we cannot establish a correct system of therapeutics without first acquainting ourselves with the progress and termination of diseases, under favourable circumstances, uninfluenced by any therapeutic measures whatever.

A New Method of Nourishing Patients per Anum.

DR. W. O. LEUBE has made (*Deutsches Archiv für klin. Med.*) some new investigations on the nourishment of patients *per anum* with an injection-mass thus prepared: From 90 to 100 grammes of the pancreas of the pig or ox are carefully deprived of fat, and finely minced. Then from 150 to 300 grammes of beef are minced and grated. Both substances are then rubbed down in a mortar with some warm water, in order to form a thick soup, which is taken up into a clyster syringe, furnished with a wide opening. If it is wished to submit, at the same time, fat to digestion, from 25 to 50 grammes of this substance may be added. Starch likewise may be added. A purgative enema is to be administered one hour previous to this nutritive clyster.

With the object of introducing into the large intestine nutritive material resembling its ordinary contents, and of establishing, as far as possible, natural conditions in this part of the alimentary canal by artificially produced digestion, he has endeavoured to transfer to the large intestine a part of the digestive processes which normally take place in the small intestine. Dr. Leube concludes—

1. The injected mass, when it consists of nothing more than meat and pancreatic substance, never causes any diarrhœa, but, on the other hand, generally remains in the large intestine from twelve to thirty-six hours without giving rise to a stool.

2. The patient experiences no disagreeable sensations after the injection, but rather a feeling of ease in the abdomen. In every case, he says he made out that the pulse became fuller, that there was an improvement in the general condition and spirits of the patient.

3. The clysters are not well borne at first; the least digested portion of the injected mass being returned.

4. The above-described injection-mass is superior to other substances recommended for rectal injections,

through its efficiency, and the readiness with which it can be made.

Since the publication of the above paper by Dr. Leube the *Centralblatt für Med. Wissenschaft* of July 20th, contains another article from him on the same subject, in which he says, that in the warmth of summer the pancreas begins very soon to undergo decomposition, and in consequence loses its digestive power and becomes irritating to the intestine, producing rapid expulsion of the material injected. These mishaps may easily be avoided by making a glycerine extract of the pancreas. This extract is quite equal in digestive power to the fresh pancreas, and will remain good for several weeks. The following is the manner of preparing this extract in glycerine. The pancreas of a bullock (which is sufficient for three enemata) is finely chopped and rubbed with 250 grammes of glycerine; and to each third of this, when about to be used, are added from 120 to 150 grammes of finely divided meat. It is important that this mass should be injected into the intestine as soon as it is made; for if it is allowed to stand, the meat swells and the operation is thereby rendered difficult.

Opium Smoking.

As a large portion of Middle China is devoted to the cultivation of the poppy, and already merchants are complaining that their profits are diminished by the rapidly increasing product of the Chinese drug, the following gleanings from a correspondent of an exchange journal at Foochow may interest some of our readers:—

"Intelligent Chinese inform me that the number addicted to opium smoking is rapidly increasing. All classes are alike guilty of the vice, and in some cases entire families are ruined, both physically and financially, by the use of the drug.

"This is an aqueous extract made by first dissolving the crude opium in water and steaming, then carefully boiling. The impurities, such as fragments of leaves, sticks, &c., are skimmed off, and this is continued until it has a consistency and appearance resembling tar. The prepared opium represents about twice its own weight of crude opium drug. It is retailed to the smokers, who carry it in small boxes made of buffalo's horns.

"The implements used in smoking are the pipe, a small lamp, and a flattened wire. The pipe is made of some heavy wood, frequently of ebony, mounted with silver trimmings. They are from one to one and a-half feet in length, and from one to one and a-half inches in diameter. The bowl of the pipe is made of earthenware, and has only a small aperture to receive the opium.

"The smoker reclines on his side, and, if wealthy, he has a servant to hold his pipe, hand him his opium, and fan him. A quantity of opium about the size of a pea is collected on the end of a wire, placed in the bowl of the pipe, and ignited by being brought into contact with the flame of the lamp. The smoker inhales it in two or three whiffs, and it is retained in the lungs as long as possible.

"The amount consumed by the habitual smoker is quite surprising. A quarter ounce is daily used by hundreds, and in some cases it is believed to reach an ounce."

Diseases of the Ear.

PROFESSOR SWEELY, of Cincinnati, says, in *The Clinic*, that in the treatment of otorrhœa, both in children and grown persons, the chief desideratum is the thorough cleansing of the ear. He agrees with all men of experience that syringing is by no means always sufficient, in

fact many times seems to be *absolutely injurious*. The secretion can be blown out by inflation either by the catheter or by Politzer's method, or washed through the Eustachian tube into the throat, by filling the ear with water and making pressure on the tragus, or washed the other way by passing the water through the meatus, inflating at the same time that the patient swallows, while the head is inclined at the same time far to the diseased side. The use of the probe and cotton will be found of great service also, especially when the parts need to be dry for the application of remedies, as in polypus and polyposid conditions of the membrana tympani. The Professor adds:—

"While all the astringents are used for otorrhœa, I would especially recommend zinc, both the sulphate and acetate, and nitrate of silver. My advice is always to begin with a weak solution ($\frac{1}{2}$ to 3 grs. ad. f. ℥j. twice or three times daily), not only because it is often sufficient, but because a stronger solution may cause pain and thus terrify the patient, and prevent further applications, and also actually do harm instead of good, if not preceded by a weak solution to accustom the parts to the contact. I need not say that frequently it will be necessary to change from one astringent to another.

"We have in otorrhœa a larger or smaller perforation of the membrana tympani, the purulent fluid coming from the middle ear. Certainly neither parent nor doctor in his right mind would allow such a stinking discharge to run on from any other part of the body, and in a purely sanitary point of view, its neglect is beyond comprehension.

"Again, how can it be expected that the ear will become sound until the perforation or perforations (as they may be multiple) have healed? And of course the longer the discharge continues, the more difficult is it for this to occur. Every one should then put before him as the goal to be reached in the treatment of otorrhœas in children, *the healing of the perforation*.

"So great importance is attached to the soundness of the drum-head, that both many patients and not a few physicians, are unwilling to admit that there is a perforation.

"Again, in cases of very great deafness with discharge, the reigning idea seems to be that the membrana tympani is *totally destroyed*.

"While the membrana tympani is of very great value in an acoustic point of view, it also plays an all-important rôle in protecting parts of still more value, the soundness of the two fenestral membranes being of still greater importance. Bear these points in mind, and all the mystery of hearing with a perforated membrane, of very bad hearing with a very extensive loss of the membrane, capable of being made very good, will be solved.

"If a perforation remains unhealed, the ear is left in an *unhealthy* condition, and you can never tell when the disease may reappear. Then remember the membrana tympani in its tutaminal function, its *protecting rôle*, and endeavour to make it perfect."

In juxtaposition with these views, it may be well to give those expressed lately by Dr. B. St. John Roosa in a lecture on circumscribed inflammation of the auditory canal, published in the *New York Medical Record*. He says:—

"Circumscribed or furuncular inflammation of the external auditory canal is quite a common affection, and I imagine there are many more cases of this affection than is shown by the statistics of the writers on otology, inasmuch as it is not a serious affection in its consequences, and very often gets very little treatment. The subjective symptoms of a furuncular inflammation of the external auditory canal are pain and a sense of fullness in the ear. There is scarcely ever any *tinnitus aurium*, for the reason that the circumscribed swelling makes no

pressure upon the membrana tympani and ossicula auditus, which pressure is usually the cause of the sounds in the ear described under the term of tinnitus aurium. On examination we find roundish isolated swellings that are very tender and sensitive to any contact. Even the touch of a delicate probe will sometimes cause patients to make an exclamation of pain. These swellings are not usually very red; for the integument is quite thick in the outer portions of the canal, and this is the usual site of the affection. We often find two points of pain and swelling in the same ear, and they are very apt to occur in succession, so that we are by no means sure of being done with a case because one furuncle is cured. The swellings that occur in the lower portion of the canal, the bony portion, which is two-thirds of the whole length, are not usually circumscribed, but diffuse, and are therefore to be classified under that head. They are more painful than furuncles, from the fact that the integument is thinner, and closely adherent to the periosteum, so that such an inflammation is analogous, in the fearful pain which it occasions, to a paronychia, and requires the same treatment, that is a free incision through the tense and swelled structure down to the bone. I should also say that the pain experienced in swallowing, chewing, and the like motions, from the pressure of the upper jaw, through the glenoid fossa, upon the swelled auditory canal, is one of the symptoms of which patients with either the diffuse or circumscribed forms of external otitis complain very much.

"The causes of furuncular inflammation of the outer ear are not very plain. Like furuncles in the other parts of the body they are often an evidence of a deteriorated condition of the general system; but again they occur where the subjects are in good general health. In such cases some local irritation by mechanical or chemical means, such as have been mentioned in the discussion of diffuse inflammation, is probably the cause.

"The general treatment will be determined by the condition of the patient. The local is simple; a deep incision should be made into the swelling, if any one very tender point can be found. It is a matter of indifference as to whether suppuration has or has not occurred in deciding as to the expediency of an incision. It should be made as soon as the case is made out. Leeches do very little good in furuncular inflammation. After the incision, the ear should be douched every fifteen minutes or half an hour, by means of Clarke's ear douche, until the pain is relieved, when it may be used at intervals. The ear should also be cleansed by means of a syringe and the cotton-holder, of which we make so much use in aural therapeutics.

"The thorough cleansing will usually relieve the impairment of hearing caused by the swelling and closure of the canal, while the incision and douche will cut short the pain. Each new furuncle is, of course, to be healed in the same way."

Lymphatic Oedema.

NOTWITHSTANDING recent researches of Teichmann, Lebert, Virchow, and Vulpian, the pathological anatomy of elephantiasis is yet but little understood. For this reason, Dr. J. Renant (Interne of the Paris hospitals, &c.), publishes in the *Archives de Physiologie* a case which has come under his observation, hoping to draw attention to an anomalous form of the disease, characterized chiefly by a primitive alteration of the whole lymphatic system, and by a sort of chronic inflammation of the subcutaneous cellulo-adipose tissue. He also considers certain forms of lymphatic oedema, of which the history of the pathogeny and pathological anatomy is as yet incomplete. The patient acknowledged no hereditary disposition to the disease. He had always had good health until within six months; had never been out of France, and had lived, for the most

part, in Paris; had never been in the habit of drinking, and had never had erysipelas. Six months before his admission to hospital his feet became swollen, the tumefaction extended to the legs and thighs, and at last involved the genital organs. On the supposition that the enlargement of the scrotum was a hydrocele, a physician had punctured it and produced a slight diminution of the oedema. The diminution was not permanent, and there soon appeared in the inguinal region prominent and knotted chords, converging towards the groin. These chords disappeared and reappeared several times, but within a month from his entry to hospital they became permanent. He now began to suffer from dyspnoea, and was obliged to stop work and enter a hospital.

At this time he could walk with difficulty, his face was commonly congested, his eyes prominent, his breathing rapid. Mentally he was not very intelligent, and was exceedingly irascible. Examination showed the existence of an enormous ascites, moist and sibilant râles in both lungs, heart enlarged and its beats doubled and regular. The appearance of the skin was characteristic, and pitted slightly on pressure. Sensibility was not impaired in the hypertrophied skin, and he occasionally suffered from pruritus. The patient became at length delirious, comatose, and died.

In a summary of Dr. Renant's paper, the *Medical Record* observes that the case has several points of interest: the antecedents of the patient, the course of the disease, its short duration, the rapid generalisation of the soft hypertrophy of the skin, and the localisation of the true elephantiasis in the genitalia. These would naturally tend to separate the disease from exotic elephantiasis—a disease having a longer course and characterised by successive attacks of erysipelas. Sclerema of adults differs no less, being an affection of which the principal symptom is a chronic irritation which is productive of an increase in the subcutaneous adipose tissue. The sclerema of infants (*edème dur*) perhaps resembles it more closely.

The general dilatation of the lymphatic canals commenced in the coats of the connective tissue, extended beyond the hypertrophied glands, and showed itself above by the varicose lymphatics, and permits us to suppose that the absorbent system was very rapidly involved. The ascites was produced by the mechanical pressure of the tumefied mesenteric glands, as was also the alteration of the liver. The hypertrophy of the heart appears to be, above all, exaggerated by the influence of this double obstacle to the circulation which existed, for there was no valvular lesion or trace of endocarditis. (It is probable that the man had primarily an enlargement of the heart, which might truly be considered as the determining cause of the future changes.)

It has for a long time been known that obstacles to the flow of the lymph could produce oedema, and especially that elephantiasis of a limb could follow induration or suppuration of its glands. Bichat said long since: "In all these cases one finds the absorbents very much dilated in the cadaver, and they are, moreover, filled with fluid. The production of oedema of lymphatic origin is not so rare a circumstance as may have been supposed. I have in the last two years had occasion to observe a great number at the Hôpital Saint Louis, in the service of Dr. Lailier. Following a very acute eczema of the hands, attended with considerable local tumefaction; sometimes, also, consecutive to inflammation of subcutaneous serous

hæmorrhæ ; also, very often around vessels thus engorged one finds an induration which extends like a net, two, three, and even four centimetres laterally. It seems very probable that this form of lymphangitis (*L. valvulaire*, *Bazin*. *L. en table*, *Laitier*) is due to an extravasation of coagulated lymph into the perivascular tissue, and which seems quite analogous to that which we have called *pachydermic elephantiasis*."

Loss to the Army Effectiveness from Ill-Health.

THE Report of the Army Medical Department informs us that the average strength of the Army in 1870 was 75,000, of whom 61,000 were hospital patients in the course of the year. In other words, 3,000 men were constantly lost to the service from sickness, out of whom—in the year—700 died. In addition to these numbers, 6,700 men were detached on special duty, of whom 81 died. The rate of mortality was thus 9·48 per 1,000.

Public Analysts under the Adulteration Act.

A CORRESPONDENT of the *Pharmaceutical Journal* points out that the wording of the new Act restricts the appointment of Public Analyst to members of the Medical Profession. The qualifications set down by the Act are that the analyst shall possess "competent Medical, chemical, and microscopical knowledge," and the *Pharmaceutical Journal* confirms the view, that by this phrase pharmacutists are excluded.

A New Plague.

THE President of the Academy of Medicine of Paris has laid before that body a full description of what is called a new disease, and which has ravaged Illyria. It first of all appeared at Scherbiero, and that name has therefore been popularly assigned to the disease as well as the village. It may be mentioned that the village in question is miserably poor, and in a bad position as regards hygiene. The people live on salt meat, drink bad water, are miserably clad, and their abode is in a mountain gorge, where the wind has very little access. The disease has been compared to lupus, scrofula, and syphilis. From M. Barth's description it seems most allied to the last. Large ulcers attack the skin, and leave ghastly scars. The mucous membranes are also covered with erosions. Tumours are observed; pains in the bones, followed by exostosis and necrosis. Children have suffered terribly from the disease on the mucous membrane of the mouth and throat, and from caries of the bones of the nose and skull. More than 3,000 cases have occurred in Illyria, but it seems now on the wane. M. Barth, the learned President of the Academy, went to study it at Porto-Ré, and found thirty-three cases in the hospital. At his discourse he exhibited a number of portraits. He recommends iodide of potassium as a remedy, and it appears to us probable that it would be found efficacious. There is room for further investigation of this new pest.

Health of Islington.

WE have received Dr. Corfield's first report, and are glad to see that he has adopted the same plan as his predecessor, so that the series is unbroken. We are de-

lighted to observe that an inspector has been set to look after the dust contractors, and that they have been heavily fined. This is a good example; for throughout the Metropolis the dust-bin is a nuisance that the contractors do as little as they can to remove. Other officers should imitate Dr. Corfield. Among the large towns of the kingdom only Plymouth had a lower death-rate than Islington.

Carmichael School of Medicine, Dublin.

AT the last meeting of the proprietors of this institution, William Thomson, A.B., M.D., &c., Queen's University, was selected from the candidates to fill the position of Demonstrator of Anatomy in the above school of medicine.

IT is officially reported that the number of French prisoners who have died in Germany exceeds 20,000.

PROFESSOR HUXLEY, F.R.S., will commence a course of lectures on Biology, including Palæontology, on Monday next, in the new buildings at South Kensington Museum.

THE Medical Association of America have resolved that the members of the Association ought to discourage the use of alcoholic stimulants in the treatment of disease.

STAFF-SURGEON WILLIAM LONEY, R.N., has been promoted to the rank of Deputy Inspector-General of Hospitals and Fleets, in the vacancy caused by the death of Dr. Bernard.

THE *United Service Gazette* says that the new warrant of the Army Medical Department, and the warrant consolidating the Hospital Establishments of Regiments are awaiting issue, and no one seems able to assign any reasonable cause or excuse for the delay.

ON Saturday last the Burmese Ambassadors visited Trinity College, Dublin, and were conducted over the building by the Provost, Dr. Shaw, and Professor Jellett. The visitors showed great interest in the perusal of some MS. in their own language.

WE regret to learn that a member of our Profession Dr. T. B. Webster, who held the office of public vaccinator of the parish of Duirinish, in Skye, has been sentenced by Lord Neaves to four months' imprisonment for fabricating a large number of false certificates to the effect that certain children were successfully vaccinated.

TRINITY COLLEGE PROFESSORSHIP OF ANATOMY.

(From the *Dublin Evening Mail*.)

THE Professorship of Anatomy in Trinity College, Dublin, is now virtually, or actually, vacant, and considerable interest is felt in Medical and academic circles as to the manner in which the Board will exercise their patronage in regard to it. The chair is one of the most valuable in the University, especially when occupied by an able and popular teacher. Its value, in the present flourishing condition of the College Medical School, averages, we are told, about £1,100 or £1,200 a year. It is tenable for

286 years, and the out-going Professor is re-eligible. Although the Board announce a preference in favour of candidates who undertake to renounce private practice and devote themselves exclusively to the work of teaching, there is no hard-and-fast rule on the subject; and the gentleman who has held the office during the last fourteen years, and who is a candidate for re-election, Benjamin George M'Dowel, is, as most of our readers are doubtless aware, one of the most eminent practising physicians in Dublin. Among the remaining candidates, the gentleman whose competition is understood to be most formidable is Alexander Macalister, M.B., the actual University Professor of Zoology, and a writer whose original researches in that science are of very high authority, and occupy a large space in the scientific periodicals of the day. Mr. Macalister is comparatively a young man, and finds no difficulty, therefore, in undertaking to renounce that private practice which, as the Board considers, interferes to some extent with professorial efficiency. A similar renunciation on the part of Dr. M'Dowel is, of course, out of the question. It would involve the loss of an income larger than that to be derived even from his valuable chair.

... The decision will probably turn with each voter, on the more or less value which he attaches to the undertaking of the candidate to renounce private practice. Is it really for the benefit of the School—that is to say, of the students who attend it—that the professor should be cut off from this source of ever fresh and varying instruction? ... Certain it is that the professors whose lectures were followed with the greatest eagerness and attended by the most crowded classes were men who were, at the very time, distinguished as practical surgeons and physicians. This was the case with Harvey and the Hunters, with Sir Astley Cooper, Brodie, Todd, Bowman; and in Dublin itself, with Dease, Abraham Colless Kirby, Graves, and Adams. It has also been the case with Dr. M'Dowel himself, during his two septennial periods of office as professor. During the first of these periods, the number of pupils entered for his course of anatomy rose year by year from 43 to 93, and the number who entered for dissections rose from 43 to 119. It is true that during this first period the marked improvement which took place in the Medical school may be explained wholly, and must be explained partly, by changes effected in the mutual relations of the Dublin Medical Schools, and which were entirely independent of any action on the part of Dr. M'Dowel. But the prosperity of the Trinity College School has not been stationary since. During the last seven years the School has steadily progressed, until it is now, in point of numbers, at the head of the Medical schools of this capital. In 1865-6, the Anatomy Class numbered 115; in 1871-2, it rose to 129. The Class for Dissections rose in the same interval from 150 to 202. No doubt Dr. M'Dowel has been ably seconded by his lieutenants, and by Mr. Macalister himself, as one of them. Still, it is both usual and fair to ascribe the lion's share of the success of a campaign to the general in command. Had Dr. M'Dowel's conduct of the Medical School been marked by any other qualities than those of ability, vigour, and discretion, the School could hardly have attained its present honourable position. To displace its successful and most popular chief would be an experiment which the Board, we think, will not venture on without more clear and cogent reasons than are at present apparent.

Literature.

THE SANITARY MANAGEMENT OF SEWAGE.

At the present time, in spite of all we have written on the subject, the necessity of seeing to our drains and sewers may well claim attention. It is accordingly intended in the following remarks, to briefly indicate some

of the more important points to be observed in these respects, taking as the basis of such remarks, the very excellent work on the subject noted below (a), a work, which although published some years ago, is still worthy of every attention. With regard to each of the three methods of treating sewage, the following is the gist of the observations made, namely:—

The iron pan system, or that by which the sewage is received into moveable iron pans or basins, and these taken away at stated times and emptied unmixed, although applicable to barracks, is unsuited for British towns, on account of being offensive to the nose and to the eye. The vessels when empty smell more offensively than when full, because a large surface is exposed.

Earth closets.—These are in some measure related to cottages, although in regard to them difficulties occur. In dwelling houses and in towns, the difficulties increase. The system cannot be adopted up stairs, as everything would have to be brought down through the house. The quantity of foul water from kitchen, scullery, baths, cleaning, &c., would be much the same in quantity as before; drains would still be necessary and defects in them would still be sources of danger to health. From these and other objections, closets of this kind are not generally suited fixtures.

Water Closets.—These and all other parts of a house from whence foul water is discharged, should as far as possible be on one side of the house. Their outlets should enter at the nearest point into one main drain. These parts of a house to be in the outside walls and communicate directly with the air; their drains if practicable outside the house, or if that is impossible, carried along, but for the shortest possible distance under the passages. The best aspect for closets or for drains is north or east. The water closet cistern should be used for this purpose alone. The proper trapping of the overflow is essential. The window of the closet should reach the ceiling, and be open as much as possible.

Sewage Drains.—Elliptical or circular shaped grooved pipes, are best suited for this purpose. The least amount of fall, one inch in six to ten feet. Outside the kitchen there should be a cesspool, in which fat contained in waste water, may congeal before the liquid enters the pipes. There should be no sharp turns. Foul air in the pipes should have means of escape, so as not to discharge itself into the closet each time the handle there is raised. The greater heat in houses than outside, naturally leads to the air sinking, and means of escape into the rooms and passages adjoining closets. Hence a source of typhoid fever, &c., in cold weather. To obviate these, the ventilating shaft should either enter into the chimney, or have a continuation of the soil pipe carried up along the side of a chimney, and opening at a height to be clear of windows. The pipes are better cleared by a sudden rush of water than by a small continuous stream.

House drains should be flushed twice a week, as it is only after three days that sewer gas becomes noxious. The size of a main drain pipe should not be less than six inches in diameter for a house where more than eight people reside, bore of a foot in diameter will take the sewage of 500 to 1,000 people, if rain water be excluded.

Rain Water.—If not needed for use should not be allowed to pass into foul drains, but allowed to pass away by the natural water courses. If allowed to run into drains were traps are not sufficient in dry weather to prevent escape, and these gases discharged near the eaves, are by eddies of wind diverted in through the windows of occupied rooms, especially attics. If intended for domestic use, rain water should always be filtered.

Cesspools.—These are now acknowledged to be highly dangerous, and should be done away with, if water tight, an overflow takes place; if porous, matter soaks from them to a distance.

(a) A Treatise on the Sanitary Management and Utilization of Sewage. By William Menzies. Published by Longman, Green, Longman, Roberts, and Green. 1865.

Sewage Water.—For ordinary purposes, the quantity of water discharged daily into the drains of a house, exclusive of rain water, ranges from eighteen to twenty-five gallons. In asylums and some public buildings, it is sometimes double that amount.

Foreign Medical Literature.

POPULATION IN FRANCE.

(From the *Journal des Economistes*, July, 1872. "*Revue de l'Académie des Sciences Morales et Politiques*.")

THE second communication is a memoir by M. Legoyt, on the movement of population in France, especially from 1861 to 1865. Statistical studies in general, and above all that of the movement of population, prove that, even in the acts which most undoubtedly depend on his will, man is submitted to mysterious laws which he obeys unknown to himself. Thus, the same phenomena are reproduced in nearly the same numbers. Every year, for instance, we remark the same number of crimes committed in the same circumstances, by the same number of individuals, of the same age, sex, &c. Every year we see the same number of suicides reproduced in circumstances and procedures like to each other. Marriage offers a no less significant reproduction of identical peculiarities; the unions between unmarried women and men, widows and bachelors, and girls and widowers, are contracted each year in the same proportion, and what is still more remarkable, absolutely at the same age. As to population, it follows a regular process, generally ascending, and which exceptional circumstances alone interfere with. Revolutions, prolonged wars, and epidemics, are the causes which for a short time perturb the human phenomena of the domain of statistics. For the last quarter of a century, we notice in all the great States of Europe, but especially in France, a gradual diminution of births, coinciding with an increase of public wealth, with an increasing number of marriages, and also with an increased mean duration of life, which in the course of sixty years has increased from seven to eight years.

In his memoir, which is lengthy, the author analyses with minute care the general phenomenon of the movement of the population. He isolates it and sub-divides it into different elements, which he considers separately in the department of the Seine, in the towns, and in the country. The part of this work which has most attracted the attention of the Academy, relates to the birth of legitimate and illegitimate children. The mean of the first, for the five years 1861-65, and for the whole of France, is 928,934; that of the second, is 76,000. These two means are thus divided. In the department of the Seine, there were 45,560 legitimate children, and 16,278 illegitimate; in the towns there were 228,364 legitimate, and 29,637 illegitimate; and in the country, 655,000 legitimate, and 30,085 illegitimate. The mean of legitimate births for the whole of France, and for the whole period of five years, is in the proportion of 20·66 per cent. of all the married women; that of illegitimate children is in the proportion of 1·35 per cent. of the unmarried women.

"La fécondité dans le mariage, qui était 20·75 de 1851 à 1856, est donc tombée à 20·66 de 1861 à 1866; tandis que la fécondité hors mariage s'est élevée de 1·86 à 1·85. D'où cette conséquence que l'accroissement général de fécondité d'une période à l'autre doit être attribué à un accroissement dans la proportion des enfants naturels; et, chose remarquable, cet accroissement ne s'est produit que dans les campagnes. A Paris et dans les autres villes, il y a eu, au contraire, une diminution."

M. Lucas thinks that the increase of illegitimate births in the country may be partly attributed to the develop-

ment of the industry of nurses, which causes many girls to become mothers in order to be able to take nurlings.

We find among the communications made to the Academy in the month of April, a note from M. Husson, which relates to the same class of facts. M. Husson speaks of the mortality of young infants born in the town of Paris. This memoir produced a great sensation. The Academy of Medicine, to which M. Husson is attached as an associate, the "*Société Protectrice des Enfants*," and the press have been moved by the alarming figures in this work, and the facts there brought forward. There results from the researches and calculations of M. Husson, that the mortality of children born at Paris is far superior to that of children born in the rest of France, and that this excess of mortality ought to be attributed to the insufficiency or entire want of care for the young infants confided to mercenary nurses, whether in Paris itself or in the country. On inspection of the quinquennial period from 1862 to 1866, M. Husson has discovered, for the number of births at Paris, an annual mean of 53,921. Of these 53,921 children, 33,872 remain in Paris, and 20,049 are put out to nurse elsewhere. This putting out to nurse takes place in four different ways. 1st. Directly by the families there are sent out 6,000. 2nd. By the intervention of the *petits bureaux* 9,000. 3rd. By the *Grand Bureau*, that is to say by the care of the municipal direction of nurses, 2,031. 4th. By the Foundling Hospital of Paris 3,018.

Of the 33,872 children younger than one year who remain in Paris, there die, on an average, 8,250, or 24·36 per cent. This proportion is enormous and fit to surprise us, for the children who remain in Paris ought to be considered, at first sight, as being in a particularly favourable position. But we must consider several causes of mortality, to which these newly-born infants are subjected. The first and gravest is, according to M. Husson, the native feebleness of a great number of them, who die in the first days of life. On the other hand, many are put out to nurse, by means of the "*bureaux*" in Paris itself, and in very bad conditions. Others, which have been put out to nurse in the country, are brought back in a few months, because the nurse has not been paid. These have been ill-fed, ill cared for, and are not long before they succumb. Lastly, we must again, says M. Husson, refer the numerous deaths to the fatal influence of artificial lactation. The mortality of the children put out to nurse out of Paris by the means of the municipal direction is, 29·81 per cent.; and that of children assisted in the department of the Seine, is 36·28 per cent. That of the new-born children put out to nurse directly by their parents, it has not been possible to estimate, and the same holds good in the case of children put out by means of the private offices; but facts observed in the majority of the departments which are devoted to the industry of nursing, make us presume that the mortality, for this last category, is far greater than that of the two preceding figures. In fact, if we examine the table of mortality of children drawn up by the 89 departments, by the statistical office of the minister of agriculture and commerce, we see that the departments where the mean is the highest, are precisely those where the industry of nursing is the most flourishing. Thus, whilst the annual mean of mortality is only, in Creuse, 10·87 per cent.; in the Basses Pyrénées, Ariège, Indre, La Manche, only 12 and 13 per cent.; it rises to 24·18 per cent. in Oise; to 24·46 in Marne; to 24·75 in Seine-et-Marne; to 26·12 in Yonne; and to 26·27 in Seine Inférieure; and 29·87 per cent. in Eure-et-Loir.

It is then, M. Husson concludes, the neglect of maternal lactation which causes the majority of these sad results, and this abandonment, to which many mothers resign themselves with regret, is brought about by trivial motives. Physicians, fathers, and all persons whose moral authority is felt in the bosom of the family, ought then to insist that the newly-born child, except when the obstacles are unavoidable, shall remain confided to its own mother, and receive in the domestic hearth, along with maternal suckling, those tender and enlightened cares which it can meet with nowhere else.

ON THE ABUSE OF IRIDECTOMY.

DR. FANO, of Paris, writing to Dr. Cloquet in *La France Médicale*, speaks as follows: 20 July, *Monsieur et cher maître*. The operation of iridectomy, that is the excision of a piece of the iris, was proposed nearly half a century back, to make an artificial pupil. It is to a French surgeon, Wenzel, that is due this innovation, one of the greatest feats in oculistic art. You know that the operation of artificial pupil was invented in England by Cheselden, but the process of that operator, consisting in a simple excision of the iris, by means of a needle, had this grave want, that it only made a linear opening, which became filled up by plastic lymph, if the operation was at all followed by inflammation. The excision of a piece of the iris gave a much less hazardous result, and the success obtained by the *French method*, i.e., by that of Wenzel, is now-a-days recognised by all. But twenty years ago another application was made of iridectomy, by Dr. Græfe, of Berlin. By resting on certain data relative to the nature of glaucoma, this therapeutical idea was suggested to him, and it is by exaggerating beyond measure the consequences of an erroneous doctrine, that persons have abused and still are abusing iridectomy.

Before the application of the ophthalmoscope to the diagnosis of diseases of the eye, glaucoma means an affection characterised by the gradual loss of vision, and a peculiar aspect of the pupil of the eye, which was considered as owing to some disease of the vitreous body. This is the opinion emitted by yourself in the "Dictionnaire de Médecine," which the Germans might have done well to consult, to understand well the nature of the disease, in place of losing themselves in suppositions and in a doctrine which has had the most deplorable consequences.

In the majority of persons attacked with glaucoma, we notice, in feeling the globe of the eye through the upper lid, that the consistence of the eye is greater than in the normal state. The pulp of the index feels an unusual resistance, and this sensation is especially marked in those who suffer from acute glaucoma. Hence the opinion, that glaucoma results from an exaggerated intra-ocular pressure, resulting from a hyper-secretion of humours of the eye. To explain this hyper-secretion, iridochoroiditis has been called in with acute or slow progress, because in glaucoma, the system of vessels which supply the iris, after having run along under the conjunctiva, as ciliary arteries, present a certain dilatation in the chronic form, and injection in the acute form. Under the influence of this hyper-secretion of this intra-ocular tension which is exaggerated, the expansion of the optic nerve in the eye, or the optic papilla, is said to undergo a compression which has for its effect to arrest the nervous influence which the optic nerve distributes to the retina. The consequence of this theory which is mechanical, is that we ought to diminish the intra-ocular pressure. The author of this doctrine has thought that we might arrive at this result by excising a flap of iris, because, in this way, we diminish the extent of the secreting surface.

"Let us leave out of sight for a moment this doctrine which I consider as erroneous, in order to attach myself exclusively to the results furnished by the practice which results from it. We may observe that, in acute glaucoma, the operation of iridectomy gives satisfactory results. In a few days, an eye, which was reduced to distinguishing nothing but light from darkness, recovers an acuteness of vision nearly equal to that it possessed before the accident. But it is rare that such like cases are durable; most frequently in a few months, the eye operated on becomes the seat of these alterations you have so well described in the article above referred to; alterations which announce an atrophic process of slow and insidious kind of the whole globe.

"If oculists had stopped at this application of iridectomy, they would only have obtained praise and avoided blame. Unfortunately, the doctrine of intra-ocular pressure has conducted them to a quite licentious extension of iridectomy. A patient is affected by true amaurosis; the in-

spection of the eye by the ophthalmoscope shows a true alteration of the optic nerve. Thus the expansion of the nerve, that is the optic papilla, is profoundly altered (grey degeneration of the nerve characterised by whitish colour of the papilla); if this same eye presents an over great tension to the fingers, if especially the pupil present an excavation in its centre, which is easily recognised by the manner in which the vessels are disposed around the disc, it is said that we have no longer to do with amaurosis, but with a chronic glaucoma; and our German confrères know no other medicament for this, than the excision of a flap of iris. They hope that by diminishing the intra-ocular pressure, the optic nerve will cease to be compressed, and will resume its form. As if any such an operation could restore to the nerve cord the nerve substance which has been absorbed. You cannot imagine what a quantity of sections of the iris have been made up of late years, thanks to the elasticity of this doctrine. One of these German oculists, who resides on the borders of France, has made a sort of speciality of this. He takes journeys through the northern departments of France, and promises to all amaurotic patients a cure if they will consent to the operation of iridectomy, and enter his *maison de santé*.

"We are not come to the end of this iridectomania. I have just told you how they cut the iris in confined amaurotic patients. The same operation is used for true iride choroiditis, with notable augmentation of the volume of the eye, i.e., with hydro-ophthalmia, and with staphyloma of the cornea. It has been told me that the operation has been performed in inflammation of the eye, and a certain operator has been mentioned to me, who had taken half an hour in such a case, to get away a small snip of the iris, without any benefit to the patient, of course.

"To point attention to such abuses among practitioners who specially have to do with the eye, is to put others on their guard against these deceptive promises made to their patients.

(Signed)

DR. FANO.

Prof. Agréé a la Faculté de Médecine de Paris.

Scraps from the Editor's Table.

MIDWIVES IN THE TIME OF QUEEN ELIZABETH.

THE following curious oath is recorded as the condition upon which Mistress Eleonor Pead received a license from the Archbishop of Canterbury, in 1567, to practise midwifery:—"I, Eleonor Pead, admitted to the office and occupation of a midwife, will faithfully and diligently exercise the said office according to such cunning and knowledge as God has given me, and that I will be ready to help and aid as well poor as rich women being in labour and travail of child, and will always be ready both to poor and rich in exercising and executing of my said office. Also, I will not permit or suffer that any woman being in labour or travail shall name any other to be the father of her child than only he who is the right and true father thereof; and that I will not suffer any other body's child to be set, brought, or laid before any woman delivered of child in the place of her natural child, so far forth as I can know and understand. Also I will not use any kind of sorcery or incantation in the time of the travail of any woman; and that I will not destroy the child born of any woman, nor cut nor pull off the head thereof, or otherwise dismember or hurt the same, or suffer it to be hurt or dismembered by any manner of way or means. Also that at the ministration of the sacrament of baptism in the time of necessity I will use apt and accustomed words of the same sacrament—that is to say, these words following, or the like in effect: *I christen thee in the name of the Father, the Son, and the Holy Ghost, and none other pro-*

fane words, and that in such time of necessity, in baptizing any infant born, and pouring water upon the head of the same infant, I will use pure and clean water, and not any rose or damask water, or water made of any confection or mixture; and that I will certify the curate of the parish church of every such baptizing."

TAXATION ON MEDICINES IN FRANCE.

THE much-taxed French are even to be denied cheap medicines. In the new raw materials bill additional duties are placed on ipecac, Peruvian bark and other drugs, which it should be the duty of any government to supply to its people as cheaply as possible. The imposition of such almost prohibitory duties can hardly fail to lead to adulterations and the use of cheaper substitutes, from which the public health will suffer.

BUTTER.

MR. GEORGE MANLEY HOPWOOD, F.C.S., noticing that some butters marked at very low prices had been obtaining a great sale lately in several thriving towns, obtained a quantity of each, and he contributes to the *Food Journal* the results of his examination. We append them in a tabular form, and they certainly reveal a state of things urgently calling for control:—

Averages of two Analyses.
In 100 parts.

Fatty matter . . .	76.4	84.5
Water	15.1	9.0
Common salt . . .	6.3	3.7
Flour and sugar . .	2.1	2.0

Good salt butter, by the way, contains from 92 to 95 per cent. of fatty matter. Both these mixtures were well mingled, and presented no cause of suspicion to the eye. One had a clean butter-cup flower colour; the other was a little paler. But now mark, oh ye butter eaters! The fatty matter, happily below the right percentage, was not butter—worse still, in one instance contained no particle of butter. In the one sample it was simply *unadulterated tallow*, and in the other tallow slightly qualified with an inferior butter!

POISONED CONFECTIONERY.

No one but a lunatic, says the *Chemist and Druggist's Advocate*, would take the trouble to poison confectionery, and thereby incur suspicion, when there are, ready-made to hand and openly sold in shops, sweetmeats artistically coated with deadly poison. That such is the case in Newcastle-upon-Tyne is shown by a report of Mr. Pattinson, analytical chemist, upon which the local corporation had decided to take immediate action. Mr. Pattinson says he has examined various samples of sugar confectionery sold in Newcastle, and finds that nearly the whole of the articles coloured yellow and orange are so coloured by chromate of lead. Out of thirty-five different kinds of sweetmeats examined, obtained from twenty different dealers, twenty-eight were coloured by this poison. Some of the articles contained upwards of a tenth of a grain of metallic lead, the engaging substance being supplied to manufacturers under the names of "lemon chrome" and "orange chrome." Mr. Pattinson adds that "some of the confectionery contained plaster of Paris to the extent of 1½ per cent., besides a good deal of wheaten flour." Perhaps the wheaten flour, if of fair quality, is, so far as the health of many over-indulged children is concerned, an improvement upon a mass of cheap sugar; but, most parents, we suspect, have a very pronounced opinion on the subject of arsenic or chromate of lead.

PHOTOGRAPHING THE PULSE.

THE ingenious apparatus invented by Dr. Ozanam, of Paris, for rendering the variable beatings of the pulse visible, is

already proving itself of practical value. The *Chicago Medical Journal*, describing the apparatus, says it consists of a camera lucida, about ten inches wide, in which a piece of mechanism, moving at a uniform rate, pushes a glass plate, prepared with collodion, in front of a very narrow aperture exposed to the light. In this aperture is a glass tube, in which a column of mercury may rise and fall, as in a thermometer. By attaching to the wrist a rubber tube, filled with mercury, in connection with the tube of the apparatus, the beating of the pulse is received on this artificial artery, and the pulsations are transmitted to the recording apparatus. As the column in the tube acts as a screen, light can penetrate the aperture only where the column is deficient; consequently the prepared plate becomes black under the influence of light everywhere except at such places as the column intercepts it. As the column rises and falls with each pulsation of the heart, these black lines on the prepared plate, pushed regularly forward, will be shorter or longer alternately, and will be successively photographed as being lines perpendicular to a common base, the heart being thus made to register photographically its own pulsations. These photographic representations can be so magnified as to be rendered visible across a large amphitheatre; and such is the peculiarity of the apparatus, in its adaptation to different uses, that it may be modified so as to register the variations of respiration, the regular action of coughing, and similar physiological and pathological phenomena.

LIQUOR ADULTERATION.

THE following penalties for the adulteration of intoxicating liquors are enacted by the New Licensing Act:—

Every person who mixes or causes to be mixed with any intoxicating liquor sold or exposed for sale by him any deleterious ingredient, that is to say, any of the ingredients specified in the first schedule to this Act, or added to such schedule by any Order in Council made under this Act, or any ingredient deleterious to health; and

Every person who knowingly sells or keeps or exposes for sale any intoxicating liquor mixed with any deleterious ingredient (in this Act referred to as adulterated liquor), shall be liable for the first offence to a penalty not exceeding twenty pounds, or to imprisonment for a term not exceeding one month, with or without hard labour; and for the second and any subsequent offence to a penalty not exceeding one hundred pounds, or to imprisonment for a term not exceeding three months, with or without hard labour, and to be declared to be a disqualified person for a period of not less than two years nor exceeding ten years, and shall also in the case of the first as well as any subsequent offence forfeit all adulterated liquor in his possession, with the vessels containing the same.

Where the person so convicted is a licensed person, he shall further, in case of a second or any subsequent offence, be liable to forfeit his licence, and the premises in respect of which such licence is granted shall be liable to be declared to be disqualified premises for a period of not less than two years nor exceeding five years.

In the case of a first offence and any subsequent offence until the licence is forfeited, the conviction shall be recorded on the licence of the person convicted.

Where a licensed person is convicted of any offence under this section and his licence is not forfeited for such offence, the police authority of the district shall cause a placard stating such conviction to be affixed to the premises. Such placard shall be of such size and form, and shall be printed with such letters, and shall contain such particulars, and shall be affixed to such part of the licensed premises as the police authority may think fit, and such licensed person shall keep the same affixed during two weeks after the same is first affixed; and if he fails to comply with the provisions of this section with respect to keeping affixed such placard, or defaces or allows

such placard to be defaced, or if the same is defaced and he fails forthwith to renew the same he shall be liable to a penalty not exceeding forty shillings for every day on which the same is not so undefaced; and any constable may affix or re-affix such placard during the said two weeks, or such further time as may be directed by a court of summary jurisdiction.

POSSESSION OF ADULTERATED LIQUOR OR DELETERIOUS INGREDIENTS.

Every licensed person who has in his possession or in any part of his premises any adulterated liquor knowing it to be adulterated, or any deleterious ingredient, specified in the first schedule hereto or added to such schedule by order of Her Majesty in Council, for the possession of which he is unable to account to the satisfaction of the court, shall be deemed knowingly to have exposed for sale adulterated liquor on such premises.

REMOVAL OF PLASTER OF PARIS BANDAGES.

This may be readily accomplished by wetting them with a strong solution of common salt. It causes the plaster to crumble, so that the bandage can be readily cut. It is also useful to clean the hands and nails of the operator.

RECRUITS.

ABOUT 200 men offer monthly at the office in New York for artillery and infantry, of whom seventy-five per cent. are rejected. The Germans preponderate in those who pass; the Irish come next, and then the natives of the United States. The mounted service is more successful in obtaining men, though the pay is the same.

STRAINING AT THE GNAT AND SWALLOWING THE CAMEL.

At the annual meeting of the Michigan State Medical Society, three female physicians were admitted as members; and a resolution was adopted of the following import: "That the State Medical Society of Michigan adopt as one of its standing rules that members of the Society are strictly prohibited from advertising their business in any way but the following: 'John Doe, M.D., Physician and Surgeon,' or 'Oculist and Aurist,' or any other specialty, at the same time giving the number of office and name of the street on which it is located. If anything further is advertised, the member so offending shall be expelled. Specialists, who advertise as such, are not allowed to engage in general practice."

SUNSTROKE.

DURING the great heat of this summer in America, there have been a great many cases of sunstroke. In the city of New York, there were no less than 150 cases in one day, one half of which were fatal. The *Canada Lancet* says that Dr. Wood has lately written a very interesting paper on this subject, in which he says in regard to the old theory, that the disease depended on an alteration of the blood, he considers it no longer tenable. The changes which the blood undergoes in protracted cases are secondary, not primary. By vivisections and other experiments he established the fact that death was not caused by failure of the heart's action, but by failure of respiration, and that the peculiar hardening of the heart caused by the coagulation of the myosine of the heart muscle takes place *after not before* death. This arrest of respiration, Dr. Wood believes to be of nervous origin, and he instituted certain experiments which showed that a brain temperature of 112° to 114° F., was fatal to small animals, as cats, rabbits, &c. Heat was applied directly to the head by surrounding it with tubing, in which hot water was made to pass; an animal so treated becomes insensible, stupid, and finally asphyxiated. The brain of man being more highly organized than that of the lower animals, it is probable that a less degree of heat

will produce in man the same series of symptoms. The plan of treatment recommended and almost universally adopted is the external application of cold water or ice, both as a curative and prophylactic remedy. In this there is really nothing new—the cold douche having been long recommended by Indian physicians who have had considerable experience in the treatment of this affection.

THOUSANDS OF YEARS FROM TO-DAY.

OUR facetious brother, Oliver Wendell Holmes, summons up a man of the year 18072, and asks a number of questions; here are a few of them:

"Has any serious accident happened to the planet in the last thousand years?"

"What is the present form of religious belief?"

"What fuel is in use since coal gave out?" &c., &c.

He suggests the asking of a great many other questions; amongst them, it would be entertaining, if not profitable to inquire:

"How many articles of the *Materia Medica* of 1872 remain besides quinine, opium, mercury, ipecac, chloroform, iodide of potassium, and iron?"

"When were the essential causes of malarial and zymotic diseases discovered?"

"What diseases, besides those of the zymotic class, are now considered essentially self-limited?"

"When did the profession make it penal to resort to the use of the speculum uteri on insufficient cause; and when was poking uterine sounds and sponge tents into the uterus on all occasions forbidden by statute?"

"How long did the homoeopathic humbug last, and what humbug succeeded it?"

"What placeboes succeeded arsenic, witch-hazel, and carbolic acid, in the treatment of wounds and bruises?"

"When was the procreation of the race regulated by law?"

"Has the lancet been permanently cast aside?"—*Chin.*

CAN THE ETHIOPIAN CHANGE HIS SKIN!

The *Columbus Dispatch* is responsible for the following:—"Henry Winston is a mulatto resident of this place. He was born in North Carolina, and is now about 50 years of age. About seven years ago Henry's skin commenced turning white, or assuming the lighter colour and clear transparent hue common to the Caucasian race, since which time his skin has been gradually changing until he is now about two-thirds white, and he is as spotted as any leopard. This change has been going on gradually, but without any regularity as to locality. His health has been uniformly good, and he can assign no reason why his skin should change."

Correspondence.

ALTERATIONS IN THE NAVAL MEDICAL SERVICE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In reading your "Students' Number," I perceive that you have published the regulations for admission to the Naval Medical Service, which have been in force for some years, but which have been almost completely altered latterly. As, naturally, many young Medical men look to your paper for information, I thought that I might take the liberty of giving you a little as to the regulations now in force, both as to admission and future career.

1st. The examination for entrance is precisely similar to that for the Army Medical Service, being held at the same time and place, and I believe the papers, &c., given to the candidates are in no wise different.

2nd. Having passed the preliminary examination, the can-

didates, in common with their military brethren, proceed to Netley, where they pass through the course laid down, and are then appointed to a hospital or ship, according as their services may be required.

3rd. The examination for rank of surgeon is no longer held at Somerset House, but may be passed upon most foreign stations, or at the Home Naval Hospitals, under the same regulations as you have published for the Army Medical Service.

4th. The pay is not exactly the same, as upon entering the service a Naval Medical Officer receives 11s. per diem, while his "opposite number" in the sister service only receives 10s.

The above are the principal inaccuracies to which I would draw your attention. As for cabin furniture, mess and wine expenses, &c., of course a great deal depends upon the individual concerned, but in the majority of cases I doubt if he will find that 50 guineas a year will cover his messing, &c. In writing this letter I have not in the slightest degree wished to influence anyone either to enter the service I have the honour to belong to, or not; I am merely actuated by a desire to give a little information which may perhaps be of use. I shall be most happy if I have afforded you any assistance.

I am, your obedient servant,

H.M.S. *Liberty*, Falmouth. J. W. FISHER, M.D.

Medical News.

Apothecaries' Hall of England.—At a Court of Examiners held on the 26th ult., the following gentlemen, having passed the necessary examinations, received the L.S.A. diploma, viz.:—Messrs. F. C. Clark, of Croydon; J. Shaw, of Lees, Manchester; John Martin, of West Bromwich; and James S. Whitaker, of the Hampstead Road. And at the same Court the following passed the primary professional examination, viz.:—Messrs. C. E. Barnard, Albert Churchward, and Ernest Sexton Medcalf, all of Guy's Hospital; Richard Edward Robinson, of the Leeds School of Medicine; and Mr. W. H. Twort, of St. Bartholomew's Hospital. At the preliminary examination in arts, held at the hall of the society on the 27th and 28th ult., 88 candidates presented themselves, of whom 34 were rejected, and the following 54 passed and received certificates of proficiency in general education in the first class, in order of merit, viz.:—1st, Alfred Chawner; 2nd, Thomas Arthur Richardson and C. L. M. Taylor; 4th, George Thornton Cape, William J. Cobbin, William Wood Cuthbert, and F. M. Sandwith; 8th, W. S. Andrews, W. T. Jackman, Lawrence Mahony, Herbert J. K. Moberly, Frank Newcombe, and Sidney Skerman; 14th, Owen Bowen, Richard Liddon, Philip Stocks, and Frank John Wells. In the second class, in alphabetical order, viz.:—Robert Aldous, John Battams, Robert C. Benington, Louis F. H. Birt, Sholto S. Bowles, James Brett, Robert Clapp, George Walker Collier, Thomas Archer Colt, Charles Percy Dean, Arthur Baird Douglas, Alexander W. W. Dowding, James Hay Dunlop, Samuel Henry Edgelow, Frederick Alexander Fletcher, John Chubb Ford, Frank Samuel Goulder, Edward M. Greensill, John Grimwood, William C. Haime, Frederic Mortimer Hawkins, John Hollingworth, Robert Charles Hope, Samuel V. Instone, James James, Vincent Alexander Jones, Charles William Lacey, Walter Pye, Jesse W. Robey, Eugenius A. Roche, Charles Schön, Walter Sheppard, Joseph W. Sugden, John E. G. Sykes, William Henry Webb, John Cooper Wilkinson, and Benjamin F. Zimmerman.

A Rule that should be Reversed.—The St. George's, Hanover Square, Union Board of Guardians have adopted the following motion of Mr. Fleming:—"That the practice of handing over poor persons suffering from temporary insanity to the parish Medical officer with the understanding that he is to be paid if he fail, and not to be paid if he succeed in restoring them, is so opposed to common prudence, common sense, and common humanity, it is hoped the Local Government Board will see that it be discontinued."

Gleanings.

The Use of Tobacco.

DR. T. L. WRIGHT, in the Cincinnati *Lancet and Observer*, says the injury arising from the use of tobacco is to a great

extent negative, although as a deleterious agent we will see tobacco exerting sometimes very positive influences. It would be curious, if it were not pitiful, to fully know what sublime schemes, what profound thoughts, what plans, have melted away and vanished through the dreamy imbecility induced by tobacco smoke. Yet, when the enervating influence of the pleasing syren has passed off, the young and the ambitious, or it may be the old and wise, start once more into activity and seem about to realise their cherished and noble ideals, when, once again, and yet again, for ever, the soothing influence of tobacco beguiles and deludes, like a silent dream, every faculty of action and every impulse of energy. That people should become addicted to the use of tobacco at all is only explained by the fact that folks often desire to escape from themselves. In our own country, especially, where the excitement of politics is so frequent and so intense, where the weak-minded and ignorant, as well as the intellectual, are so frequently whirled into an abyss of passion, there is little reason to be surprised that so many resort to the quieting, pigmy-making properties of tobacco for relief.

Action of Ergot on the Blood Vessels.

W. C. MAULL, M.D., has been experimenting with ergot, and reports his success in the *St. Louis Medical and Surgical Journal*. The first case in which he tried it was that of a farmer seventy-two years old. One foot was swollen, pitted on pressure; swelling extended three or four inches up the ankle; skin natural colour; no pressure upon the blood-vessels returning the blood from the affected parts; urine, heart-sounds, and bowels all right; pulse, regular, soft, vibrating, and 65 per minute. Considering the trouble merely one of relaxation from debility, after trying various tonics with poor success, the doctor thought that if ergot would cure an aneurism it would certainly tone up the relaxed muscular fibres of the blood-vessels, and the success that followed its administration justified his expectations. The patient recovered.

The second case was an old man of seventy-four years who, in walking about, complained of tenderness in the epigastric and hypochondriac regions; difficulty in breathing; tongue pointed, fissured, and thickly coated; pulse soft, irregular, and intermittent; heart lost every fourth beat; compelled to micturate several times during the night; hypertrophied prostate probably present; had been treated for heart disease. In the course of convalescence he became, at times, irrational, with his pulse irregular, intermittent, and very soft. Ten drops of the fluid extract of ergot every two hours restored the circulation in a very short time, and with tonics gradually restored the old man to health. The action of ergot in this, as in the first case, was very appreciable. The pulse became distinct, stronger, and more regular. In other cases, where there was anæmia with a relaxed hysterical condition, where throbbing of the abdominal aorta was very troublesome, where the pulse was soft, frequent, and irregular, it acted like a charm. The truth that it has been found practically beneficial in hæmorrhage, in various nervous diseases, throbbing of the abdominal aorta, aneurisms, and similar affections—in fact, in those pathological conditions marked by dilatation or relaxation of the walls of the arteries, cannot be too highly appreciated. Although it may be found not sufficient to accomplish the desired result alone, it certainly can be relied upon as a powerful adjuvant.

Placenta Prævia.

DR. F. A. STANFORD, of Columbus, Ga., reports, in the *Atlanta Medical and Surgical Journal*, two interesting cases of placenta prævia that came under his charge in rapid succession. The first was in the person of a very frail, delicate subject, who could badly afford to lose much blood. She fainted several times under the doctor's manipulations. At last he decided to puncture the membranes, evacuate the water, and then separate the placenta from its uterine attachments. All this was done, when the patient fell into a sleep that continued for two hours, losing no blood at all during this time. She continued doing well, sleeping at intervals, taking nourishment for nearly twenty-four hours, when labour pains came on, and she was delivered of a still-born child. She made a good recovery.

The second case was in the person of a coloured woman, and she was treated in nearly the same way with the same results. In both cases, after the rupture of the membranes and separation of the placenta, there was not a particle of hæmorrhage.

Abnormal Action of the Uterus.

DR. NAILER, of Vickburg, Miss., in attending a woman in labour with her third child, found the presentation natural in first position, and everything was satisfactory until the head was born, when the child cried lustily. After the head was expelled, the doctor tried to hook his finger into the axilla to bring down the shoulder, and when another and severe pain came on which, instead of throwing out the body, as is customary on such occasions, retracted and forcibly drew the head back towards the vulva, and the doctor thinks that if the chin had been flexed upon the chest, the head would have been carried back into the vagina. The uterus was so firmly contracted around the neck of the child the doctor could not pass his finger within the os. This condition of affairs lasted half an hour. When expulsive pains came on the child was expelled without trouble—but dead.—*Georgia Medical Companion.*

NOTICES TO CORRESPONDENTS.

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

All communications intended for insertion must bear the name and address of the writer; not necessarily for publication, but as a voucher of good faith.

Rejected MS. will always be returned, if a request be received from the author, within one week after the article or letter has been declined.

SUBSCRIPTIONS IN THE UNITED STATES.—A correspondent has drawn our attention to the fact, that some of the houses in the United States are charging the enormous figure of 15 dollars per annum (more than £3) for supplying this Journal to different parts of the States. We beg, therefore, to state that we shall be happy to supply the same regularly post free per annum, if paid in advance, for considerably less than half this amount, viz., six and-a-half dollars (about £1 6s. 6d.), either direct from our offices in this country, or through our recognised agents in the United States.

THE POSTING OF QUACK ADVERTISEMENTS.—A correspondent forwards us the following, which he has clipped from the *Pacific Medical Journal*. Our correspondent thinks that if the fact be circulated through the medium of a Medical Journal in this country, the Local Government Boards of some of our large towns may perchance see it and adopt the same wise principle. We regret not to be of the expectant temperament of our correspondent. We have exposed quackery in its various forms until we are well nigh sick of the task. "The posting of placards of quacks and quack medicines has been prohibited in the streets of Chicago. Why cannot San Francisco follow the good example? Many of those placards are an offence against decency, apart from the imposture which they involve. Take, for instance, the 'Private Diseases' handbill of John Fitzgibbon, who fraudulently advertises himself as 'Dr. J. F. Gibbon'—the vilest specimen of bawdy literature, which is forced upon the attention of all the little boys and girls of San Francisco, by being posted conspicuously on boxes and barrels and walls in almost every possible locality."

REV. J. W. CARTER, BOW.—Declined with thanks. Not suitable for our columns.

ACCELERATION OF THE POSTAL SERVICE BETWEEN LONDON AND SCOTLAND.—The Postmaster General has just concluded an arrangement with the London and North-Western Railway Company, by which the delivery of letters posted in London up to six a.m. will be expedited more than three hours in Edinburgh and Glasgow and other important Scotch towns. This great improvement will be effected by the addition of a Scotch travelling post-office—with first, second, and third class passenger-carriages attached—to the Irish express leaving Euston Station at 7.15 a.m. This portion of the train will be detached at Crewe, and run through via Carlisle and the Caledonian system direct to Edinburgh and Glasgow, reaching Modern Athens at 6.45 p.m. and the commercial capital of Scotland at 4.0 p.m. Heretofore the Scotch mail leaving London at 7.30 a.m. has been timed to reach Edinburgh and Glasgow at 9.10 p.m. and 9.30 p.m. respectively, at which hour, for all practical purposes, the delivery of letters has been comparatively useless. By the new arrangement the arrival of London newspapers in the great Scottish towns, will also be expedited nearly a couple of hours. This improved service, while maintaining the pre-eminent celebrity of the Royal mail route, cannot fail to be considered a great boon by the commercial classes of the whole of the United Kingdom.

DR. FISHER is thanked for his valuable information relative to the alteration in H.M. Naval Medical Service.

THE RECOVERY OF FEES UNDER PECULIAR CIRCUMSTANCES.

To the Editor of the "Medical Press and Circular."

SIR,—Would you kindly give me your opinion of the following, and you will oblige. I attended a gentleman for upwards of two years. He died and left a widow. She received the *Insurance money* (£3,000), which I now understand to have been a *marriage settlement*. She paid part of my account and promised more, but her solicitor advised her not, as no law could compel her to pay her late husband's debts. Is this so? Can I not recover?

Yours,

VIGILANS.

* * If it is proved that the £3,000 were settled upon the wife, you cannot legally claim payment of any debt contracted by the deceased husband. The matter is different with goods, furniture, &c.; should there be any of these upon which money can be raised, you would be legally justified to sue for your fees, which would be most readily and inexpensively recovered through the County Court.—Ed. M. P. & C.

THE GRAPHIC PORTRAITS.—A correspondent who is probably curious that he is not one of the favoured number whose likeness and biography are to be given to the world in this week's pages of our illustrated contemporary, makes the following remarks in a long letter, half facetious, half funny, for the whole of which we have not space at disposal:—"To good-looking benefactors aspiring to the holy estate of matrimony what an enchanting picture opens to their vision! Fancy leads one into contemplation upon the possible stock of slippers worked by fairy-like hands, and smoking-caps innumerable, of shapes and sizes according to the mental calibre of the fair artist, until our Adonis will be surely puzzled to determine—

'The brightest and best in this forest of flowers.' But woe to the man to whose visage nature has forgotten to give the finishing touch; the page of your illustrated contemporary upon which he is represented will pass the gushing maidens of each family circle unheeded, slippers will be at a premium, and smoking-caps have a decided upward tendency."

COMMUNICATIONS have been received from:—Mr. O'Loughlin, Ennistymon. Dr. Nott, Castlebar. Dr. Wharton, Dublin. Dr. Buckmaster, Middleton. Dr. Gilmore, Malin. Dr. Lanigan, Ballymalon. Dr. Diamond, Raaharkin, Messrs. Rea and Co., Londonderry. Dr. Hume, Crumlin. Dr. Yorke, Granard. Dr. Sweetie, Carrigans. Dr. Nyles, Colehill. Dr. Kingland, Dublin. Dr. Armstrong, Liverpool. Dr. Marks, Dublin. Dr. Rowles, Rathmines. Dr. Sharpe, Cooteshill. Dr. Atthill, Dublin. Dr. Jackson, Ballyhaese. Dr. Hatchell, Maryborough. Dr. Shaw, Dublin. Dr. Clark, Southampton. The Registrar General for England. Dr. Hornidge, Mullingar. Dr. Metge, Gory. Dr. Jamieson, Anghnooly. Dr. McArthur, Ballymonee. Dr. Loney, Strabane. Dr. Sandels, Lesnaakea. Dr. McDermott, Foxford. Dr. Power, Cork. Dr. Harold, Castleisland. Dr. Martin, Blackwater town. Dr. Soden, Mohile. Dr. Kinchela, Kilkenny. Dr. Knott, Castlebar. J. Magill, Esq., Portlinton. J. B. Lane, Esq., Cabinteely. Dr. Mapother, Dublin. Dr. Marks, Dublin. Dr. Quinlan, Dublin. Dr. Gibbon, London. Professor Swain, Birmingham. Dr. Brown, Penrith. Mr. Tichborne, Dublin. Dr. Kidd, Ballymena. Mr. Parkinson, Wrexham. Mr. Baker Brown. Dr. Mitchell. Dr. Balchazar Foster, Birmingham. Dr. Langley, London. Dr. Morgan, Dublin. Dr. Wise, Norwood. Dr. Basham, Belgavia. Professor Williams, Edinburgh. Mr. Griffen. Dr. Jacob. Mr. Bakewell. Dr. Fowler. Dr. Gordon, Aux-la-Chapelle. Dr. Griffiths, Dublin. Mr. Carter, Bow. Dr. Dale, Plymouth, &c., &c.

OPERATION DAYS AT THE LONDON HOSPITALS.

- WEDNESDAY, October 2.
 MIDDLESEX HOSPITAL.—Operations, 1 P.M.
 ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
 ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
 ST. THOMAS'S HOSPITAL.—Operations, 2 P.M.
 ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
 KING'S COLLEGE HOSPITAL.—Operations, 2 P.M.
 GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
 UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
 ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1½ P.M.
 LONDON HOSPITAL.—Operations, 2 P.M.
 CANCER HOSPITAL.—Operations, 2 P.M.
 THURSDAY, October 3.
 ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
 ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
 UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
 ROYAL ORTHOPEDIC HOSPITAL.—Operations, 2 P.M.
 CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
 FRIDAY, October 4.
 ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
 ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
 CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
 SATURDAY, October 5.
 HOSPITAL FOR WOMEN, SOHO SQUARE.—Operations, 9½ P.M.
 ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
 ROYAL FREE HOSPITAL.—Operations, 2 P.M.
 MONDAY, October 7.
 ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
 ST. MARK'S HOSPITAL.—Operations, 2 P.M.
 METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
 ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
 KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
 CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
 TUESDAY, October 8.
 ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
 GUY'S HOSPITAL.—Operations, 1½ P.M.
 WESTMINSTER HOSPITAL.—Operations, 2 P.M.
 NATIONAL ORTHOPEDIC HOSPITAL.—Operations, 2 P.M.
 ROYAL FREE HOSPITAL.—Operations, 2 P.M.
 WEST LONDON HOSPITAL.—Operations, 2 P.M.

APPOINTMENTS.

- BIRT, E., M.R.O.S.E., Assistant Medical Officer to the Berks County Asylum, Montford.
 DAVIDSON, D. C., L.R.C.P. Ed., Junior Assistant Medical Officer to the Gloucester County Lunatic Asylum.
 DYAS, W., L.K.Q.C.P.I., F.R.C.S.I., Medical Officer, &c., for the Dispensary District of the New Ross Union, Co. Wexford.
 HAYVEY, B. J., M.B., C.M., Joint Lecturer on Anatomy and Physiology at the Carmichael School of Medicine, Dublin.
 JOHNSTONE, J. J. S., M.B., C.M., Assistant House-Surgeon to the Huddersfield Infirmary.
 KEYS, R. A., M.D., L.R.C.P. Ed., Medical Officer for the Cloghan Dispensary District of the Stranorlar Union, Co. Donegal.
 PHILIP, J. A., M.B., C.M., Senior Assistant Medical Officer to the Gloucester County Lunatic Asylum.
 PITT, E. G., M.D., Medical Officer for the No. 1 or South District of the Parish of St. George-in-the-East.
 WHEELER, W. I., M.D., L.K.Q.C.P.I., L.R.C.S.I., Surgeon to the City of Dublin Hospital.
 WHITE, W. D., L.R.C.P. Ed., L.R.C.S.I., Medical Officer, &c., for the No. 3 North City Dispensary District of the North Dublin Union.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, OCTOBER 9, 1872.

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Original Communications.

DISEASES OF WOMEN.

BY CHAS. R. DRYSDALE, M.D., M.R.C.P.L., F.R.C.S.E.,
Physician to the Metropolitan Free Hospital, London, and to the North London Hospital for Consumption and Diseases of the Chest.

(Continued from page 272.)

DISEASES OF THE UTERUS.

THE result of an inflammation, which follows abortion or labour, is to arrest the process of involution of the uterus. The opinion of writers vary as to the time after accouchement that the uterus takes to come to its normal size. According to some, it takes forty days to do so; but it does much more quickly among women, after their first child, than in subsequent labours. Dr. Snow Beck, (*Lancet*, April, 1851) found the uterus of a young girl who had been confined for a long time, and who died of typhoid fever, which had lasted seven months, still very voluminous. Inflammation at the time of confinement may produce this effect. In Snow Beck's case, microscopical examination showed very clearly all the elements, which make up the uterine tissue at the ninth month of pregnancy. The interesting researches of Kölliker have shown, that fatty degeneration of the muscular fibres of the uterus commences even as early as in the latter months of pregnancy. When the uterus does not go through its process of involution completely, it becomes easily congested, and the seat of chronic inflammation. West says that another cause of uterine dilatation is to be found in married women, who are sterile; and advises, in such cases, that the practitioner should investigate the question of the virility of the husband; since, he observes, men who study much, or who lead a very chaste life, have very feeble copulative power, and consequently, according to this author, cause hypertrophy of the uterus by excitement which does not end in pregnancy. Dr. Charles Mauriac, however, in a translation of Dr. West's work, p. 131, says that, according to Aran, authors have

much exaggerated the pathogenetic effect of intercourse upon uterine diseases. It results from his statistical researches, that, except in cases of pregnancy, or labour, uterine diseases are not very common in the first year of married life; and that we cannot estimate at more than one per cent. the cypher of affections directly produced by sexual relations, in comparison with the total number of uterine diseases met with in practice. Nothing, according to Aran, appears to justify what has been said, as to the evil influence of these sexual relations, which the fear of having children renders incomplete. Authors, too, have exaggerated also the injurious effect of intercourse during menstruation. In the same way with regard to masturbation, Aran says, "I recently saw a young girl die of phthisis, after frightful excesses in masturbation; almost on her death-bed she abandoned herself still with fury to this horrible fancy, and yet her uterus, as also the annexed organs, were very little developed, and perfectly healthy, except a little uterine catarrh."

The neck of the uterus is sometimes the only part of the organ hypertrophied; and, since a noted paper, read by M. Huguier, in the Academy of Medicine of Paris in 1859, much attention has been paid to this important point. Such hypertrophy results, generally, from repeated congestions, or of more or less inflammatory processes, primitively developed in the cervix, or coming on subsequently to affections of the body of the organ. The uterus, in such cases is hard and painful, and presents more or less evident marks of inflammatory congestion, or ulceration. Scanzoni describes several varieties of hypertrophy of the vaginal portion of the cervix; sometimes the neck is thicker below than above, sometimes conical; and descending in a few cases nearly to the vulva. At other times, only one lip is enlarged. In such cases it was, that Jobert di Lauballe used to use the actual cautery, and Huguier amputated the cervix *in situ*. Patients with conical hypertrophy of the cervix are very frequently sterile.

With respect to inflammation of the unimpregnated uterus, it must be said, that a great deal of obscurity still exists on this point of practical pathology. The whole

organ may sometimes be congested, and acutely inflamed; and, in rare instances, this may prove fatal. Gonorrhœa is sometimes, as well as cold, the cause of such uterine inflammations. The symptoms are pain, and weight in the pelvis, with sensibility to pressure above the pubes. Painful defæcation and irritability of the bladder exist, and diarrhœa alternates with constipation. Sometimes the inflammation extends to the broad ligament, and abscess of the cellular tissue occurs. In cases which have come under the author's notice, acute inflammation of the uterus have done well under rest in bed, leeching of the cervix, and warm sitz baths. West approves of quarter grain doses of extract of belladonna in such cases thrice daily, with the application of warm linseed meal poultices, in each of which an ounce of laudanum is mixed.

With respect to chronic inflammation of the uterus, an amount of animated discussion has been of late years raised upon its nature, which has done much to clear up the subject. In former days, before the use of the speculum became so universal, it used to be thought, that leucorrhœa usually came from the vagina. It is now known, that by far the greater number of cases of leucorrhœa are due to discharges, issuing from the os uteri. Some writers are still in the habit of attributing the origin of all uterine diseases to constitutional causes, whilst others consider all uterine diseases to be primitive, and only to be treated topically. Thus, many physicians scarcely ever make use of the speculum in leucorrhœa; whilst others use this aid to diagnosis in *all* cases of this affection. Of the two classes of practitioners the latter are more likely than the former, in the end, to be good therapeutists. The writings of Henry Bennet and of Tyler Smith have contributed a great deal to making it be supposed that inflammations of the uterus, when chronic, are almost entirely confined to the cervix uteri; but the body of the womb and its mucous membrane are alone greatly affected in parturition, and it is in the body of the organ that muscular tissue predominates. Dr. Tyler Smith in his work on leucorrhœa, seems to wish to make out that all inflammations of the uterus, almost, with their effects on the constitution, are due to leucorrhœa, or the absorption of its products. This system is wanting in logic, since we cannot see why leucorrhœa should account for all uterine inflammations, or their results. According to T. Smith, the cervix contains upwards of 10,000 follicles, and the mucous it secretes is alkaline, that of the vagina being acid. In the normal state of the mucous membrane of the body of the uterus, it secretes a transparent watery fluid. The vagina, again, secretes mucous and epithelial cells. The papillæ of the vagina are liable to hypertrophy inflammations. There are few follicles in the vagina. It is not at all likely that the idea of Dr. H. Bennet, that the majority of diseases of the uterus are traceable to ulceration, and inflammation of the os and cervix, is true. Ulcerations of the os uteri are usually but of slight extent, and mere abrasions of the epithelial covering of the lips. The granulating appearance it presents is owing to the existence of the papillæ denuded of their epithelial covering. Rarely, indeed, do we find sharply cut ulcers on the os uteri, except in cancer or syphilis. Such slight ulcers rarely give rise to much leucorrhœa, which, for the most part, arises from the cervical canal of the interior of the body of the womb. In some cases, where ulceration exists, the rest of the os uteri looks normal in colour; at other times, it is intensely red or purple. Dr. Tyler Smith, in his most able work on leucorrhœa, ascribes the ulcerations of the os uteri and the uterine catarrh entirely to inflammation and increased action of the cervical cavity and its follicles, the mucous of which being alkaline, causes the ulceration, just as catarrh from the nostrils of some children causes excoriation of the upper lip. Certainly, balanitis is occasionally given by married women, with uterine catarrh, to their husbands; and the glans penis in such cases resembles the os uteri when inflamed. Bennet attributes almost all the sufferings of women from uterine disease, to inflammation, and the ulceration of the os and cervix. T. Smith differs from Bennet, in consider-

ing ulcerations as of little importance; and speaking of cervical catarrh as the chief malady of the uterus. Bennet's therapeutics were mostly topical, and consisted of applications of stronger or weaker caustic applications to the os and cervix uteri. Looking at this question *à priori*, we should be led to expect that the body of the uterus would be more likely to become inflamed than the neck, since it is far more vascular, and far more sensitive than the latter. Again, ulcerations of the os uteri are of frequent occurrence in proceridia of the organ; and yet do not seem to have any very great influence on the health of the patient. From such and similar reasons, it may be said, that the pathology of Bennet is now almost completely overthrown, to the great benefit, doubtless, of the female sex, who are no longer so heroically treated, as they were some years ago. The author has seen countless cases in various hospitals in London, where women have come, saying that they had been treated for ulceration of womb, and where the speculum has disclosed merely uterine catarrh. With regard to the use of caustic potash to the os uteri, so many accidents are reported to have been caused by it, that the author has not for several years heard of any practitioner making use of it in London, the very city in which the writings of H. Bennet brought the practice for a short time into vogue. Scanzoni, in his work entitled "*Chronic Metritis*," 8vo, Wien., p. 83, says, "As to myself, I am firmly convinced, that the pathological modifications of the upper part of the uterus are far more important, locally, and relatively to their effects on distant organs, than the swellings, hypertrophies, and ulcerations, and granulations of the cervix." West observes that a great majority of cervical catarrhs are the consequence of pregnancy and labour, the mucous membrane of the body of the uterus being left in a state of congestion, as well as the organ in its totality. He observes, what is so well-known, that gonorrhœa sometimes attacks not only the uterine mucous membrane, but propagates itself into the interior of the tubes and to the peritonæum itself. The author has observed many instances of this fact at the Metropolitan Free Hospital. In *post-mortem* examinations of such cases, it is very frequent to observe adhesions between the uterus, the rectum, and the parts contained in the broad ligament, succeeding after laborious confinements. It is probable that, in such cases, the larger part of the leucorrhœal flow which issues from the os uteri comes from the interior of the uterus, and not, as Tyler Smith would seem to argue in his work on leucorrhœa, almost entirely from the follicles of the cervix. Of course, it is impossible during life to ascertain whether the fluid in cases of profuse uterine catarrh comes from the uterine cavity principally, or from the cavity of the cervix. But, seeing that at menstrual periods, a mixture of mucous and epithelium comes from the mucous membrane of the uterus, before the blood appears and after it ceases to flow, there is great probability of a large portion of the fluid in the uterine catarrh coming from the same membrane. The membrane of the uterine cavity is furnished with innumerable glands, and in cases of inversion of the uterus there is often profuse leucorrhœa.

In the first period of chronic metritis, we see softening, relaxation, and flaccidity of the uterine tissue, with dilatation of the arteries and veins and thickening of the uterine walls. The mucous membrane is thickened, spongy, of a granular and papillary character, and covered with muco-purulent, or purulent serosity. In the second period of metritis there is anæmia of the diseased parts, with induration, from excess of cellular tissue. The mucous membrane is in general affected with catarrh and animated in patches.

With regard to the treatment of chronic inflammation of the womb, when there is any acute symptom present, local leeching is one of the best means of giving relief, whilst hot fermentations, or mustard poultices may be applied over the sacrum and inguinal regions. Croton oil liniment may be occasionally made use of.

Injections of warm water into the vagina may also be used, or warm sitz baths, with rest in bed. Thus treated,

many cases are cured, until next menstrual period awakens congestion and inflammation. Some practitioners recommend small doses of bichloride of mercury or of iodide of potassium in chronic inflammation of the uterus; but the author cannot say he has ever seen any good result from such medication. For pains in the iliac region, West recommends a liniment composed of an ounce and a half of soap liniment, to which is added half a drachm of extract of belladonna, and four drachms of Freeming's tincture of aconite. In uterine catarrh, the author has often found the tincture of the perchloride of iron very useful, and Tyler Smith recommends a mixture of alum and sulphate of iron. Injections are also useful, and two drachms of alum with one of tannin in a pint of water, makes an admirable injection; giving tonicity to the vagina, and, to a certain extent, attacking the uterine catarrh itself. The fluid should be injected for some five or ten minutes at a time. The use of matico or cubebs has been advised by Tyler Smith in cases of uterine catarrh. It is rare that the use of caustics is required in inflammation of the cervix; but the author has found solutions of the nitrate of silver or tincture of iodine most useful, introduced for an inch and a half into the cervix uteri by means of a camel's hair-brush, or a piece of cotton-wool on the end of the sound. This local treatment very often effects a speedy cure of cervical leucorrhœa. The canal of the cervix should first be cleared from mucous as far as possible.

The inflammation of the uterine mucous membrane sometimes causes an epithelial desquamation of the lips of the os tinæ. These are simple erosions, and others, styled follicular erosions of the cervical canal are often seen; in the latter case the neck of the womb is more or less swollen, and the lips of the os uteri everted. Several eruptions, also, are occasionally observed on the os uteri, such as herpetic, eczematous, and the like; and even pemphigus has occasionally been noticed. There exists, also, according to Dr. Charles Mauriac, a form of tumour or simple cauliflower excrescence, not canceroid, of the os uteri, which is distinguished from true canceroid by the absence of hard cellular base. It is very rare that chancres of the neck of the womb become phagedænic. Cancerous ulcers are the best marked, of course, of any ulcers of this region. Chancres are rather rare, in the author's experience, on the neck of the womb, and especially indurated chancres; although Dr. Fournier says they are not unfrequently met with at the Lourcine Hospital.

Alopecia is often remarked in women suffering from chronic inflammation of the uterus, and hysteria is very common in such cases. Sterility is very common, because there is often anteversion, and because the mucous in the cervix opposes itself to the entrance of the male secretion, whilst the ovary itself is, doubtless, often inflamed at the same time with the uterus. The menopause generally exercises a favourable effect on chronic inflammation or congestion of the uterus. There can be no doubt that the prognosis of chronic uterine inflammation is sometimes far from promising, but numerous cures are brought about by careful and appropriate treatment.

According to M. Bernutz, venereal ulcerations of the neck of the uterus occur under three different forms, the classic chancre, the diphtheritic, and the ulcerated phagedænic chancre. The first are inoculable, come from infection and give rise to inguinal buboes. As to the diphtheritic variety, it, too, is inoculable, and is much like secondary symptoms. The ulcerated chancres, according to this author, are very rare, but when present, they gnaw away the cervical cavity as they do the urethra in the male. They may be confounded with cancer. M. A. Guérin, in his classic work on the diseases of the external organs of generation in women, says, that chancre of the neck of the uterus is rarely infecting. It is well known that indurated chancres are comparatively rare in the female sex. M. Guérin only noticed thirty a year at the Lourcine Hospital, whilst Dr. C. Mauriac saw 361 cases of indurated sores in the male at the Hôpital du Midi in one year. In women nothing is more easy than to mistake mucous plates on the os uteri for chancre. The latter are of a brilliant

pearl-white colour and slightly prominent; they are very contagious. The museum of the Hôpital de Lourcine at Paris has been recently, by the care of Dr. Alfred Fournier, enriched by many wax models of lesions of the uterus and vagina, among which are seen cases of mucous tubercles, indurated and soft sores of the cervix uteri. These were shown to the author in August, 1871, by Dr. Fournier.

CASES IN PRACTICE.

BY WM. CARLETON, M.B. Univ. Dub., &c.,
Medical Officer, Crosssakeel Dispensary.

CASE I.—Compound Fracture of Ulna.

GARRETT REILLY, æt. 35, a farmer, residing at Ballinagon, near Kells, came under my care on 1st August last, with compound fracture of right ulna, caused by a severe kick of a horse; it occurred about two hours before I saw him; usual symptoms were present. The fractured parts being brought into position, and the wound closed immediately with a piece of lint, the necessary splints, &c., were applied. A draught of liq. mur. morphinæ ordered to be taken at night. On 3rd August the fracture was a simple one; it was afterwards put up in starch bandage. The case terminated most favourably, the movements of forearm being perfect as before occurrence of accident.

CASE II.—Simple Fracture of Radii.

Mary Cregan, æt. 85, residing near Crosssakeel, fell out of bed, and, in putting out her hands to break fall, fractured radii near wrists. It was most difficult to keep splints, &c., applied, as she would not bear any tightening. However, by patience and perseverance, I managed to keep the broken bones in position; perfect union taking place in one radius, imperfect union in the other. She was under treatment for nearly three months, and is now able to get up on a jaunting car, and drive to chapel, about two miles distant from her residence. Her constitution was a very good one.

CASE III.—Lingual Abscess.

Richard Kelly, æt. 18, came to dispensary some time ago, complaining of his tongue being "*thick in his mouth.*" On examination, I perceived a small elastic tumour, situated deeply in centre of tongue; I opened it, giving exit to a small quantity of healthy pus. The boy went away relieved and thankful; he has not put in an appearance at dispensary since.

FOX'S "PALATABLE" COD-LIVER OIL AS A THERAPEUTIC AGENT.

BY J. PRESTWICH, L.R.C.P., &c.

COD-LIVER oil has for a long period been fully recognised as a remedial agent of great power and usefulness, but the disgusting taste and smell is a great barrier to its more general use, any means, therefore, which will render such a valuable agent pleasant to the palate must be hailed as a boon. Messrs. Fox and Co. have succeeded admirably in rendering cod-liver oil not only palatable, but very considerably improved its therapeutic effects, which has been satisfactorily proved to my mind after over three years' experience and careful observation. Many persons improved rapidly under the influence of these preparations when the oil itself taken with quinine wine had failed to produce any good effect. Cod-liver oil being generally administered to emaciated or consumptive patients whose digestive organs are weak and deranged, consequently it is not surprising if oil, given in the ordinary way, does increase this disturbance, often causing vomiting when it is at once rejected, or the pancreas being unable by disease or torpidity to perform its office, the oil is evacuated from the bowels without producing the therapeutic effects desired.

With Fox's preparations, by agitation, the oil is separated into minute globules and entering the stomach in this divided condition mixes with its contents and becomes digested and ultimately assimilated; moreover, the "palatable" oil containing small doses of quinine gives a tonic property.

Another great advantage in these preparations is, that all I have prescribed has contained the specified 60 per cent. of oil, this, in my opinion is important, considering the many preparations recently brought before the Profession, some put forth as containing 90 per cent., which on analysis proved only to contain 25 to 30 per cent. These, however, are not the only reasons why I make a speciality of these preparations. I have experienced such peculiar benefits in certain diseases that I feel anxious my Medical brethren should have the opportunity of trying for themselves their therapeutic value.

The "palatable" cod-liver oil was given in whooping cough producing most salutary effects, and no medicine is of such general efficacy, as has been proved by experience in over 40 cases in which the administration of the oil was followed by distinctly marked benefit. It does not seem to have any very direct effect on the cough—though in many instances there was decided improvement—but the general symptoms materially and rapidly changed, indeed, after the acute stage, I consider it a specific for the disease.

In chronic rheumatism it was given with remarkable benefit, one patient having been completely cured by taking it for two months, who had been suffering for three years, when medicines of various kinds had been administered without any apparent beneficial effect.

Laryngismus Stridulus.—In this disease no remedy can bear comparison with Fox's "palatable" cod-liver oil, it acts like a charm, especially in those cases accompanied by debility or scrofula.

In chorea it appears to be a reliable and safe remedy, no case having been treated that did not show marked improvement. In this disease I have preferred the "palatable" cod-liver oil with quinine, which contains of quinine one grain to the ounce. One case is more especially worthy of notice, having been under treatment at the Manchester Clinical Hospital and Dispensary for Children during a period of over two months with no apparent benefit; this case, however, improved rapidly without any other medicine being administered. The "palatable" cod-liver oil with quinine has been found of considerable service in chronic bronchitis.

These are the diseases I have been more especially interested in, though I have given it in phthisis and other scrofulous complaints with very favourable results. In atrophy, whether connected with rheumatism, scrofula, or mal-assimilation, the "palatable" oil with quinine has proved of singular advantage.

THE POTATO DISEASE.

By WORTHINGTON G. SMITH, F.L.S.

IN consideration of the vital importance of this disease which attacks one of the staple foods of the United Kingdom, and shows its effects so unmistakably upon the poorer classes of our population, we think it desirable to give our readers the best information obtainable on the subject. We have pleasure in quoting an article from the pen of Prof. Smith, which appears in the October number of *Science Gossip*.

The stormy weather, and the warm, humid air of the present season, have been peculiarly favourable to all fungoid growths; therefore, as might have been expected, the potato disease has been more than ever prevalent and destructive.

The autumn of 1845 will be ever memorable as marking the great outburst of the potato murrain over the whole of Western Europe and the northern parts of the

United States of America; the disease had, however, been very bad the previous year in America, and was even observed in Europe, and reported upon in that year by Desmazières, who read a paper upon it at Lille. But even so far back as 1830 a disease of potatoes was noticed in Germany, and called the "dry-rot;" and it is very probable that the first detection of the potato disease dates back for nearly a century. One year before its virulence reached its height in this country, viz., 1844, it occurred in its worst form in Canada. From careful consideration of the earliest recorded cases of this disease, there can be little doubt of its American origin, or indeed from its dating back from a very early period. A superficial thinker might be inclined to fall back upon the theory of "spontaneous generation" and so account for the origin of the potato fungus, about 1840; but although *Peronospora infestans* belongs to a genus numbering some forty species, all more or less alike, and all parasitic upon living plants, yet the specific characters of *P. infestans* appear so distinct (such as in the peculiar swellings on the thread-like stems, &c.), that no observer of natural objects accustomed to distinguish one thing from another could for a moment think of considering *P. infestans* as a mere form of some immediate ally. Its real origin, like the origin of all plants, animals, diseases, &c., probably dates into the far past, and is likely to be ever involved in obscurity. It is not generally known that the fungus which produces the potato disease is by no means confined to potatoes, but attacks other members of the family to which the potato belongs. Little was known of the disease as affecting potatoes in this country till July, 1845, when it ravaged the south of England, the first printed record of its alarming advent appearing in a letter from Dr. Salter, in the *Gardener's Chronicle* for Aug. 16. So rapid and devastating was its progress in this country, that Mr. Berkeley states, few sound potatoes were to be found in the market a fortnight after its first recorded appearance, and though at this time it had not reached the Midland Counties, yet in a few days it was general. At the beginning of September it was recorded from Ireland, and a few days afterwards from Scotland, at which time the full power of the potato murrain was expending itself upon the British Isles. About this period, as now, the newspapers teemed with the most alarming, absurd, and contradictory accounts, some writers attributing the disease to an epidemic resembling cholera; others to animal manure used in cultivation, to microscopic insects or electric influences; whilst some persons asserted it was a sign of the breakdown of the potato-plant from over-cultivation; or that it was caused by the tubers being cut in pieces before planting. It has frequently been remarked that just previously to a bad attack of the disease the leaves and stems of the potato become a darker green, and appear more than usually luxuriant. This has been accounted for from the fact that the mycelium of fungi is a great incentive to the production of the green colouring matter of leaves; we may, therefore, safely assume that this appearance is put on immediately after the germination of the spores upon the foliage and stems. So rapid is the growth of this parasite that in four or five days after the germination of the spores, the tissues of the leaves are traversed in every direction by the mycelial threads, and the fruit-bearing branches are protruded through the breathing-pores on the under side of the leaf. The parasite never appears on the upper surface, which is impervious to its attacks; but in perfecting itself, and producing its abundant fruit, it totally destroys the matrix on which it grows, and causes the leaves to putrefy and dry up. Perfect specimens are seldom met with on potato stems; but the destructive mycelial threads descend them, and so reach the tuber. The stem now, like the leaves, rapidly rots, and falls upon the earth an offensive mass. So rapid and fatal is the growth of this fungus, that in a few days it will spread from plant to plant over a large tract, and in less than a week turn every stem and leaf in the field to one rotten mass. Within these diseased stems are often found black masses of hardened threads, which are believed

to be the mycelial filaments in a resting and highly condensed but still living state.

It is almost impossible to conceive of anything which could have a more damaging effect upon a plant than such a growth as this; leaving out the destructive nature of the mycelium within the leaf, the whole of the leaves' mouths, or breathing-pores, soon become completely choked up. It is somewhat analogous with a bad attack of croup in the human subject, with the addition of an external growth.

It is easy to see the damaging effect the fungus must have upon the plant: the fungus stems protrude from its mouths, and prevent the emission of perspiration; the potato-plant thus gets surcharged with moisture, which rots the stems and leaves, whilst the mycelium preys upon the tissues.

It is easy to see from this figure the damaging effect the fungus must have upon the plant: the fungus stems protrude from its mouths, and prevent the emission of perspiration; the potato-plant thus gets surcharged with moisture, which rots the stems and leaves, whilst the mycelium preys upon the tissues.

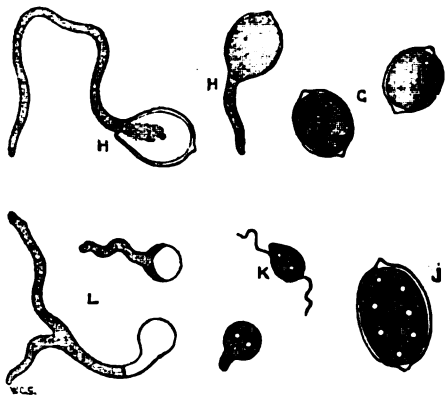


FIG. 1.—*Peronospora infestans*, spores and zoospores, enlarged 400 diameters.

When the mature spores (G, fig. 1) fall from their apices, they readily germinate, as at H, H, by rupturing their outer coat, and discharging their contents: these contents immediately take the form of confluent mycelial threads, and produce the characteristic brown colour in the cellulose. The spores in this figure are enlarged 400 diameters. In the perfect condition of the potato fungus, certain privileged spores acquire greater dimensions than others, as shown at J, fig. 1; the contents of these privileged spores become differentiated, and produce within themselves a number of distinct nucleated cells, which at length are set free in the form of active zoospores each, oospore being furnished with two threadlike processes (K), with which, when in fluid, they are enabled to move rapidly about. These bodies germinate exactly in the same way as the ordinary spores, by discharging their contents through the ruptured outer coat (L), and must play a very important part in the economy of the plant, for it is manifest that, although they cannot move unless immersed in fluid, yet it can easily be imagined that during any weather, or after heavy dews, and when the leaves of potato-plants are all wet and blown against each other by a wind, a few zoospores, originating from two or three infected plants, would speedily contaminate a large field of potatoes: then, when we remember the hundreds of thousands of ripe ordinary spores blown about everywhere by the wind, their rapid germination, and immediate reduction of other ripe spores and new zoospores, the rapid and fatal spread of the murrain remains no longer a mystery.

Fig. 2 shows a section through the stalk of a potato-plant, with a single mature spore germinating upon the surface, its mycelium penetrating the epidermis (M) and cortical layer (N N).

Now, not only is *Peronospora infestans* able to reproduce itself from its spores and zoospores, but amongst the mycelium in the intercellular passages of spent potatoes are found other bodies which there grow and fructify. These bodies, discovered by Dr. Payen, though referred to the

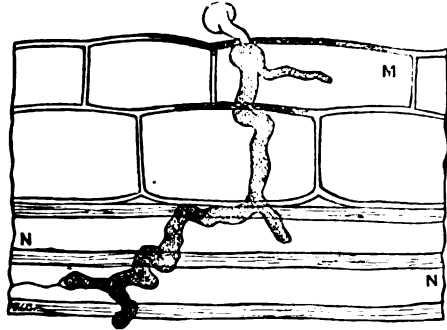


FIG. 2.—*Peronospora infestans*, spore germinating, enlarged 400 diameters.

Sepedoniæ by Montagne (the order next in succession to *Mucedines*, to which latter order the genus *Peronospora* belongs), are considered by Berkeley and others to be probably a secondary form of fruit (oospores) of the potato fungus itself. These bodies, named by Montagne *Artotrogus hydnosporus*, are shown in fig. 3 magnified 400

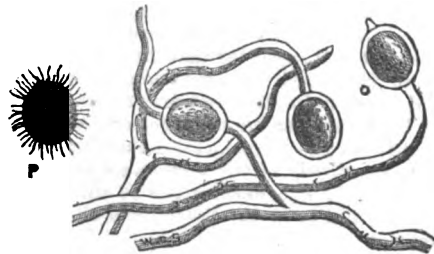


FIG. 3.—*Artotrogus hydnosporus*, enlarged 400 diameters.

diameters; the young *Artotrogus* being shown at O in its mother cell (with threads), and at P free.

These bodies make the study of the potato disease more complicated, and its ultimate eradication far more difficult; for they do not germinate at once (as do the spores and zoospores), or perish, but remain quiescent for a whole season, till certain favourable external conditions cause them to burst from their sleep and reproduce the parent.

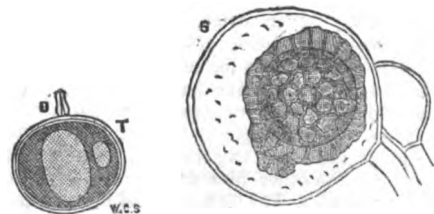


FIG. 4.—*Peronospora alsineraum*, enlarged 400 diameters.

At fig. 4 (S) is shown a ripe oospore, furnished with its thick reticulated episore, the surrounding protoplasm having almost disappeared; and at T a ripe oospore, whose episore has been detached by maceration in water; a thick, colourless endospore remaining, composed of two thick layers containing protoplasm, with two unequal vacuities. The fecundating tube may be seen still fixed in the endospore at U. These oospores, or resting spores, of the chickweed parasite, like those of the potato, possess the singular property of remaining dormant during the winter, and germinating (under favourable circumstances) during the following season.

We have now glanced at the fungus itself, and its effect upon the foliage and stem; but we are all of necessity most interested in its fatal effects upon the potato

itself. In the vast majority of instances the fungus makes its first wholesale attack upon the leaves, sending its destructive mycelial threads down the leaf-stalks into the stem, and thence, and lastly, into the potato itself. If this takes place when the potato-plants are young, growth is at once arrested; but if well established, they are found to be discoloured. This is undoubtedly caused by the presence of the fungus beneath the cuticle of the potato; for if the potatoes are taken up and kept in damp air for a day or so, the perfect parasite presents itself upon the surface. From the exterior of the potato the fungus penetrates to the interior, decomposing the tissues, and making the tuber a suitable nidus for various other fungi, which are not long in making their appearance. With the decomposition comes the disgusting odour so well known in connection with diseased potatoes. The diseased tuber is now attacked by insects, and its end is one horrible fetid mass. It generally happens that the eyes are the last to succumb to the disease; and it is stated, that if these are cut out and planted, they grow into healthy plants; but if the fact be taken into consideration of the resting spores being produced within the intercellular passages of spent potatoes, and that these resting spores are capable of lying dormant during a whole season, it seems reasonable to imagine that the planting of such eyes would be the one *certain* means of spreading the disease.

Whilst it is comparatively easy to say when and where the potato murrain was first brought prominently into notice, and what the potato disease is, it is by no means an easy matter to suggest an effectual antidote to its ravages. When the disease first appeared, a quarter of a century ago, it was suggested that the moment it became manifest in the leaves the whole crop should be mown down and burnt before the destructive virus reached the tubers. No better plan can be suggested; but such is the rapid growth of the fungus, that unless the haulms be destroyed *immediately* on the appearance of the parasite, it will be *too late*: if a week or less be allowed to elapse, the mycelium will be in the tubers, and all the haulms a rotten mass.

Hospital Reports.

LONDON HOSPITAL.

Some Fatal Cases of Hernia.

(Under the care of Mr. RIVINGTON.)

THE following seven cases, in continuation of Mr. Rivington's series of cases, of strangulated hernia, are representative of the worst forms which occur to the surgeon. In four, the intestine had given way prior to the operation, and of these four two had been strangulated between three and four days at the respective ages of 61 and 45, and of the other two one had been strangulated eight days, and the other nine days, and the age of one of these patients was 79. The fifth case had been strangulated five days, and was complicated with a miscarriage. The sixth case was one of an unique character, and is illustrative of the mischief which professed cancer curers, using powerful remedies, directed by ignorance, may work with impunity in our happy community. The seventh case was one of umbilical hernia of considerable size, preceded by constipation of some days' standing, and probably inflammation of the intestine. The fatal result of such cases could only have been prevented by an early recognition and treatment of the disease, but five out of the seven were victims of neglect, and the sixth of ignorant presumption.

CASE XI.—Right Femoral Hernia—nearly four days' Strangulation—Sac opened—Ulceration of Intestine—Death.

J. C., æt. 61, came into the London Hospital on Feb. 22, 1871, and was seen by Mr. Rivington a

2.30 a.m. There was a small swelling, the size of a walnut, below Poupart's ligament on the right side, very tense, rather tender, and without impulse on coughing. There was stercoraceous vomiting. The patient was brought in with a history of only twenty-four hours' strangulation, and, acting on this belief, Mr. Rivington endeavoured to return the hernia by taxis under chloroform, but without result. An incision was then made one and a-half inches long internally to the neck of the sac. The layers of fascia were found matted together and adherent to the sac. The fascia propria could not be distinguished from the sac. A director was passed under Hey's ligament, which was divided with a blunt-pointed bistoury. The sac was opened and the dark, almost black, gut was exposed. This consisted of one entire knuckle of small intestine, so much altered in colour and consistence as to be little distinguishable, except by the presence of mesentery from the thickened sac. On drawing down the intestine a hole was found on the outer side at the end of the outer limb of the knuckle, and one or two thinned spots were observed in other parts. The fibrous structures round the canal were freely divided, and the finger passed into the abdomen detected some bands passing across the intestine. It was impossible to determine their exact nature, whether omental or lymph bands. They were broken down with the finger, and a portion of what appeared to be altered omentum adherent to the sac was removed. A stitch was put into the mucous membrane of the gut, but it gave way, and fæces passed through the wound. After the operation there was free fecal vomiting. The gut was left *in situ* in the wound, as it seemed too far gone to recover itself.

During the following day there was free discharge of fecal matter from the wound, and the patient took milk, beef tea, &c., with relish. She was peculiarly happy, comfortable, and hopeful, but her pulse which was quick, irregular, and agitated, was indicative of danger. She died on the 23rd, at 5 a.m.

From the condition of the gut it was very evident that strangulation had taken place some days previous to her admission, and subsequent enquiry proved that the hernia had been down, with symptoms of strangulation, nearly four days.

CASE XII.—Strangulated Umbilical Hernia—Operation—Death.

William Bear, æt. 61, an inmate of a neighbouring workhouse, was admitted into the London Hospital, under the care of Mr. Rivington, on Wednesday, the 13th of February, 1872. The patient had had a reducible inguinal hernia on the right side for thirty years, and had worn a truss. About two or three years ago, whilst violently coughing and straining, he noticed a small protrusion at the umbilicus, and this had gradually become larger. He wore a truss till a week before his admission, and then left it off. The protrusion rapidly increased in size, till it became irreducible, hard, tender, swollen. He had been constipated for three days, and had taken nothing for four or five days but arrowroot and beef tea. He began to vomit, he said, at 10 p.m. on Tuesday, and had vomited eight or nine times, the vomited matters smelling very badly. He had not suffered much pain, but felt "stuffed up," and the retching distressed him; there was not much anxiety of face. On admission, a large swelling was found at the site of the umbilicus, which was obliterated by the distension of the tissues. The tumour was irregular, cedematous, doughy, red, and shining, with apparent fluctuation at the upper part, probably due to the presence of intestine containing gas beneath the hernial wall. It was not very distinctly circumscribed; over the centre the skin was paler, and presented two vesicles filled with serum.

The patient was placed on the operating table at a quarter to one on Wednesday morning, and chloroform was administered by Mr. Beech. Mr. Rivington, who was assisted by Mr. Tay, made an incision in the median line, between two and three inches in length, and cautiously

divided the tissues covering the sac. The hernial tumour overlapped the margin of the umbilical orifice in every direction; the sac was very tense, and the dark contents loomed dimly through it. The sac was opened, and it was found that the contents consisted of irreducible omentum, much congested in parts, and concealing in its centre a loop of intestine which was of a very deep, almost black, colour, and coated here and there with lymph. It had lost all its polish and much of its elasticity. The constricting ring was divided at one or two spots, and the intestine returned as it did not seem beyond recovery. A large portion of omentum was torn off carefully, and a small portion cut away; one or two ligatures were required to the cut portions. The wound was closed with hare-lip pins and sutures, a pad and flannel bandage being adjusted over all. A grain of opium in pill was administered at 3 p.m.; at 10 p.m. he vomited a little, but felt very comfortable.

14th.—The stomach still rejected everything. The temperature, which stood before the operation at 102.4°, had fallen to 100°. The opium was continued every six hours.

15th.—Slept well during the night; had not vomited since the previous evening, but at 12 o'clock brought up half-a-pint of light brown fluid of a feculent odour. The temperature stood at 98.6° in the morning and at 100° in the evening; pulse ranged from 100 to 118. The vomiting was attributed at first to the chloroform, but subsequently to the gut not recovering its vitality. The wound looked fairly healthy and there was no pain.

16th.—An enema of soap and water was administered, resulting in bringing away a considerable quantity of hardened feces. The patient was still very sick, but as it was quite certain that the stricture had been divided and there was no further protrusion, it was not deemed advisable to explore again. After the enema he did not vomit again for the rest of the day; temperature still 98.6°.

17th.—The patient was sick in the night, and was very restless; when visited in the morning constantly throwing himself about, and turning from side to side, but not being in actual pain. A disagreeable discharge came from the wound, and, at 12 o'clock, after the removal of the hare-lip pins, whilst the patient was leaning over the bed, the intestine apparently gave way, discharging with some force a jet of light brown feculent matter.

Mr. Beech, the house-surgeon, ordered a charcoal poultice. After this there was no more vomiting, and the patient expressed himself as perfectly comfortable. He took his food for the next two days with relish; there was a copious discharge of feculent matter. On the 20th he sank into a state of collapse, and died about 8 p.m. At the *post-mortem*, it was found that the omentum was adherent round the neck of the umbilical opening, but that there had not been any attempt at adhesion between the gut and the abdominal wall. The portion of ileum involved, five or six inches in length, had given way in several places, and presented ragged apertures; it was black, rotten, and utterly disorganised. It had also slipped down towards the pelvis, either during life or during the removal of the body.

Remarks.—The vomiting subsequent to the operation, partly due perhaps to fecal accumulation, partly to chloroform, and partly to the non-recovery of the intestine, was extremely prejudicial to the result of the case. It would probably, as it happened, have been better to leave the intestine *in situ* instead of returning it, but, as it appeared viable, it was correct practice to return it. The appearance of the parts before the operation was very peculiar, and the apparent fluctuation extremely deceptive, illustrating some remarks by Mr. Birkett in his classical essay on hernia in the "System of Surgery," vol. iv., p. 683. "Fluctuation may also be detected in some cases. It must, however, be remembered that the displacement of gas by pressure on the tumour causes a sensation very closely resembling that which indicates the presence of fluid, and that the difference between one and the other is not always perceptible, even by surgeons of great experience in delicate manipulation."

SPECIAL REPORTS ON FOODS,

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[PREPARED EXPRESSLY FOR THE "MEDICAL PRESS AND CIRCULAR."]

(Continued from page 278.)

REPORT UPON AUSTRALIAN MEAT—MEAT EXTRACTS, &c.

SOUPS made of the flesh of different animal possess, along with the common flavour in which all soups resemble one another, in each case a peculiar taste which distinctly recalls the smell or taste of the roasted animals, so that if we add to the boiled and exhausted flesh of roe deer the concentrated juice of beef or poultry the meat thus prepared cannot now be distinguished from roast-beef or fowl. When meat is introduced into the boiling-water the albumen of the flesh is immediately coagulated on the surface and, to a certain depth inwards, thus forming a skin or shell which no longer permits the juice of the meat to flow out, nor the water to penetrate into the mass. The flesh continues juicy and as well flavoured as it can possibly become. The greater part of the savoury constituents is retained in the meat. On the other hand, if the mass of flesh be set on the fire with cold water and this heated to boiling the flesh undergoes a loss of soluble and savoury matters, while the soup becomes richer in these. The albumen is gradually dissolved from the surface to the centre; the fibre loses more or less its quality of shortness or tenderness, and becomes hard and tough. The thinner the piece of flesh is the greater is its loss of savoury constituents. If finely-chopped flesh be slowly heated to boiling with an equal weight of water, kept boiling for a few minutes and then strained and pressed, we obtain the very strongest and best flavoured soup which can be made from flesh. When the boiling is longer continued some little additional organic matter is dissolved, but the flavour and other properties of the soup are in no degree improved or increased. By the action of heat on the fibres a certain amount of water or juice is always expelled from them, whence it appears that the flesh loses nought by boiling when immersed in water as much as 15 per cent. of the weight of the raw meat. In larger masses this loss is not so great. The constituents of the juice of the flesh and of soup are very numerous, and only imperfectly known, but what we do know of them is sufficient to excite much interest. There is not a part of the body more complex than the tissue we call muscle. Innumerable nerves and minute vessels filled with coloured and colourless fluids are ramified through the true muscular substance.

That which we remove by lixiviation with water, the juice contains the soluble matters of the whole tissue. Soup, like the flesh itself, is of a very complex nature, most of its constituents are very rich in nitrogen; two of them kreatine and kreatinine may be obtained in fine colourless transparent crystals. The juice of flesh or the soup is particularly rich in incombustible matters, which constitute upwards of one-fourth of the weight of the dry extract of flesh. The free acid of the juice of flesh or of soup appears to be formed in consequence of a change which appears very quickly after death, or is effected by boiling. The muscles of animals just killed before the

occurrence of the stiffness that follows death do not redden blue litmus paper.

Kreatinine which occurs in the juice of flesh much in smaller quantity than kreatine is a powerful organic base ; it connects itself with the series of the nitrogenised organic bases of the vegetable kingdom amongst which are found the most terrible poisons and the most active remedies ; it has an alkaline reaction and forms crystallisable salts with acids. It is found only in animal organisms.

Kreatine and kreatinine are products of the vital process and constituents of the flesh of all vertebratæ hitherto examined. Human flesh is particularly rich in kreatine. These two bodies are closely related to each other ; they contain the same elements of four equivalents of water more than kreatinine. All these substances constitute but a small part of the extract of flesh. By far the greater part of it consists of uncrystallisable compounds, the properties of which have not yet been sufficiently studied, so that we do not know how to separate them from one another. To these substances belong the savoury constituents of the juice of flesh and those among them which become so easily brown when gently heated, and a substance which agrees with gelatine in the property of being precipitated in thick glutinous flocks by tannin or an infusion of nut-galls. In the lixiviated residue of flesh no uric acid, and in the aqueous extract of flesh neither uric acid nor urea can be detected.

The occurrence of these two bodies and the relation between them, lead to the suspicion that they possess some significance in regard to the vital process, and it would appear especially as if some effect were connected with the conversion of kreatine into kreatinine. From the juice of flesh (of ox heart) these have always been obtained by distillation with sulphuric acid, small quantities of volatile acids, butyric, acetic, and formic acids, and from the residue inosite, a non-nitrogenous body, having the composition of milk, sugar, but differing from it in many properties (Scherer) also a non-nitrogenous acid, inosic acid especially in the juice of the flesh of fowls and turkeys. The juice of flesh contains beyond a doubt the conditions necessary for the formation of the whole muscle and for the production of its peculiar properties. In the albumen of this fluid we have the substance serving as a transition-product to the fibrine of flesh, and in other substances the matters required for the production of cellular tissue and nerves.

The juice of flesh contains the food of the muscles ; the blood, the food of the juice of flesh. The muscular system is the source of all manifestations of force in the animal body, and in this sense we may regard the juice of flesh as the proximate condition of the production of force.

From this point of view it is easy to explain the effect of soup. Soup is the medicine of the convalescent, no one estimates its value more highly than the hospital physicians for whose patients soup, as a means of restoring the exhausted strength, cannot be replaced by any other article of the Pharmacopœia. Its vivifying and restoring action on the appetite, on the digestive organs, the colour and the general appearance of the sick is most striking. It is evident that the constituents of the blood which are so different from those of the juice of flesh must undergo a whole series of changes before they acquire the form and quality adapted to the production of the living muscle before they become constituents of the juice of flesh.

Some years after the promulgation of the above views Baron Liebig became connected with a commercial com-

pany for the manufacture of his Extract, and some very sharp letters appeared from other manufacturers to the purpose that Baron Liebig had an undoubted right to give his discovery to whom he pleased, but having once given it to the public he could not make it private property afterwards.

It will be observed that of a necessity from the process of manufacture already described, Liebig Extract is not actually *extract of flesh*, as it only contains part of the soluble constituents of animal food, and from this reason some attacks were made upon it which were hardly justifiable. Baron Liebig wrote a reply which appeared in the *Lancet* of 1865, and the following statements shows that Liebig had in some degree altered his opinion since he wrote in 1851 :—

In his letter to the *Lancet* Baron Liebig says, "I see that rather contradictory views are expressed by different English writers on the value of extract of meat, some taking it to be a complete and compendious substitute for meat, whilst others assert that it has no nutritive value whatever. The truth, as is usually the case, lies in the middle." The distinguished chemist then goes on to point out that his extract is devoid of albumen and fibrine (valuable nutritious compounds), gelatine and fat purposely removed as shown in the previous remarks. He candidly goes on to say "were it ever possible to furnish the market at a reasonable price with a preparation combining in itself the albumenous together with the extractive principle, such a preparation would have to be preferred to the *extractum carnis* for it would contain all the nutritive constituents of meat. But there is, I think, no prospect of this being realised."

"On the value of extract of meat as a 'medicinal substance it is unnecessary to say a word it being identical with beef-tea about the usefulness and efficiency of which opinions do not differ.'"

At this point we must draw issue with Baron Liebig taking his own method of making beef-tea, what is the fact. The muscle of the ox contains, according to the analysis of Von Bibrothe the following :—

LEAN OX FLESH UNCOOKED.

	Muscular fibre	17.05
Soluble in cold water	Albumen and hæmatosin	2.20
	Extractive with salts	3.10
	Phosphate of calcium, insoluble	trace
	Water	77.65

100'

We therefore see that two-fifths of the constituents of beef-tea are lost in the *extractum carnis*, and these, again ingredients of the most valuable character. Now, in beef-tea the albumen is certainly coagulated and suspended through the tea, and although insoluble, but is rapidly acted upon by the juice of the stomach, such a reaction being capable of demonstration in the test-tube.

University of Cambridge.—Professor Humphry gives notice that the course of lectures on Practical Anatomy will commence on Monday, October 7th, at 9 a.m., and be continued daily at the same hour. The course of lectures on Anatomy and Physiology will commence on Tuesday, October 22nd, at the new museums, at 1 p.m., and be continued on Tuesdays, Thursdays, and Saturdays, at the same hour. These courses are fully recognised by the Royal College of Surgeons.

STUDENTS' COLUMN.

SYNOPTICAL REVIEW OF THE OFFICIAL PREPARATIONS OF THE BRITISH PHARMACOPŒIA.

By W. HANDSEL GRIFFITHS, PH.D., L.R.C.P.,
L.R.C.S. Edin.,

Assistant-Librarian Royal College of Surgeons in Ireland.

MISTURÆ (MIXTURES).

The majority of these are preparations containing substances suspended in aqueous fluids by means of sugar, gum arabic, yolk of egg, &c. When the suspended substance is oleaginous, an "emulsion" is formed.

The following are the mixtures of the Pharmacopœia:—

Mistura Ammoniaci.
" Amygdalæ.
" Creasoti.
" Cretæ.
" Ferri Aromatica.
" Ferri Composita.
" Gentianæ.
" Gualaci.
" Scammonii.
" Sennæ Composita.
" Spiritus Vini Gallici.

Mistura Ammoniaci.—Triturate $\frac{1}{2}$ ounce of ammoniacum with 8 ounces of water gradually added, and strain through muslin. The water dissolves the gum of the gum-resin, and thus the resin becomes suspended, forming an emulsion of a milky appearance.

Mistura Amygdalæ.—Triturate $2\frac{1}{2}$ ounces of compound powder of almonds with 1 pint of water, and strain through muslin. The oleaginous matter of the almonds is suspended in the water by their albumen and by the gum and sugar which are contained in the compound powder, and thus a milk-like emulsion is formed.

Mistura Scammonii.—Triturate 4 grains of resin of scammony with 2 fluid ounces of milk gradually added. This is an imitation of "Planche's Purgative Potion."

Mistura Guaiaci.—Triturate $\frac{1}{2}$ ounce of guaiacum resin with $\frac{1}{2}$ ounce of refined sugar and $\frac{1}{2}$ ounce of gum acacia, and add gradually one pint of cinnamon-water. An emulsion is formed by the suspension of the resin by means of the sugar and gum.

Mistura Cretæ.—Triturate $\frac{1}{2}$ ounce each of prepared chalk and powdered gum acacia with $7\frac{1}{2}$ ounces of cinnamon water, and add $\frac{1}{2}$ ounce of syrup.

Mistura Spiritus Vini Gallici.—Rub the yolks of two eggs with $\frac{1}{2}$ ounce of refined sugar, and add 4 ounces each of spirit of French wine and cinnamon water.

Mistura Creasoti.—Mix 16 minims each of creasote and glacial acetic acid, add 15 ounces of water, and then 1 ounce of syrup and $\frac{1}{2}$ drachm of spirit of juniper. The acetic acid is employed to promote the solubility of the creasote, and the spirit of juniper is to mask the taste. One ounce contains 1 minim of creasote.

Mistura Sennæ Composita.—Dissolve, with the aid of gentle heat, 4 ounces of sulphate of magnesia and $\frac{1}{2}$ ounce of extract of liquorice in 14 ounces of infusion of senna, add $2\frac{1}{2}$ ounces of tincture of senna and 10 drachms of compound tincture of cardamom, and finally make up the bulk to 1 pint with infusion of senna.

This is intended to resemble "Black Draught."

Mistura Gentianæ.—Macerate $\frac{1}{2}$ ounce of gentian root and 30 grains each of bitter orange peel and bruised coriander fruit in 2 ounces of proof spirit for two hours, add 8 ounces of water, and macerate for two hours more; finally, strain through calico.

This was the Infusum Gentianæ Compositum of the B.P., 1864, and of Edinburgh.

Cold water is used, as it dissolves less of the pectin or mucilaginous matter of the gentian, and spirit is used to promote the solubility of the principle gentisin.

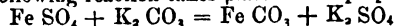
Mistura Ferri Aromatica.—Macerate 1 ounce of powdered pale cinchona bark, $\frac{1}{2}$ ounce of powdered calumba root and $\frac{1}{2}$ ounce of bruised cloves in 12 ounces of peppermint water for 3 days; filter and add as much peppermint water to the filter as will make the product measure $12\frac{1}{2}$ ounces, then add 3 ounces of compound tincture of cardamom and $\frac{1}{2}$ ounce of tincture of orange peel.

This is commonly known as "Heberden's Ink." It contains tannate of iron.

Mistura Ferri Composita.—Take $9\frac{1}{2}$ ounces of rose water, triturate with a little of it so as to form a thin paste, 60 grains each of myrrh and refined sugar, and 30 grains of carbonate of potash; add to this 4 drachms of spirit of nutmeg and more of the rose water until 8 ounces of a milky liquid is formed; then add 25 grains of sulphate of iron dissolved in the remainder of the rose water; mix well and preserve immediately from the air.

This is an imitation of "Griffith's Mixture."

The following reaction takes place in the preparation—



More carbonate of potash is employed than is required to effect the decomposition of the sulphate of iron, and the excess forms with the myrrh a saponaceous compound which serves to suspend the carbonate of iron. When first made it is of a greenish colour, owing to the presence of the hydrated ferrous carbonate; but it becomes reddish when exposed, owing to the absorption of oxygen which peroxidises the iron, carbonic acid being evolved. The sugar materially helps in retarding this oxidation.

MUCILAGINES (MUCILAGES).

These are:—

Mucilago Acaciæ.
" Amyli.
" Tragacanthæ.

The first is made by dissolving 4 ounces of gum arabic in 6 ounces of water.

Mucilago Amyli is made by triturating 120 grains of starch with 10 ounces of water added gradually, and then boiling for a few minutes with stirring.

Mucilago Tragacanthæ is prepared by shaking up 60 grains of powdered tragacanth with 10 ounces of water.

In order to render oils or resinous tinctures emulsive with aqueous fluids, 3 drachms of mucilage of acacia are required for 1 ounce, while 10 drachms are required to emulsify 1 ounce of copaliba (*Squire*).

Mucilago Acaciæ becomes sour on keeping by the formation of acetic acid.

Mucilago Amyli is not strictly a solution, the starch being merely in a "state of excessive hydration."

Mucilage of gum acacia is an ingredient of all the lozenges, except those of opium; mucilage of starch forms the basis of all the enemata, except the enema of assafœtida and that of tobacco.

Introductory Lectures.

LONDON HOSPITAL.

MR. HUTCHINSON, who delivered the address at the commencement, congratulated those commencing their career on their choice of a profession, and assured them that there was none on which a man could more confidently rely for the certainty of earning a good livelihood, and none which would more favour their mental and moral development. The pursuit of medicine, considered in its wide sense as a branch of natural study, tended to create in the mind an enthusiasm for truth and a courage in its pursuit which could not but be most beneficial to character. Besides, Medical men from their peculiar opportunities of becoming intimately conversant with others, from the frequency with which they became acquainted with noble acts of self-devotion, as well as from their insight into the physical basis of moral peculiarities, had an advantage over most as regards the

growth of their sympathies. Mr. Hutchinson asserted in opposition to the rather widespread opinion that the study of physical laws is inimical to the growth of the higher moral faculties, such as reverence and faith, that it had in reality the opposite effect. He thought that much misapprehension on these subjects had accrued from mistakes as to the real basis and nature of the faculties in question, and denied emphatically that true insight into things as they are could, by any possibility, be prejudicial to our trust and confidence in things as they will be. He next proceeded to illustrate the way in which the teachings of nature supplement and reinforce the lessons derived from revelation by demonstrating the true relations of the past to the present, and the present to the future. Arguing from the indestructibility of matter and of the natural forces, heat, electricity, and the like, he argued that the mind trained to scientific pursuits had but little difficulty in believing that the same law obtained in the moral world. In conclusion, he congratulated all present who were engaged in the cultivation of natural science. It was the study of facts and of truth. He asserted there was no sort of danger in it, and that, on the contrary, it would strengthen all their nobler faculties, both mental and moral. The genius of knowledge was no sceptic; she, indeed, "delightedly believes divinities, being herself divine." To students he would say, "be diligent, be scrupulous, be courageous in the investigation of facts. Take first those which concern the practice of the profession which you have chosen," for these were absolutely essential in order that they might do justice to those who employed them, and he was much mistaken if they would not find the study of disease, considered merely as a branch of natural history, as full of interest as any of those which are often ranked as more attractive.

After the address the prizes were distributed by Archbishop Manning, who said his science was that of the soul, theirs that of the body; and it was impossible to deal with the whole human subject without taking the two together. The lecturer had said that in students of Biology he would include nurses. Would he also kindly include the clergy? Careful and accurate observation in a sick room made the nurse a biologist. Might not the gentle soothing which gave to patients calmness of nerve either to bear an operation or as a means of cure entitle the clergy to be considered biologists too? (Hear, hear.) Agreeing entirely with the lecturer that a large proportion of involuntary action transmitted from parent to child would account for some of the most fearful and fatal developments of vice, might it not be at the same time the fact that a great deal of insanity, for example, might be traced to causes perfectly voluntary? Immoderate use of stimulants was one cause of that disease. Other forms of vice were also among the most active and powerful causes. If that were so, was not his profession closely allied to theirs, inasmuch as, in anticipating and preventing the worst forms of disease, the study of moral action was one of the first conditions? He believed that the human intellect not only accumulated its acquisitions, but transmitted them, and that we inherited them from our forefathers, and were continually making additions to our stock of science. He had no fear of science; on the contrary, he regarded science as the cultivation of human reason, and he held that the science of Religion was at the head of what Lord Bacon called the whole hierarchy of the sciences. These could never come into collision. They were like railroads, side by side, but never obstructing each other; or like trains which went on lines over each other's heads with terrific menace, but never caused an accident. (Hear, hear.) Therefore he rejoiced in seeing all science developed to the utmost limit. There was still a great world full of phenomena of which no one could give any account. But could any one looking through a microscope, and seeing the action of creatures that were invisible to the naked eye—could any one view this boundless world of things so small and doubt the existence of a Maker? It was a saying of St. Augustine, that the greatness of God was seen in the least of His works. These small creatures had their types, and these types would be transmitted as long as the world lasted, unless they became extinct. What were they? A thought in the mind of the Creator. What

was man? Equally a thought of his Maker—a work of engineering so perfect, so put together with infinite skill and mechanism, that we could only wonder, but could not account for it. With regard to the students, his Grace impressed upon them in few words the necessity for first fixing their attention on the vocation in life they intended to pursue, their giving close attention to that vocation, with such collateral branches as were essential, and, lastly, applying themselves with intensity and force to the acquisition of the knowledge required for their special pursuits. It had given him great pleasure to be in the midst of them, and he had noticed with satisfaction the hearty rounds of cheers which they had given to each of their teachers. When a regiment knew its officers and greeted them like that, they could do anything. (Cheers.)

A vote of thanks to Archbishop Manning for presiding and cheers for the lecturer concluded the proceedings.

ST. THOMAS'S.

THE inaugural address at St. Thomas's Hospital was delivered by Mr. J. Croft, F.R.C.S., who urged the necessity of a thorough acquaintance with the known facts of the sciences with which they were concerned, and with the inductions drawn from them, and of understanding, by means of observation or experiment, their application. The sciences of physiology, anatomy, chemistry, natural philosophy, pathology, medicine, surgery, botany, &c., were placed before the students as requiring earnest, persevering work, and the absolute necessity of personal observation and experience which might be obtained in the laboratory, dissecting-room, wards, and out-patient rooms, was strongly enforced. It was true, said the lecturer, that in consequence of the monstrous rates now exacted from the funds of the house, the number of patients had been temporarily reduced to 400, but although numerically the hospital was still a large one, its clinical character was not dependent upon the number of patients it contained. Mr. Croft reminded the students of the inspiring tale of the Hellenic hero Perseus, and repeated, in the beautiful language of the Rev. Charles Kingsley, the stirring address of Pallas Athene to Perseus, and added: "Are there not heroes still, and are there not Titans and monsters yet for heroes to fight! Alas! too many—epilepsy, hydrophobia, tetanus, cancer, consumption, small-pox, cholera, fevers, and the ignorance, supineness, and prejudices which help to breed and foster these odious monsters. These are some of the direful brood with which you will have to contend. Generations before you have done battle with them, but still they live to scourge us. Much has been achieved by the noble lives that have been spent in the long and mighty struggle, but much remains to be done. Living men around us and amongst us are heroically pressing forward in the glorious if arduous task, and are present testimony that the spirit of chivalry still flourishes." In conclusion, the lecturer said: "I appeal to you who are with the hopes and fears this day launched amidst the temptations and charms of a student's life; to you who return to win fresh honours or with gallant determination renew the contest; to you who have hitherto yielded too easily in the race, or preferred your pleasure to your duty; to you who are embarking in the calling which has been sanctified by the 'Great Physician,' whether you employ your talents at home or abroad, in peace or war, among the poor or the rich; I appeal to you ever to remember that you have a widespread duty to fulfil—a duty to your friends and relatives by whose love and care you are or have been fostered—a duty to the philosophical and beneficent profession to which you belong—a duty to the 'Alma Mater' who bids you maintain the heritage of fame inaugurated by the great Cheselden—a duty to your neighbour, whether in the form of the sufferer who claims the assistance it is in your power to give, or in the form of a fellow labourer in prosperity or difficulties; and lastly, and above all, a duty to the Great Creator who formed the noble work called man, and endowed him with talents to be used in his Maker's service, and who, in placing him in the midst of disease and suffering, wills that he should be moved by the sight of them to the active exercise of that loving beneficence which is the creature's best approach to the Divine perfection."

GUY'S.

THE address at Guy's was delivered by Dr. Pye Smith, who commenced by paying a tribute to the memory of Mr. Alfred Poland, after which he welcomed those who had chosen the profession of medicine, and had come to Guy's to learn it. To those he would say, that if their aim was to be rich, they had made a mistake. If the money to be spent on their professional education were invested in trade, it would increase much sooner, and with less trouble. They would have in medicine to do a great deal for nothing, while they might leave very little behind for others to enjoy. Let them not work solely for reputation or influence, but rather for the sake of the profession itself; for even in science the very worst way to progress was by seeking to make brilliant discoveries. They would derive happiness from the fact that they were exerting the best faculties of the body in trying to alleviate misery, while exempt from the trials and losses incurred in the pursuit of riches which those in trade had to endure. He congratulated his hearers that they had chosen Guy's as their place of study. Dr. Smith then went on to refer to the future studies of the students. Medicine was the art of preventing and curing disease. He would not attempt to define disease, but would simply say that it included all which caused bodily pain, or was so dangerous that people would try to get rid of it, and the doctor's duty it was to assist them in so doing. Prevention was better than cure, and a large class of diseases was of the preventible kind. Some, such as scurvy, plague, and leprosy, had almost disappeared, but a great number still remained. It was the duty of statesmen to recognise this fact. Hitherto they had not done so, and it had been left for the Medical profession to effect single-handed the improvements which had taken place with regard to preventible diseases. It was, therefore, the student's duty to make himself acquainted with all the requirements of a healthy body in respect to air, water, food, &c.; so that, wherever he might be, he would be able to make himself a centre from whence a knowledge of healthy conditions would be disseminated. After speaking of disease, and giving instances of its operation, Dr. Smith went on to show that there could be no system of therapeutics; that homœopathy, allopathy, and other so-called systems, were fallacies; and that, instead of being a science, therapeutics was an art, and an art which depended upon a knowledge of many sciences. Speaking of the more practical parts of the student's life, the lecturer urged them during the first eighteen months to devote themselves to anatomy; for, if they did not learn it then, they would never learn it at all. Then, when they had passed their first examination, let them turn their studies to account, and for this purpose nothing was better than to be the surgical reporter. The second year was to embrace physiology, the third clinical work, and the fourth and last the study of those branches such as applied to the eye and ear diseases—branches which were often neglected, and which he urged them never to neglect. After dwelling upon the subject of study in its various forms, Dr. Smith spoke of recreation. They would not, of course, devote all the hours they spent in London to their profession. (Laughter.) They would find some time for general reading—and rightly; only let them make a resolution to give up newspapers—they would then know how much better one was without them. (Laughter.) Let them study Goldsmith rather than *The Daily Telegraph*. (Laughter.) There were other modes of recreation. They might join the musical society of the hospital; but above all let them practise outdoor sports. In conclusion, Dr. Smith referred to a difficulty which the student might meet with in the course of his studies, and that was—he might at times be unable to reconcile his observations of facts with the traditional records of Religion. About that difficulty Dr. Smith urged them not to trouble themselves, but rather let them rest in knowing that the greatest names in Science, as Newton, Leibnitz, and Faraday, were men who never interested themselves in trying to solve the multitude of questions which probably were not to be solved.

At the conclusion a vote of thanks was accorded to Dr. Smith, and the gold medals which are usually given to the two students who had most distinguished themselves at special examinations in clinical medicine and clinical surgery were then presented by the treasurer to Mr. C. H. Golding Bird, B.A., who has carried off both.

KING'S COLLEGE.

THE introductory lecture was delivered by Professor W. Playfair, M.D., F.R.C.P. The opening remarks were in reference to the importance of the step the students had taken, and on the nature of the profession of Medicine. How they might best qualify themselves for their calling it was the place of the professor to teach them. What then was the ideal physician whom they in that college tried to learn? What should he aim at being, and what should he endeavour to avoid? Two hundred years ago a writer gave his deposition on this very point in language so true, that he felt sure they could not improve upon it:—

“Doctors or teachers they of physick are,
Whether by pen they do it, or in chair,
With lively voice, who teach the way to know
Man's nature, health and sickness, and do show
Diseases' cause and cure; but they who send
Their lives in visits, and whose labours end
In taking fees and writing paper scrawls,
Factors of physick are, and none but owls
Do call such doctors.” (laughter).

It would require no long experience in medicine in the nineteenth century to convince them that they had there clearly laid down before them two types of Medical men constantly to be met with in every-day life. On the one hand they had the scientific and conscientious physician, thoroughly acquainted with the most recent advances of his profession. On the other hand they had a practitioner whose claims to the confidence of his patients were based more on his own self-correction than on any real knowledge of his subject, who, heedless of the progress of science, was satisfied to go on from year to year with the small modicum of information which long ago enabled him with much difficulty to scrape through his examinations and obtain a qualification, content if only he could persuade others to believe in his skill, whether he pursued strict science or not, and who, careless of the terrible responsibilities of his calling, imperilled, and it was to be feared too often sacrificed to his own small and petty interests, the precious lives which had been entrusted to his care. The professor then showed how the necessary uncertainty of medicine, its want of tangible results which could be judged of by those ignorant of its technicalities, favoured the success of men of this kind; and insisted strongly on the necessity of the students depending on a sound and thorough knowledge of his profession. He defended medicine from the charge sometimes brought against it of not advancing as other professions did. He illustrated what medicine had done, and what it was capable of doing, by the subject of public health, &c. He urged that it was only by strict attention to the scientific branches of medicine that a proper foundation of knowledge could be laid, and showed by various examples how many of the advances of practical medicine could be more directly traced to a knowledge of these subjects. He strongly deprecated any intention of depreciating practical work, but insisted that the one must be the necessary supplement of the other, and that to attempt to practise without a scientific foundation would be empiricism. He proceeded to show that the progress of practical work had quite kept pace with that of scientific work, illustrating this by the great improvements made within the last twenty years in the means of detecting the physical changes connected with disease—as in the use of the thermometer, the sphygmograph, the ophthalmoscope, and the laryngoscope—and he dwelt on some of the more recent advances of surgery, concluding with practical advice on the necessity of steady and continuous work.

MIDDLESEX HOSPITAL.

At the Middlesex Hospital Dr. Thorowgood remarked that a distinguished living physician, when on his extensive travels, was once asked in conversation by a great Eastern potentate if he knew of any poison which, put into the mouthpiece of a pipe, or given in coffee, would slowly and silently kill, leaving no note behind. The answer of the doctor to this distasteful question was, “As a physician, I have made it my study to save life, not to destroy it.” Like this physician, it behoved all of them to bear always high in their own minds the recollection that the great aim of Medical and surgical art was the saving of human life.

Whether they called themselves physicians, surgeons, obstetricians, or general practitioners, they all had this great end before them, and to its accomplishment they made subservient that knowledge of anatomy, physiology, chemistry, and other kindred subjects which they would have to gain during their course in that hospital. When they looked at the Medical profession in its relation to the public, they observed that, although people had been at times apt to find fault with them and to deride them for the uncertainties, imperfections, and failures of an art which obviously could never become certain, perfect, and successful, while man is a fallen creature, yet on searching into the earliest times they found that nations had always been glad to encourage among them those who professed to be healers of wounds and sickness. The earliest attainable history of China, Egypt, Greece, and Italy proved this. In the Medical code of the Hebrews, who were under the inspired teaching of Moses, they found marked attention paid to preventive medicine, and what was nowadays called sanitary science. Much stress was laid on dietetic rules, ablutions, separations and destruction of infected garments. Here, then, 1500 years before Christ, they found the germ which, under increasing research and knowledge, had developed into what had just been called sanitary science, preventive medicine or hygiene—so important that it now formed a separate branch of study at many of the Medical schools, and in it might be found one of their great Medical successes. The patient and laborious investigations of those who had given themselves to that most useful work, the study of epidemic and contagious diseases, had shown them how malarial fever was generated in marshy districts, under certain conditions of atmospheric temperature. Action was taken, the land drained, and a mortality from malarial fever and ague was after a few years reduced from 44 in 1,000 to 27; and from 30 to 20, and even as low as 15; while it had been shown by Rawlinson that human life had now more value in England than in any other country. As another example, they might take typhoid fever. How often they heard of a country village being ravaged by this terrible disease, and the people all in a state of panic, believing the fever to be highly contagious. A sanitary inspector would go over the district with the local doctor, and it was soon shown how all the illness and mortality was due to the pollution of drinking water by cesspool or drainage contamination. People owed more gratitude than they were ready to admit to those sanitary inspectors, who had done so much for the public health in tracing out the causes and modes of propagation of so many serious diseases. Could they but persuade builders, architects, engineers, and surveyors to believe a little more in what the doctors said about the way in which typhoid fever and cholera were so often spread, and it was not too much to think that they might almost entirely get rid of the first of these diseases, which now, Dr. Budd told them, destroyed 20,000 persons annually, and laid on sick beds 140,000 more, and placed it along with the sweating sickness and other epidemics of the middle ages known now only in history. After a few words on the importance of study of surgery and obstetrics, and the great value of those branches of medicine, the lecturer spoke on their therapeutic processes in drug healing, and so forth. Proper treatment of disease with a view to preserving life was what they were all striving after, but until late years the tendency had been to begin, as it were, at the end—to make the arch of the bridge before they had laid the foundations. The diagnostic knowledge of the ancients in the time of Dioscorides, A.D. 54, would hardly compare with that of the present race of physicians, and yet Dioscorides in his "Materia Medica" treats of the healing powers of no fewer than 958 different medicinal substances. The man who, ignorant of the processes and effects of disease, laid claim to being great at active treatment, was a sad hindrance to therapeutic progress. He treated true inflammation of the brain and *delirium tremens* in the same way because he saw some similarity in the symptoms; in the one case perhaps the patient recovered under active depletion, while in the other case he soon died, not because Medical treatment was uncertain, but because the doctor did not know how to distinguish. Such were the class of therapeutists who clung to such phrases as "*In summis morbis summa remedia*," and "*Mellius anceps quam nullum remedium*," while the words "*abstine si methodum nescis*" would be rather the expression of the practice of men well versed in disease, and its frequent tendency to get well if not unduly interfered

with by treatment. The men of note and repute 200 years ago, like Sydenham and Radcliffe, were said by keen observers to get their great success by allowing nature room to help herself, and not by being so very active with the lancet and physic. Dr. Thorowgood spoke at some length on the action of drugs, and reminded the students that in practice they must not be surprised to meet with opposition in their endeavours at sanitary reform, and sometimes with ingratitude, when they were conscious of least deserving it; but love for and zeal in their adopted calling would bear them through, and on the whole the public would use them well if they were kind to them, and patient in seeking their welfare (loud cheers). Before concluding, allow me, said Dr. Thorowgood, to remind you of the recent establishment of two scholarships in memory of the late Francis Broderip, Esq., a munificent benefactor to the Middlesex Hospital. These scholarships—one of £30, and one of £20 each, tenable for two years—are awarded at the close of each winter session for proficiency in clinical medicine and surgery. We have also two entrance scholarships of the value of £25 and £20 respectively, also tenable for two years. These are now being competed for for the first time amongst students who have commenced their first year. We have to lament the removal by death quite lately of Michael Smith, Esq., a very warm friend of the hospital. Had his life been spared we hoped to have had him with us this day, and from his hands the prizes might have been bestowed. Last winter the death of Dr. J. Davidson, at his post of duty in this hospital, caused much sorrow. Dr. Davidson was a promising physician, and had he lived would have done honour to his hospital, and much good to mankind. The retirement, after many years of active service, of our senior physician, Dr. Goodfellow, is another of the important events of the past session. Of other changes you will hear also in the report of the dean.

ST. GEORGE'S HOSPITAL.

MR. ROUSE commenced by paying a tribute to the liberality of the governors of the hospital to the school. He then took as his chief subject the need of a well-grounded self-confidence in all those who undertook the heavy responsibilities of Medical and more especially of surgical practice, showing how often the well being, and even the life, of a patient might depend upon the preparedness of the surgeon to act, not only rightly, but also with a promptitude that should lose no precious moments, and with a decision that should win the confidence of the sick man and of his friends. In order to act thus it was necessary for the practitioner to possess a firm assurance in the adequacy of his own knowledge, and this assurance could only be gained by the diligent employment of all the opportunities of the student-days—opportunities to which those who had neglected them never failed to look back with bitter and unavailing regret. The lecturer then pointed out in detail the relation borne by every department of Medical study to the general end in view, and enlarged upon the methods of working by which his hearers might hope to obtain the greatest advantage from each of those arbitrary divisions of the healing art which had, indeed, no place in science, but which had been, to a greater or less extent, sanctioned by custom and justified by convenience. He showed that every surgeon should be fully conversant with the principles and practice of medicine, and every physician with the principles and practice of surgery, in order that each might recognise the occasions on which the sister art might beneficially assist or even replace his own. In conclusion, he urged upon the students the necessity for earnest and diligent work.

WESTMINSTER HOSPITAL.

AFTER referring to the old students of the hospital who were present, and expressing the gratification he felt at their presence, Mr. G. E. Legge Pearse addressed the younger portion of his audience. After mentioning some of the chief diseases and their causes, the lecturer said, lastly, we turn our attention to certain poor creatures, the victims of indulgence in alcohol—perhaps the saddest of all—engendered by their own vice and debauchery, and referred to the Contagious Diseases Act. After describing the chief subjects embraced in the Medical curriculum, and pointing out their relative importance, Mr. Pearse noticed the great necessity for clinical observation. He spoke of the int-

timable value of dresserships and clinical clerkships, and more particularly the appointments of house-physician and house-surgeon, which the Westminster Hospital bestows as prizes on its most diligent students. Having touched at some length upon the advantages, the pleasures, and trials of the Medical profession, the lecturer concluded by saying: "We cannot all hope to become Coopers, Brodies, Pagets, or Fergussons, but 'England expects every man will do his duty'; and if we do ours soberly and earnestly, in however modest a sphere, such an one will leave behind him a perennial monument in the hearts of all those he has served in his earthly ministry."

UNIVERSITY COLLEGE HOSPITAL.

MR. CHRISTOPHER HEATH, after a general welcome, proceeded to address himself specially to the first men, congratulating them on having already given proof of a sound preliminary education, and remarking that they must now build for themselves upon the good foundation thus laid. Turning to the curriculum of Medical study, Mr. Heath thought the alterations of recent years had been on the whole beneficial, the student being spared a tedious apprenticeship, and having the several subjects brought before him in distinct courses of lectures, the number of which had now been reduced from what it was a few years back. The introduction of courses of practical chemistry, practical physiology, and practical surgery were especially dwelt upon, as filling up the gaps in Medical education which were inseparable from the professional teaching of large classes. Whilst approving of the present division of Medical examinations into "little and great go," the lecturer feared that this tended to confine the student's practical study of anatomy to the first two years, which he regarded as wholly inadequate to the future operating surgeon. He then proceeded to urge the importance of seeing as much hospital practice as possible while a student, and showed that all the time which could be spared during the first and second years should be devoted to seeing surgical practice, Medical practice requiring the devotion of the last two years to its study. The students were congratulated on the existence in University College of a special chair of clinical medicine, now ably filled by Dr. W. Fox, of whose instruction in the art of physical diagnosis they were exhorted to avail themselves. Speaking of the work before the student, Mr. Heath exhorted him to be careful of his own health and strength by keeping regular hours and by avoiding excesses of all kinds, even of study. He deprecated economy in one point only, that of food, which was but fuel for the brains, and as regarded exercise ventured to doubt whether the very violent exertions now commonly known as "athletic sports" were an essential part of Medical training. He begged the student not to be too anxious for the possession of prizes and degrees. To sacrifice a session for the attainment of a single prize was shortsighted and wrong. As regarded degrees, the student would be a good deal influenced by the time for study at his disposal, for to attain the degree of M.D. of London required several years and a high degree of merit. Mr. Heath then proceeded to animadvert very strongly upon the authorities of the University of London for overlaying Medical degrees with non-Medical science, so that a great part of the time spent in reading for these examinations was thrown away. He quoted one of the twenty questions in mechanical and natural philosophy set before Medical students during the past summer in illustration of the absurdity of the present system of examinations, and also quoted from an address of Professor Huxley delivered in University College two years ago, the following remark:—"I entertain a very strong conviction that any one who adds to Medical education one iota or tittle beyond what is absolutely necessary is guilty of a very grave offence." The lecturer was glad to know that he did not stand alone in protesting against the overlaying of medicine with mechanical science, for four years ago a sub-committee of convocation of the University of London reported very strongly against the recently established preliminary and scientific examinations, but without effect. The practical application to those entering on Medical study was, that things being as they were, a student must at least matriculate, and, if possible, pass the preliminary and scientific examination before beginning the study of medicine. Mr. Heath deprecated any intention of disheartening the future candidates for Medical degrees, but he thought that a failure to pass any one of the four examinations set by the University of London, warranted a withdrawal from the contest, and it was much better to devote one's energies to thoroughly learning a profession than to striving after undesirable honours.

ST. MARY'S HOSPITAL, PADDINGTON.

THE inaugural lecture was delivered by Mr. A. T. Norton. He remarked that the time spent at the hospital was too short to acquire a knowledge of medicine, and yet they had to work into that time several extra studies, any of which might occupy a life. Their own school had endeavoured to lead the way in that respect. They had instituted three scholarships of natural science, each of the annual value of £40, and tenable for three years, the subjects being chemistry and experimental physics, with the addition of either botany or zoology, at the option of the candidates. This examination was of course voluntary, but if all Medical schools would unite and necessitate an education in these subjects before admitting pupils to their lectures, the youth of the future would benefit by the change. The primary education was now more than sufficient to occupy the time of a school-boy, and he was not capable of adding to the already long list of subjects which were at present taught in the colleges of medicine. He noticed that the names of boys of 16 years of age appeared on the first division of the honour list at the matriculation of the London University, and therefore it was but fair to suppose that if a proper method of instruction were adopted the capability of learning was greater than had been hitherto accredited to them. So far as pupils in medicine were concerned, he would advise them to add to their early education the time which many now unnecessarily occupied at the Medical school. They ought not to come to the Medical schools at too early an age, inasmuch as their minds required to be matured and ready for the calculating and deep thinking which were required to be undertaken by them. There would then be no case of a man idling away from six months to a year because he had attended all his lectures and was not old enough to pass for examination. He would have them all at once set aside the idea that attending all the lectures, or even passing the required examination, made a man a physician or surgeon. No man could master his profession by merely complying with the requirements of the Medical curriculum. How could this be remedied? He regretted to reply that it almost resolved itself into a question of money. If they lengthened the time at the Medical school, the Medical education became so expensive that a large number would be prevented from entering the profession. If the number of Medical men was materially diminished, it would follow that the poorest districts would be beyond Medical aid. But there was a more liberal way of overcoming the difficulty. At the present time education was advancing by rapid strides. Shortly the education of the servant would be but little inferior to that of the master. Even amongst the abandoned children that haunted the brickfields and the loathsome alleys on the eastern side of London there lurked a fair per centage of shrewd and clever minds, and when education was enforced that genius must become exhibited. He did not propose that they should enrich themselves by recruits from that class. Many of them would improve their condition when by education they were capable of understanding that they were fit for a higher post than they now occupied. They were yet unfit for professions. They were wanting in social and in tender feelings, to be gained only by association; but yet amongst all classes, amongst all professions, amongst all trades, there were some who had raised themselves from that level.

CHARING-CROSS HOSPITAL.

DR. JAMES WATT BLACK offered the students a friendly welcome, and then proceeded to say that while they lamented the losses the Medical staff of the hospital had sustained during the past year, they rejoiced to know that the consequent promotions and accessions were such as would maintain the honour and advance the interests of the hospital. By his acceptance of the office of special lecturer on clinical surgery on his retirement from the senior surgeoncy to the hospital, Mr. Hancock had laid both teachers and students under deep obligations. The appointment of their admirable dean (Dr. Pollock) to the post of special lecturer on clinical medicine was one at which they all heartily rejoiced. This was the first time in the history of Charing-Cross hospital, that one of its surgeons had been elevated to the presidency of the Royal College of Surgeons of England. Dr. Black said that nothing could be more manifest than the importance of thorough preliminary training as a preparation for profes-

sional study. It seemed to him that their preliminary examinations were too aimless, too little framed in accordance with the special requirements of the Medical student. While proof of memory was abundantly insisted upon, there was no sufficient test applied to the candidates' other intellectual powers. In this latter purpose evidence of the mastery of one well-selected subject would go further than the exhibition of a smattering of fifty. Again, it might be advantageously required that the candidates should show adequate powers of observation. This might easily be done by demanding a practical acquaintance with any objective science, such as botany, zoology, geology, or even entomology. Further, it was perhaps matter for regret that more prominence was not given to the subject of physical science. It was in physics that they found the explanation of a great mass of Medical phenomena, and to the student who had not attained considerable proficiency in that science many of these phenomena must be most unintelligible. Lastly, in order to ensure as far as possible that men should come forth to the study of medicine, it might be wise to rule that all preliminary examinations should be passed some time—say two or three months—before beginning the professional curriculum. Let no man, however, dream that a competent knowledge of medicine can be obtained without downright honest hard work. No amount of latent and previous training could afford exemption from toil, nor even from drudgery. He deluded himself sadly who supposed he had mastered any branch of study if he was conscious of having undergone no genuine drudgery in the attempt. At the same time they must not allow themselves to be led astray by the thought that good preliminary training followed by hard work, would of itself suffice. Mere indiscriminate plodding would never fit them for their profession. Their procedure should be regulated by a just estimate of the qualifications requisite for Medical practice, and they must ever keep their heads above their shoulders, and exercise their own common sense in studying each subject.

SHEFFIELD MEDICAL SCHOOL.

THE introductory lecture was delivered by Mr. T. H. Morton. Mr. Morton, who observed that the highest professional attainments were not confined to those who had the prestige of high sounding titles, or were associated with more time-honoured places of instruction, but could only be obtained by indefatigable industry and thirst after truth. In dense populations they found disease, upon the study of which, in all its protean forms, coupled with their efforts to alleviate and cure, depended the whole business of their lives and the advancement of Medical science. For many centuries Medical instruction consisted in imparting the knowledge of a few herbs and simple methods of treatment founded upon the purest empiricism, accompanied by superstition and idolatry. To more recent times belonged the credit of introducing a rational practice of physic. They found Linacre, who was born in 1460, using his influence through Cardinal Wolsey to obtain letters patent from Henry VIII., dated 1518, constituting a corporate body of "regular bred physicians" in London, having the sole privilege of admitting persons to practice within the city, and a circuit of seven miles round it. This was an important service to medicine, because the practice of physic had previously been chiefly engrossed by illiterate monks and empirics—a natural result of committing the power of approving and licensing practitioners to bishops in their several dioceses. A system had consequently been constructed for the public service which had now been carried on for more than three centuries, and which had been the means of raising the character and respectability of physicians, and through them of the Medical Profession to a higher eminence than in any other nation in Europe. In London, some hospitals were in existence before the corporate bodies or even Medical schools, as for instance St. Bartholomew's, 1123; St. Thomas's, 1553; and Guy's, 1721. The provincial schools of medicus had in the majority of instances, been established since the foundation of the hospitals in their respective towns. It was worthy of notice that the Sheffield school stood second in age, but unhappily was the smallest in regard to number of students. The Manchester school, founded in 1824, had 110 students last winter session; the Bristol, founded in 1833, had 35; the Liverpool, erected in 1834, had 77; the Leeds, founded in 1831, had 77; and the Newcastle, founded in 1839 or 1840, had during the summer 55; while at the Sheffield school, founded in

1828, there were only 19 students. The creation of provincial schools might be considered due to three causes—first, the immense population of the towns and the necessity for hospitals; secondly, the advantages derived from extended knowledge of anatomy and other subjects to resident Medical men; and thirdly, the protracted and somewhat dangerous journey to London. The last mentioned reason did not apply now; still for many students it was convenient to prosecute their studies where their friends resided or where they obtained employment. The Medical Profession in Sheffield early saw the desirability of a school, and to their credit petitioned Parliament three times on April 19, 1828, Jan. 27, 1829, and Feb. 25, 1830, "to remove the obstructions preventing the study of anatomy." Many of the old inhabitants would recollect the difficulty of obtaining subjects for dissection, and many stirring tales might be related of occurrences in connection with this matter, which took place before the Anatomy Act came into operation. The first notices they had of the present substantial building as stated in the local register ran thus:—"1828, April 21st.—Sheffield Medical Institution Trustees presented with a donation of £100 from the Duke of Norfolk, and £200 from the Earl Fitzwilliam. June 7.—Town Trustees vote £50 towards the intended Sheffield Medical Institution. 1828, July 9.—First stone of the new Medical Institution, near the Music Hall, laid by Dr. Knight." Mr. J. Holland had obtained from a scholar a new translation of the inscription "Ars longa vita brevis" upon the front of the building; it was "Our art is long to shorten life," but he judged that the clever gentleman who gave that rendering was not a member of the Medical Profession. His hearers were perhaps aware that there existed another Medical school in Eyre Street, but it met with an ill end, for they read, "1835, Jan. 26.—Riot in Eyre Street, and destruction of the Medical school by the mob." Mr. Morton welcomed both the new and old students to the school.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, OCTOBER 9, 1872.

SACRIFICES TO FASHIONABLE SURGERY.

PAINLESSNESS is in these days so essential an attribute of all capital surgery—whether it be from the surgeon's or the patient's point of view—that it is supererogatory

to debate the dangers or delights of anæsthesia, except in the hope of removing the obvious objections to the employment of the usual anæsthetics. The question is no longer whether a patient, however insensitive or iron-willed, shall undergo an operation without chloroform or ether, for the day has come when surgery without sleep is as impossible to the operator as it is unendurable to the sufferer. When, therefore, anæsthetics have ceased to be a matter of choice with the patient, the time has certainly come when the well-recognised risks attending their use, and the mortality from them which every day makes itself more manifest, should engage very earnest attention. We can no longer be content to look upon these casualties as accidents or as an inevitable drawback to the practice of surgery. Inquiry as to their causes or the means of preventing them has yet been neither so wide-spread nor so scientific as to satisfy the Profession that everything has been done to reduce the dangers to a minimum; on the contrary, an uneasy feeling remains on the mind of the Profession that chloroform administration is often much too slap-dash, too hastily and carelessly undertaken, and too roughly carried out, and it is, therefore, felt that when a death occurs the credit of the Profession is by no means untouched by the occurrence.

We do not feel, when we say this, that we are at all open to the inuendo of being a "terrorist," as the *Medical Times* designates those who are not content to digest silently the unpleasantly frequent loss of life by chloroform. It is because we entertain a very thorough belief in anæsthetics when well selected and properly administered, that we demand that the mortality which we believe arises from their not being so, should be, in the presence of a better knowledge of their use, wholly eliminated.

We quoted last week two deaths from chloroform, and we have to-day to record two more, the circumstances of which we consider justify the foregoing remarks. Case No. 1 was that of an old lady of 70, who took chloroform for reduction of a dislocation; No. 2, that of a "hard drinker," who was barely under the influence when he died. The next case may be that of a child—a vigorous full-blooded man—a weak-hearted invalid—or a robust patient, sound to all appearance in wind and limb, and we shall be expected to look upon each death as it comes to light as an unavoidable discount from the total of successful surgery. But, until the vast experience and opportunity for investigation which the Profession possesses be ransacked with all the helps of science and systematic calculation, we cannot calmly regard the subject in this light. If patients die because they are 70 years of age, or hard drinkers, surgeons are seriously inculpated who give chloroform to such persons. If they die, no one knows why the Profession must confess itself helplessly at fault, which we are not disposed to acknowledge it to be.

But a much more serious charge may be brought against the Profession. Do we use chloroform in preference to ether for any better reason than that the former is the fashion? Have we heedlessly persisted in the use of an agent which has been loudly condemned on the authority of an immense transatlantic experience? Have we—throwing that experience behind us—adhered obstinately to a fashion which costs every day a life or two?

If chloroform be preferable to ether in any of what we may call its pleasures (which we do not believe), are we

culpable in subjecting patients to risk of life for the sake of facility of detail?

Without expressing more than a very strong suspicion in favour of ether, we unhesitatingly say that every life lost by the use of chloroform while we remain in comparative ignorance as to the loudly declared security of the rival anæsthetic, is a sacrifice, not to the exigencies of surgery, but to inconsiderate prejudice.

THE PROFESSORSHIP OF ANATOMY AND CHIRURGERY IN TRINITY COLLEGE, DUBLIN.

THE Professional interest in the approaching election runs very high in Dublin, and the anticipations of the result are of the most diverse and the information most unreliable. We have reason, however, to believe that the re-election of Dr. B. G. M'Dowel, who has so long occupied the chair, will not be contested by any of the members of the Profession in Dublin, who might be expected to seek so high and so lucrative an honour. This reticence on the part of the many aspiring anatomists in Dublin will be doubly valued when it is recollected that the prize which their *esprit de corps* prevents them seeking is one which might tempt the most independent and unambitious. While every member of the Profession admires and assesses at its full value the modest talent and distinguished originality of Mr. MacAlister, the Professor of Zoology in the University, and Dr. M'Dowel's only serious competitor, almost every member of the Profession in Dublin is joined in an anxious and kindly interest in Dr. M'Dowel's success. The Board of Trinity College is a conclave respecting whose views and feelings no one can speculate with the hope of being prophetic, but we cannot but place some confidence in the indisposition of so conservative a body to go in for the violent removal of a gentleman who has served them so long with singleness of faith, and who may be said to have never had an enemy of his own making. An unfavourable omen to Dr. M'Dowel's candidature has been deduced from the announcement of the Board that *ceteris paribus* they will give preference to a candidate who will not engage in private practice. We entirely concur with the *Evening Mail* in the doubts which it expresses regarding the expediency of such a restriction. It will not be argued, we think, that a professor is the worse of the practical observation of disease if such avocations do not interfere in any way with the perfect fulfilment of his professorial duties. We go further than that postulate in saying that experience does not encourage the anticipation that a scientific anatomist of fathomless erudition makes the best teacher of a student or manager of a school, and we believe it would be worth while, if it were essential, to sacrifice something of scientific depth for the sake of a wider sphere of observation and less narrowness of thought. In the case of Dr. M'Dowel's professorship this argument may have greater force, for it is hard to conceive a professor teaching anatomy "and chirurgery" the reason for whose election is, that he does not practice any such art.

THE OPENING SESSION.

By the time these lines meet the reader's eyes the new winter session will be in full working order, and new students of an industrious turn will be deep in the mysteries of anatomy, physiology, and chemistry. The

advice offered at most of the schools in the inaugural addresses, as well as at the commencement of the several courses, will have been in some cases well digested; in others, perhaps, forgotten in the effort to keep pace with the new facts daily demonstrated. It is not our purpose to add to the annual addresses by one of our own, or to attempt to supplement the advice which, in most cases, was as well said and as well received as it was appropriate.

The introductory has taken its place as an institution among us, and Mr. Jonathan Hutchinson did not hesitate at the London Hospital to open his address by a few words in favour of the established custom. This gentleman succeeded in producing perhaps the most original lecture of the year, and whether his views be accepted or not, the theory that man survives in his offspring, pushed as far as possible, and placed before the audience with the skill of an experienced lecturer, was sure to excite attention, and we doubt not, when the full text of this lecture appears, it will give rise to much criticism.

Mr. Christopher Heath will have enlisted the good will of parents and teachers by his protest against the London University for overlaying Medical study with a mass of work that is useless. We fully sympathise with this, and are not surprised that some time since it provoked strong animadversions. The fact is, that much of the work thus imposed is not only absolutely useless, but never gives a man the advantage that is derived from sound scholarship on the one hand, or some accomplishments on the other.

Of the other addresses, perhaps that of Dr. Thorowgood is most deserving of notice. He gave the Middlesex students sound, practical advice that they will do well to follow, and showed how thoroughly sensible he is, not only of their wants, but of the true position of medicine at the present day.

The Middlesex Hospital has done a wise thing in bringing Dr. Thorowgood into the circle of Medical teachers.

Dr. Playfair drew two very good sketches, the contrast of which is likely to stimulate students to aim at a worthy life. And other lecturers enforced lessons equally appropriate. One of them introduced a sneer at newspapers, and especially at the *Daily Telegraph*, which that journal has thought fit to reply to, and another dragged in the Contagious Diseases Acts, and tried to enlist the students in their favour. We doubt very much the wisdom of such a course; but on the whole, we think that the opening of the new session has been celebrated as fitly as usual. The abstracts we publish will enable our readers to judge for themselves.

GUNSHOT FRACTURES OF THE FEMUR.

MR. GUTHRIE (a) observes that after the battle of Toulouse, forty-three of the best cases of fracture of the thigh were attempted to be saved under his direction, and even selection. Of that number thirteen died, twelve were amputated at the secondary period, of whom seven died; in eighteen the limb was preserved. Of these eighteen, the state three months after the battle was as follows, namely, five only could use their limbs, two thought their limbs more valuable, although not very serviceable, than a broken leg. Eleven wished they had suffered am-

putation at the first. In the five successful cases the injury was at or below the middle of the femur.

Prof. Longmore, C.B. (a), after stating that a considerable amount of attention was directed during the Crimean war to the proper treatment of gunshot fractures of the femur, gives some statistics of the injuries in question. In 174 cases of compound fracture of the femur among men, fourteen only recovered with union of bone, or in other words, without amputation; out of twenty among officers, five similarly recovered. The conclusions accordingly arrived at are, that the hopes of conservative treatment being the means of preventing amputation were not realised; that of the three methods of treatment followed, resection was the most fatal, conservative treatment next, and amputation the most fatal. In considering results, however, the position of the gunshot fracture is a matter of great importance, whether with or without amputation, the risks being the greater the nearer the injury is to the trunk. Dr. Macleod was only able to discover three cases in which recovery followed a compound fracture in the upper third of the femur without amputation, but Mr. Longmore records a case of his own where recovery followed in a case of fracture in the upper third, the ultimate shortening being only one-and-a-half inch. During the Indian mutiny six cases of recovery without amputation after gunshot fracture in the upper third of the femur came home among 900 invalids by wounds. In four of the six the patients had useful limbs; in two consolidation was not complete, and fragments of bone had yet to come away. M. Jules Roux, of Toulon, has given a list of twenty-one cases of recovery without amputation after gunshot injury of the upper third of the femur among soldiers from the Italian war of 1859. In all of them consolidation had taken place. In the war in the United States, out of thirty-two cases of gunshot injury, in which amputation in the upper third of the femur was performed, twenty-four died, or a ratio of seventy-five per cent, out of 330 cases in which conservation was practised, ninety-three recovered and 237 died, giving a mortality of 71.01—that is, giving a trifle more than three per cent. in favour of conservation in cases of fractures high up. With regard to gunshot fractures in the middle and lower thirds of the femur, experience both in the Crimea and America confirm the doctrine of the older military surgeons, that many lives are lost by trying to save limbs after injuries in these situations, and that of the limbs preserved many are little better than encumbrances to their possessors. In the Italian war of 1859, the practice of trying to save the lower extremities after comminuted fractures in the middle and lower thirds of the femur was abandoned. According to United States returns, out of ninety-three cases of fracture of the middle third in which amputation was performed, forty-two recovered and fifty-one died, giving a rate of mortality of 54.83 per cent.; out of 238 cases in which conservation was practised, 106 recovered, 132 died, showing a mortality rate of 55.46 per cent., or a fraction in favour of amputation; but of 243 gunshot fractures in the lower third in which amputation was performed, seventy-two recovered and ten died, or a rate of mortality of 57.79 per cent. Here the mortality rate was considerably less when amputation was performed, namely, as 46 to 57.79. Hence experience indicates conservation in the upper third, amputation in the middle and lower thirds.

M. Legouest (b) states that during the Crimean war the rate of mortality following amputation in the thigh for fractures of the femur and general injuries of the lower limb was 91 per 100; the mortality among those treated conservatively for similar injuries, 68.39 per 100. In other words, the mortality after amputation was twenty-three per cent. higher than that after conservation. During the Schleswig-Holstein campaign, 1848-50, out of 166 cases of fracture of the femur, or knee, by gunshot, 128 were treated by amputation; of these there were fifty-one

(a) Commentaries.

Holmes' Surgery.

(b) "Traité de Chirurgie d'Armée."

recoveries and seventy-seven deaths, fifty-five were treated by conservation, of whom nineteen recovered and thirty-three died. Leaving aside four fractures treated by resection, and all of which proved fatal, he observes that amputation gave 39.8 recoveries per cent., conservation 36.5 recoveries, the difference being thus 3.7 per 100 in favour of amputation. After the battle of Langensalza, 27th June, 1866, out of seventy-eight gunshot fractures of the thigh and knee, forty were treated by amputation, thirty-eight by conservation. Amputations gave nineteen recoveries and twenty-one deaths, or 47.5 recoveries per 100; conservation gave twenty-eight recoveries and ten deaths, or 73.6 recoveries per 100; or in other words, a difference in favour of conservation of 26.1 per cent.

M. Stromeyer (a) observed on the same occasion twenty-nine gunshot fractures of the femur; four of these treated by amputation gave three recoveries and one death; twenty-five treated conservatively gave ten recoveries and fifteen deaths; thus the recoveries after amputation were seventy-five per cent., and after conservation only forty, making a difference in favour of the former of twenty-five per 100. It is observed, and with good reason, that we have not as yet, and probably never shall, have authentic statistics relative to this class of injuries in the late Franco-German war, but the general impression entertained by surgeons is, that conservation has given more satisfactory results than amputation, a result which is in some measure supported by the abstract of all the cases thus given by M. Legouest, namely:—

	Difference in favour of Conservation.	Difference in favour of Amputation.
Crimean War, 1854-56—		
French	23 per 100	
English		19.86 per 100
United States		8 per 100
Italian War, 1859—		
French	9.4 per 100	
Schleswig-Holstein, 1848-50		3.3 per 100
Battle of Langensalza, 1859	26.1 per 100	
Ditto as recorded by Stromeyer		25 per 100
Total	58.5 per 100	56.16 per 100

It is obvious that the figures by M. Stromeyer derange what would otherwise be a very remarkable difference, and indeed it may be assumed until explanation is forthcoming, that some correction is necessary. As the statistics are given by M. Legouest, so they are here transcribed.

Notes on Current Topics.

Syphilis in the Army and the Contagious Diseases Act.

It appears from the last Blue-book that syphilis shows a marked decrease in all the groups of military stations, except London and Windsor, where there was a trifling increase. Dublin, London, and Windsor, and the large manufacturing towns, still continue to furnish a much higher proportion of cases than the other groups. As in 1869, the groups most exempt were the Dockyards and Arsenals, Seaport Towns, and the Camps.

At the 14 stations, the Contagious Diseases Act was in operation during the whole or very nearly the whole year, and at 10 of them there has been a decrease in the admissions by primary sores. At the other stations where the Act was not in operation there was an increase, compared with the amount in 1869, at six, and a decrease at

(a) Quoted by M. Legouest.

eight. The increase was most marked at Limerick, but London was the station at which the highest proportion of admissions occurred. Comparing the 14 stations at which the Act was in operation with the 14 to which it had not been extended, the admissions per 1,000 of mean strength for primary venereal sores were 54.5 at the former and 113.3 at the latter.

The Development of the Vaccine Pustule as an Evidence of Protection against Small-Pox.

The statistical returns of re-vaccination in the army give the following results:—

Total number Vaccinated.	Results.	Ratio per 1,000.				Total.
		In those who bore marks of previous Small-Pox.	In those who bore good marks of previous Vaccination.	In those who bore doubtful marks of previous Vaccination.	In those who bore no marks of previous Vaccination of Small-Pox.	
21,148	A perfect Vaccine Pustule	334.6	356.9	497.0	595.4	370.6
	A modified do.	318.8	358.6	324.7	220.4	348.5
	A failure ...	346.6	284.5	178.3	184.2	280.9
	Total ...	1000.0	1000.0	1000.0	1000.0	1000.0

Serious Charge against the Staff of the Limerick Lunatic Asylum.

At a meeting of the governors of the Lunatic Asylum on Tuesday, the Mayor in the chair, a serious charge was preferred by the High Sheriff and Alderman O'Callaghan, the visiting committee, against the staff of the Institution. It was alleged that in December last a lunatic, named James Danford, died suddenly in a cold plunge bath, and in March another patient was found dead in his cell, no inquests being held in the cases. The resident Medical officer's report was examined, and was found to contain a partly-erased entry of ten lines relative to Danford, for which were substituted the words "died suddenly." The doctor explained to the board that Danford was violent on the morning of the 2nd December, and struck a keeper. On hearing of the circumstances he ordered the keeper to administer a tepid bath. Shortly afterwards it was reported to him that the man was dead. He examined the body and found no marks of violence. He was not present while the deceased was in the bath, but knew it was not cold. He did not hear that the patient was put into it in his clothes, and did not believe he was drowned in the bath. He believed the deceased died from excitement. The man was healthy before he was put into the bath, and he (the doctor) did not consider an inquest necessary. He did not report the case to the board or the Inspector-General, but he wrote a report in the book. However, on inquiring into the circumstances, he found it was incorrect, and substituted the words "died suddenly." He could not now decipher the partly-erased report, or remember it. At the close of the evidence it was unanimously resolved to hold a special inquiry into all the circumstances of the deaths and various other irregularities which cropped up in the course of the inquiry.

Relative Prevalence of Syphilis in Large Towns.

It is stated in the Report of the Army Medical Department that the 1st and 2nd Battalions Grenadier Guards, quartered during 10 months, and the 2nd Battalion Coldstream Guards, during the whole year in London, furnished much the highest ratios of admissions amounting, for the three battalions, to 224 per 1,000. The Scots Fusilier Guards quartered in Dublin 10 months, London 8, and Windsor 6 months, had only 97 admissions per 1,000, and the 1st Battalion Coldstream Guards at Windsor 4 and London 8 months, and the 3rd Battalion Grenadier Guards in London 10 and Windsor 2 months, had respectively 151 and 125 admissions per 1,000 of mean strength.

Army Medical Department (Ireland).

INSPECTOR-GENERAL of Hospitals, J. Paynter, C.B., is about to retire from the service; Inspector-General of Hospitals, J. D. M'Ilree has assumed the duties of Principal Medical Officer in Ireland, in succession to Dr. Dane, retired on half-pay; Surgeon W. M. Webb is on leave of absence until the 5th prox.; and Staff Assistant-Surgeons J. F. Beattie, Blake, and Flood, the 1st to the 30th inst., and the two last to October 20; Staff Assistant-Surgeon E. J. Clarke has been appointed to Colchester for duty, and Staff Assistant-Surgeon Macbeth to Netley, to go through a course of instruction; Staff Assistant-Surgeon Gillespie has been transferred to Castlebar, and Staff Assistant-Surgeon Wells to Dublin.

Graphic Portraits.

As per announcement, our illustrated contemporary, *The Graphic*, devotes a page of its last Saturday's issue to a group of gentlemen who delivered the introductory addresses at the opening of the London Medical Schools, on the 1st instant, abstracts of which appear in our present number. We are pleased to observe that our contemporary has not over-stepped the rules of good sense and taste. It has given to the world a group of faithful likenesses, and its comments upon, and the particulars which it furnishes of, each individual, are little more than can be gleaned from *The Medical Directory*. Thus the croaking and cautioning of *The Lancet*, that "it cannot fail to be injurious to them [the lecturers] in a professional point of view, and may be brought up against them some years hence by some kind friend whose memory is malevolently accurate," might have been dispensed with, the unasked-for advice reserved for a more fitting occasion, and the gentlemen whose portraits were to appear in that most excellent of illustrated papers, saved the mental and bodily depression which the thoughts of malevolently accurate memories must not unnaturally have given them.

Clothing the Troops.

SOME time ago it was pointed out to the authorities that the troops at Peshawar were not sufficiently supplied with blankets. According to a recent blue-book, however, no notice was taken. We are glad to find that the Governor-general has issued such modifications of the present orders as will meet cases of this kind. In future, during unusually cold weather, extra blankets will be issued by the commissariat, not as ordinary bedding, but as an extra issue to be returned into store when no longer needed.

Tobacco.

ACCORDING to German statements, in cases of juvenile smoking the blood corpuscles lose their round shape and become oval and irregular at their edges; while instead of mutually attracting each other, and running together in *rouleaux*, they cohere loosely, or lie scattered on the field of the microscope. The following facts show its deleterious effect on the brain.

M. Bertillon found that 102 of the pupils attending the Polytechnic at Paris smoked, while 58 did not. Arranging the two categories in order of merit, according to the results of examinations, he found in every grade non-smokers held the higher rank, and that the smokers, compared with the non-smokers, deteriorated from their entering to their leaving the school. Facts like these induced the Minister of Public Instruction to issue to the directors of colleges and schools throughout the empire a circular forbidding tobacco to students, on the ground that the physical and intellectual development of many youths had been checked by its use. Amongst ourselves the habit is getting too common, with the results of impaired eyesight, thinning of the hair, and other symptoms of excessive draughts on nerve centres. But how is the habit to be stopped when meerschaum pipes are even given for prizes in Sunday schools?

The London Dissecting Rooms.

THE London schools open this year with a plentiful supply of subjects for dissection preserved by various methods. At Guy's 23 subjects have been injected by Mr. Howse's process; at Bartholomew's 15 by Garstin's fluid; at King's 8 by Stirling's fluid. Some other processes have also been employed at other hospitals.

Cholera.

By the arrival of the Indian mail on Monday with news from Bombay to the 6th inst., we hear of sudden and alarming outbreaks of cholera in many different parts of the country. The cases were increasing in number rapidly, and in some instances the disease is of a most malignant type. Up to August 24 there was a total of 227 European deaths, all in connection with the army—161 soldiers, 21 women, and 45 children. Eighty of the whole were of the Lahore garrison. The disease has again broken out in Her Majesty's 65th Regiment at Agra, and preparations were being made to send the troops into camp. At Rawul Pindee, also, a fatal form of cholera has appeared. Among the poorer natives, it is feared, the ravages are terrible. Cholera in Bokhara and the surrounding districts has carried off a large number of victims.

Lady Doctors.

WE hear that 300 Russian young ladies have applied for admission to the Medical School of St. Petersburg, lately opened by Imperial ukase to women. The admissions, however, will be restricted to 70.

Next January a special course of instruction for midwives will commence at the Imperial Academy of Medicine and Surgery at St. Petersburg. The following are the rules for admission:—Applications will be received up to the 15th October, and preliminary examinations be held up to the 1st November. Applications must be accompanied by documents showing identity of applicant, and a certificate of tuition either in a middle-class or private school. Ap-

licants who already possess a midwife's diploma, must present it. Applicants must not be under twenty, and if still under the authority of parents must present their written consent to the application. They will be submitted to a preliminary examination particularly directed to their acquaintance with mathematics within the limits of instruction in the gymnasia for young girls, their intellectual development, and their knowledge of Russian. The object of the course is to prepare trained midwives to give necessary Medical assistance to parturient women, and to treat diseases of women and children. The course will last four years, and the fee be fifty roubles per annum.

Health of Calais.

Mr. HOTHAM, the Consul at Calais, in a report to the Foreign Office on the health of Calais and the neighbourhood, says there is no danger in living there to those of temperate habits. The people are cleanly, and therefore healthy, epidemics being scarce. Many of them live to a great age, eighty and ninety being often reached.

The project of drying up the Zuyder Zee is again being considered.

PLEURO-PNEUMONIA is very active in Winchester and the surrounding districts.

THE official Report (1871) on Vaccination in New South Wales calls strongly for compulsory measures.

It is proposed to add a faculty of medicine to the Academy of Geneva, and make it a University.

By a decree in the *Journal Officiel* the Medical College and the High School of Medicine, at Strasburg, is transferred to Nancy.

THE London Medical Societies are opening their campaign next week, the Clinical unclosing its doors on Friday, the 11th, and the Pathological on Tuesday, the 15th, at 8 p.m.

THE Westminster Commissioners of Baths and Wash-houses have decided to issue penny bath tickets for distribution among the poorer classes. We hope the example will be followed elsewhere.

A PHYSICIAN on his way from America to Glasgow, named Carson, was among the number killed in the fearful accident to the Scotch express last week; and Mr. Simpson, a Medical student, of Glasgow, was one of the wounded.

As will be seen on reference to our advertisement columns, the trustees of the British Museum announce an important appointment, that of Lecturer on Geology. The appointment is tenable for five years, of the value of £150 per annum, and is open to graduates of the University of Edinburgh only.

THEIR Excellencies the Lords Justices have been pleased to appoint Dr. R. V. Fletcher, Assistant Medical Officer to the District Lunatic Asylum, Downpatrick, to be Resident Medical Superintendent of the District Lunatic Asylum, Waterford.

A NEW infirmary was opened at Oldham on Friday. The cost of the building, which is £7,500, has been defrayed by subscription, and a contribution of £1,000 from the surplus of the Cotton Famine Relief Fund.

UNDER the direction of Soubhi Pasha, Governor-general, Damascus is being regenerated. The city is being cleansed, the roads mended, and a body of scavengers organised. The city is quite a new city to what it was twelve years ago.

THE Medico-Psychological Society is to hold, on the 9th instant, a special meeting of its Irish members at the College of Physicians, to arrange for the holding of annual meetings in the Irish provinces as in England and Scotland, and to consider various matters of importance to the interest of its members.

A TESTIMONIAL consisting of a silver candelabrum and an inkstand, with an address engrossed on vellum, was presented to Dr. Basham, senior physician of the Westminster Hospital, on Tuesday last, by the students of the hospital and his colleagues, on the occasion of his retirement from the Chair of Medicine, which he has filled for nearly a quarter of a century.

THE Foundling Hospital at St. Petersburg, founded by the Empress Catherine, has just completed its centenary. There are now 73 schools in connexion with it. Its register contains the names of 25,000 children admitted, and 2,000 are now receiving primary instruction. A college has been established for the education of teachers. An asylum has also been established at Grysof, where children from three to seven years of age are received irrespective of parentage or locality.

It appears from the report of the chaplain to the Edinburgh Infirmary, that of the 2,000 volumes constituting the library for the use of the patients, nearly all are either directly or indirectly religious. We would suggest to intending donors that the tone of books might be varied with advantage, by the introduction of literary, artistic, scientific, and books of general reading, in place of those purely religious. In the above case, the managers appointed a sub-committee to spend £20 in supplying works of this kind.

LAST week the members of the Board of Health, Newport, Monmouthshire, were engaged in a discussion as to the introduction of small-pox by shipping. A similar question was raised last year, and while the Board of Health and Board of Guardians were corresponding on the subject the disease spread rapidly. Newport is an important seaport, for official returns show that 557 vessels entered and 1,197 cleared thence during the past year. We hope that before long a system of sanitary supervision will be instituted in the Thames to give practical suggestions to port authorities in all parts of the kingdom.

DURING the recent Franco-German war the Germans had a signal advantage over the French in marching power, owing to superior gymnastic training. According to recent reports, the *Turnvereine* did "yeoman's service" in qualifying men for the ranks. The 1,051 branches of those

institutions contain 81,737 members, 14,909 of whom were called under arms. A large proportion of the remainder went as volunteers, and 1,119 as assistants in the ambulance department. Of the whole number, 1,243 were wounded, 191 died, and 617 were killed.

DR. W. H. CAMPBELL HAW relates, in the *Boston Medical and Surgical Journal*, a case that occurred at the Massachusetts General Hospital of a young female a fortnight after her confinement having, during an attack of severe abdominal pain, got a dose of 15 gr. chloral, $\frac{1}{4}$ gr. of sulphate of morphia, and her child dying of apparent narcotism thirteen hours after; having nursed it soon after taking the dose. He queries if such a dose of morphia could have had such an effect, and whether it may not be consequent on the combination with chloral. In our opinion the dose of morphia was quite sufficient in itself; we remember seeing a similar calamity happen after the administration of 25 drops of ordinary tincture of opium, and have ever since been more careful in warning patients not to nurse after taking an anodyne until twenty-four hours elapsed, and having the breasts drawn in the interim.

At the Boston Society for Medical Observation lately, Dr. J. G. Blake reported three cases brought to the City Hospital nearly suffocated by coal gas. Fresh air and stimulants were resorted to, but the most marked and instantaneous improvement followed the inhalation of oxygen gas.

The relief was followed at first by relapse, when the administration of the gas was discontinued, but the improvement soon became permanent, and the patients were discharged well.

CHANDNEE HOSPITAL, CALCUTTA.

(From the *Indian Medical Gazette*.)

A FAVOURABLE report is made by Dr. Macnamara of the results in amputation of the thigh under the carbolic acid spray, and dressing the wound with lint soaked in carbolic oil, and surrounding this with an envelope of cotton wool. Dr. Macnamara must not, however, think that this plan is peculiar to himself, as we have seen it used, and used it ourselves frequently during the last two years, indeed, ever since Dr. Tyndall's famous lecture "On Dust."

A PAPER from Dr. Stewart, 2nd battalion 21st Fusiliers, confirms the value of muriate of ammonia (to use the old fashioned name) in acute hepatic congestion and inflammation, as suggested by him some time ago. It has long been used by other practitioners as an alterative in chronic hepatic affections; but to Dr. Stewart is due the praise of showing its great therapeutic power, in the stage of active inflammation. Even when abscess of the liver has occurred he finds it an invaluable remedy in doses of 20 grs., twice or thrice daily, but in those cases and relapses he finds it necessary to continue the treatment from four to ten days, during which time increased feeling of comfort, copious diaphoresis and occasionally diuresis may be the only marked effect produced.

CHOLERA.

CHOLERA has abated in the North-Western Provinces. The following is a summary of deaths reported since we last wrote on the subject:—

	Deaths from June 15 to July 15.
Bustee	572
Benares	67
Jounpore	30
Azimgurh... ..	255
Goruckpore	303
Mirzapore... ..	119
Allahabad... ..	72
Cawnpore	405
Total	1,823

JAMSETJEE JEEJHEBOY HOSPITAL.
AN interesting case is reported where a large quantity of fluid arsenic was taken by a Parsee, aged 40 years, with intent to commit suicide, but the solid fragments, to the weight of 105 gr., passed away in two parts, one 80 gr., the other 25 gr.

Correspondence.

HYGIENIC HERESIES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

DEAR SIR,—Will you permit me a little of your valued space to ventilate some heretical observations on "things" generally talked of, though "not generally known," in the true sense. The changes have been hinging this age on hygiene, till by constant reiteration it has come to be a matter of common place belief that "there is nothing better established than the fact, that water containing 'organic matter' is prejudicial to health"; and secondly, "there is nothing better established (except the other) than that typhoid fever is caused by inhaling sewage gases." I will state at once, that I don't believe either proposition is established at all, and will tell you the reasons why, but do not be alarmed, I mean not to open up an interminable discussion (by a *lapsus calami* I was near writing dilution, which perhaps would be more appropriate) in a scientific fashion, but rather try testing by a little common sense and common experience. Science seems to me, not to be faithfully served by the distinguished votaries in this matter, and consequently little good has come of all the fine talk. Millions have been spent in water works, and generally well spent, as sufficiency of supply is essential to health; and sewage works, with no better result than removing a nuisance to our senses—in Dublin here concentrating all in the Liffey, but will anyone contend that zymotic disease has diminished more than might be accounted for by the increased comforts of life which great commercial prosperity have brought within the reach of nearly all classes.

As to water then and its impurity, "organic matter," as all others court but little apparently, who has not been frightened by the discovery that the water he has been drinking, and perhaps his progenitors for ages, is unfit for use and a source of disease, because "it contains organic matter." Now, sir, what is organic matter? I am under the impression that eggs, beef-steaks, bread and butter, and other solids, familiar and comfortable to our insides, are organic matters, and the familiar fluids, milk, tea, coffee, wines, and soup are all agreeable solutions of organic matters in water, and valuable in proportion to the amount of such matter they contain. I am not aware that our distinguished hygienists have ever isolated the germs of disease in this organic-matter-bugbear of our wells and pumps, and until they do, I do not think they have any right to be frightening us out of our seven senses. Many of these wells and pumps arise from great depths and gush up by the *vis a tergo* of their own abundance, as decreed by an all-wise Providence. Any organic matter (admitting that some organic matter may be deleterious as we know it is) must percolate this several feet, yards, or miles even of earth, &c., before it begins to ascend, and with the experiments on a gigantic scale, so well detailed in recent numbers of your own journal, as tried on sewage farms in England, where the sewage water (worst of all organic fluids, and I believe that implied by the hygienists) was found at the outlets of the extensive drains, to be nearly divested of all organic constituents by the percolation through the surface soil, and very nearly as pure as rain water. I say, with these experiments before us, it requires a good deal of faith in *verbe magistre*, to believe that our springs can contain ordinarily any deleterious element desirable from the comparatively small quantity of animal refuse deposited on the general surface. Let our chemists tell us if they be able, how the infinitesimal quantity of organic matter they find in good bright sparkling pleasant-flavoured spring water, differs from other organic matter, admittedly salutary or harmless, and I will become a believer again.

So much for water. The second proposition, though nothing be "better established," I believe to be just as fallacious, as the bugbear above alluded to.

If sewage gas be the source of typhoid fever, one should be a constant sequence of the other. Do we find it so? Ask our

physicians who have practised in Dublin for many years, if fevers be more rife along the Liffey banks than elsewhere in the city. I know the invariable answer I have got is, that it is quite the reverse—fever is a rare disease along the quays, the scrofula, in its many forms, is common, yet the Liffey is but a gigantic sewer, all the houses along it are badly sewered and drained, as a rule, as is but too evident to our senses when we walk into them on business, sewage gases escape through every slit in the flaggings of the basement, in through every window and door, and is actually forced into them by the hydraulic pressure of the in-coming tide, every w.c. is a patent pump for sucking in volume for volume of fœtid gas for the fluid sent out, yet fever is rare. How is this reconcilable with our well-established (!) dogma. Some wiseacres interviewed the stench traps at Londesborough Lodge in search of the foul miasma which struck down the Prince of Wales, and got what they deserved—a whiff anything but agreeable, as they might have had, interviewing every w.c. in the kingdom, and forthwith Eureka is trumpeted out. Now will anyone believe that a man does not inhale more offensive gases in one day's residence on Wood Quay or Ormond Quay, aye or in a walk from Rings End to Kingsbridge in the dog days, than in a whole year in a well-kept nobleman's house, as we may presume that mentioned to be. It is inconceivable that such dainty folk as Princes and nobles of the highest degree, not to mention their more exigent valets and flunkeys, could hold revelry or submit to exist in such an atmosphere. Even the most fragrant of Havanahs or best of fare could not blunt their sense of disgust and ensure a speedy decampment. Yet we are called on to believe that a defective stench trap, in a well ventilated corridor of the mansion, was the *fons et origo mali*, while untrapped concentrated quintessence of sewage gas, the product of over a quarter of million of population fails to produce a like result, nay, even that the natural result (if the theory were true) is conspicuous by its absence. It may be replied that the large open space with the beneficent, west wind blowing generally, counteracts the bad effects along the Liffey, so it may *quantum valcat*, but it will have to blow a simoon before it will have blown the effusion as clearly away as we may suppose it to be at Londesborough Lodge.

Until these inconsistencies, of which I have adduced but a type, be reconciled, I believe these hygienic dogmas require still to be established, and in fact that divested of polysyllabic technicalities and chemical symbols, are but bosh—a term not found in Johnson, but well understood to mean things we don't understand though we pretend to.

Though I thus doubt the received notions, I would not be understood to mean that offensive gases, dirt, and impure water are not injurious, quite the reverse, I believe no more fertile source of bad health exists, except bad food and dissipation. I merely object to ideas, inconsistent with our ordinary experience, being received as scientific truisms. Sewage effluvia may be a very important factor in making up a sufficient cause of typhoid, but there is obviously something more—a great deal more. Water with organic matter may be associated with disease-producing qualities, but it is no explanation of the morbid result, to say there was organic matter in the water, when people are known to have drunk from the same source for ages with impunity.

I simply object to wholesale faith in insufficient unproven causes, to produce important results, without the why and wherefore being thoroughly explained to us—why disease from the alleged cause should be the rare exception, not the rule.

Your obedient Servant,

SENEX.

DEATH BY CHLOROFORM.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In your number of last week, attention is drawn to the subject of death by Chloroform, and its danger as an anæsthetic agent is practically illustrated by the report of the coroner's inquest and verdict. Such accidents cannot fail, as you remark, "to impress the public with a sense of insecurity," and what is perhaps more important to us, "of doubt as to our professional resources." I find just reported a death also from Bichloride of Methylene, where every precaution had been used. Insensibility was produced at the end of two or three minutes, when a gurgling in the throat and darkness of the head and face, indicated a fatal result; restoration was attempted for three-quarters of an hour unsuccessfully. Such cases cannot fail to excite apprehension with regard to anæ-

thetic agents, and the question as to which is the safest, urges itself upon us. In some late numbers of your journal, I have given arguments in favour of the use of Ether, and have adduced proofs of its safety, both from the testimony of others and from my own observations and experience, and I have given statistics which fully prove that Ether is the safest of all anæsthetics hitherto in use.

Since I made these communications I have had unquestionable evidence of its efficiency. I may mention a few of the most convincing.

In a case of vesico-vaginal fistula, where a tedious operation was necessarily involved, the patient had had chloroform administered on a previous occasion, when its influence was the cause of great apprehension; it had to be given with extreme caution, yet caused great anxiety to the operator, so much so that he determined to avoid its use should an operation be again required. At his request Ether was administered by the inhaler—the patient was kept insensible for fifty-five minutes without intermission—there was no apprehension—no struggling—no sickness of stomach—and the pulse was firmer and steadier during the operation than before it—nothing could have been more efficient.

In another case, a lady had been some months previously put under the influence of Chloroform for a dental operation. Two physicians were present, and the greatest care was taken in its administration—yet though hardly one drachm was used, the most alarming symptoms supervened, and four hours were occupied in restoration; Chloroform was therefore naturally forbidden for a future operation. Ether was proposed, and was administered by the inhaler. I never saw anything act more satisfactorily; the anæsthesia was perfect, and there was not the slightest apprehension or an approximation to the syncope which had been before so alarming and dangerous.

In another vesico-vaginal operation during the week the patient was etherized and kept insensible for an hour; the pulse did not waver, nor was there the smallest room for apprehension, and I should have found no difficulty in prolonging the state of insensibility further.

On Oct. 2nd, Dr. Knott, of Castlebar, used the inhaler for the first time, for an amputation of the thigh. Four ounces of Ether only were used, and insensibility was maintained for twenty minutes; there were no unpleasant symptoms, and Dr. Knott remarks as the result of his experience, "I have no doubt that those who once use the inhaler will always do so, as I intend." The efficiency of Ether is fully evidenced by this report, and although it was the first experience with its use, four ounces of Ether, costing about sixpence or eightpence, sufficed to produce profound insensibility for twenty minutes.

During the last few days, amongst other patients I etherized one under four years of age, and another one sixty, with equally successful and satisfactory results, and in another case I succeeded in reducing a strangulated hernia during the relaxation stage caused by the etherization.

Such a sense of security is attained when putting a patient under the influence of Ether, that I am persuaded a more extensive resort to its use by surgeons will confirm the good report which I claim for it, and which American surgeons are so persuaded of, that it is the anæsthetic almost exclusively employed by them. I believe the complaints that have been hitherto made of the slowness of the process of etherization, of the excitement it produced, and of the amount of ether fluid which was used in producing the anæsthetic effect, were due to the imperfect method of administration. In order to produce the state of insensibility equably and most successfully, I find that the more effectually air is excluded, the more satisfactory will be the result, and that the objections which have been hitherto made will be completely obviated. This method is best attained by the use of the special inhaler I have designed, as by it the patient is subjected to the full influence, and can re-breathe the vapour freely by means of the self-adapting flexible diaphragm, with which the instrument is furnished. The patients may themselves for the first few moments apply the mouthpiece; afterwards it can be taken charge of by an assistant, who will apply it equably and firmly around both the mouth and nose.

Trusting these facts may interest your readers,

I am yours, &c.,

J. MORGAN, M.D.

23 St. Stephen's Green North, Dublin.

SEA SICKNESS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Having lately made a tour through the Channel Islands, which necessitated a sea trip from Southampton and back, I could not help feeling for those who suffered from "A life on the ocean wave." Being a good sailor, or, in nautical phrase, having my sea legs, on my return from Guernsey I determined to try a plan of treatment apparently simple, but decidedly effective, for those who were ill on board. Sea sickness need not be described; it speaks for itself. The passage home was stormy, and the good steamer was as lively as possible, taking seas over her from stem to stern. My compassion was drawn to the passengers, male and female, on deck who were paying "tributes" unwillingly to Old Father Neptune. A lady and two daughters, very ill indeed, attracted my attention. I approached them with a kind suggestion to give relief. It was accepted. Ladies, I said, if you will each drink a tumbler of tepid fresh water at my hands I undertake to promise you rapid relief. The water was drank, the stomach shortly after responded by ejecting the liquid. No more vomiting occurred, and the ladies laid down quiet, but exhausted, from previous retching. An hour passed; I visited my ladies again, pleasant smiles, return of healthy colour, and gratitude rewarded me. I proceeded further. A young married couple were victims of sea sickness also, I proposed the same treatment with the same results. I went a little further with the gentleman: shortly after relieving the stomach with the warm water I requested him to take a glass of cold water, the effect was magic. He felt quite well. Though we had five hours' steaming still to get through before arriving at Southampton, I had the satisfaction of seeing, which is believing, my patients relieved permanently. The worthy stewardess would not allow me to doctor her patients in the ladies' saloon, and the result was they crawled up on deck on passing the Needles ghosts of themselves.

Truly yours,

A PHYSICIAN.

P.S.—The worthy Mr. Bessemer is building a steamer having cabins on gimbals, to prevent sea sickness. May he succeed, though I believe he might square the circle sooner.

MARRIAGE IN THE ARMY MEDICAL DEPARTMENT.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Never has a more honest and practical guide been offered to aspirants to the Medical department of the army than that contained in the last Students' Number of the MEDICAL PRESS AND CIRCULAR; and never has a more judicious warning been delivered than that "those who marry early without means should remember that they may reach the age of forty as assistant surgeons, with a large family to keep and drag about on an income under £300 a year, deducting income tax."

Income tax is, however, the smallest of the deductions to which the "income under £300 a year" is subjected. Twelve days' pay a year to the band; four days' pay to the mess; half share of general charges incurred monthly in keeping up furniture, newspapers, servants, extra fuel and lights for the mess of the bachelor officers; a full share of all regimental mess guests, and several minor charges leave the married assistant surgeon a balance, with which it is literally impossible at the present prices to provide the decencies of life.

From this, again, the constant moving from one station to another causes a loss, such as cannot be better expressed than by the old adage, "Two moves equal a fire."

Since then an assistant surgeon cannot obtain promotion before forty years of age, when from the effects of unhealthy climates he is passing into the decline of life, and since neither the parents of young ladies with fortunes, nor the young ladies themselves are in the least attracted by a red coat on a doctor's back, it follows that Medical officers are debarred by poverty from marriage at the natural time, and driven to enter into contracts of convenience in their old age.

MALTHUS.

THE MEDICAL OFFICERS' SUPERANNUATION (IRELAND) BILL.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In a note, page 206 of the last number of the *Dublin Journal*, it is stated by Dr. Maunsell, "that at the instance of the Poor-law Medical Officers' Association a clause had been inserted in the Union Officers (Ireland) Superannuation Act by which the Dispensary Medical officers may have the emoluments of their offices taken into calculation for computing their superannuation." I am happy to be able to confirm the latter part of this statement—the amended Bill has passed, and is now law—but as the first part of it is not correct, I feel myself called upon, in justice to the Council of the Irish Medical Association, and to those members of Parliament who so kindly assisted me in procuring the amendment, to give its history, and I will leave it to our friends in the country to judge to whom they are indebted for it. Early in May last, D. Brodie, of Limerick, directed my attention to the Bill then just printed. I immediately applied to the Attorney-General for Ireland (whose name was attached to the Bill) to have it amended. I also wrote to several members of Parliament, and, among others, to Dr. Brady and Sir Dominic Corrigan. At our June Annual Meeting of the Association I brought the matter before the members, and Dr. Ewery Kennedy, our President, accompanied me to the Attorney-General at the time in Dublin; and, having explained what we required, obtained his promise "to consider it." A second deputation, consisting of Drs. Darby, Kennedy, and myself, soon after waited upon the Poor-law Commissioners, and procured their ready assent. Still the amendment was not made, and towards the end of July, the Bill being on the list for a second reading, unaltered, I proceeded to London myself, and waited upon several members, and finally upon Dr. Brady, member for Leitrim, who at once accompanied me to the House of Commons, then sitting; and there, almost at the last moment, he had the amendment made by the Attorney-General.

I am not aware of any steps having been taken in London by any other party—those members to whom I applied seemed wholly ignorant of the subject, and, if previously applied to, had quite forgotten it. And I, therefore, feel certain that it is to our well-tried and faithful friend of the Profession, Dr. Brady, to whom I appealed, as Secretary of the Irish Medical Association, and to him alone, that the Medical officers owe this amendment of the Superannuation Act, as well as the Act itself. Apologising for trespassing so largely on your space,

I am, Sir, your obedient servant,
EDWARD J. QUINAN, M.D.,
Hon. Sec. Irish Med. Assn.

POST-MORTEM PARTURITION.

It will be in the recollection of our readers that we reported in April last an interesting case of alleged *post-mortem* parturition, in which it was suspected that the mother had been allowed to die without Medical assistance, and a child was found in the coffin; but the relatives and persons present swore with unanimity that the woman had never been delivered during life.

We find in the "Correspondence column" of the *Lancet* of Sept. 21, the following statement:—

"In the *Zeitschrift für die Staatsarzneikunde* of Berlin, Dr. Klaatech records the case of a pregnant female, who was suspected of having been poisoned by her husband, and was, in consequence, exhumed a month after death. A fetus of about seven months old was found in the coffin between the dead woman's legs, and 'must,' says Dr. Klaatech, 'have been born after interment.' He adds that the withdrawal of gas from the intestines becomes a mechanical agent in expelling the fetus, relaxation of the uterus by inversion assisting the expulsive process. M. Deneux, in a memoir on the subject published in 1822, supports the same view."

We, furthermore, extract from the *Indian Medical Gazette* of last month the two following cases, which would appear to decide the question in the affirmative:—

"Assistant-Surgeon J. Cleghorn, reports that the body of a pregnant woman, aged about 25 years, was brought for ex-

amination. It remained in the dead house all night, and on my examining it in the morning I found a foetus, about the fifth month of utero-gestation, enclosed in its membranes, lying between the thighs of the corpse. The uterus was found in its normal position, ruptured at the fundus, and its texture very soft and flabby from decomposition. The body of the woman was much swollen, and the stomach and intestines distended with gases of decomposition.

"I met with a similar case to the above in Jounpora.

"It is almost an invariable occurrence in bodies brought from a distance for examination, in the hot and rainy seasons, to find the rectum and its contents protruding through the anus—the result of the great pressure exerted by the stomach and intestines as they are gradually being inflated by the gases of decomposition. In females, both vagina and rectum protrude through the natural openings; and when a foetus is present—not a common event in my experience—*post-mortem* delivery takes place."

"Surgeon N. B. Baillie, M.D., Civil Surgeon of Bhaugulpore, gives the following case:—The body of a woman who had died from snake-bite was lodged in the dead house on the night of 25th June, 1870. On proceeding to examine it in the morning a foetus was found to have been expelled during the night, and lay between the legs, its head towards the woman's feet. The foetus was a male of about seven months. The womb was completely everted and protruded from the vagina, the membranes everywhere covered it, and the placenta was adhering to its surface with the umbilical cord attached. The womb thus everted was distended with gases, and an incision being made into it and the gases evacuated, it collapsed, and was returned without difficulty through the vagina. The body was very much decomposed."

Medical News.

Extraordinary Vaccination Prosecution.—William Clarkson, of Selby, Yorkshire, was fined £9, including costs, for six offences under the Vaccination Act. He had been repeatedly fined before, and his goods distrained until none were left.—In default of payment by any means, he was sentenced to a term of imprisonment amounting to eight months.

Bequests to Medical Charities.—King's College Hospital has received a fourth £1,000 from "M. W. O." Mr. Charles Brook, of Enderby, has left £1,000 to the Huddersfield Infirmary, and £500 to the Leicester Infirmary. Mr. John Fulton, late of Belfast, has bequeathed £300 towards the funds of the Belfast General Hospital.

False Vaccination Certificates.—At the Inverness Circuit, on Tuesday, Thomas Black Webster, a doctor of medicine at Dunvegan, Skye, was charged with having, in his capacity of vaccinator for the parish of Bracadale, fabricated false certificates to the effect that certain children had been by him successfully vaccinated, knowing the same to be false; and lodging them with the registrar for the district. There were in all twenty-three charges of this nature, ranging over the period from the 2nd March, 1866, to the 9th of March, 1871.—Mr. Mackintosh took several preliminary objections, to the effect that the charge was not a crime according to the law of Scotland. It was not said in the indictment that Dr. Webster obtained any recompense in granting these certificates, thus importing the essence of fraud; nor yet was it said that the life of any single person had been endangered by any false statements made in the certificates.—Mr. Moncrieff pointed out that upon the authenticity of these certificates the successful working of the Vaccination Act depends. These certificates, he contended, were not of the nature of an ordinary certificate by a Medical man, but seriously affected the working of a public Act, and directly affected the public. It had been said no one had been injured. Who could tell? The registrar and public had been imposed upon, and the children had not been vaccinated, resulting in great danger to the community.—Lord Neaves overruled the objections.—The prisoner then pleaded not guilty.—Donald Nicholson, inspector of poor of the parish of Bracadale, deposed that the twenty-three Medical certificates shown were in the handwriting of Dr. Webster.—The parents of all the children named in the various charges were next examined, and deposed to their children not having been vaccinated by the

prisoner.—Dr. Maclean deposed to having vaccinated the children only last year, by instructions in some cases from the board, and in others at the desire of the parents.—The Advocate Depute withdrew four of the charges. In the other cases the jury returned a unanimous verdict of Guilty, but recommended the prisoner to the leniency of the court, owing to his previous good character.—Lord Neaves sentenced the doctor to four months' imprisonment.

Scraps from the Editor's Table.

EFFECT OF TERRESTRIAL MOTION ON HEALTH.

The Boston Journal of Chemistry asks—Is any change produced on a man by a change in the velocity of his motion round the axis of the earth? If a dweller in latitude 60° were suddenly to change his residence to the equator, he would double his velocity. At latitude 60° he travels round with the earth at the rate of 500 miles an hour; at the equator, 1,000 miles an hour. Again, at latitude 72° the Greenlander is lazily carried round 130 miles an hour; while the man at the North Pole calmly revolves once in 24 hours. Of course the motion is unfelt, because all things move together; but the change from the tropical to an arctic climate is so great that it may possibly produce physical or mental effects, of which we are as yet unconscious. Of course the steering of a ship from north to south must be sensibly affected by the constant acceleration from west to east. On the long railways of Russia, too, it is said that the rails are uniformly more worn on one side than on the other, in consequence of this force.

GOOD RESULTS OF SANITARY IMPROVEMENTS IN CALCUTTA.

THE extent to which disease depends upon drainage and sewerage may be gathered from the report of the results of sanitary improvements in Calcutta. In that portion of the city inhabited by the native population, the cholera fatality for twenty years prior to 1861 averaged nearly 5,000 deaths per annum; in 1860 the deaths were 6,000 by cholera; and in 1866 nearly 7,000. About this time works of drainage and water supply were commenced, and have been gradually extended; and, as a result, the use of foul tank and river water was discontinued; this benefit being conferred upon the city in the beginning of 1870. As the first result of this action, which is confined to a limited portion of the city, the mortality from cholera in 1870 was only 1,563, the general mortality also diminishing year by year with the extension of the works. The entire death-rate in 1870 was only 23 in 1,000—considerably less than half what it was in 1865.

Epistaxis Arrested by a New Method.

DR. F. MARIN, of Geneva, (*Jour. de Med. et Chir. Prat., Boston Med. and Surg. Jour.*) "has discovered a new and simple method of arresting hæmorrhage from the nasal cavity, by applying pressure to the facial artery at a point immediately beneath the ala of the nose, where the vessel can be pressed against the superior maxillary bone. In epistaxis, the hæmorrhage is usually confined to the anterior third of one of the nasal fossæ, and as pressure upon the facial artery causes a diminution in the flow of blood to this cavity, the hæmorrhage is arrested almost immediately, and this proceeding is therefore recommended as preferable to that of plugging the posterior nares by the aid of Belloc's sound, in attempting which the surgeon is generally pretty thoroughly smeared with blood, and is not unfrequently bitten. Dr. Marin has had occasion to give numerous trials to this method suggested by him, and has generally found it effective. In two instances where it failed plugging the posterior nares was attended with like result."

NOTICES TO CORRESPONDENTS.

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

All communications intended for insertion must bear the name and address of the writer; not necessarily for publication, but as a voucher of good faith.

Rejected MS. will always be returned. If a request be received from the author, within one week after the article or letter has been declined.

SUBSCRIPTIONS IN THE UNITED STATES.—A correspondent has drawn our attention to the fact, that some of the houses in the United States are charging the enormous figure of 15 dollars per annum (more than £3) for supplying this Journal to different parts of the States. We beg, therefore, to state that we shall be happy to supply the same regularly post free per annum, if paid in advance, for considerably less than half this amount, viz., six and-a-half dollars (about £1 6s. 0d.), either direct from our offices in this country, or through our recognised agents in the United States.

To the Editor of the "Medical Press and Circular."

Sir,—If a medical man gave a sum of money to a Dispensary Medical Officer, with his resignation, would that disqualify the giver (if elected), though the giving out medical man used no influence with the Committee on the giver's behalf?

Yours faithfully,
MEDICUS.

[If the purchase of the resignation were to come within the knowledge of the Commissioners, it would undoubtedly influence them to withhold their approval of the election, but it would not be a legal disqualification, and the purchaser, if once admitted to office, might continue to hold it.—Ed.]

E. L. assures us in a letter, in which he earnestly disavows any personal object, that he has repeatedly relieved himself from attacks of rheumatism and lumbago, by rubbing his own saliva over the affected place. Our congratulations to our correspondent must be based rather upon the fact that his rheumatism takes its departure than that it stays away, for it would appear that he has had many and repeated occasions for testing his rather peculiar home-brewed remedy.

THE NEW ACT ON ADULTERATION.—Already the effects of this measure are beginning to show themselves. Manufacturers of various dietetic articles are beginning to have their packages labelled with description of contents, chiefly, we imagine, to satisfy the retailers, that in keeping and selling such articles, they are not incurring the liability of conviction for disposing of adulterated goods. As is always the case with Acts of this kind, it weighs somewhat heavily upon honest manufacturers, and we are not at all surprised to find some of them protesting against the imputation the non-labelling of their goods will entail upon the purity of such articles. For instance Messrs. Dunn and Hewett, the well-known cocoa manufacturers, writing to a contemporary, state: "We do not think that honest cocoa manufacturers need have disturbed themselves about the operation of the Act, nor the vendor been in any fear in selling their goods; neither was there any necessity, under the provisions of the Act, for the affixing any label, specifying their composition, to unadulterated soluble cocoas. The fact of their doing so by implication suggests that the ingredients hitherto employed were used "with intent fraudulently to increase its weight or bulk," and we therefore regret that a verbal should have adopted an unnecessary course, laying them open to this implication, but, still worse, forcing other houses to adopt a similar course or be liable to the possibility of the misrepresentation from their less scrupulous rivals in trade that their manufacturers are not guaranteed. For this reason we shall shortly affix a label stating the composition of all our manufactures. As regards the public, we do not think they will derive much benefit from the adoption of this system of labelling, which has already called forth a great amount of ingenuity in one of the packet labels we have seen, in which the art of "How not to do it" is carried to perfection." Still, notwithstanding such grievances and inconvenience to the manufacturer, the public must eventually derive advantage from the operation of this measure, and honest manufacturers themselves share in the general good.

COMMUNICATIONS have been received from:—Dr. Walsh, Castlebar. Dr. Lyster, Kilkenny. Dr. Ryan, Ennistymon. Mrs. Bellis, Rathgar. Dr. Thompson, Johnstown. Dr. Reardon, Mitchelstown. Dr. Callaghan, Cork. Dr. Rawson, Baltinglass. Dr. Rawson, Barrowville. Dr. Atkin, Virginia. Dr. O'Connell, Spike Island. Dr. Davis, Netley. Dr. Hume, Crumlin. G. W. Whiteside, Esq., Downpatrick. Dr. Johnston, Cork. Dr. Fennelly, Glasnevin. Dr. Croakery, Portrush. Dr. Metge, Gorey, Co. Wexford.

VACANCIES.

- Hospital for Diseases of the Throat, London. Assistant Surgeon. (See advt.)
- University College Hospital. 1. An Assistant Physician. 2. An Assistant Surgeon. 3. An Assistant Surgeon in the Skin Department. These appointments are all honorary.
- Westminster Hospital. House Surgeon. Board and lodging. No salary.
- Metropolitan Free Hospital, E.C. Surgeon, honorary.
- Birmingham General Dispensary. Resident Surgeon. Salary to commence at £130.
- Leicester Asylum. Assistant Medical Officer. Salary £100.
- Exeter Hospital. Dispenser. Salary £100, without residence.
- Weston-super-Mare Hospital. House Surgeon. Salary £80 with board.
- Bridgwater Infirmary. Dispenser. Salary £40, with board.
- Hendon Union, Middlesex. Medical Officer. Salary £80 per annum.
- Clifden Union, Kinoye Dispensary District. Medical Officer. Salary £100.
- Manorhamilton Union Dispensary. Medical Officer. Salary £100.

APPOINTMENTS.

- BROWN, Dr. J. C., Public Analyst for Liverpool.
- BROWN, H., M.D., a Visiting Physician to the Royal Lunatic Hospital, Manchester.
- HALDANE, Dr. W., Parochial Medical Officer for Braemar.
- LANGDALE, H. M., M.R.C.S.E., House-Surgeon to the Sussex County Hospital, Brighton.
- LINDSAY, A., M.D., Lecturer on Medical Jurisprudence at Aberdeen University, Glasgow, vice F. A. Simpson, M.D., appointed Professor of Medical Jurisprudence at the University of Glasgow.
- MACMANUS, G., L.R.C.P.Ed., Medical Officer for the Strangford Dispensary District of the Downpatrick Union.
- MORGAN, J. E., M.D., a Visiting Physician to the Royal Lunatic Hospital, Manchester.
- POLLARD, T. M., L.K.Q.C.P.I., Medical Officer, &c., for the Dunkineely Dispensary District of the Donegal Union.
- RICE, D. J., L.R.C.S.I., L.K.Q.C.P.I., Medical Officer, &c., for the Ballylongford Dispensary District of the Louth Union, Co. Kerry.
- RYAN, J., L.K.Q.C.P.I., L.R.C.S.I., Medical Officer, &c., for the Anacott Dispensary District of the Limerick Union; and Medical Attendant to the Royal Irish Constabulary for Castleconnell and Annacott, Co. Limerick.
- THOMPSON, C. W., L.K.Q.C.P.I., L.R.C.S.I., Medical Officer for the Todmorden District of the Todmorden Union, Yorkshire.
- WALKER, T. O., M.R.C.S.E., Medical Officer for the United Cricket Clubs Districts of the Rugby Union.
- WILLIAMS, E., L.K.Q.C.P.I., M.R.C.S.E., Medical Officer for the Llangefni District of the Anglesea Union.
- ARMY MEDICAL DEPARTMENT.**—Assistant Surgeon F. W. Wade, from the 6th Foot, to be Staff-Surgeon, vice A. Morphew, appointed to the 27th Foot. Surgeon J. Barker, from the Royal Artillery, to be Surgeon 22nd Foot, vice L. O. Patterson, who exchanges. Staff Surgeon A. Morphew to be Surgeon 27th Foot, vice Surgeon Major T. L. Nash, M.D., placed upon half-pay.

OPERATION DAYS AT THE LONDON HOSPITALS.
WEDNESDAY, October 9.

- MIDDLESEX HOSPITAL.—Operations, 1 P.M.
- ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1 1/2 P.M.
- ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1 1/2 P.M.
- ST. THOMAS'S HOSPITAL.—Operations, 2 P.M.
- ST. MARY'S HOSPITAL.—Operations, 1 1/2 P.M.
- KING'S COLLEGE HOSPITAL.—Operations, 2 P.M.
- GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
- UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
- ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1 1/2 P.M.
- LONDON HOSPITAL.—Operations, 2 P.M.
- CANCER HOSPITAL.—Operations, 3 P.M.

- THURSDAY, October 10.
- ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
 - ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1 1/2 P.M.
 - UNIVERSITY COLLEGE HOSPITAL.—Operations, 3 P.M.
 - ROYAL ORTHOPEDIC HOSPITAL.—Operations, 2 P.M.
 - CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

- FRIDAY, October 11.
- ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1 1/2 P.M.
 - ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 1 1/2 P.M.
 - CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

- SATURDAY, October 12.
- HOSPITAL FOR WOMEN, Soho square.—Operations, 9 1/2 P.M.
 - ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1 1/2 P.M.
 - ROYAL FREE HOSPITAL.—Operations, 2 P.M.

- MONDAY, October 14.
- ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1 1/2 P.M.
 - ST. MARK'S HOSPITAL.—Operations, 2 P.M.
 - METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
 - ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1 1/2 P.M.
 - KING'S COLLEGE HOSPITAL.—Operations, 1 1/2 P.M.
 - CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

- TUESDAY, October 15.
- ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1 1/2 P.M.
 - GUY'S HOSPITAL.—Operations, 1 1/2 P.M.
 - WESTMINSTER HOSPITAL.—Operations, 2 P.M.
 - NATIONAL ORTHOPEDIC HOSPITAL.—Operations, 2 P.M.
 - ROYAL FREE HOSPITAL.—Operations, 2 P.M.
 - WEST LONDON HOSPITAL.—Operations, 2 P.M.

Marriages.

COWDELL-SMITH.—27th ult., at St. George's, Hanover Square. Altd W. Cowdell, Esq., Chesterfield, son of the late Charles Cowdell, Esq., M.D., of Dorchester, to Alice Maud, daughter of Thomas Henry Smith, Esq., of John Street, Berkeley Square, W.

Deaths.

- FERGUSON.—On the 23rd Sept., at Falmouth, J. Ferguson, M.D., of Elgin, aged 37.
- GILLAM.—On the 21st Sept., at Ham, Essex, I. J. Gillam, M.D., aged 51.
- JONES.—On the 20th Sept., at North Shields, D. H. Jones, Surgeon, aged 43.
- LIVINGSTONE.—On the 11th Sept., at St. John, New Brunswick, B. Hamilton Livingstone, M.D., aged 30.
- MAC LEOD.—On the 20th Sept., at Dalvey Cottage, Morayshire, Donald A. Mac Leod, Esq., late Bengal Medical Service.
- NIELL.—On the 30th Sept., John Niell, M.D., of Croydon, late of Aldergate Street, aged 65.
- PORTER.—On the 23rd Sept., James Porter, L.F.F. & S.Glas., of Globe Street, Glasgow.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, OCTOBER 16, 1872.

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CASES OF MOTOR NERVE DISORDER, WITH CLINICAL REMARKS.

By C. HANDFIELD JONES, M.B. Cantab, F.R.S.

I HAVE thought that the following cases might well be associated together for clinical study, although they apparently differ widely from each other, for the reason that their differences are, I believe, comparatively trivial and accidental, while their affinities are intimate and fundamental.

CASE L—R. S., set. 25, admitted April 5th, 1872. Is a delicate-looking man, short, with blue eyes, and rather cultivated aspect and manner; a fishmonger. Married, has two living children. He suffered in the same way as at present four years ago, during six weeks, and his left leg was unsteady in walking some time longer. He fell out of a cart about five years ago, thinks he fell on his back, but did not, so far as he knows, injure his head. He had ague when five years old, while living near Margate, but never since. Has never had chorea or rheumatic fever. His mother had diseased kidneys; died in convulsions. His father died in hospital; his breath was bad. He never was delirious, except after his mother's death. Denies syphilis. He has now been ill since February 27th; was in the crowd on "Thanksgiving night," sustained no injury, but on getting out of the crowd found that his present symptoms had come on. He says he has pain at the bottom of the back, but nowhere else, except in the head. No numbness anywhere. There is no evident intellectual disturbance, he seems quite rational. His memory, however, is not lively, he cannot remember events readily at once, though he may after a time. He cannot read now, though he is fond of reading, because he forgets what the first part of a sentence is about before he reaches the end. He has much headache. His symptoms mainly are motorial; at any sudden noise, or sometimes without any such excitement, he starts up in bed, rising gradually into a sitting posture, his arms and hands out-

stretched and rigid but quivering, his legs spasmodically extended in the same way, the left leg and the right arm being predominantly affected. This state of tonic spasm and tremor lasts for a minute or two, then suddenly ceases, and he falls back on his pillow. The muscular force of the spasm is very considerable, more than I can control; his face flushes deeply during a severe paroxysm; the spasms are not attended with pain. He has much ado to show his tongue, he keeps his mouth screwed up some seconds before he can open it, but then he protrudes the tongue, and shows it well, I asked him now to follow a pen which I held up before his eyes, but the orbiculares palpebrarum closed in rigid spasm, and after they relaxed I could not get him for some time to follow the movements of the pen at all; some minutes later he managed it tolerably well, the globes moving harmoniously. His jaws are moved freely; some difficulty in passing urine; bowels act normally. He has a good deal of voluntary power, he can walk, though unsteadily, and he can button his shirt. He has not, however, shaved himself for two years; employs a barber. During the same time he has found that taking a glass of beer extra, or any excitement, was apt to bring on some cramp of right hand and left leg. Exposure to cold does not bring on the attacks, but causes pain in his lower back. Pulse weak; quiet; urine clear, sp. gr. 1.026, not albuminous.

Succi Conii, ʒiij, *ter die*;
Bain Calid., o. n.

7th March.—Relief from warm bath, and passed a much better night. There were marks of recent leech bites over the lower sacral spines, and this part of the back was tender, but no other. Tapping it brought on the attacks. One which I witnessed especially affected his lower limbs, they were gradually drawn up and held rigid and quivering about half flexed; then after some seconds they were forcibly extended with a sudden jerk, and the spasm was at an end; his trunk during the attack was raised off the bed so that he rested on his nates. The severe attacks cause much sense of exhaustion and headache.

Pi. Mist., *quater die*;
Ord. D. Porter, o. j.

8th.—His head was very bad last night, he slept badly, had difficulty in collecting his thoughts, was half wandering, has had some severe attacks to-day, and they recur so frequently that he cannot keep the bed clothes on. Urine of 24 hours—32 ozs., sp. gr. 1.024, total urea, 370 grains.

9th.—Two very bad attacks between noon and 2 p.m., he felt the precordia many times rapidly with his right hand, and then struck the bed with his left.

Adde Mist. Pot. Bromidi, gr. xx.; Ad. ℥j. Mist. Rert, 6 ozs.

13th.—Can't walk or stand, lower part of back continues very weak and painful, while speaking to me his lips are opening and closing.

15th.—A blister applied to the sacral region has given great relief; he has very little spasm to-day.

17th.—Some very severe spasms to-day; during them his face is flushed, and his mouth elongated transversely, in risus sardonius. There is no trismus or difficulty in mastication.

Pl. 8 Mist., 4th h;
Atropiæ, gr. 1-60th, sub-cut.

20th.—The injection soon relieved him, and he went to sleep; passed a good night. Yesterday his face and tongue were so much affected that he could not speak for some time; could not ask to be injected. Rept. injectio.

23rd.—Good night, but many severe attacks this morning; could not speak at all for an hour. The spine is markedly hyperexcitable, touching any part of it sets him off into startings, twitchings of the "erector spinae."

Ordered eight leeches to the sacral region.

24th.—Looks morose and depressed, says he was in danger of suffocation in an attack to-day.

Chloral, gr. xx. + aq. ℥j., 4-tis h.

25th.—Was very delirious in night, getting frequently out of bed; complains much of his head to-day. His back is extremely sensitive just at the middle of sacral spines, not much above or below. I cauterised the part with a copper disc heated in boiling water, and raised a blister.

Resumed—Mist. K. Br. + Succ. Conii, 3-tis horis.

May 9th.—Had yesterday much difficulty in getting his breath, apparently from spasm of the muscles of the chest-walls; there was marked tenderness in mid-dorsal region of spine, much less in sacral. An atropia injection soon removed the dyspnoea.

14th.—Much hard dry cough in morning; his voice is sometimes gruff, at others lost. This morning felt intimations that spasms were coming on, which he does not usually. Is improving. Chop and pudding.

20th.—Marked tenderness to-day over about the 8th, 9th and 10th dorsal spines; pressure on these causes spasm, but pressure over the old tender spots on sacrum none. Atropia injection repeated.

23rd.—Bowels confined two or three days; is always worse when this is the case.

31st.—No spasm, but had severe headache last night, less to-day.

June 12th.—Has been improving notably lately, but is worse to-day; his left arm is weak, and much emprosthotonic jerking is produced by pressure on upper dorsal spines, the lower bear pressure pretty well. Atropia injections are used every other night.

15th.—A severe attack came on suddenly to-day, he could not see for some time. The continuous current has been applied to his back the last three days.

Ordered Tr. Belladonnæ, ℥xx. +
Mi. Co., ℥j., ter die, omitted alia.

22nd.—Getting much better; has had cold plunge bath every morning since the 17th, and enjoyed it much. Two days ago he had a good deal of pain in left arm, and two days later there was much dull aching pain in all left leg. This night (24th) during a smart thunderstorm he had a very severe attack corresponding to a vivid flash. Some days later he went out.

July 10th.—Is now O.P., is able to walk about, but finds the left leg get stiff then, though it is quite natural when he remains quiet at home.

August 5th.—Has just returned from Eastbourne, looking very well; he had two attacks during his stay there; left leg weak.

Sep. 26th.—Is at work; is quite well.

The proximate cause of the symptoms in this instance seems to have been a primary derangement of the nerve cells of the spinal cord. I say primary for there was no evidence of toxæmia, or of any local irritation to which the causation of the phenomena could be ascribed. Certainly the patient derived benefit from blisters to the spine, but as the seat of tenderness was shifting it cannot be supposed that there was any organic lesion present. The affection of the cord prevailed as high as the origin of the 7th, perhaps also of the 3rd nerve, but the motor portion of the 5th escaped. The almost entire exemption of the sensory nervous centres is remarkable. This is the more worthy of note because the hemispheres were now and then drawn into the sphere of morbid action. The phenomena resembled very much those of tetanus, but differed in the non-painful character of the spasm, in the absence of affection of the muscles of the jaws, and of the pain at the epigastrium piercing through to the back, which the elder Chambers and Radcliffe reckon as almost pathognomonic. If it be necessary to find a name for the disorder, I should refer it to the group which Trousseau designated Tetania, but the absence of anæsthesia, the shorter duration of the attacks, the retention of a good deal of voluntary power, and the existence of spinal tenderness, are features which differentiate it from the latter malady. To spinal irritation the case bears also a manifest resemblance, but differs in the phenomena being mainly motorial and not sensory. It is true that prolonged muscular contraction may be a marked feature in spinal irritation, but it is always less prominent than the neuralgia and hyperæsthesia, which predominate so widely. The conium and pot. bromid. were, I think, really, though not strikingly, beneficial. In the patient's own estimation the galvanism and the cold plunge accomplished the most good. The duration of the disorder was about four months, a much longer period than on the first occasion when he was laid up, only six weeks. Whether the fall had any concern in causing the disorder can hardly be affirmed; it is not unlikely that it was one factor, but there were probably others, as an originally defective nervous system, and undue sexual excitement. I have recorded a somewhat similar case in the *British Medical Journal*, 1872, vol. ii., September.

CASE II.—A.S., æt. 13, female, admitted May 22nd, 1872. The present disorder has come on about a week; she never had it before, but showed slight symptoms of it by stuttering speech and rolling movements of her eyes. Had scarlet fever three years ago from which she got quite well; she has not had rheumatic fever or any worms. Catamenia have not yet appeared. Her parents have suffered no choreic affection, but the whole family are affected with nervousness on the father's side, an aunt was in a mad-house, and a great-uncle committed suicide through insanity. She is unable to walk or stand, falls down all of a heap, has great jactitation of arms and legs, which are bruised a good deal. She cannot be kept in bed without mechanical restraint by a sheet passed over and secured under the bedstead; she finds the benefit of this so much that she asks to have it applied. Can't take solid food, can't masticate it, but swallows soft food well; can't speak so as to be understood. No delirium; face and arms red.

Potass. Bromidi, gr. xv. +
M. C., ℥j., ter die.
Broth D. and milk.

23rd.—After a dose of medicine at 9 p.m. had two or three hours' sleep, when she woke up and had another dose, after which she slept the rest of the night. Temperature 37.2 (98.9). Heart's sounds normal; bowels open.

24th.—Can speak much better; pulse 84.

Sherry, 1 oz.

28th.—Is materially better; can speak quite plain; dirties her bed at night, and is obstreperous; takes her food much better, chews it more. Her Sunday-school teacher says she is always a very nervous child, can hardly sit still.

Pt. Mist. addendo

Tr. Cinchon. ʒiſs., ad. sing. doses.

30th.—Is better, but still has a great deal of jactitation; still requires confinement in bed by a sheet. Till to-day has soiled her bed in spite of the nurse's precautions; this has not been the case to-day. Slight prolongation of first sound at apex.

Sherry, 2 ozs.

Pt. Mist., ad.

Tr. Cinchon. ʒiſs., ad. sing. dos.

June 2nd.—More jactitation.

Succi Conii, ʒij., *quater die*;

Aloes, gr. ijss. +

Sacch., gr. ijss., in pulv., *h. m.*

4th.—Seems on the whole worse; can't speak or put her tongue out. This morning, 6 to 7 a.m., she got into a state of most violent excitement for no cause at all, and continued so for an hour; during fifteen minutes she was shrieking and yelling as if frantic. Evacuations passed in bed.

Succi Conii, ʒij., *quater die*;

Aloes, gr. iv. +

Sacch. gr. v., *h. m.*

6th.—Is better, but has no power of guiding her hands yet; is very rebellious when her medicine is given, spits it out as much as possible, but takes her wine readily.

Succi Conii, ʒiv., *quater die*.

11th.—Is much better, does not need to be confined, eats and chews well, but cannot make the least attempt at standing, falls all of a heap if left to herself; no mental or emotional disturbance; sleeps very well; wets the bed at times. Heart's sounds free from murmur; eats enormously.

Ord. D. pudding, 2 eggs, beer.

13th.—Is able to-day to stand and walk a little, can feed herself with fluids, and bread and butter, and meat cut up. Has ravenous appetite; does not soil the bed, and wets it less often. Bowels act two or three times a day, not relaxed.

15th.—Since yesterday has been able to walk about the ward, carry mugs, and make herself useful in various ways. It is quite wonderful to see how well she walks and holds herself up.

17th.—Pt. Mist., *ter die*. Has a cold plunge bath daily. From this time up to her discharge on 28th, she went on perfectly well; gained flesh considerably. As soon as the material improvement took place in her bodily state, her mental improved correspondingly. Instead of being the despair of the ward-sister she was quite amenable and well behaved.

The duration of the disorder in this really severe case was about a month, not taking into account the time during which some prodromata existed. This is much shorter than the average stated by several writers of ten weeks. During the first fortnight the treatment—Pot. Bromid + Bark—accomplished very little, but after Conium was given in full doses amendment went on more rapidly than I have ever seen in any other instance. The improvement in the mental state, which coincided with that of the motor function, was very striking, but is quite paralleled by that which ensued in another similar instance before reported in this Journal. Certainly, mere physical derangement of the nervous system often seems to produce moral deterioration. Striking examples of this are sometimes seen in severe diseases—apart from ordinary insanity where it would almost seem as if an unclean spirit were ruling the organs of the sufferers, com-

elling them to utterances and acts most alien to their wont. The same may be noted, however, in less grave conditions where it is often a question how far bad temper is a mental or bodily infirmity. The brief outbreak of quasi-mania is highly interesting, the cells of the hemispheres assuming for a short time the morbid state of the corpora striata, and delirium showing itself as the equivalent of jactitation, and mental or muscular insanity. The absence of cardiac affection is noteworthy. The tendency to nerve disorder was evidently inherited, as it appears, from the father—not the most usual occurrence.

AMMONIA IN THE URINE IN HEALTH AND DISEASE (a).

By C. MEYMOTT TIDY, M.B.,

Joint Lecturer on Chemistry and Medical Jurisprudence at the London Hospital; and

W. BATHURST WOODMAN, M.D.,

Joint Lecturer on Physiology, and Assistant Physician, to the London Hospital.

THE authors refer to the researches of Dr. Andrew Clark, Neubauer, Vogel, and others on the presence of ammonia as a constant constituent of healthy urine, Neubauer regarding 10·8 grains per diem as the average normal excretion. After numerous experiments, the authors regard this quantity as excessive, and suggest some reasons for this discrepancy.

The method adopted by the authors is as follows:—

The freshly passed urine is to be first diluted with a given bulk of distilled water, sufficient to destroy all apparent colour, a known quantity of the urine being taken in each case. To these is to be added an excess of Nessler's solution, and then compared with the tint-depth produced by known quantities of ammonia in a similar bulk of liquid treated with the same solution. The trace of ammonia in the water itself must be always allowed for. The external temperature in the observations was always about 62°.

They regard 60 oz. as the normal daily excretion of urine in adults.

I. Ammonia in Health.

In 50 cases the average quantity of ammonia = 0·0825 gr. in 1,000 grs. = 2·1656 grs. per diem.

The 10 *highest* cases gave an average of 0·1620 gr. per 1,000 grs. = 4·2525 grs. per diem.

The 10 *lowest* cases gave an average of 0·0252 gr. per 1,000 grs. = 0·6615 gr. per diem.

The *mean* of these 20 cases gives 0·0936 gr. per 1,000 grs. = 2·457 grs. per diem.

The authors conclude that the average daily excretion of ammonia in health amounts to rather less than 2·5 grs. in twenty-four hours.

These results are modified by:—

1st, *age*. The amount of ammonia was largest under the age of 35 years, to the extent of a little over one-third.

2nd, *sex*, but very slightly (?).

3rd, *food*. The amount of ammonia *after meals* was nearly double that excreted before meals. Their experiments seem to prove that a large proportion of the urinary ammonia is derived from the food ingested; confirmed by other experiments.

4th, *atmospheric conditions*. The authors consider that the excretion of ammonia by the kidneys is governed by a similar law to that which regulates the formation of dews.

5th, *exercise* increases the excretion of ammonia.

II. Ammonia in Disease.

Before dealing with special diseases, the authors examined the influence of some general conditions both of the urine and the patients.

A, *colour* of the urine. (Vogel's colour-scale was adopted.)

(a) Abstract of paper read at the Royal Society, from the Proceedings of the Royal Society, No. 185, 1872.

From No. 1 to No. 7 the ammonia rises in proportion to colour (jaundice and hæmaturia being excluded). True also, to a great extent, of normal urine.

B, *specific gravity* of the urine. The general rule is that the excretion of ammonia keeps pace with the specific gravity.

C, *pulse*. The lowest quantities were met with when the pulse was rapid, the highest average being met with when the pulse was nearly normal.

D, *respirations*. It appears that the amount of ammonia decreases with accelerated respirations.

E, *temperature* (axillary). The largest excretion per 1,000 grains is found with nearly normal temperatures; but when the total quantity of urine is estimated, it is seen that sub-normal temperatures (as in diabetes) go with increased ammonia.

F, *condition of skin*. The largest excretion occurred when the skin was moist.

G, *condition of tongue*. Excretion largest with moist tongue.

H, *condition of bowels*. Ammonia was slightly in excess when the bowels were open.

I, *diet*. Even in various diseases the amount of ammonia was very much larger when the diet was full and included stimulants.

K, *medicine*. Only acids and alkalis contrasted. The amount was nearly double in the case of *acids*.

III. Special Diseases.

A, *acute rheumatism*. In nineteen observations ammonia equalled 0.0684 gr. 1,000 grs.

=1.7955 gr. per diem.

Considerably less than normal.

B, *erysipelas*. In ten observations

$\text{NH}_3 = 0.0402$ gr. per 1,000 grs. = 1.0552 gr. per diem.

Very much under health.

C, *diabetes*. In seven observations, with an average of 240 oz. of urine per diem.

$\text{NH}_3 = 0.0348$ gr. per 1,000 grs. = 3.654 grs. per diem.

Considerably in excess of healthy urine.

D, *small-pox*. In eleven cases

$\text{NH}_3 = 0.0627$ gr. per 1,000 grs.

E, *enteric fever*. In eleven cases

$\text{NH}_3 = 0.0543$ gr. per 1,000 grs.

F, *typhus fever*. In two cases

$\text{NH}_3 = 0.0435$ gr. per 1,000 grs.

N.B.—The results of B, D, E, and F, considering that the amount of urine will be nearer 25 oz. than 60 oz. per diem, show that the amount of ammonia excreted in these diseases is actually less than one-fourth that of health.

G, *cancer* (verified by *post-mortem* examinations). In five observations

$\text{NH}_3 = 0.0918$ gr. per 1,000 grs. = 2.4097 grs. per diem.

H, *heart disease* (chiefly valvular). In ten cases

$\text{NH}_3 = 0.0927$ gr. per 1,000 grs. = 2.4334 grs. per diem.

I, *chronic alcoholism*. In four observations

$\text{NH}_3 = 0.1065$ gr. per 1,000 grs. = 2.7956 grs. per diem.

N.B.—G, H, I, show ammonia very normal, as might be nearly expected.

K, *chorea*. In six observations

$\text{NH}_3 = 0.09$ gr. per 1,000 grs. = 2.3625 grs. per diem.

L, *albuminuria*. In eight observations

$\text{NH}_3 = 0.0521$ gr. per 1,000 grs.

M, *phthisis*. In five observations

$\text{NH}_3 = 0.072$ gr. per 1,000 grs. = 1.89 gr. per diem.

N, *nervous diseases*. In five observations

$\text{NH}_3 = 0.0546$ gr. per 1,000 grs. = 1.4332 gr. per diem.

O, *chronic nodular arthritis* (rheumatic gout). In four observations

$\text{NH}_3 = 0.15$ gr. per 1,000 grs. = 3.9375 grs. per diem, or nearly double that of health.

P, *gout*. The ammonia seems to be increased in this disease.

Q, In nine cases of *complicated disease*, with extreme physical prostration,

$\text{NH}_3 = 0.0069$ gr. per 1,000 grs. = 0.1835 gr. per diem.

R, the cases taken *just before death* are very remarkable, showing a vast decrease in the amount of ammonia. Eight cases gave an average of

$\text{NH}_3 = 0.0304$ gr. per 1,000.

In two cases it was entirely absent, the only cases of entire absence known to the authors.

The authors refrain from any generalization. The total number of cases upon which observations were made exceeded 200.

Hospital Reports.

METROPOLITAN FREE HOSPITAL

Menorrhagia treated by Sea-tangle Tents.

Under the care of Dr. C. DRYSDALE; reported by Mr. WM. KIPLING, M.R.C.S., Resident Medical Officer.

JANE VIOLET, admitted July 8th, 1872, æt. 30, married; has one child three years of age; occupation, a purse maker; been in pretty good health all her life; a native of France, but long in London. An attack of menorrhagia came on last Christmas, with flooding at her menstrual period; after this she became pregnant, and was so for three months, when she had a miscarriage, and has had attacks of flooding ever since, losing large quantities of blood constantly.

July 8th.—Came in this morning after losing a very large quantity of red blood from the effects of which she had fainted frequently for fifteen minutes. Pulse 96, very weak; face waxy pale; lips blanched; expression languid. Ordered

Gallic acid, gr. x.;
Spt. cinnamomi, ℥ss.;
Aquæ, ℥j.;

Every four hours.

July 9th.—Flooding still continues. Ordered

Tinct. ferri, ℞xxx.;
Aquæ, ℥ss.; t. d. s.

July 10th.—Not much better from medicine. Had a sea-tangle tent passed into the uterus last night; it was removed this morning, and the finger introduced, when nothing abnormal was discovered; cavity of uterus was of natural length. A thick, tenacious discharge was seen coming from the cervix; this was removed, and the cervix painted with

Tinct. iodi, ℥ss.;
Glycerine, ℥ss.

July 16th.—No flooding or discharge from the cervix since the above painting and passage of tent. Pulse stronger, 80.

July 20th.—No more flooding. Patient has greatly improved, and regained more colour in her face and lips. Discharged.

Re-admitted September 3rd, 1872.

Sept. 3rd.—Says she menstruated at the beginning of August normally; but, about the 27th, she menstruated again, when she had flooding, and this has continued till her admission again to-day.

Present state.—Pulse 120; face pale; lips very much blanched; still losing blood; in a dangerous state. Ordered

Tinct. ferri, ℞xxx.;
Aquæ, ℥j.;

Four times a day.

Sept. 4th.—Medicine had not much effect; passed sponge tent last night, and removed it this morning; no signs of any tumour in uterus.

Sept. 6th.—There has been a little flooding since removal of tent, so the cervix was painted with Tinct. Iodi F.; seems better.

Sept. 10th.—Had two attacks of flooding the last two mornings after action of bowels, so a sponge tent was again introduced, allowed to remain in for an hour, and the cervix painted with Tinct. Iodi Fort, passed into it for 1½ inches by the sound.

Sept. 15th.—No flooding since the 10th; lips are regaining their natural colour; face is not so pale, and patient, who is a Frenchwoman, seems very cheerful, eats well, and has greatly improved the last few days.

Sept. 17th. Discharged completely cured.

N.B.—Dr. Drysdale is of opinion that the treatment of menorrhagia should be rapid and decisive. If gallic acid and perchloride of iron do not at once succeed in arresting the flooding, the sea-tangle-tent should be used, and this alone, or accompanied by the use of tincture of iodine applied by the cotton wool on the end of a sound, is an invaluable way of causing it to cease.

LONDON HOSPITAL.

Some Fatal Cases of Hernia.

Under the care of MR. RIVINGTON.

(Continued from page 299.)

CASE XIII.—Strangulated Left Femoral Hernia—Five days' Strangulation—Complicated with a Miscarriage—Sac not opened—Collapse—Death.

In June, 1872, Mr. Rivington was summoned by Dr. Dukes to see a woman in Spitalfields, a Jewess, of about 30 years of age, suffering from a left femoral hernia. The patient had been vomiting for five days, and not having informed her previous Medical attendant of the existence of any swelling in the groin had been treated only for vomiting. Dr. Dukes, who was called in on the fifth day, made a local examination and found a small tumour, about the size of a hen's egg, in the left groin, and diagnosed a hernia. There were the usual symptoms, associated with much depression. The patient's consent having been obtained to an operation, an incision was made on the inner side of the neck of the sac, the fascia propria slit up, and Hey's and Gimbernat's ligaments divided. Some intestine in the sac slipped up, leaving only a piece of omentum which it was not thought necessary to disturb. Little pouches of sac projected through the apertures in the fascia propria and cribriform fascia. That the strangulation was completely relieved was shown by free action of the bowels the same day. The patient, however, who was four months gone in the family-way, aborted, and died collapsed on the evening of the following day. The length of time, five days, during which strangulation had endured, coupled with the extra shock occasioned by the miscarriage, were sufficient to account for death. A *post-mortem* could not be obtained because the patient was a Jewess.

Remarks.—It is in these cases of long strangulation that the question of opening the sac assumes the greatest importance, and the advocates of that plan find their strongest ground of support. When a hernia has been down less than forty-eight hours, it may fairly be expected that the intestine will prove capable of complete recovery, and there can be no reason for opening the sac when the stricture is external to it, except to guard against the possibility of some internal strangulation from omentum or bands. But when a hernia has been down three, four, or five days, there is increasing probability that the gut may not recover from the injury inflicted on it, that ulceration may have commenced, and perforation soon take place. Under these circumstances, it would appear better to open the sac, examine the intestine, and treat it according to its aspect and existing condition, returning it if sound, either leaving it *in situ* or placing it near the neck of the sac if likely to give way, or laying it open if perforated and likely still further to slough, and stitching it to the sides of the opening in the soft parts. There is also one great advantage in opening the sac in these long-standing

cases; the procedure greatly relieves the mind of the operator from subsequent anxiety as to the intestine. If it is returned, and the patient does not do well the mind is at once harassed by the fear that possibly the intestine had given way in the abdomen, and that another mode of treatment would be far preferable. It is this kind of mental anxiety which renders the pursuit of the Medical Profession most trying to sensitive minds, and often do practitioners blame themselves without cause. Take the following instance. A man is admitted into a hospital with double rupture and symptoms of strangulation, which have lasted only a few hours. The surgeon summoned to the case selects the hernia which, in his opinion, is strangulated, and operates on it. Symptoms of strangulation, or, at least, vomiting and constipation continue, and the patient dies rather suddenly. Immediately the surgeon is harassed by the belief that he has operated on the wrong hernia, or has left a second strangulated tumour unrelieved. If there was no *post-mortem* examination, he would be liable for a long time to attacks of mental torture and self-censure, in addition to reflections cast on him by others. A *post-mortem* examination is obtained, and it is found that the treatment pursued was perfectly correct, and that the patient died simply from the shock of sudden and severe strangulation of no long continuance. On the whole the question of opening the sac in cases of strangulation lasting several days must be determined by the operator according to the apparent severity of the strangulation, and according to the appearance of the soft parts, and especially of the sac. If the stricture has evidently been very tight, or if there are signs of discolouration in the soft parts, or appearances indicative of commencing decomposition, the sac should certainly be opened, and Mr. Rivington would be inclined to open it in all cases in which the sac was much altered in appearance. That it is not necessary to open the sac in all cases of long-continued strangulation is evident from the fact that many cases reduced by taxis after four days' strangulation do well; and Mr. Rivington has reduced two after this interval with entire success. In both these cases it was believed that the stricture had not been very severe. Indeed, the comparative ease and celerity with which the herniæ were reduced proved the reverse.

Transactions of Societies.

MEDICO-PSYCHOLOGICAL ASSOCIATION OF IRELAND.

A MEETING of the Irish members, ordinary and honorary, of the above association, was held last week in the King and Queen's College of Physicians, Kildare Street, "with the view of organising an Irish branch of the Association to hold stated meetings during the year as in England and Scotland, and for the transaction of general business connected with the interests, more especially, of the Irish associates."

DR. DUNCAN, of Finglas, presided.

Other members present—Dr. Lalor, Richmond Hospital for Insane; Dr. Leney, do.; Dr. MacCabe, Resident Physician Dundrum Government Asylum for Criminal Insane; Dr. John Eustace, Dr. H. H. Stewart, Dublin; Dr. Robert Stewart, Belfast, Hon. Secretary for Ireland; Dr. Patton, Farnham House, Finglas.

Dr. R. STEWART, hon. secretary, read the circular convening the meeting, and observed that at the annual meeting of the association, held in Edinburgh, the question was mooted as to the advisability of having quarterly meetings in Ireland, as they had in England and Scotland. According to the rules, quarterly meetings were held for the discussion of scientific subjects, having relation to the speciality of their profession. In conference with Dr. Lalor, so long a respected member of their profession, they had agreed that they should at all events have a beginning, and for that purpose the present meeting had assembled. If for no other reason they should have stated meetings in order that they should have an opportunity of becoming acquainted with each other, for although he had been

for a period of 40 years engaged in the treatment of the insane, he knew very few of his brethren personally. If there were meetings of this sort from time to time, the members of the profession would be brought together in friendly intercourse, and by talking together and comparing notes, a very beneficial result would be produced, not merely on themselves individually, which was a secondary consideration, but for the good of the afflicted class committed to their charge.

The CHAIRMAN regretted that the meeting was not better attended, but it was called for at an hour when most of their brethren in the city were most busily engaged. He had no doubt that the proposed meetings would be a source of pleasure and profit, while he was also sure the papers that would be read, and the subsequent discussions that would take place, would be highly creditable to the Irish branch of the association. They would find that, the meetings once established, a large number of the profession would join them.

Dr. LALOR suggested that a committee should be appointed to arrange the details.

After some discussion, it was moved by DR. LALOR, and seconded by DR. EUSTACE:—"That we, the members of the Irish Branch of the Medico-Psychological Association, agree to organise ourselves for the purpose of holding stated meetings for the discussion of scientific and other questions connected with our speciality in the same way as our brethren in England and Scotland have been in the habit of doing."

Dr. MACCABE moved that Dr. Leney be requested to act as assistant secretary.

Dr. PATTON seconded the motion, which was unanimously adopted.

Mrs. Eustace, Lalor, Duncan, and MacCabe were appointed a committee to fix the first day of meeting, and to arrange for papers.

A vote of thanks was passed to the King and Queen's College of Physicians for their courtesy in granting the use of the room for the meeting.

Dr. Eustace having been called to the second chair,

A vote of thanks was conveyed to Dr. Duncan for presiding.

SPECIAL REPORTS ON FOODS,

INCLUDING DIFFERENT KINDS OF
FARINACEOUS PREPARATIONS FOR INFANTS
AND INVALIDS,
MEAT EXTRACTS, AUSTRALIAN MEATS, &c.,

Together with reliable Chemical Analyses by
Competent Professors.

[PREPARED EXPRESSLY FOR THE "MEDICAL PRESS AND CIRCULAR."]

(Continued from page 278.)

REPORT UPON AUSTRALIAN MEAT—MEAT EXTRACTS, &c.

THE method adopted in examining these meat extracts and broths was as follows:—

1. The amount of moisture was determined in the ordinary way.
2. The amount of ash and chlorides estimated was also to determine how far salt had been added to the preparations.
3. The determination of nitrogen was considered no criterion of the alimentary value of either the essences or the meats, because the composition of meat itself is too near to gelatine as regards the percentage of nitrogen.

It might to some extent be used as a criterion of meat extracts made upon Liebig's plan, but as some preparations have lately been introduced which are supposed to contain the fibrin and albumen in a soluble form and others are made up of gelatine the nitrogen determination was discarded except for special purposes.

The following is the ultimate analyses of the most important ingredients of animal foods:—

	Carbon.	Hydrogen.	Nitrogen.	Sulphur.
Fibrin . . .	52.9	6.9	15.4	1.2
Gelatine . . .	50.1	6.6	18.3	1.3
Albumen . . .	53.4	7.1	15.6	1.3
Kreatine . . .	36.66	6.96	32.15	
Fat . . .	76.8	12.3		

and the following may be viewed as the composition of ordinary meat:—

Albumen coagulable by boiling . . .	2.95
Kreatine and extractive rich in nitrogen . . .	3.05
Gelatine . . .	0.60
Fibrine . . .	16.4
Fat and hydrocarbons . . .	3.5
Water . . .	73.5
100	

Of the nutritive merits of gelatine as a food there is considerable diversity of opinion, but from its cheapness alone, if from no other cause, we should feel justified in viewing any meat extract or essence containing a large quantity of gelatine as adulterated. Ox-muscle or lean flesh containing nearly 2 per cent. of gelatine. Liebig's views on the merits of gelatine are thus discussed.

The experiment has several times been made of manufacturing extract of meat on the large scale where meat is very cheap and of making from it, under the name of portable soup tablets, an article of commerce, but the product of these manufactories did not become popular, and was not used in hospitals where it ought to have been most advantageously employed. The cause of this was in the gelatine, only to be distinguished from common joiner's glue by its high price. It was no wonder that such a product failed in acquiring a hold on the public mind. It has now been proved by the most convincing experiments that gelatine which by itself is tasteless, and when eaten excites nausea, possesses no nutritive value, that when even accompanied by the savoury constituents of flesh it is not capable of supporting the vital process, and when added to the usual diet as a substitute for plastic matter does not increase, but on the contrary, diminishes the most efficient and important, indeed, the chief constituent of good soup. Thus, it came to pass, by degrees that people took the gelatinous matter for the true soup, and as the manufacturers of the tablets soon found that the best meat did not yield the finest tablets—that white meat made them harder and more easily preserved, and that tendons, feet-cartilages, bones, ivory, and hartshorn yielded the most beautiful and transparent jelly-tablets which were cheaply obtained and sold at a high price. Ignorance and the love of gain exchanged the valuable constituents of flesh for the article itself. It was too dear, and it was soon discovered that it had not the properties and the effects of soup. The inferior quality of these soup tablets was chiefly caused by an entirely erroneous view which was entertained concerning the cause of the good effects of soup. It has been long observed that soup made by boiling from meat when concentrated to a certain point gelatinises or forms a jelly like all strong and highly flavoured sauces or stock, and people without any sufficient reason for doing so adopted the opinion that the substance (gelatine) which attracted the eye most was also the nutritive value of the food which it renders insufficient in quantity and inferior in quality; and that its use is hurt-

ful rather than beneficial, because that it does not, like the non-nitrogenous substances provided by Nature for respiration, disappear in the body without leaving a residue, but overloads the blood with nitrogenous products, the presence of which disturbs and impedes the organic processes.

The gelatine may be approximately separated by mixing the warm solution of the broth or solution of extract with twice its volume of methylated alcohol of 61 per cent. over proof, and allow it to stand two hours, as the albumen has been already removed by coagulation in these extracts, the source of error is eliminated. It was found by experiment that such a process when operating with pure gelatine there only remains 80 per cent. of that substance, but that from an extract much more is separated, and in fact, as the estimations were more relative ones than absolutely quantitative, the small error of under estimation was not of much importance.

Some considerable attention was paid to the microscopic examinations of these extracts because providing the estimation of the ash has been satisfactory, and no abnormal quantity of salt is found present the richer the extract in crystals (the existence of salt may be at once distinguished by polarized light) the more pure is—or rather we should say—the more truly will it represent Liebig's process if made thereby. Dialysis was also used to determine the relative amounts of colloids (gelatine, &c.), and crystallised substances such as kreatine.

We now proceed to consider the samples examined, and shall quote in each case the manufacturer's estimate of his article, and see how far it agrees with our own experiments:—

"LIEBIG COMPANY'S EXTRACT OF MEAT."

("Only sort warranted pure genuine, and of perfect flavour by Baron Liebig, the inventor.)

"BEEF-TEA.—A small half teaspoonful of Liebig Company's Extract of Meat is to be dissolved with some salt in half-a-pint of boiling hot-water. This excellent beef-tea, at the rate of sixty pints per one pound extract (at 11s. retail), costs about 2½d. per pint, whilst made from fresh meat it would cost about one shilling.

"*Caution.*—This is the original Extract, manufactured under Baron Liebig, the inventor's control and guarantee; every genuine jar bears his signature and that of his delegate, Professor Max von Pettenkofer. The signature of Baron Liebig also appears in *blue ink* across the trade mark label of every genuine jar.

"The name of 'Liebig's Extract of Meat' being applied, contrary to Baron Liebig's expressed will, and without his guarantee of genuineness, to all sorts of extract of meat, the public are cautioned not to allow the substitution of any other sort for the Company's genuine article, which should distinctly be asked for by the name of 'Liebig Company's Extract.'"

When placed under the microscope this extract presented a mass of very large and fine crystals of kreatine with crystals of phosphate and chloride of potassium.

It contained—

Moisture	12.8
Ash (containing 6.6 of chlorides)	19.5
Dry extractions, less soluble salts, viz. :	
Gelatinous precipitate with alcohol	6.4
Other colloids	17.8
Kreatine and other crystalloids	43.5—67.7

100.

We can only arrive at one conclusion as regards Liebig's Extract, that whatever its merits from a nutritive point of view, it is perfectly pure, and in fact, may be taken as a standard of all similarly made preparations. As a remedial substance and for campaigning purposes, it is no doubt invaluable. At the present high prices of butcher's meat, it ought successfully to compete, even as regards the question of making beef-tea. One of the curious points about extract of flesh is, its extraordinary keeping properties which are wonderfully exemplified in the extract under discussion. In speaking of the application to the army, Liebig says, "Sagacious and experienced physicians, and of these especially Parmentier and Proust, have long ago endeavoured to procure a more extended application of the extract of meat." "In the supplies of a body of troops," says Parmentier, "extract of meat would offer to the severely wounded soldiers a means of invigoration which, with a little wine, would instantly restore his powers exhausted by great loss of blood and enable him to bear being transported to the nearest field hospital." "We cannot," says Proust, "imagine a more fortunate application." What more invigorating remedy, what more powerfully-acting panacea than a portion of genuine extract of meat dissolved in a glass of noble wine? The most *recherché* delicacies of gastronomy are all for the spoiled children of wealth. Have we then nothing in our field hospitals for the unfortunate soldier whose fate condemns him to suffer for our benefit, the horrors of a long death struggle amid snow and the mud of swamps?"

Now when science has made us better acquainted with the nature and quality of the juice of flesh it appears to be truly a matter of conscience again and again to recommend to the attention of the Government the suggestions of these noble-minded men.

Although this may appear a little high-flown, it is but justice to state that the above quotation was written before Liebig ever contemplated entering into meat extract as a commercial speculation.

STUDENTS' COLUMN.

SYNOPTICAL REVIEW OF THE OFFICIAL PREPARATIONS OF THE BRITISH PHARMACOPEIA.

By W. HANDSEL GRIFFITHS, PH.D., L.R.C.P.,
L.R.C.S. Edin.,

Assistant-Librarian Royal College of Surgeons in Ireland.

PILULÆ (PILLS).

THERE are no less than twenty formulæ for the preparation of these, viz. :—

Pilula	Aloes Barbadosensis.
"	Aloes Socotrina.
"	Aloes et Assafetida.
"	Aloes et Ferri.
"	Aloes et Myrrha.
"	Assafetida Composita.
"	Cambogia Composita.
"	Colocynthis Composita.
"	Colocynthis et Hyoscyami.
"	Conii Composita.
"	Ferri Carbonatis.
"	Ferri Iodidi.
"	Hydrargyri.
"	Hydrargyri Sub-chloridi Composita.
"	Ipecacuanha cum Scilla.

Pilula Plumbi cum Opio:
 " **Quinia.**
 " **Rhei Composita.**
 " **Saponis Composita.**
 " **Scillæ Composita.**

All the pills consist of several ingredients, and yet there is no satisfactory method of classifying them pharmaceutically. We will therefore consider them in alphabetical order, directing the special attention of the student to the ingredients and strength of these important preparations.

Pilula Aloes Barbadosis (1 in 2):

Barbadoes aloes, 2 oz.; hard soap, 1 oz.; oil of carraway, 1 dr.; confection of roses, 1 oz.

Pilula Aloes Socotrine (1 in 2):

Socotrine aloes, 2 oz.; hard soap, 1 oz.; oil of nutmeg, 1 dr.; confection of roses, 1 oz.

Pilula Aloes et Assafœtidæ (1 of aloes, and 1 of assafœtida in 4):

Socotrine aloes, assafœtida, hard soap, and confection of roses; of each 1 oz.

Pilula Aloes et Ferri (1 of aloes, and $\frac{3}{4}$ of iron in 5 $\frac{1}{2}$):

Sulphate of iron, 1 $\frac{1}{2}$ oz.; Barbadoes aloes, 2 oz.; compound powder of cinnamon, 3 oz.; confection of roses, 4 oz.

Pilula Aloes et Myrrhæ, "Rufus Pill" (1 of aloes, and $\frac{1}{2}$ of myrrh in 3):

Socotrine aloes, 2 oz.; myrrh, 1 oz.; saffron, $\frac{1}{4}$ oz.; confection of roses, 2 $\frac{1}{2}$ oz.

Pilula Assafœtidæ Composita (1 of assafœtida, and 1 of galbanum in 3 $\frac{1}{2}$):

Assafœtida, galbanum, and myrrh, of each 2 oz.; treacle, 1 oz.

Pilula Cambogiæ Composita (1 in 6):

Gamboge, Barbadoes aloes, and compound powder of cinnamon, of each, 1 oz.; hard soap, 2 oz.; and a sufficiency of syrup.

Pilula Colocynthis Composita (1 of colocynth, 2 of aloes, and 2 of scammony, in 6):

Colocynth, 1 oz.; Barbadoes aloes, 2 oz.; scammony, 2 oz.; sulphate of potash, $\frac{1}{4}$ oz.; oil of cloves, 2 dr.; water, a sufficiency.

Pilula Colocynthis et Hyoscyami:

Compound pill of colocynth, 2 oz.; extract of hyoscyamus, 1 oz.

Pilula Conii Composita (? $\frac{1}{4}$ of extract, and $\frac{1}{2}$ of ipecacuanha, in 3):

Extract of hemlock, 2 $\frac{1}{2}$ oz.; ipecacuanha, $\frac{1}{2}$ oz.; and a sufficiency of treacle.

Pilula Ferri Carbonatis (1 of saccharo-carbonate in 1 $\frac{1}{4}$):

Saccharated carbonate of iron, 1 oz.; confection of roses, $\frac{1}{4}$ oz.

Pilula Ferri Iodidi (1 of iodide of iron in 3):

Fine iron wire, 40 grs.; iodine, 80 grs.; refined sugar, 70 grs.; liquorice root, 140 grs.; and distilled water, 50 mins.

Pilula Hydrargyri, "Blue Pill" (1 of mercury in 3):

Mercury, 2 oz.; confection of roses, 3 oz.; liquorice root, 1 oz.

Pilula Hydrargyri Sub-chloridi Composita, "Plummer's Pill" (1 of calomel in 5):

Calomel, 1 oz.; sulphuretted antimony, 1 oz.; guaiacum resin, 2 oz.; castor oil, 1 oz.

Pilula Ipecacuanhæ cum Scilla (3 of Dover's powder in 7):

Compound powder of ipecacuanha, 3 oz.; squill, 1 oz.; ammoniacum, 1 oz.; and a sufficiency of treacle.

Pilula Plumbi cum Opio (6 of acetate of lead, and 1 of opium in 8):

Acetate of lead, 36 grs.; opium, 6 grs.; confection of roses, 6 grs.

Pilula Quiniæ (3 of quinine in 4):

Sulphate of quinine, 60 grs.; confection of hips, 20 grs.

Pilula Rhei Composita (1 of Rhubarb, $\frac{3}{4}$ of aloes in 4 $\frac{1}{2}$):

Rhubarb, 3 oz.; socotrine aloes, 2 $\frac{1}{2}$ oz.; myrrh, 1 $\frac{1}{2}$ oz.; hard soap, 1 $\frac{1}{2}$ oz.; oil of peppermint, 1 $\frac{1}{2}$ drs.; treacle, 4 oz.

Pilula Saponis Composita (1 of opium in 5):

Opium, $\frac{1}{2}$ oz.; hard soap, 2 oz.; water, a sufficiency.

Pilula Scillæ Composita (1 of squills in 5):

Squill, 1 $\frac{1}{4}$ oz.; ginger, ammoniacum and hard soap, of each 1 oz.; treacle, 2 oz.

With regard to the *directions* for the preparation of the foregoing pills, the solid ingredients are to be powdered previously to being mixed, and as a general rule the simple direction is to mix the ingredients thoroughly so as to form an uniform mass. In the preparation of *Pilula Assafœtidæ Composita*, however, the ingredients are to be heated in a water-bath, and the mass stirred until it assumes an uniform consistence. In *Pilula Ferri Iodidi* the iron is to be agitated with the iodine and the water, until the froth becomes white, the fluid is then to be poured on the sugar in a mortar, rubbed briskly, and the liquorice gradually added. In the *Pilula Hydrargyri*, the efficacy of the pill depends on the degree of extinction of the mercury, and hence we must be careful to rub the mercury with the confection of roses until the metallic globules are no longer visible; the liquorice is then to be added and well mixed.

Pilula Hydrargyri probably consists of minutely divided metallic mercury combined with mercurous oxide (Hg, O). It sometimes contains sub-sulphate of mercury as an adulteration, from the fact of sulphuric acid having been added to the confection of roses to improve its colour; it is detected by rubbing the pill-mass with boiling water, and adding solution of nitrate of baryta—a white precipitate, insoluble in nitric acid, resulting.

Pilula Hydrargyri Sub-chloridi Composita becomes partially decomposed by long keeping, chloride of antimony and sulphuret of mercury resulting.

In *Pilula Plumbi cum Opio* which is an imitation of "Graves's Pill," a decomposition is also said to take place, acetate of morphia and meconate of lead being formed.

Special Report

ON

DISEASES OF THE THROAT.

Edited for the "MEDICAL PRESS AND CIRCULAR."

By PROSSER JAMES, M.D., M.R.C.P.,

Physician to the Hospital for Diseases of the Throat and to the North London Consumption Hospital; Lecturer on Materia Medica and Therapeutics at the London Hospital.

(Continued from page 277.)

THEORY OF LARYNGOSCOPY.

It is not my purpose here to enter upon the consideration of the laws of optics, some knowledge of which should be possessed by every professional man. But inasmuch as a great deal has been written upon the principles involved in the art of laryngoscopy, and numerous mistakes have been made, it seems well to state as briefly as possible the theory upon which that art depends.

Every one is aware that a pencil of light falling upon a plane polished surface is reflected from it, and nearly every student will, if questioned about it, repeat the optical law that the angle of incidence is equal to the angle of reflection. This is the law on which laryngoscopy depends, but it is more frequently repeated than thought about. The practical application is easy enough, and very little thought should prevent any one falling into the errors that some writers have committed. The student may advantageously amuse himself by correcting some of these as he stands before a pier-glass and puts to the test the

statements made. In fact, a quarter of an hour before a looking-glass is one of the best preparations for a course of lessons in laryngoscopy, or may even be looked upon as the first lesson. By standing before a mirror and carefully watching every movement he makes, the student will learn to realise more exactly the laws of reflection and the position he will occupy when he comes to examine patients. This will be more fully exemplified as we proceed; for in the practice of laryngoscopy the physician merely observes the reflected image of his patient's larynx in a plane mirror. But it must not be forgotten that the little laryngeal mirror is held in the fauces in an oblique position forming an angle of about forty-five degrees with the horizon, and moreover that the plane of the opening of the larynx is also oblique. This opening is bounded in front by the epiglottis, which is also the highest point of the larynx and so the most prominent, and as previously shown, the easiest to see in the laryngoscope. The arytenoid cartilages, the next most prominent objects, are at the lowest point. Between the two extremes are the aryteno-epiglottidean folds. Now the relative position of these parts is just the same in the image seen in the laryngeal mirror. Thus, the epiglottis appears at the summit, the folds a little below, and lowest of all the cartilages. (See Figs. 13, 14, and 16, p. 193). There is not then any inversion, as some have supposed. It is in another direction we must seek for the change which has led to this misconception, and which we will now consider.

In Fig. 14 (p. 193) it will be noticed that the base of the tongue is depicted at the highest part of the engraving. By holding the page horizontally the reader will observe that this makes the tongue appear the farthest

off, while in reality as he sits in front of a patient he knows the tongue must be nearest.

We are able, therefore, to represent a natural view of the parts by engraving them in an inverted position thus:— (Fig. 18.)

By holding this page horizontally, the tongue is the nearest to the observer, the epiglottis comes next, and behind it is the glottis. This is the position of the parts as they actually exist in a patient, seated in front of the observer, but in the laryngeal mirror the position of the parts is reversed—the nearest becoming the most distant. The last engraving should therefore be compared with Fig. 14. (p. 193), and afterwards with the following smaller cut. This (Fig. 19) represents the

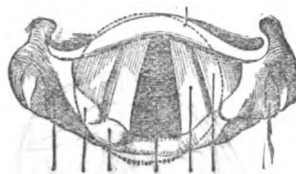


FIG. 19.

same parts except the base of the tongue, which I have not thought it necessary to re-engrave, especially as it is desirable to become accustomed to the appearance of the simple laryngeal view. Here we have the position of the parts as they appear in the laryngoscope, and as they are represented in all works on the subject, and this is the only inversion that takes place in the practice of laryngoscopy (a).

Some students come to us with a notion that there is a lateral inversion of the image in the laryngeal mirror. There is no such thing. The idea can only result from a confusion of terms. Right and left are words that each speaker is apt to refer to himself as a standard, but almost every clinical clerk is aware of the necessity of discriminating between the right or left side of the patient and himself. Rather ludicrous mistakes do, however, occur. For example, I have seen a gentleman listening on the right side of a patient's chest for the sounds of the heart, and another tapping the left epigastric region to elicit the dulness he was taught to seek for over the liver. The same confusion lurks in the error about lateral inversion in laryngoscopy. The physician sits opposite to the patient and looks at the image formed in the mirror held in the fauces. The right hand of the physician is therefore immediately opposite to the left hand of the patient. It is the same with every other part—the right foot or right eye of every observer is opposite the left of a person facing him. In learning the use of the ophthalmoscope, the student does not so readily fall into error, because it is so much more easy to correct himself, and he only examines one eye, right or left, at a time.

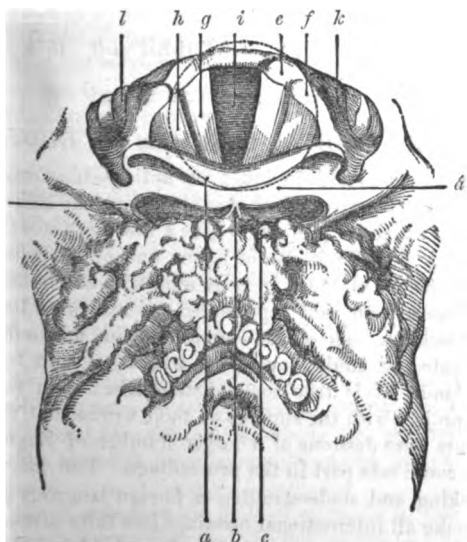


FIG. 18.

FIG. 18.—Base of tongue and larynx. *a* Epiglottis; *a*. Its free border; *d*. Its anterior surface; *b*. Glosso-epiglottic ligament; *c*. Vallecula; *d*. Folds connecting the epiglottis with the pharyngeal wall; *e*. Arytenoid cartilage surmounted by the cartilage of Santorini; *f*. Cartilage of Wrisberg; *g*. True vocal cord; *h*. False vocal cord; *i*. Rima glottidis; *k*. Outer surface of aryteno-epiglottic folds; *l*. Inner surface of wall of pharynx.

(a) I have thought it worth while to dwell upon this point thus fully, in consequence of the communications that have been made to me since the commencement of these articles, and shall continue as far as possible to elucidate the points to which my attention may be directed by correspondents.—P. J.

In the laryngeal mirror, however, he sees both vocal cords at once, but they are not inverted. He must remember that it is the image of the patient's cords he sees, not his own. The standard of right or left must therefore be referred to the patient, and then it will be manifest that as the left vocal cord of the patient is opposite the right of the physician, so it appears on what the observer calls the right side of the mirror, but what would be called by the patient its left side.

All this is readily seen in Fig. 13, and it may be rendered still plainer by the following two engravings. The first, Fig. 21, shows the laryngeal image as reflected in the laryngoscope, while the one below (Fig. 22) displays the actual relation of the parts to each other in the patient's larynx.

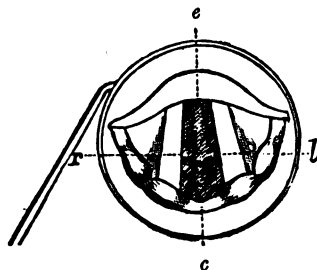


FIG. 21.

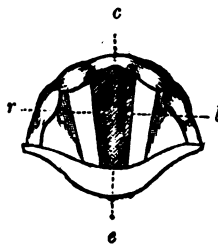
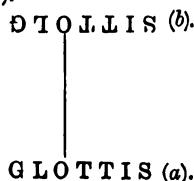


FIG. 22.

Figs. 21 and 22: r right and l left; vocal cords—e epiglottis, c commissure of glottis. The engraver has, by error, carried the lines of indication through the glottis.

The correctness of the foregoing statements respecting inversion admits of the easiest experimental proof at the hands of every reader. Standing in front of a swing toilet mirror, the upper part of which is inclined forwards, so as to represent the position of the laryngoscope in a patient's fauces, he has only to place this paper on the stand and examine the image of the engraving (Fig. 19) as reflected in the glass. He will thus satisfy himself of the accuracy of what I have said. Nor is an engraving necessary for the experiment, though as it represents the parts to be seen it is more striking.

The letters on any page are reflected in exactly the same way. They appear in the glass upside down, but they do not read from right to left. There is no lateral reflection. We may illustrate this by the word glottis in the following diagram, which below (a) is naturally placed, but is seen in the glass as at (b).



The same facts may be illustrated still more aptly by taking an ordinary laryngeal mirror and holding it over any of these pages in a similar oblique position. In that mirror the reader can examine any of the engravings and see them just as he will see the patient's larynx; and the learner will find it excellent practice. If less to the purpose, the reading of the letterpress thus reflected is both instructive and amusing.

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The Medical Press and Circular.

“SALUS POPULI SUPREMA LEX.”

WEDNESDAY, OCTOBER 16, 1872.

THE MEDICAL CONGRESS OF LYONS.

OUR readers will no doubt be anticipating some news as to this Congress, which was opened on the 18th ultimo, and of which we propose to give a few particulars in this article. The Profession of Lyons, and of the department of the Rhone attended in large numbers, and other parts of France were well represented, as also were Italy and Switzerland. These last were, however, not so fully represented as could have been wished, nor in fact, was England. It is true some distinguished men favoured the project with the support of their names, but the promoters were desirous of a larger number of Englishmen who could take part in the proceedings. The difficulty of speaking and understanding a foreign language goes far to make all international meetings less fully attended.

The Congress was opened by a splendid address by M. Diday, the president, who welcomed all members on behalf of the twelve learned societies who had done all that was possible to make it a success. The officers were then appointed, and the scientific work commenced. More than 300 members attended.

The first subject on the programme was Small-pox, and

so numerous were the contributors that two sittings were devoted to it. Every aspect of the subject was considered. Some authors devoted themselves to treatment, others to prevention, and others to a description of the epidemics they had observed. M. Boutellier described the epidemic at Rouen of 1870-71, which was terribly fatal, and then considered at length the means of prevention.

M. Fredet described the epidemic of St. Chamond in 1870-71. He attended 253 cases himself, and only had 18 deaths. His treatment was very simple, and he insisted on vaccination as the preventive.

M. Blatin described an epidemic that ravaged Clermont-Ferrand in 1871, when he had 428 cases, of which 55 died. He thinks varioloid is only a mild form of Small-pox. He urged the importance of vaccination and re-vaccination.

M. Fitch-Lang communicated a paper on Contagion, in which a great number of facts were detailed, and in which the teaching of Professor Laveran were enforced.

Professor Léon Colin gave an account of the epidemic of Paris in 1870-71. He thought that epidemic really began in October, 1869, and did not close till March, 1871. It was entirely uninfluenced by the seasons. The hæmorrhagic form was excessively fatal, and not very rare, and pulmonary complications carried off many. The mobiles in Paris suffered much more than the troops. The latter had been re-vaccinated to a great extent. Hence their immunity.

Lyons suffered an epidemic at the same period, and this of course occupied the Congress. It was fully described by MM. Mayet, Fitch-Lang and Perraud.

M. Lahilonne confined himself to Therapeutics. He insisted on the importance of fresh air, and advised open windows and light covering, even in winter. He saved numbers of hæmorrhagic cases by ergot of rye, in doses of 5 to 8 grammes, until its physiological effect was produced.

M. Teissier opened a lively debate on Prophylaxis, in which MM. Chabannes, Bergeon, Trolard, Mayer, Pacchiotti, Bottini, Legroux, Desgranges, Pétrequin, Chassagny, and others took part. The majority of the Congress resolved that it was desirable to render vaccination and re-vaccination compulsory.

The second day the subject was Gunshot Wounds. M. Léon Tripier read a paper on Sub-periosteal Resection of Joints, which excited much interest.

M. Ollier followed with a communication on Resections in Wounds of the Upper Extremities in War, that will rank as one of the most important papers of the Congress.

The subject of dressing wounds could not be passed by, and M. Alphonse Guérin's method was examined with care.

Professor Verneuil opened this debate with one of those spirited addresses in which French clinical teachers are unequalled. He entirely accepted the superiority of Alphonse Guérin's dressing, and discussed the reasons of its success.

M. Ollier described the plan of dressing by occlusion, and M. Laroyenne discussed the indications of treatment furnished by gunshot wounds.

On the third day the subject of ambulances in time of war occupied most of the sitting. Two masterly communications were made. The first by M. Savazin, of the Faculty of Strasbourg, the second by M. Léon Le Fort.

We shall return to the Congress in another article.

MORE DEATHS FROM CHLOROFORM AND FROM BICHLORIDE OF METHYLENE.

IN our last two numbers we have referred to the important issue of the comparative safety of the various anæsthetics in use, and have ventilated the subject with an earnest desire of attracting attention to the question of safety in anæsthesia, and how it is best to be attained. From recent inquiries, and chiefly owing to the discussion of the question of the superiority and safety of ether as an anæsthetic agent, which has been lately presented in our columns to our readers (a), the question is an important one; and the impression is daily gaining ground that the professional men have been rather remiss in searching after a safe anæsthetic, and have got into the habit of too contentedly contemplating the dangers which have been escaped—often too narrowly,—or consoling themselves with the reflection, in cases where death occurred, that they had "but done their duty," and had availed themselves of the light which the present state of Medical science afforded. The public mind is, however, becoming more awake and anxious about the dangers which are thus passed through; and when, week by week, additional evidence is being accumulated, it is no longer a time to halt between two or more opinions as to what anæsthetic agent will afford the greatest security to the patient and best ensure more general confidence.

Three more cases are added this week to the anæsthetic obituary. One from bichloride of methylene, at the Mid-dlesex Hospital, is thus reported:—

"The patient, a man æt. 48, was admitted for a deep abscess in the buttock, discharging a short way within the sphincter ani. He was apparently healthy. It was thought desirable to lay the abscess open, and, if necessary, to complete the operation as for fistula. Methylene was used on this occasion: about two drachms had been inhaled, and he was insensible; when, as the operation was about to be commenced, and a minute after the inhalation had been stopped, it was noticed that his breathing had ceased, and he became very livid. Silvester's method of keeping up respiration was at once resorted to, and he gasped once or twice. Galvanism was employed, but no effort produced any effect. The only *post mortem* condition of importance was the existence of a rather large and very flabby heart."

Two cases of death from chloroform are also given. Dr. Marshall, of the General Hospital, Nottingham, reports the following:—

"J. T., a very stout man, was admitted at half-past nine on Thursday evening with compound comminuted fracture of the left leg. Amputation was resorted to, and commenced about twenty minutes past ten. He did not appear to be suffering from shock; and the quantity of blood lost, although large, was not so great as might have been expected from the nature of the injury. Chloroform was administered to about three drachms, and unconsciousness was procured without any untoward symptom, with the exception of vomiting twice. He was moved to a convenient position for operation. During this process his face became livid, the tongue was thrust between the teeth, and respiration ceased, but was immediately resumed on removal of the tongue by forceps. He continued to respire with ease, and became partially conscious. The operation not being quite completed, Dr. Marshall was asked to give more chloroform, as he was moving the stump, and at that time (ten minutes or a quarter of an hour before death) he placed a few minims on the mask, the vapour from which was inhaled for a few seconds only. Ten minutes

(a) "Danger of Chloroform," by Dr. Morgan.

after the removal of the mask from his face, Dr. Marshall noticed that the respirations were more shallow and less frequent, being, however, unaccompanied by lividity of face or failure of pulse; when suddenly his face became livid, his teeth firmly fixed, and respiration ceased entirely, no effort of that nature being made after this time. Galvanism and artificial respiration were resorted to, and used for thirty-five minutes, but with no effect."

Another case where removal of the breast was intended is given by Dr. Bird, of York:—

"The patient, a female, æt. 57, was apparently in the best of health, although very nervous about the operation. Before the administration of chloroform Dr. Bird and his assistant examined the condition of the heart and lungs, but there was no discernible abnormal condition. The patient, by direction, had had no solid food for between three and four hours prior to our visit, but had a tablespoonful of brandy in a little cold water. Less than half a drachm of Duncan and Flockhart's chloroform was then administered to the patient on a sponge by my assistant. The sponge was a very porous one, and was at first held at least an inch from the mouth and nostrils, which it was gradually made to approach. Dr. Bird had charge of the pulse on one side and his assistant on the other. From time to time he examined the condition of the eyes. The first stage was quickly passed. Then the patient became very excitable and struggled, but not so much as he had witnessed in many cases. She talked incoherently about her business and other matters, and once or twice called out 'Fetch the police.' A second half-drachm of chloroform was now further administered in the same cautious manner as before. Within a minute after this the pulse, which throughout had been somewhat feeble, suddenly stopped. The breathing almost at the same moment became short and shallow, and then ceased, and the countenance became livid. These symptoms of danger occurred almost simultaneously. A few seconds before reflex contractions of the eyelids took place on touching the conjunctiva, and the pupils were slightly contracted. The administration of chloroform was immediately suspended, the window thrown open, cold water dash on the face and chest, the tongue drawn out by forceps, an artificial respiration (by Silvester's method) adopted; but it was evident from the first by the extremely dilated pupils, the quickly increasing lividity and sudden and contemporaneous cessation of respiration and circulation, that the case was hopeless. An inquest was held the next day, when 'death from chloroform' was recorded."

These cases of death and these verdicts of coroners' juries are but painful repetitions of others recorded, where precautions were taken and where careful examinations of the internal organs had been made, and they illustrate what is perhaps the most disturbing and unpleasant qualities of chloroform and bichloride of methylene, their treachery. Ether, which has been hitherto in a great measure set aside in these countries by chloroform, carries with it strong recommendations in view of these distressing results. Is it just to our patients to use an agent so weighted with dangers when a far safer one, and now as convenient a one, is to be had by the use of ether, which as yet stands at the head of the list as the safest of all the anæsthetics in use? We again recommend this subject to the careful consideration of the Profession.

Notes on Current Topics.

Laminaria in the Treatment of Urethral Strictures.

DR. ROBERT NEWMAN, M.D., lately published a paper in the *New York Medical Record* on this subject. We

cite the conclusions arrived at by Dr. Newman:—1. The bougies must be made from an unblemished piece of the plant, taken out of the middle, made with care and equal in its whole length and size. If there is the slightest suspicion of unevenness it should not be used. 2. That part of the bougie which will occupy the portion of the urethra below the last stricture, and particularly that part of the bougie which enters the bladder, must be varnished previously. Mastic-varnish can be used. If the varnish is applied just before using, the laminaria may dilate a little, but, if several coats are applied and allowed to dry, no expansion can take place. 3. As any oily substance hinders the expansion no oil must be used. The bougie before introduction must be placed in cold water until it gets a soft velvet-like touch. 4. The bladder must be emptied before the operation, to avoid uneasiness and over distention. 5. The urethra ought to be injected with water to relax the parts and favour the moisture for rapid dilatation. 6. The measure of the urethra and seat of strictures must be carefully taken, notes made, and the bougie prepared accordingly. 7. The bougie when ready, must be introduced at once, straight, without hesitation, twisting, or resting in its passage; otherwise it will cause pain, or, as dilatation goes on immediately, it will not reach the desired depth. 8. After insertion the bougie must be left alone, and not meddled with, or tried to move. 9. It must be left inside undisturbed for from two to four hours, according to circumstances, consulting the feeling of the patient. 10. The patient during this time is left in a recumbent position, and attended or observed by the surgeon. 11. In removing the bougie the surgeon takes hold of the bougie and uses firmly and gradually, tractions in the same direction. If some surgeons have failed with laminaria, they either have not observed these precautions, or they have had imperfect bougies, or selected impracticable cases.

This treatment is most indicated when the stricture is very small, almost impermeable, and no time can be lost, as the No. 1 bougie of laminaria can be introduced easier than the usual sounds of catheters. In a few hours the patient is relieved and can micturate without difficulty. No bad results can follow, nor will it interfere with his attention to business. This latter advantage is a great consideration, as the treatment with divulsors or dilators almost always causes pain, sufferings, and detention in bed and from business. As soon as the stricture is dilated so far that a steel sound of a larger calibre can be introduced, the laminaria has done its duty, and it is better to abandon its further use, and continue with other means. These are either steel sounds or galvanism.

The Queen's University in Ireland.

THE Marquis of Kildare, in his address as Chancellor of the Queen's University in Ireland, epitomised the following facts in connexion with the University and its Colleges, and their Medical work. The Institution, he said, brought that day to a close the 22nd year of its career of usefulness. During the past year it had taught 745 students in its colleges at Belfast, Cork, and Galway, of whom 200 are Roman Catholics, 243 members of the Protestant Episcopal Church of Ireland, 234 Presbyterians, and 62 are members of other denominations. At the examinations, of which the principal had been held within the past fortnight, 362 candidates presented them-

selves within this year. Of these, 114 were in the Faculty of Arts, 216 in the Faculty of Medicine, 2 in the Faculty of Law, and 29 in Engineering. In the Faculty of Medicine there were 138 candidates for the previous examination, and 78 for the final examination for the degree of M.D. Eighty-eight of the former and 67 of the latter satisfied the examiners. Fifty-three candidates presented themselves for the further degree in the Faculty of Master in Surgery, and 41 for the Diploma in Midwifery. Forty-two of the former and 30 of the latter came up to the requirements of the examiners.

Epithelioma cured by Creasote.

DR. FOURNE publishes a case in the *Montpellier Medical* showing the effect of topical applications of creasote in epithelioma. A sailor, twenty-four years of age, presented himself, with an ulcer on the cutaneous border of his upper lip, about four centimetres in diameter. The tissues were perceptibly indurated in its vicinity, there was a severe itching pain, and there was no trace of syphilis. After two days' observation the ulcer was increasing, and was pronounced epithelioma.

Treatment was commenced by dipping a brush in pure creasote, and having removed any that might drop, the whole surface of the ulcer was lightly but firmly touched with a brush, a certain degree of pressure being used, and the brush retained on the same point a few seconds, so as to insure a thorough application. A piece of lint moistened in a gummy solution of creasote was then laid upon the ulcer. The application caused but slight pain.

Three days subsequently it was found that the ulcer had not increased. The application was repeated in the same manner, and five times afterwards at about the same interval. Cicatrisation then commenced and proceeded rapidly, being favoured by a dressing of thin paper moistened with a solution of creasote. Entire recovery took place about six weeks after the treatment was commenced.

American Medical Journalism.

THE *Canada Lancet* informs us that there are 55 Medical journals published in the United States. Forty-one of these are allopathic, 9 homœopathic, and 5 eclectic. The circulation of the majority of these varies from 500 to 1,000, a few from 1,500 to 2,000, and only two reach over 3,000 circulation, the *Medical Record*, semi-monthly, 3,726, and the *Philadelphia Medical and Surgical Reporter*, weekly, 3,500.

Spontaneous Cure of Fibroid Tumours of the Uterus.

SEVERAL cases of resorption of fibroid tumours of the uterine walls have been collected by Dr. Gueniot. There can be no doubt of the correctness of the diagnosis in these cases, but the causes which determined the resorption of the abnormal deposits are unknown. He shows (*Bull. de Thérapeutique*) that the chief modification which the tumours underwent was, a change of their substance into fat—a fatty degeneration. This is strictly analogous to the physiological course which brings back the hypertrophied uterus to its normal size after child-birth. Claude Bernard, it may be remembered, brought about resorption of the pancreas by means of fatty injections.

These considerations suggest two therapeutical plans of treatment.—1. Injections into their tissues, a surgical

method which promises well, but which has not yet been sufficiently investigated; 2. The internal exhibition of steatogenics or fat producers, such as arsenic, phosphorus, and lead.

Execution of Hospital Surgeons.

A DESPATCH from Cuba to the *New York Herald* says: "Two surgeons, one an American, the other a German, were lately found serving in the insurgent hospital in the Tacajo Mountains. They were captured by a detachment of the Mantanzas battalion, and immediately executed."

Treatment of Diabetes Insiptidus.

M. GUENEAU DE MUSSY recommends the administration of full doses of belladonna and sulphurous baths in the treatment of diabetes insipidus. Its use in incontinence of urine is well established. Systematically employed in diabetes insipidus, it has diminished the quantity of urine passed from ten pints to two pints *per diem*. The sulphurous baths bring the skin to the relief of the kidney.

Vital Statistics of Dublin.

IN the Dublin District the births registered during last week amounted to 166. The average number was 145. The deaths were 128. The average 137. Small-pox caused 4 deaths—of these 1 occurred during the week, 2 in the week preceding, and 1 previously. Only 1 death from fever was registered during the week. Three deaths were ascribed to measles, 2 to scarlet fever, 4 to diphtheria, and 1 to croup. Diarrhœa was the cause of 10 deaths. Fourteen children died from convulsions. Bronchitis proved fatal in 14 instances, and pneumonia in 4. Two deaths were referred to apoplexy, and 1 each to paralysis and epilepsy. Heart disease caused 5 deaths. Four deaths resulted from liver disease, and 1 from kidney disease. Fifteen persons died from phthisis, and 2 from hydrocephalus. Five deaths were accidental, viz.:—1 from fractures and contusions, and 4 from drowning.

Local Uses of Tannin.

DR. G. P. HACHENBERG reports in the *New York Medical Record* several cases of the use of this remedy in prolapsus uteri, where other means had failed to afford relief. His method is as follows: A glass speculum is introduced into the vagina so as to push the uterus into its place. Through the speculum a metallic tube or syringe, with the end containing about thirty grains of tannin, is passed. With a piston, the tannin is now pushed against the uterus, the syringe withdrawn, and the packing neatly and effectually completed, with a dry probang, around the mouth and neck of the womb. After the packing is completed, the probang is placed against the tannin, in order to hold it, and the speculum is partially withdrawn. The packing is now fully secured and the instrument removed.

The application of tannin holds the uterus firmly and securely in place, not by dilatation of the walls of the vagina, but by corrugating and contracting its parts. At first, the applications may be made weekly, finally but once or twice a month. It not only overcomes the hypertrophy and elongation of the cervix, but even, the writer thinks, induces a slight atrophy of the parts. As a remedy for leucorrhœa, where the seat of the inflamma-

tion is at the mouth of the womb, or within the vagina, it actually gives speedy relief.

Dr. Hachenberg also reports in the same paper, which is quoted in the last number of the *Boston Medical Journal*, a case of chronic ulceration of the rectum, which was cured after a few weekly packings of tannin.

He has found, moreover, that in affections of the throat, direct applications of tannin to the diseased parts give satisfactory results. In a case of extraordinary hypertrophy of the tonsils, preparatory to the operation of extirpation, tannin mixed with tincture of iodine to the consistency of syrup, was applied with the effect of so diminishing the hypertrophy that a surgical operation will in all probability not be necessary.

No remedy has given such satisfactory results in certain forms of chronic ophthalmia and opacity of the cornea as tannin. Once a week, place under the eyelids pure, well-triturated tannin. The application is not very painful, and the tears soon dissolve the tannin. An aged lady, who had chronic ophthalmia, was relieved by one application; another, who was blind from opacity of the cornea and chronic ophthalmia, recovered her sight mainly from the local use of powdered tannin.

Mortality in Dublin.

ACCORDING to the quarterly summary of births and deaths in Dublin (including the suburban districts) the number of births registered during the last quarter amounted to 1,992, equal to 26 in every 1,000 of the population. There were registered in London during the same period 28,399 births, 34 in every 1,000; in Glasgow, 39 per 1,000; and in Edinburgh, 29 in every 1,000.

Deaths.—The deaths registered in the Dublin district amounted to 1,784, affording an annual ratio of 23 in every 1,000. The proportion of deaths north of the Liffey was 25 in every 1,000, and the same south of the river. In the suburbs of Rathmines, Donnybrook, Blackrock, and Kingstown, the deaths numbered 15 in every 1,000. The deaths in Belfast were 20 in every 1,000; in Cork, 25 per 1,000; in Limerick, 18; in Londonderry, 15; in Waterford, 18; in Galway, 20; and in Sligo, 16 in every 1,000. In London, 21; in Glasgow, 25; and in Edinburgh, 20 in every 1,000 of the estimated population.

Diseases.—Small-pox caused 155 deaths, or 1 in 11.5 of the total deaths. In the corresponding quarter of last year, 20 deaths, and in the preceding quarter of this year, 582 persons died from this disease. In Cork 160 deaths resulted from small-pox, against 527 in the preceding quarter. Six occurred in Belfast, and 4 in Londonderry. In the Dublin district 53 persons fell victims to fever, viz., 9 to typhus, 26 to typhoid, and 18 to simple continued fever. Measles proved fatal in 74 instances, scarlet fever in 36, croup in 22, diphtheria in 6, and whooping cough in 5. Eighty-nine deaths resulted from diarrhoea. Bronchitis was the cause of 127 deaths, or 1 in 14 of the total deaths, and pneumonia 23. One hundred and twenty deaths were ascribed to convulsions. Phthisis proved fatal in 248 instances, affording a ratio of 1 to every 7.2 of the total deaths. Mesenteric disease caused 41 deaths, hydrocephalus 46, and scrofula 13. Fifty-one deaths were referred to cancer. Heart disease was the cause of 76 deaths; aneurism of 4; pericarditis of 4; liver disease of 17; nephria of 5. Thirty-two deaths were attributed to apoplexy, 37 to paralysis, and 10 to epilepsy.

Munificence.

It will be in the recollection of our readers that some eighteen months since Professor Erasmus Wilson, F.R.S., presented the Royal College of Surgeons of England with £5,000 to found a chair of Dermatology in that Institution. We have now to announce a donation of £5,000 from the same gentleman to the Council of the Royal Medical Benevolent College, Epsom, for the building of a master's house, and buildings for the accommodation of boarders—the foundation stone of which was laid on Friday last.

Removal of Names from the "Medical Register."

It is well known, especially to those who have—as we have done—made extensive use of the "Medical Register," that it is as a record of the members of the Profession and their residences, altogether unreliable, inasmuch as it contains many hundreds of names of persons who are long since dead, or who are not to be found at their registered place of residence. This fault might be expected in such a publication, but it is none the less a great blot on the perfectness of the official list, and one which ought to be amended even at some expense and trouble.

The Medical Act provides power to the Council to elide the name of any person to whom two registered letters have been addressed without eliciting a reply; but the Council has hesitated, in a majority of cases, to adopt this course, being unwilling to disfranchise a man who may possibly be engaged in the busy practise of the Profession, for no better reason than that he does not reply to a letter. The Registrar of the Pharmaceutical Chemists of England has taken a decisive step towards the correction of his register, and it is one which the Medical Council must adopt if they mean that their Register shall be anything more than a useless Parliamentary paper. Having complied with the Act by sending the two registered letters, he now publishes a list of no less than 1,040 persons whose names—if he hears nothing to the contrary—he will strike off his roll on the last day of this year. Probably very many of these persons are dead, but the others—careless and indolent persons—will no doubt give speedy attention to this ultimatum. Some such process must be adopted if the "Medical Register" is to be of any real use, for it is obvious that the present system of correction is perfectly ineffective, and if persisted in will shortly make the annual publication of the Register a useless matter of official form.

Medical Men as Public Analysts.

We discussed recently the question whether, under the terms of the last Adulteration Act, the office of public analyst is or is not restricted to our own Profession, and we note that, so far as an *ex-parte* lawyer's opinion can decide the question, it has been settled that the Medical Profession enjoys no such monopoly. The words of the Act, it will be remembered, are that the public analyst must possess "competent Medical, chemical, and microscopical knowledge;" and the issue to be decided is whether a person who is not legally registered as a Medical practitioner can be held to comply with the first requirement.

The Pharmaceutical Society submitted the query to the

Attorney-General and Solicitor-General for England, and Mr. Langley, who have given the following opinion:—

“We have considered this case, and the Acts of Parliament referred to in it, and we are of opinion that the words “Medical, chemical, and microscopical knowledge” in the 5th section of the 35 and 36 Vict. cap. 74 are not to be construed so as to limit the choice of analysts within that section to duly qualified Medical practitioners only. We are further of opinion that the second branch of the question submitted to us must be answered in the affirmative.

“J. D. COLERIDGE,
“G. JESSEL,
“A. G. LANGLEY.”

We can take no exception to this decision, although it takes from our Profession the exclusive title to a number of valuable appointments.

Without under-estimating the value of Medical knowledge to a public analyst, we admit that it is quite possible for a well-read analyst to possess a quota sufficient for all the purposes of his office without having undergone a full educational curriculum, or taken a legal qualification to practice. We anticipate, nevertheless, that many Medical men will be found who will enhance their superior claims as members of the Profession by possessing a degree of proficiency as chemists and microscopists, which may entitle them to compete successfully for the office of public analyst.

The Signification of Fat-Granules and Granular Cells in the Cord and Brain.

PROF. LUDWIG MEYER describes in the *Archiv. f. Psychiatrie und Nervenkrankheiten* the microscopic appearances of these granules and granular cells. According to his view, these formations occur exclusively in the vascular walls. When these bodies are found between the nerve-fibres, they have been carried thither by the manipulation of the preparation, but they are always most abundant around the vessels, the smaller vessels next in size to the capillaries being the ones most affected. The granules form first at either pole of the oblong nuclei which are parallel with the direction of the vessel; the granules increase until they look like a string of pearls and finally surround the whole vessel; the nuclei of the vessels change their forms, become broader, and form the oval and round granular cells, often so large as to exceed the vessel in diameter.

It is seldom that there are not other changes of the vascular walls which must be considered as consequences of the fatty degeneration, and have been long known as sclerosis, changes due to age, or obstruction of the vessels. The fat granules may be absorbed, and in some specimens the transformation may be seen from large dark cells filled with granules into the imperfectly-defined spot on the vascular wall containing scattered fat-drops and a shrivelled nucleus. A change due to calcareous degeneration may occur, in which the vessel is completely incrustated with the chalky formation.

The multiplication of the fat-granules causes the layers of the arterial walls to be pressed out of place, the outer layers being pressed out, the inner inward, and the vessel may be so compressed as to destroy its lumen, or coagulation may occur at the roughened spot so as to obstruct the vessel.

The formation of fat-granules and granular cells in the

spinal cord and brain can be looked upon as forming part, probably the beginning, of a degenerative process, which under certain conditions may affect the vessels of all organs. The question may well be raised, as disturbance of innervation may be the cause of secondary changes in nutrition, whether long-continued and deeply acting disturbance of nutrition may not react upon the innervation, depress the latter, and lead, as the next step in the process, to fatty degeneration of the vessels in the nerve-centres.

Then follows the account of forty-nine cases in which the vessels of the nerve-centres were carefully examined with the microscope immediately after the autopsy. The results are summed up, that, of forty-nine cases, omitting twenty-one which were cases of general paralysis or imperfectly observed, there remains twenty-eight cases of different diseases. In twenty-four cases, six-sevenths of all, there was fatty degeneration in both brain and cord, twice of the latter alone, and twice of the brain alone. The gray substance of the brain is the chief seat of this change. The two cases where the degeneration was not found in the brain were cases of insanity running a short course. An extensive change of the cerebral vessels was found in all the cases of epilepsy examined; the two cases where the change was wanting in the cord were cases of epilepsy. Next, diseases of the respiratory apparatus favoured the fatty change in the cerebral vessels.

He considers the change to depend chiefly upon general disturbance of nutrition. When death occurred suddenly, in a well nourished person, though an epileptic or general paralytic, the granular change in the cord was almost nothing; if the patient had been weak and emaciated, unable to leave his bed for weeks and months before death, the change in the cord was very marked.

Among the changes following this fatty granular degeneration are many changes in the vessels themselves, as ectasis, obliteration, &c., which modify the circulation of the blood and nutrition of the nerve-elements, hence passive atrophic conditions. More frequently, the pressure of the masses of fat-granules and granular cells upon the nerve-substance injures the latter, especially when the granular matter is rapidly developed.

He thinks it possible that many unpleasant sensations, as hollowness and emptiness in the head, the psychical inefficiency, sensation of weakness and pain in the muscles, such as may be met in fevers, may be due to this change.

In one case of embolism of a large cerebral artery, of at most only three days' duration, the small vessels and capillaries had already received a considerable coating of granular cells.

Pharyngitis and Rhinoscopy.

In a clinical lecture by Harrison Allen, M.D., surgeon to Philadelphia Hospital, quoted by the *Record* from the *Philadelphia Medical Times*, August 1, 1872, he says that in pharyngitis dependent upon general naso-pharyngitis, no instrument can approach in efficacy the atomizer. The best form of this instrument with which he is familiar is that known as the Sass' sprayer. The peculiarity of this instrument consists in the test-tube receiver, which is held in the left hand, and a pair of very long barrels, the points of which, when the receiver is near the mouth, are lodged within the axis of the pharynx; the whole being worked by a bulb and tubing held in the right hand. In specific ulceration of the naso-pharyngeal space, he has obtained good results from the use of a solution of

sulphurous acid of one drachm to the ounce, sprayed upward through the naso-pharyngeal aperture; or the pure acid may be applied to the affected spot if the part thus operated upon lie below the palate. Where there is abundant mucus, as in lingering acute catarrh, a spray of strong alum water proves oftentimes efficacious. It is in this class of cases that insufflations of alum are of advantage. The best insufflator is a simple glass tube, bent at convenient angles and furnished with a fenestra at about its middle; a light piece of india-rubber tubing attached to one end of the glass tube completes the instrument. The powder to be used is inserted in the glass tube through the fenestra, which is then covered by a sliding cylinder of rubber. The instrument now being inserted in the pharynx, with the orifice of the tube pointing upward, the opposite end of the instrument is held between the lips of the operator, who quickly blows the powder up into the naso-pharyngeal space.

In closing this clinical lecture, he advocates the nasal douche as an adjunct to the treatment; more, however, as an aid in washing the parts than to medicate the region. Weak solutions of salt, or carbonate of soda, used tepid, will meet every indication. The washing need not be repeated oftener than once a day—say at the time of the morning toilet.

Cholera Infantum.

DR. JOHN O'REILLY, in the *American Practitioner*, recommends, in the gastric type, where exhaustion soon occurs, and cerebral symptoms are apt to set in early, calomel and bromide of potassium, with tincture of hyoscyamus, as follows:—R. Calomel, gr. x.; Pepsine, Subnit. bismuth, ℥ss gr. iij. M. Divide into ten parts, of which give one every hour.

R. Bromide potassium, ℥ss.; Tincture hyoscyamus, ℥ij.; water, ℥j. M. S. A teaspoonful every three or four hours. The bromide of potassium acts as a brain sedative, the hyoscyamus exerts a general soothing power, while the calomel, by its peculiar purgative action, relieves gastric congestion.

In cholera infantum of the intestinal form he prescribes the following:—R. Acetate of lead, gr. iv.; Glycerine, ℥j.; Mint water, ℥ss.; Tinct. opium, gtt. iij.; Distilled water, ℥ij. M. S. A teaspoonful every two hours, until the operations are less frequent. This alone frequently relieves the patient; but where the case is of any standing, calomel is generally required, and then he directs the following:—R. Calomel, gr. iv.; Bicarb. potash, gr. iv.; White sugar, gr. ij. M. Divide into four parts, and give one morning and evening.

The Treatment of Dengue.

In an article (*Madras Medical*) on the dengue now prevalent at Madras, Surgeon W. H. Morgan, 23rd Regiment, thus sums up the symptoms, result, and treatment, during an outbreak at Quilon. Out of the total effective, there were 430 cases, of which 276 were Hindoos, 126 Mussulmans, 23 East Indian and native Christians. All recovered. In the Line, 36 men, 223 women, 241 children; all the adults recovered, 6 children died. Symptoms: pyrexia, temperature ranging from 99 to 103, pulse from 73 to 108, duration of fever 3 to 4 days, pain in some of the joints invariably present, headache in all, rash in 11 per cent., sore throat not a prominent symptom. Average number of days in hospital of cases

admitted, 6.2. Treatment: aperients; diaphoretics during the days of pyrexia, followed by diuretics, and afterwards by quinine or cinchonidine; calumba, rhubarb, and soda as alteratives, belladonna internally to relieve the distressing pain and restlessness.

Dr. T. Edmonston Charles gives large doses of conium to arrest convulsions, which occasionally arise in the course of the disease.

Rupture of the Urinary Bladder.

WRITING of the opening of the bladder by means of the lateral operation as for stone, Dr. Madison, in the *New York Medical Journal*, says to American surgery belongs the honour of having given to the Profession this mode of treatment; and to Dr. William J. Walker, of Boston, belongs the credit of having first put into practice, and, he believes, also that of originating, this plan of treatment. It was not, however, until 1863, when Dr. Stephen Smith gave him a copy of his paper on "Rupture of the Bladder," published in the *New York Journal of Medicine*, in 1851, that he became acquainted with this plan of treatment.

That this operation is of equal service, whether the rupture has taken place either at the anterior or posterior portion of the bladder, both Dr. Walker's case and his own fully testify. Again, in both cases in which it was tried it was successful, and this is more than can be said of any other treatment, especially when so complicated as each of these was—one from fracture of the pelvis, the other from general peritonitis, with extravasation of urine into the pelvic cavity. These are the only two cases of which he can find any record of this operation having been done; and this is the only one in which lateration was evidently in the posterior portion of the organ, with extravasation into the pelvic cavity, which recovered through means of operative interference.

Chloral Hydrate in Puerperal Convulsions.

DR. E. MONTGOMERY, of St. Louis, in the journal of that city, gives a very good article on the use of chloral hydrate in puerperal convulsions. We think the more highly of it in that, while adopting a new remedy, he does not throw aside all the treasured experience of the past. He sees a proper use for venesection, active purgation, and the application of cold to the head—reserving them, however, for suitable cases, and modifying their action by the sedative effects of chloral. He prefers the chloral to chloroform, and would give it "per rectum" when it cannot be retained in the stomach. He protests against severe or forcible means being resorted to to produce labour, but would assist by the forceps or otherwise when possible with safety to the mother and child.

Solid Cancer of the Ovary.

DR. JAMES L. BROWN, in the *American Journal of Obstetrics*, reports an unusual case of solid cancer of the left ovary, the patient being a married woman, æt. 39. When first removed it weighed nineteen pounds, and was longer than the pregnant uterus at full term. The right ovary was also diseased and enlarged to about the size of a turkey's egg. Dr. Brown remarks that "true cancer of the ovary of any kind is infrequent, and a solid ovarian cancer of this size is of such very rare occurrence as to constitute it a sort of pathological curiosity."

The Value of Professional Evidence.

An editorial article in the *Western Lancet*, San Francisco, shows that in America the same shameful course is taken which is often taken in this country, of trying to obtain expert or professional evidence without giving adequate remuneration. The editor clearly shows that Medical men are bound by law and morality to give evidence in ordinary cases of matter of fact, but that their professional knowledge is their own property, and when required as evidence should be paid for. He rebukes the too great anxiety displayed by some professional men to act the part of experts—but recommends them, before neglecting their ordinary onerous duties to consider well first, are they conscientiously satisfied that they are suitable for the position, and next if the “play be worth the candle-light,” for evidence in most cases must be based on patient, trying, well-informed evidence.

Eucalyptus Globulus.

In these days when quinine and its congeners are becoming scarce, drugs proved clinically to have similar powers of curing paludal fevers should not be slighted on chemical grounds only. The reports of the good effects of the tincture of *Eucalyptus globulus* in Hungary, the Banat, and other parts of the Austrian dominions, render it advisable to give it a fair trial in our Indian possessions, paré the condemnation by our professional quinologists.

Freshmen.

THE number of new students who have entered is—at Guy's, 83; St. Bartholomew's, 81; University College, 74; St. Thomas's, 51; St. George's, 49; King's College, 38; the London, 32; Charing-cross, 27; St. Mary's, 22; Middlesex, 17; and Westminster, 5. St. George's has nearly doubled its number this year. The numbers remain almost the same as last year.

Bleached Tincture of Iodine.

It is said that sulphite of soda will decolour iodine and yet increase its effect. Here is the formula—

R. Tinct. of iodine;
Glycerine, pure, ℥ss ʒi.;
Sulphite of soda, ʒi.

Rub the salt to a powder in a small mortar, and add the glycerine gradually; then pour in the tincture of iodine and triturate gently until a solution is effected, and the mixture assumes an amber colour.

Differential Diagnosis of Anæmic from Organic Murmurs of the Heart.

DR. JAS. H. HUTCHINSON, in a lecture on anæmia, says the *Boston Medical and Surgical Journal*, states that he has found a peculiarity in cardiac murmurs arising from anæmia, which is but obscurely alluded to by some writers on auscultation. The murmur will be found to be much more intense when the patient is in the recumbent position than when he is either standing or sitting. Having never failed to detect this greater intensity in the recumbent position in every instance in which he has auscultated anæmic patients, Dr. Hutchinson believes it is a characteristic of some importance in the differential diagnosis of anæmic from organic murmurs.

PROF. PUCCINOTTI, of Florence, is dangerously ill.

At Agra dengue is so rife that public business is quite at a standstill.

THE report of the Oxford delegates on the “unattached” student scheme states that the expenses of a student need not exceed £50 a year.

SIR WILLIAM HAMILTON has suffered so severely at Simla from dengue that he shortly intends coming to England.

THE *Pharmaceutical Journal* publishes a legal opinion that chemists may be appointed analysts under the Adulteration Act.

THE first meeting of the Harveian Society of London will be held on Thursday, the 17th, at 8 p.m., when a paper will be read by Dr. W. H. Day, “On Headache in Children.”

THE Session of the Royal Medical and Chirurgical Society of London began with a paper by Mr. B. W. Dalby, “On Non-purulent Catarrh of the Middle Ear, and its Treatment.”

THE *post-mortem* examination of the King of Sweden disclosed chronic inflammation of the entire alimentary canal, with sporadic ulceration. Milk had for a long time been the only nutriment his Majesty could take.

THE next Primary and Pass Examinations at the Royal College of Surgeons of England for the M.R.C.S. diploma will take place on Nov. 2nd and 8th respectively. That for the F.R.C.S. will commence on Nov. 16th.

A COMMUNICATION from Dr. Short, in the *Madras Medical*, proves that the Tuckatoo and Bish Copra, two species of lizards supposed to be intensely venomous, are, on the contrary, quite harmless and innocent. The scientific names are respectively “*Plutydailytus gecko* and *Enblephans Hardwickii*.”

IN the Lying-in Hospital, Madras, Surgeon Cockerill recently removed with forceps, in two cases, elephantoid tumours of the labiæ of enormous size; one being 21½ inches in circumference by 12 inches in length, the other 38½ inches in circumference by 16 inches in length.

THE Metropolitan Board of Works have given notice that, on and after the 1st proximo it shall become unlawful for any person to retain or receive for hire or reward more than one infant, or in the case of twins more than two infants, under the age of one year for the purpose of nursing or maintaining such infants apart from their parents for a longer period than twenty-four hours, except in a house which has been registered by the local authority.

WE wish to record the dedication of his work “On Diseases of the Bones” (a work we hope shortly to review), by Dr. Mackoe, of New York, as being honourable to himself and his colleagues:—

“To my colleagues in the surgical department of the

New York Hospital I dedicate this volume, in grateful recognition of twenty years' professional association, illustrated by a thousand tokens of friendship and confidence, and unmarred by a single hour of estrangement, unbroken by a single cloud of distrust."

"Oh si sic omnes!"

THE names of the students of the Queen's University who took their degrees or passed their first Medical examination at the last commencements afford, on analysis, the following comparative statistics:—

<i>For the Degree of M.D.</i>			
There studied at Belfast	-	-	30
At Cork	-	-	23
At Galway	-	-	10
At two or more Colleges			6
Total	-	-	69
<i>For the Degree of M.Ch.</i>			
There studied at Belfast	-	-	16
At Cork	-	-	13
At Galway	-	-	10
At two or more Colleges			2
Total	-	-	41
<i>For the First Medical Examination</i>			
There studied at Belfast	-	-	29
At Cork	-	-	26
At Galway	-	-	17
Total	-	-	72

Literature.

HEART DISEASES (a).

DR. MOINET furnishes a succinct account of the causes of diseases of the heart, and endeavours to show that many of the morbid conditions arise in degenerative changes. He sees this in the frequent co-existence of emphysema and heart disease, so frequently attributed to the effect of the lung disease on the heart. Many of his readers will go as far as this, but we think the majority will hesitate before they accept as sufficient his explanation of those diseases which arise in rheumatism. It may be that the blood is charged with acid and fibrine, and that this brings about stagnation in the capillaries, but something more seems to us necessary to set up these morbid states of the fibrous and serous textures, which are so often associated with rheumatism.

Dr. Moinet attempts to account for the unusual proportion of heart disease in the army. He considers it due to prolonged exercise of the arms in the erect posture, bringing about increased curvature of the arch of the aorta. The weight of the heart he thinks must exercise an influence of this kind during the many hours in which the soldier is kept standing. According to this, aortic disease should be most common, and then aortic aneurism should be frequent; the arch being most affected and the ascending portion the next to suffer. Statistics are cited to show that these results actually exist.

The remedy naturally is the proper arrangement of exercises, and particularly a diminution of rifle drill.

There is an interesting chapter on angina pectoris, in which the author examines each of the reasons put forward

(a) "The Causes of Heart Disease, with a Chapter on the Reason of its Prevalence in the Army." By Francis W. Moinet, M.D. Edinburgh: Bell and Bradfute.

by Heberden, few believing the disease to originate in spasm, and in opposition to them concludes that it is due to "a paralysis occurring in, and depending on, a weakened heart."

It will be seen that Dr. Moinet's book is well worth reading.

DOBELL ON THE HEART (a).

DR. DOBELL presents us here with a few cases, aphorisms, and commentaries, the style of which will be familiar to our readers from a portion of them having appeared in our columns under the title of "Pain in the Heart and its Neighbourhood."

There are three very good illustrations by the heliotype process of clubbed fingers with heart disease. Moreover, there is a plate showing a form of bed for cases of heart diseases which Dr. Dobell has designed, and which we hope may prove a comfort to many a sufferer. The heart-bed is not patented, and therefore may be procured at as low a price as will cover material and workmanship, and this in case of good demand will of course diminish.

Dr. Dobell has paid particular attention to certain throat symptoms in connection with diseases of the heart, and relates several cases. He also puts his views in the form of aphorisms, which few perhaps would venture to do. The present work, interesting as it is, is only intended as an instalment of the author's clinical studies. We heartily wish him success in carrying out his design, and commend the present volume as full of clinical significance.

RATIONAL THERAPEUTICS (b).

A PORTION of this work appeared last year in a contemporary, and the author also put his conclusions forward in a paper at one of our societies. The notice taken of his views induces him now to issue them in the form of a book, and to render them easily intelligible, he has introduced some account of the structure and functions of the sympathetic system of nerves. The anatomical part, as becomes a public teacher, represents the author's own dissections. The physiological experiments are taken from the best authorities.

Dr. Meryon's theory should be investigated by our leading therapeutists.

ABUSE OF ALCOHOL (c).

DR. HESLOP now republishes a review that appeared in 1860 in the *Dublin Quarterly*. The essay is well-timed now. When it first appeared, too many were slaves to the fashion set by the late Dr. Todd, and it was a wise warning that Dr. Heslop issued. All who feel themselves uncertain about their position in respect to alcohol would do well to read Dr. Heslop's essay. The recent declaration on the subject has re-kindled much interest in it, and although there remains much to be learned on the subject, it is one on which every practitioner is called upon to think and to act.

DANGERS OF CHLOROFORM (d).

DR. MORGAN has republished in a neat work, the protest against the use of chloroform which he recently put forth in our pages, with additional matter, and a description with an engraving of a new ether-inhaler which he has invented. This he has already used in many cases, and

(a) "Affections of the Heart and its Neighbourhood." By Horace Dobell, M.D. London: H. K. Lewis.

(b) "The Functions of the Sympathetic System of Nerves as a Physiological Basis for a Rational System of Therapeutics." By Ed. Meryon, M.D., F.R.C.P. London: J. and A. Churchill.

(c) "Abuse of Alcohol in the Treatment of Acute Diseases." By T. F. Heslop, M.D. London: J. and A. Churchill.

(d) "The Dangers of Chloroform." By J. Morgan, M.D. London: Baillière, Tindall, and Cox.

he holds that ether is the safest of all anaesthetics. We hope that the subject will not be allowed to drop, but that the author and others will pursue it with all the zeal it deserves. No one doubts that the fatality that has attended the use of chloroform is alarming, and that safety in inducing anaesthesia is of the highest importance.

THE *Address in Surgery*, delivered at Birmingham, by Mr. Oliver Pemberton, and of which a full report appeared in our columns, has just been published in a handsome pamphlet (Longmans).

Correspondence.

MR. PEARSE AND THE CONTAGIOUS DISEASES ACTS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I perceive Mr. Legge Pearse improved the occasion of his introductory lecture at the Westminster Hospital to urge upon his young and unsophisticated hearers, as a sort of religious obligation, the necessity of supporting the Contagious Diseases Acts, favouring his audience at the same time with the usual insolent clap-trap respecting the opposition which some of the best men and women in this country have organised against these infamous measures.

As a great number of scientific men, who probably know a great deal more about the Contagious Diseases Acts than Mr. Pearse, entirely differ with him in opinion, it appears to me very questionable taste on his part to take advantage of his annual turn for delivering a lecture to thrust his opinions upon an audience of young men who are, I fear, only too apt to be misled from their better feelings by such magisterial utterances, however erroneous they may be. We have had too much of this "ex-cathedra" nonsense. The Contagious Diseases Acts are simply a disgrace to the Statute-book, and the Government that permits them. I am also prepared to show Mr. Legge Pearse that they are as futile as they are filthy.

Let the supporters of these cruel and obscene laws come out into the open and meet their opponents in fair discussion, and not take advantage of every occasion when they can strike a blow without a chance of reply, to force their indefensible doctrines upon the people.

If the lay and Medical press of this country had acted with common honesty, and admitted arguments on both sides of the question, these Acts could not have been supported a day.

THE MEDICAL PRESS AND CIRCULAR is the only paper I know that has not deliberately suppressed the articles of opponents, and you, Sir, have been reproached by your contemporaries for not so doing. Let Mr. Legge Pearse defend his position, and he will find plenty of able men who will probably be able to tell him a great deal more than he knows at present of the Contagious Diseases Acts.

I am, Sir,

Your obedient servant,
THOMAS WORTH, M.R.C.S.E.

Nottingham.

THE CONTAGIOUS DISEASES ACTS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—A writer in the *British Medical Journal*, signing himself "Prophylaxis," remarks that "to examine any public woman against her will with the speculum is, in my opinion, the absolute duty of the State," to which I replied in a letter, which the editor of that impartial journal declined to insert, i.e., it is the duty of the State to periodically violate women suspected of incontinence by policemen, in order that men who are so disposed may commit fornication in safety.

The monstrous notions that are prevalent on this subject require correction; allow me, therefore, to point out that when individuals of sane mind injure themselves by unnecessary exposure or imprudence, they have no right to look to the State for protection. There are limits to the

rights of the State, and when a man in the commission of an immoral act, well knowing the risks he incurs, deliberately inoculates himself with a venereal malady, it is no business of the State's. Much less has Government a right to subject a number of helpless women to the grossest indecencies, to place honest women, no matter how humble they may be, under the ban of a low legalised espionage, to tax decent people, already to the tune of £40,000 per annum, and violate the constitutional rights of the subject, simply in order that the fornicator may have a good article for his money.

"Prophylaxis" says he does not want to violate the Constitution; but he does violate it, he only wishes to do something which cannot be done without violating it. Before the enactment of this measure no subject of this realm could be imprisoned unless some high and felonious crime were sworn against him or her; facts only were accepted as proofs, and of these facts judge and jury formed their opinion. This, as that great constitutional historian has recorded, "so far as private individuals are concerned, is the basis of all our liberties; remove but a corner and you upset the whole fabric." Now, under these Acts, a single magistrate in secret court has it in his power to imprison any woman from week to week, from month to month, in fact for an indefinite period, if she declines, and persists in declining, to submit to have her person periodically violated with a speculum, though she has committed no crime (Parliament has refused to make prostitution a crime), is not even suspected of any legal offence, is absolutely healthy, and is not proved to be a prostitute. In fact, all this is done on the unsupported suspicion of a policeman, or a spy disguised in plain clothes, and paid to accuse—testimony never accepted before by any tribunal in this world except the Spanish Inquisition.

Again, if suspected to be diseased (and no one can tell with certainty), this British subject, who is neither criminal nor suspected of crime, is imprisoned for months, forcibly physicked, forcibly operated on, shut up in stone cells (as at Devonport) if refractory, her property, business, and reputation all ruined, without the option of jury trial, without any definition of the offence for which she is punished, without any chance of appeal to any higher court whatsoever, and without redress for innocent persons falsely accused; and yet we are told the Constitution is not violated. In fact, Sir, we have arrived at the most serious crisis in legislation ever known in England, and all on account of a manufactured panic respecting a decreasing disease which causes less devastation in twenty years than scarlet fever and many other diseases do in one year.

I am, Sir,

Your obedient servant,
CHARLES BELL TAYLOR, M.D.

Nottingham.

DISEASES OF THE EAR.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—It is in no spirit of hypercriticism that I make the following remarks on an article which appeared in the MEDICAL PRESS AND CIRCULAR of October 2nd, on Diseases of the Ear; but with the desire that such grave errors as are to be found in that article should not mislead your numerous readers. In the first place, Professor Seely states that strict cleansing of the meatus in otorrhœal discharge is essential, with which I entirely agree; but to do so by either of the methods which he proposes is a simple impossibility. There are only two methods by which the meatus externus and tympanic cavity can be efficiently and properly cleansed of morbid secretions, namely, by judicious syringing, or by a column of fluid proceeding from a reservoir some feet above the patient's head; but the first is the most simple and in every way preferable. In skilled hands it is as beneficial, as in unskilled hands it is potentially mischievous, and when properly used there is no condition or form of disease in the aural structures producing otorrhœa, where judicious syringing will not only benefit, but be most grateful to the patient. To cleanse the meatus by Politzer's, or any other mode of inflation is chimerical. Again, to do so in the manner which the Professor proposes, it is necessary that a perforation must exist in the membrane of the tympanum, and he has fallen into the grave error that otorrhœa cannot exist without such having occurred, and that

this morbid secretion comes from the middle ear, or tympanic cavity. I have had several thousands of cases under my care where the otorrhœa has been profuse, and in many instances of considerable standing, without any perforation having occurred in the membrane, the discharge being generated external to it; so that Professor Seely's aphorism "the goal to be reached in the treatment of otorrhœa, is the healing of a perforated membrane" is fallacious, as otorrhœa occurs as often, if not more frequently, without the membrane being perforated, as with this complication. A sounder reason for the cure of otorrhœa is the fear that beside the offensive nature of the discharge and the prominence of the disease, the membrane of the tympanum may become implicated and a structure so essential to the perfect transmission of the sonorous vibrations be permanently deteriorated, not that as otorrhœa exists there is necessarily a perforated membrane also. When furunculi form in the meatus a greater degree of tenderness is experienced than probably in any other disease. I invariably syringe the canal, and never heard other than expressions of thankfulness at the relief it afforded. In all otorrhœal discharges, whether the membrane be perforated or not, I have found much benefit derived from the use of a weak solution of carbolic acid followed by alum in solution or blown into the meatus in the form of powder.

I am, &c.,
J. P. PENNEFATHER,
Surgeon, Royal Dispensary for Diseases of the Ear.
77 Gloucester Place, Portman Square.

"THE MEDICAL OFFICERS' SUPERANNUATION (IRELAND) BILL."

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The heading in inverted commas to a letter from Dr. Quinan, Hon. Secretary Irish Medical Association, in your number of October 9th (last number) is a mistake. There was no such Bill introduced last Session. I can explain truly what actually occurred. A Bill was introduced in the course of last Session declaring that the law regarding *Superannuation of the Poor-law Union Officers, Ireland*—not *Dispensary Medical Officers (Ireland)*, their superannuation being already provided for by the Bill introduced by Dr. Brady, M.P.—should be amended. Dr. Brady's Bill passed into law, and is the only Act now in force as to superannuation of *Poor-law Medical Officers*.

The Bill "*Poor-law Union Officers (Ireland)*" as introduced last Session by Lord Hartington, Chief Secretary for Ireland, provided for the emoluments of the Clerk of the Union derived from his being "Superintendent Registrar," being included in estimating his superannuation allowance, but omitted the "Registrars," who are nearly always the dispensary officers. Immediately on the Bill being introduced Sir Dominic Corrigan put a notice on the books of the House to include "Registrars" as well as "Superintendent Registrars."

This amendment was accepted in committee by the Chief Secretary and the Attorney-General, who, on seeing the fairness of the amendment, at once kindly acceded to it.

The only other amendment on the notice paper was an amendment by Mr. Rylands, M.P. for Warrington, which was to move a second reading that day six months, but who, on having the matter fully explained to him that the Bill was simply doing for Ireland what had been done some years before for England, handsomely withdrew his opposition.

I am, Sir,
Very truly yours,
IMPARTIALITY.

[We were aware that Sir Dominic Corrigan had shown himself the watchful friend of the Poor-law and Dispensary Medical Officers, and that these gentlemen have so able an advocate in the House to assist Dr. Brady, who hitherto has

worked for them almost single-handed. It was, we are assured, very far from Dr. Quinan's intention to ignore Sir Dominic Corrigan's efforts or influence in the matter, his only object being to point out that the credit due to the initiation of the parliamentary movement was wholly and alone due to the Irish Medical Association.—Ed. M. P. & C.]

THE VOLUNTEERS IN BELGIUM—REPORT OF THE CHIEF MEDICAL OFFICER, ANGLO-BELGIAN STAFF.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I have to report, for the information of the Anglo-Belgian Council, that, in conformity with their appointment, I took charge of the Medical staff, and that during the visit to Ghent the following cases required attention:—Three cases of epilepsy, two of them of a somewhat severe character, all of them rapidly improved and were about the next day; one of inflammation of the tongue; many cases of sore throat, due to severe fluctuations of temperature, the dust, and draughts of cold air at the Tir, and the enthusiasm of the national cheers; some were complicated with bronchitis; several cases of diarrhœa from change of living, irregular and unusual diet; some severe cases of sprain from falls, and several slighter, from the unevenness of the pavement; a few cases of contusion, two of boils, and one of whitlow, all quickly recovered.

Although provided with a large supply of Kirby's "Ready Remedies," various prescriptions required to be dispensed, and I am pleased to have the opportunity of thanking Mr. Puls, 6 Place au Calambre, not only for his care in dispensing the English prescriptions, but also for his liberality in refusing to charge the Council anything for the same. I have also to thank the Medical authorities and others for so kindly showing us over the Civil Hospital, the Lunatic Asylum, and the prisons, which are all in construction, cleanliness, and ventilation, perfect models for others to follow, and also for placing a ward at the hospital at our disposal.

I could wish that the knowledge of the disinfecting uses of dry earth, carbolate of lime, &c., was more extended in this city of Ghent, as the stench of the latrines and closets, attached even to the more pretentious hotels, was much complained of by our volunteers.

During the week, at Brussels, the health of the volunteers decidedly improved (probably the result of acclimature), notwithstanding the continuance of banquets, balls, and fêtes. I have only to report a case of syncope, two of obstinate vomiting, one of obstruction of the bowels, and several of diarrhœa. The change of weather to rain and cold winds was productive of some catarrh, and one severe case of pneumonia which gave rise to some apprehension.

The authorities at Brussels were equally kind as at Ghent, and allotted us a room at the Hôtel de Ville.

I wish, in conclusion, to bear testimony to the unremitting attention and *esprit de corps* of my colleagues Drs. Helsham, Sandwell, Ryan, Ambler, and Ridsdale, whose addresses were posted in several places, and upon whom an unexpected pressure was made, and to thank them for the promptitude and assiduity with which they assisted in the efficient discharge of the duties of the Medical staff, for the necessity of which appointment the number of cases proved the forethought of the Council.

P. HINCKES BIRD, F.R.C.S.,
36th Middlesex R. V.,
Chief Medical Officer, Anglo-Belgian Staff,
Sept. 30th, 1872.

Capt. Charles Mercier,
Hon. Secy., Anglo-Belgian Prize Fund.

STUDENTS' TEXT-BOOKS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

DEAR SIR,—I shall feel obliged by your favouring me with your opinion as to the relative merits of Trousseau,

Aitken's, and Tanner's Practices of Medicine, also Guy's and Taylor's Jurisprudence, and what publication (in the vernacular) on Hygiene you would recommend to,

Dear Sir,

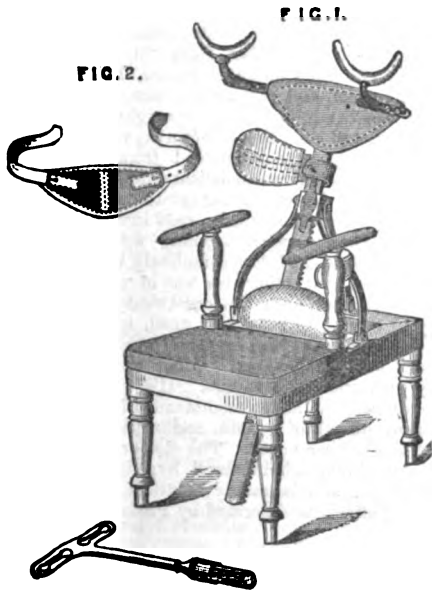
Your aspirin brother,
TYRO.

[For a student we advise Aitken, Guy, and Mapother's Lectures on Public Health.—Ed. M. P. & C.]

Inventions.

ORTHOPÆDIC CHAIR.

We have been favoured by Mr. W. Miller, Orthopædic Mechanical Instrument Maker, Leicester Square, with a view of a Chair (see figure) constructed for the support of persons,



whilst in a sitting posture, affected with the spinal curvature commonly called "Lateral Curvature." It contains some elements of novelty, and appears to us deserving of more than a cursory notice. It consists of the best part of a well contrived "spinal support," such as are usually worn, namely, the crutches and a shifting back pin to press in the lapsed shoulder, the whole framework being intended to support the chest and lift the arms and chest from the seat of the chair by a moveable "rack," by which means the spine may undoubtedly in many cases be temporarily straightened, and the cure facilitated. Being provided with ordinary arm rests, so as to make it an arm-chair, we do not doubt that this chair will supply a want in the treatment of these troublesome cases.

AIR GAS.

A COMPANY has been formed to carry out the supply of a new gas. The invention, so far as we can make out, does not seem to be new. Two other claimants have appeared. One of them burnt his gas in our own consulting room months ago.

Scraps from the Editor's Table.

TALMUDIC GLEANINGS.

In the December number of *The Scattered Nation*—a journal devoted to the reformation of the Jewish race—are a number

of "Talmudic Gleanings, from which the following are extracted. Their biting character serves to show the priestly race of yore in strong antagonism to our art:—

"14. A doctor that heals for nothing, his cure is worth nothing.—*Bava Kama*, fol. 85, 1.

"15. Most donkey-drivers are wicked, most camel-drivers are worthy, most sailors are pious, but the best of doctors are for hell.—*Kedushin*, fol. 82, 1.—Note.—A doctor, says a certain writer, has the advantage over the Angel of Death. The latter kills gratis, but the former is paid for it.

"16. Seven have no portion in the world to come—the legal writer, the scribe, the best of doctors, etc.—*Avoth Drb. Mathai*, c. 36.

"17. When a patient says, I am in need of (certain food), and the doctor says he is not in need of it, the patient is rather to be listened to; for (Prov. xiv. 10) the heart knoweth its own bitterness.—*Yana*, fol. 83, a. c. 1.

"18. If there be no Israelitish doctor in a city, but there are in it a Samaritan doctor and a Gentile doctor, the latter may circumcise (a Jewish child), but not the former.—*Avoda Zarah*, fol. 26, c. 2."

A SKILFUL WOMAN IN MEDICINE IN THE OLDEN TIME.

ACCORDING to Cotton Mather, Roxbury, Mass., in the year 1633, had a competent female practitioner in the person of Anne, the good wife of Rev. John Eliot, the Apostle of the Red Indians. Says Mather, the historian: "His wifewas exceedingly skilful in medicine and in dealing with wounds, no small benefit in a recent colony scant of doctors, and she gave her aid freely to all who stood in need of help. A person who had taken offence at something in one of his sermons, and had abused him passionately, both in speech and in writing, chanced to wound himself severely, whereupon he at once sent his wife to act as surgeon; and when the man, having recovered, came to return thanks and presents, he would accept nothing, but detained him to a friendly meal," and states Mather, "by this carriage he mollified and conquered the stomach of his reviler."—*Pioneers and Founders*.

Medical News.

Medical Scholarships.—Mr. Reginald Paul has obtained the entrance scholarship of £25, and Mr. Walter Scott Thompson the entrance scholarship of £20 at the Middlesex Hospital Medical College. Mr. Alfred Tilley has obtained the scholarship of £40 per annum for three years, and Mr. W. H. Weddell the exhibition of £20 for one year, at the St. Mary's Hospital Medical School.

At a meeting of the Faculty of Physicians and Surgeons of Glasgow, held on the 7th inst., the following office-bearers were elected for the ensuing year, viz.:—President: Eben. Watson, M.D. Visitor: George Buchanan, M.D. Treasurer: John Coates, M.D. Honorary Librarian: J. D. Maclaren, M.D. Vaccinator: Hugh Thompson, M.D. Councillors: The President (ex officio), The Visitor (ex officio), Drs. J. G. Fleming, Robert Scott Orr, H. R. Howatt, James Steven, Andrew Fergus. Board of Examiners: Drs. Robert Scott Orr, W. Leishman, William Lyon, Eben. Watson, James Morton, Robert Perry, P. A. Simpson, Alexander Lindsay, and George Buchanan.

The London Hospital Medical College.—Distribution of prizes, Session 1871-72.—*Clinical Medicine*: £20 Scholarship, Mr. W. L. Morgan. *Clinical Obstetrics*: £20 Scholarship, Mr. W. L. Morgan. *Dressers' Prizes*: Messrs. C. A. Low, W. Lang, G. B. Sincok, H. G. Brown, W. Hurford Todd, and J. D. Watson. *Buxton Scholarships*: £30 Scholarship, Mr. B. R. Rygate; £20 Scholarship, Mr. H. E. Price; Certificate, Mr. R. H. Fox. *Human Anatomy*: £20 Scholarship, Mr. R. H. Fox; Certificate, Mr. Burtonshaw. *Anatomy, Physiology, Chemistry*: £25 Scholarship given by the Medical Council, Mr. C. A. Mercier; Certificate, Mr. Hyde Walker.

Dr. Glass Black, a retired physician, residing at Meadwood Villa, Torquay, has been killed by being knocked down in the streets of Torquay by a milk cart driven by a boy. The horse felled him, and the wheel passed over him. He was insensible when picked up, but, after trephining, recovered consciousness. He gradually sank, however, and died. At the inquest the evidence as to the speed at which the boy was driving was somewhat contradictory, and the verdict was one of accidental death.

The Centenary of the Medical Society of London will be held in the rooms of the Society, on Monday next. The meeting will be an interesting one, and we hope and expect very fully attended.

The subject for the next Fothergillian gold medal, value twenty guineas, offered annually by the Medical Society of London, is "Cancer." That for 1874, "Therapeutic means for the Relief of Pain." Further particulars will be found in our advertising columns.

Gleanings.

Lacto-Phosphate of Lime.

IN a great number of acute diseases as well as in all low forms, such as typhoid and typhus, there is a great tendency to asthenia, occasioned by the peculiar character of the malady or the constitution of the patient, and marked by a constant rise of temperature. The latter phenomenon is due to a disintegration of the tissues; all molecular changes in the organism are attended by the formation of heat, and these changes are under the influence of the ganglionic nervous system. Any substance, therefore, which produces a sedative influence on this nervous system will have a tendency to retard the process of disintegration, and hence lower the temperature. Such is the *modus operandi* of alcohol, tea, coffee, &c., in the treatment of low forms of disease. In consequence of the great atony which follows the long continued arrest of nutrition in these diseases several months may elapse before convalescence is fully established. It is in the treatment of this condition of things that the "lacto-phosphate of lime" is so highly recommended. The reason of the failure of the salts of lime to realise the marked and precise effects expected in the treatment of rickets, osteomalacia and fractures is that the pulverulent phosphate of lime is the preparation invariably prescribed. The gastric juice of the stomach contains only a small quantity of the natural solvent, lactic acid, and consequently only a small proportion is capable of absorption. It is therefore necessary, in order to obtain the beneficial effects of this substance, to use it in a perfectly soluble state. The lacto-phosphate of lime, first recommended by M. Dusart on account of its solubility, is therefore admirably adapted to fulfil the indications requiring the administration of the salts of lime. It is not only a medicinal agent of the highest value, but also an important aliment or article of food, and its administration cannot, like that of alcohol, produce mischievous effects, as it never depresses the nervous system. It is best administered in the form of a syrup. This preparation is extremely palatable, and is readily taken by children. Dr. Black, of Paris, used it with marked success in the treatment of typhoid fever during the siege of Paris. Owing to the defective sanitary and hygienic state of the city, and the moral effect produced by the siege, the epidemic was very grave and of a low type. The administration of this remedy was almost invariably attended by lessening of the frequency of the pulse and a diminution of the temperature of the body, at the same time the countenance lost that expression of stupor which is so characteristic of the low forms of the disease. But it is more especially during the period of convalescence that its beneficial effects are most strikingly seen. It excites digestion, increases the assimilation of alimentary substances, awakens muscular energy, and secures a speedy restoration to the natural condition. It is also highly recommended in the treatment of dyspepsia, especially when combined with pepsin. The wine of lacto-phosphate of lime administered after meals is found very serviceable in the atony and general exhaustion peculiar to aged persons. It aids digestion, promotes assimilation, and arouses muscular and nervous energy.

The syrup of the lacto-phosphate of lime may be prepared as follows:—Take concentrated lactic acid, ℥j., dilute it with

℥ij. of pure water, add of the magna of freshly precipitated phosphate of lime enough to saturate; orange-flower water, ℥jss., and filter; then add pure water to make ℥viii., and put in ℥xj. of white sugar. Each drachm contains from two to three grains of phosphate of lime. The dose of the above for an adult is from one to two tablespoonfuls three or four times a day.—*Canada Lancet*.

Inaction of Strychnia Hypodermically Administered.

THOMAS KENNARD, M.D., reports, in the *Medical Archives*, that he has had very unsatisfactory results with strychnia when administered by hypodermic injection. His first patient, suffering from white atrophy of the optic nerve, would not respond to the remedy even when administered in enormous doses. He commenced at first with one-sixtieth of a grain, which, having no perceptible effect, he increased day by day to the one-fortieth, one-thirtieth, one-twenty-fourth, one-fifteenth, one-twelfth, without perceiving any benefit or effect whatever. He then, on the seventh day of treatment, used the one-twelfth, morning and evening, for five days, when he combined it with the elixir of strychnia, iron and quinine ℥ij. or the one-thirtieth of a grain of strychnia, three times a day, and, still perceiving no effect from this heroic treatment, except slight twitching on one occasion, he began to think him strychnia proof, and ventured to increase the hypodermic dose on the fourteenth day to the one-eighth, then to the one-sixth, one-fifth, and even the one-fourth, without any perceptible effect more than he expected from the elixir taken internally. This patient was a delicate, infirm man, about fifty years old. Whilst he was under treatment, the doctor used, hypodermically, the same remedy, only increasing the amount injected more rapidly, with a young woman who, within a short space of time, had lost completely the senses of smell, taste, and vision, but otherwise was in perfect health. He commenced with her with the one-twenty-fourth of a grain, when day by day he increased it until, on the sixth day, he injected the one-sixth, and repeated that dose for five days without any perceptible effect. Other cases he treated the same way with the same results. His experience, he says, differs from those who have recommended from one-sixtieth to the one-twenty-fourth of a grain, and cautioned us against the dangers of the latter amount. The doctor is inclined to believe that strychnia, administered hypodermically, acts very feebly, if at all, and is rather sceptical as to its producing such alarming effects as described by Professor Bartholow and others.

NOTICES TO CORRESPONDENTS.

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

All communications intended for insertion must bear the name and address of the writer; not necessarily for publication, but as a voucher of good faith.

Rejected MS. will always be returned, if a request be received from the author, within one week after the article or letter has been declined.

SUBSCRIPTIONS IN THE UNITED STATES.—A correspondent has drawn our attention to the fact, that some of the houses in the United States are charging the enormous figure of 15 dollars per annum (more than £3) for supplying this Journal to different parts of the States. We beg, therefore, to state that we shall be happy to supply the same regularly post free per annum, if paid in advance, for considerably less than half this amount, viz., six and-a-half dollars (about £1 6s. 0d.), either direct from our offices in this country, or through our recognised agents in the United States.

Dr. M. R., Bootle. —Thanks.

Dr. BOLTON.—We cannot find your letter, and I am not able to remember what was the substance of it to which the notice in July refers. Kindly enlighten us.

THE POTATO DISEASE.—Readers who are particularly interested in this subject will find it more extensively treated in *Science Gossip* for October, than space permitted us in our last. There are also more numerous illustrations than we were able to give. Those which appeared in our columns were kindly furnished to us by Mr. Hardwick.

THE CURABILITY OF CANCER.—A patient of a certain pseudo-London Doctor, whose name or qualifications do not appear in "The Medical Register," and who, therefore, is not legally entitled to practice in this country, has written us a most glowing letter of the skill of this person, whoever he may be, in curing her of cancer in the right breast. This patient, with excessive gratitude to which we are not accustomed, begs of us "to spare room for her letter for the sake of science and poor suffering humanity;" stating that "she would have made the fact known before, had not the *London Faculty* assured her that cancer would re-appear in six months." Will this lady patient kindly inform us who or what the *London Faculty* is! We might then perhaps give a little credence to her statement. At present we do not believe one

word of it, and look upon the whole thing as a dodge to get a gratuitous puff in the columns of a Medical Journal, which, if gained, the person for whose special interest it has been penned, would probably hawk the journal about as a proof to gullible patients that he was a properly qualified man, and as such his name was admitted into professional organs. If this be his ambition we shall not gratify it—not even to the printing of his initials.

A CORRESPONDENT calls our attention to the foolish trumpeting by Mr. Hodgo, Coroner at Bury, of a supposed specific cure for hydrophobia. The Coroner suggested to the jury the desirability of some sort of presentment being made to the Government upon the frequency of deaths from hydrophobia, there having been within his own district five such deaths within the last twelve months, and in the district adjacent to his there had been four deaths this year. The Government would have their hands full enough if they were to undertake to investigate the efficacy of every cure which a country person considers a panacea.

COMMUNICATIONS, with enclosures, received from:—Dr. Bell Taylor, Nottingham. Mr. Barwell, London. Mr. Alfred Cooper, London. Mr. Thomas Worth, Nottingham. Mr. Hardwicke. Dr. Corfield, London. Mr. H. Clews, New York. Dr. McCall Anderson. Dr. Hogg, Netley. Dr. Beady, Liverpool. Dr. Day, Melbourne. Dr. Bennett, Cheltenham. Dr. Henry Bennett, London. Dr. Martin, Portlaw. Dr. McGregor Croft, St. John's Wood. Mr. Morton, Sheffield. Dr. Calvert, Manchester. Mr. Sharp. Dr. Handzel Griffiths, Dublin. Dr. MacGillivray, Melbourne. Mr. Tichborne, F.C.S., Dublin. Dr. Duncan, Glasgow. Mr. Fox. Mr. J. L. Milton, London. Mr. A. Black. Dr. Langley. Mr. Hyalop, Stretton. Dr. Cheese, Newport. Mr. Holthouse, Surgeon P. Hacks Bird, Chief Medical Officer Anglo-Belgian Staff. Dr. Morgan, Dublin. Dr. Northcote Vinen, Southwark. Mr. W. J. Budds, Cork. Mr. Simpson, London. Dr. Bolton, Leicester. Dr. Cousins, Newport. Dr. Drysdale, London. Dr. Handfield Jones, London. Dr. Meymott Tidy, London.

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

The Science and Art of Surgery. Sixth edition, in 2 vols. By J. Eric Erichsen, F.R.C.S. London: Longmans, Green, and Co.
 Ether versus Chloroform in Surgical Operations. By John Morgan, M.D., F.R.C.S. London: Baillière, Tindall, and Cox.
 A Manual of Chemistry. By John Atfield, Ph.D. London: Van Voorst.
 Diseases of the Skin. By McCall Anderson, M.D. London: Macmillan.
 Quarantine as applied to Cholera and Cattle Plague. By G. Foggo.
 Address in Surgery. By Oliver Fenberton, F.R.C.S. London: Longmans and Co.
 A Word with Reviewers. By Henry MacCormac, M.D.
 Alitropic Oxygen in its Relations to Science and Art. By John Day, M.D.
 Outlines of Surgery and Surgical Pathology. By F. Le Gros Clark, F.R.C.S. London: J. and A. Churchill.
 On Diseases of Women. By Graily Hewitt, M.D., F.R.C.P. London: Longmans, Green, and Co.
 La Chirurgie Militaire. Par Le Professeur Leon Le Fort. Paris: Germer Baillière. London: Baillière, Tindall, and Cox.
 Calcareous Infiltration of Muscular Fibre of the Heart. By Jos. Coats, M.D.
 Quelques Observations Chirurgicales. Par M. Charles B. Brigham, M.D. Paris: Germer Baillière. London: Baillière, Tindall, and Cox.
 Des Aneurysmes Cirsoïdes. Par Professeur Terrier. Paris: Germer Baillière. London: Baillière, Tindall, and Cox.
 The Epistles and Art of Poetry of Horace. By Andrew Wood, M.D., F.R.S.E. Edinburgh: W. P. Nimmo.
 Annual Report of the Parish of St. Mary Abbott's, Kensington. By Dr. Dudgeon, Medical Officer of Health.
 Transactions of the Clinical Society of London. Vol. v., 1872.
 American Journal of Insanity. Bordeaux Medical. American Chemist. L'Abelle Médicale. Boston Gynaecological Journal. Monthly Microscopical Journal. Lyon Medical. Allgemeine Medizinische Zeitung. New York Medical Journal. The British Journal of Dental Science. The Westminster Review. El Pabellon Médico. The Journal of Mental Science.

VACANCIES.

Downpatrick District Lunatic Asylum. Assistant Resident Medical Superintendent. Salary £100 per annum, with board. (See advt.)
 Uckfield Union, Sussex. District Medical Officer. Salary £85 per annum, with fees extra.
 Cork County Hospital. Resident Surgeon and Apothecary. Salary 100 per annum.
 West London Hospital. Two Junior Physicians. Honorary.
 Middlesex County Lunatic Asylum, Hanwell. Apothecary. Salary £20 per annum, with board and residence.
 Chelsea Dispensary, Sloane Square. Physician. Honorary.
 Warranford Hospital. House Surgeon. Salary £80, with board and residence.
 Cork (South) Charitable Infirmary and County Hospital. Resident Surgeon and Apothecary. Salary £100 per annum. (See advt.)
 Manorbennet Union Dispensary. Medical Officer. Salary £100.
 Clifton Union, Kinoyle Dispensary District. Medical Officer. Salary 50.
 Downpatrick District Lunatic Asylum. Assistant Resident Medical Officer. Salary £100 per annum, with board, &c. (See advt.)

APPOINTMENTS.

ADY, J. W., M.B., L.R.C.S.I., Medical Officer, &c. for the Clare Dispensary District of the Tullamore Union, King's County.
 BERRY, Dr. V. E., Assistant-Physician to the Mater Misericordiae Hospital, Dublin.
 FLEMING, F. W., L.S.A.L., Resident Obstetric Assistant to the Westminster Hospital.

DE LANDRE, V. R., L.R.C.P.ED., L.M., L.R.C.S.I., Medical Officer for the Waterford District of the Waterford and Limerick Railway Friendly Society.
 FOSBROKE, G. H., M.R.C.S., House-Physician to the Westminster Hospital.
 LAING, J., L.R.C.P.I., Assistant Resident House-Surgeon to the East Dispensary, Liverpool.
 MEADE, W., L.R.C.P.I., M.R.C.S.E., Medical Officer for the County District and the Workhouse of the Alverstoke Union.
 RUDYARD, A. T., M.D., Medical Officer to the St. Pancras Schools, Leavenham.
 WHARSTON, H. S., M.R.C.S., Medical Officer to the Gosport Dispensary of the Royal Portsmouth Hospital.

MEETINGS OF THE LONDON SOCIETIES.

THURSDAY, Oct. 17.
 HARVEIAN SOCIETY OF LONDON, 8 P.M.—Dr. W. H. Day, "On Headache in Children."
 SATURDAY, Oct. 19.
 ASSOCIATION OF MEDICAL OFFICERS OF HEALTH, 7:30 P.M.—First meeting of the Session. Address by the President, Dr. Letheby, "On the Sanitary Legislation of 1872."
 MONDAY, Oct. 21.
 MEDICAL SOCIETY, 8 P.M.—First ordinary meeting of the Session.
 TUESDAY, Oct. 22.
 ROYAL MEDICO-CHIRURGICAL at 8:30 P.M.

OPERATION DAYS AT THE LONDON HOSPITALS.

WEDNESDAY, October 16.
 MIDDLESEX HOSPITAL.—Operations, 1 P.M.
 ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
 ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
 ST. THOMAS'S HOSPITAL.—Operations, 2 P.M.
 ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
 KING'S COLLEGE HOSPITAL.—Operations, 2 P.M.
 GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
 UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
 ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1½ P.M.
 LONDON HOSPITAL.—Operations, 2 P.M.
 CANCER HOSPITAL.—Operations, 3 P.M.
 THURSDAY, October 17.
 ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
 ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
 UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
 ROYAL ORTHOPEDIC HOSPITAL.—Operations, 2 P.M.
 CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
 FRIDAY, October 18.
 ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
 ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
 CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
 SATURDAY, October 19.
 HOSPITAL FOR WOMEN, Soho square.—Operations, 9½ P.M.
 ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
 ROYAL FREE HOSPITAL.—Operations, 2 P.M.
 MONDAY, October 21.
 ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
 ST. MARK'S HOSPITAL.—Operations, 2 P.M.
 METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
 ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
 KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
 CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
 TUESDAY, October 22.
 ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
 GUY'S HOSPITAL.—Operations, 1½ P.M.
 WESTMINSTER HOSPITAL.—Operations, 2 P.M.
 NATIONAL ORTHOPEDIC HOSPITAL.—Operations, 2 P.M.
 ROYAL FREE HOSPITAL.—Operations, 2 P.M.
 WEST LONDON HOSPITAL.—Operations, 2 P.M.

Marriages.

HALL—BALDWIN.—On the 3rd inst., at St. Bartholomew's Church, Lightcliffe, James Asbridge Hall, M.R.C.S.E., of Huddersfield, to Mary Helena, daughter of the late Rev. W. Baldwin, M.A., Vicar of Mytholmroyd.
 HEMBROUGH—PAGE.—On the 2nd inst., at Hampstead, John William Hembrough, M.R.C.S., of Waltham, Lincolnshire, to Anna Maria, daughter of the late James Page, Esq., of Nottingham.
 PERKINS—SKINNER.—On the 3rd inst., at Heavitree Church, near Exeter, Alfred Steele Perkins, Surgeon, to Mary, eldest daughter of the late John Skinner, Esq., of Westcott, North Tawton.
 THOMAS—DRAYSON.—On the 8th inst., at St. Paul's, Southampton, Owen Robert Thomas, L.R.C.P.ED., of Reading, to Bertha Maude, fourth daughter of Henry Edwin Drayson, C.E.

Deaths.

BLACK.—On the 5th of October, Glass Black, M.D., M.R.C.P., M.R.C.S., of Torquay, aged 71.
 EDMUNDS.—On the 1st of October, E. H. Edmunds, Surgeon, of Mount Terrace, Lambeth, aged 76.
 GODDARD.—On the 6th of October, L. M. Goddard, M.R.C.S.E., of St. John-street Road, Clerkenwell, aged 63.
 HARKIN.—On the 2nd of October, John Harkin, L.R.C.P.ED., of London-derry, aged 69.
 LEES.—On the 3rd inst., Henry Lees, M.D., of Gloucester Crescent, London, aged 59.
 M'GOWAN.—On the 6th of October, Francis Da Cruz M'Gowan, M.D., of York Place, Edinburgh.
 SADLER.—On the 6th of October, M. T. Sadler, M.R.C.S.E., of Barnsley, aged 71.

IN consequence of advanced age and declining health, a small but respectable PRACTICE is for Disposal. To a gentleman of limited means, with energy and agreeable manners, this will prove a favourable opportunity for entering into a good connection on very easy terms, as the premium would be made to depend on results. Apply personally, between the hours of 12 and 4, to Mr. COLES, Chemist, 127 Camberwell New Road, S.E.

THE MEDICAL SOCIETY OF LONDON.—The approaching CENTENARY of the SOCIETY.—The Hundredth Session will commence on MONDAY, October 21st, at 8 p.m., when communications will be made by the President (Thomas Bryant, Esq., F.R.C.S., Surgeon to Guy's Hospital); Dr. Richardson, F.R.S., Dr. Wiltshire, Francis Mason, Esq., and other gentlemen.
By order, H. ROYES BELL, F.R.C.S. } Hon. Secs.
ALFRED WILTSHIRE, M.D. }

82a George Street, Hanover Square.

MEDICAL SOCIETY OF LONDON.—The FOTHERGILLIAN GOLD MEDAL, value 20 Guineas, is offered annually for a Dissertation on some subject connected with Medical Science, for which the learned of all countries are invited to become Candidates. The subject selected for competition in 1873, is "On Cancer;" for 1874—"On Therapeutic means for the Relief of Pain." Essays, which must be in the English or Latin language, and not in the handwriting of the author, must be delivered to the Registrar, at the Society's Rooms, on or before the 1st of November next preceding the 8th of March in the years 1873 and 1874 respectively.
With the Essay must be delivered a sealed packet, having a motto or device on the outside, and within the author's name and designation. The same motto or device must be inscribed on the Essay. The successful Essay becomes the property of the Society.

H. ROYES BELL, F.R.C.S. } Hon. Secs.
ALFRED WILTSHIRE, M.D. }

82a George Street, Hanover Square, W.,
October, 1872.

TO THE MEDICAL PROFESSION.—WANTED, for the SOUTH CHARITABLE INFIRMARY and COUNTY HOSPITAL at CORK, a fully-qualified gentleman to fill the office of RESIDENT SURGEON and APOTHECARY, who must be a Licentiate of the Apothecaries' Hall, Dublin, and hold a Diploma in Surgery from the Royal College of Surgeons of England or Ireland, or from an Irish University. Salary £100 per annum, with residence, coals, gaslight, attendance, &c.

Applications, with testimonials, to be sent to the Hospital, addressed to the Trustees of the South Charitable Infirmary and County Hospital, Cork, on or before Friday, November the 8th, 1872, on which day the Election will take place.

The Medical Man appointed must act as Secretary to the Board. Candidates must appear before the Board.
The Hospital contains 180 beds.

Average annual number of Intern patients 1,100
Average annual number of Extern patients 8,000

By order, W. T. BUDDS, Secretary.

DISTRICT LUNATIC ASYLUM, DOWNPATRICK.

The Governors of the above Asylum will, at their Meeting, to be held on SATURDAY, 2nd November, proceed to appoint an ASSISTANT to the Resident Medical Superintendent, who must be unmarried, duly qualified as a Physician and Surgeon, and hold a Diploma in Midwifery. Salary, £100 per annum, with furnished apartments, fuel, light, washing, first-class rations, and attendance.

Applications, stating age, with copies of Testimonials, to be lodged with the Resident Medical Superintendent, on or before the 1st November. Personal attendance required on the day of election.

By Order, GEORGE H. WHITESIDE, Clerk.

5th October, 1872.

TO BE LET, in a County Town, in the NORTH of IRELAND, on such terms as may be agreed on, a MEDICAL ESTABLISHMENT in full working order. The house is fully furnished, and the income may have the Furniture, Medicines, Drugs, &c., at a valuation.—For particulars, enquire of GEORGE GRAHAM, Auctioneer, Cavan.

RESIDENT PUPIL.—An M.D. Dub. Univ., and F.R.C.S., residing in one of the best and most healthy streets in Dublin, in immediate proximity to the leading Schools and Hospitals, will receive a first year's Student to reside with him, for whose entire Medical education he will arrange if desired. Apply by letter to I. M., 39 Molesworth Street, Dublin.

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PRACTICES AND PARTNERSHIPS NOW OPEN for Negotiation (in addition to those advertised in Dr. Langley's List (which is sent post free on application).

Y 563. First-class PARTNERSHIP in a fashionable resort.

The connection is very old-established, having been held by the Vendor for twenty years. Average receipts, £1,600. No Midwifery under 2 guineas; other fees in proportion. The patients include the leading families and best class of visitors. All appointments have been declined. The house is a very convenient residence, and can be taken furnished if desired, or the whole can be purchased if preferred. The expenses are very moderate, and easy terms would be conceded to any gentleman of good qualification and address. Twelve months' partnership introduction if desired.

Y 560. In a South-west County, an OLD-ESTABLISHED

PRACTICE, in a pleasant town containing 2,500 inhabitants, with a wealthy agricultural neighbourhood. Receipts, £600 a-year; appointments, £200. One horse does the work. No assistant necessary. A convenient house at a moderate rent. Satisfactory reasons for leaving can be given, and the books are open to the fullest investigation. An efficient introduction can be guaranteed to any suitable gentleman. Premium moderate.

Y 559. First-class PARTNERSHIP in a Southern County.

Receipts last year, £2,000; average, upwards of £1,000. A third share for disposal, with succession to half. Patients good class. Midwifery fees, £2 2s. and upwards. Two horses work the Practice. One of the present partners is about to retire, and the income would be required to take his house, which is a convenient residence containing 10 good rooms with offices, stabling, greenhouse, large garden and grounds. The furniture also may be taken at valuation. The highest references can be given.

Y 567. PARTNERSHIP in a good town in the Home

Counties. The PRACTICE is old-established, realising upwards of £1,200 a year. A 3rd or 4th share is offered for sale, and part of the premium may be paid out of the practice. The junior partner must be well educated in his Profession, and accustomed to good society; he will be expected to take charge of the public appointments, which produce about £250 a year. The practice is capable of considerable increase by the co-operation of a suitable gentleman, who would have the option of purchasing a further share in the course of time, and ultimately succeeding to the whole. No gentleman need apply who cannot command £400.

Y 566. In a fashionable WATERING PLACE a good NUCLEUS for sale. The receipts are about £300 a year, and an excellent introduction can be given.

Y 565. MIDLAND COUNTIES. A well established transferable connection. Average receipts upwards of £600 a year; appointments £150. There is very little midwifery; fees £1 1s. and upwards; one assistant, and two horses required, but the work is not laborious as the longest journeys are within five miles. There is no other resident practitioner, and the opposition is wholly unimportant. The house contains nine rooms, with garden, stabling, &c., at a very low rent. The vendor is about to go into partnership with a relative elsewhere. Considerable scope for increase, as the district is improving.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, OCTOBER 23, 1872.

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CASES OF MOTOR NERVE DISORDER, WITH CLINICAL REMARKS.

By C. HANDFIELD JONES, M.B. Cantab., F.R.S.

(Continued.)

CASE III.—M. F., æt. 39, admitted June 14th, 1872; married, has had ten children, only one of whom has survived; three were born at seven months. Her medical attendant informed me that each of her children had been attacked by syphilis after birth, and that she herself had been treated with mercury and pot. iod. Her last confinement was operative, and she had ergot freely. Her own account was that she had been in good health before October, 1871, she was fat and strong, she had then a very hard labour with twins. It was ten weeks before she got up at all, and then was unable to put her left foot to the ground at all. Last May had a very severe flooding, not a miscarriage. During all the early part of this year before May she had severe pain all down left side from shoulder to about waist; if she put her left foot to the ground she became unable to use the left arm; it was dead, was void of sensation and powerless, but cold restored the power. She still has pain in left side, shoulder, and interscapular region, which is aggravated when she uses the left leg. The left toes are pointed, the dorsum of left foot is nearly in a straight line with the front of leg, but it can be brought to nearly right angles with the leg, though not without considerable opposition from the sural muscles. Left calf wasted and feels very flabby; girth of left leg at calf, 1½ inches, right, 12½. The grasping power of left hand is weakened, it is rather tremulous. Her head aches badly, she has a dreadful weight at top of head. Has discharge from both ears, is deaf at times; sight of left eye is impaired, she can't see objects clearly with it; the globes move harmoniously. Cervix uteri bulky, lips everted, pale; some bloody fluid exudes from os, no ulceration to be seen, and passes two inches. Since May has not had catamenia

regularly. Much pain at epigastrium after eating anything solid; heart and lungs fairly normal. S. diet, fish; as catamenia appeared on 15th no more medicine was given till 17th, when she began to take Succi Conii, ʒiij, *ter die*, increased on 20th to ʒiv.

22nd.—Tr. Cannabis Indica, ℥xx., p. r. n., for relief of headache.

24th.—Can move the foot herself a little, bringing it by the anterior tibial muscles nearer to the natural position.

27th.—Much spasm of the calf muscles, cannot move foot better. The sural muscles and the anterior tibials act quite well with faradisation, but the spasm of the sural is intense, it requires a very considerable exertion on my part to overcome it at all.

Pt. Mist., ʒiij. h., addendo

Pot. Bromid., gr. x., ad. sing. dos.

28th.—Much tenderness over the upper lumbar spines and adjacent parts, right across the back; much like what may occur in uterine back-ache; no pain in other parts of spine. She has more power of moving the foot to-day. I galvanised the calf muscles both longitudinally from the ham, and afterwards transversely; she did not seem to feel the current much, and no notable effect was produced on the spasm; she could not move the foot any better directly after. The galvanism was repeated daily.

July 1st.—Can move the foot much more freely, galvanism omitted.

4th.—Catamenia have come on copiously.

9th.—Can move the foot freely, but if she attempts to stand on that foot she puts the toe to the ground, the heel being drawn up; on further effort, however, she can put the heel down and stand with the sole flat on the floor. Is taking Carb. Sacch. ʒj., *ter die*, mixture omitted.

11th.—Can walk a little, but in a very feeble and halting manner; puts her left foot quite flat to the ground, but seems reluctant to bear her weight on the limb; this she ascribes to weakness.

Pt. pulv.; Olei Morrh., ʒij., *in dies*.

18th.—Much better, can move her foot freely at ankle in extension and flexion when seated and walks a good deal better. Urine, sp. gr. 1.005, acid, no albumen,

22nd.—Gone out ; was able to walk up and down stairs quite well.

July 29th.—Came to hospital from country, had walked six miles ; going on well.

The causative conditions in this instance are sufficiently described by the epithet *exhausting* ; repeated pregnancies, a severe instrumental labour, and a copious uterine hæmorrhage, could hardly fail to depress seriously the powers of the system. Syphilis, if it existed, would probably act in the same way by impairing nutrition, as it does not seem to have generated any local irritation. The diet was probably also insufficient to recruit the failing powers. Nervo-muscular derangement, especially affecting the left side of the body, was a natural result of such causes. The one-sidedness of the disorder might suggest the idea of a lesion situated within the cranium. I am more disposed, however, to think that the cord was the "locus erroris," and that the morbid action did not (at least as regards the limbs) extend beyond the tertiary centres. The main feature of the disorder seems to have been undue excitability of a group of nerve cells in the lower part of the left cord, associated with a tendency to functional paralysis of others in the brachial enlargement. That a general condition, viz., exhaustion, should give rise to so limited a motor disorder is certainly remarkable, but perhaps not more so than the much more common event of sensory derangements equally limited arising under like circumstances. The talipes in this instance was purely spasmodic ; there was no paralysis of the anterior-tibial muscles. It is interesting to observe that the muscles which were the seat of spasm were notably smaller than their fellows (by $\frac{1}{2}$ inch), a fact which shows that, even at a comparatively early period of spasmodic disorder, atrophy may commence.

CASE IV.—A. W., æt. 10, female, seen Nov. 4th, 1871. Did not walk until she was three years old. Has had measles three times, the second badly. Last November she and all her sisters had chicken-pox so badly that it was like small-pox ; one child was quite delirious, and is pitted on the abdomen. Four years and a half ago she had a very bad sore throat, and on being taken out of bed at night was found unable to stand ; both legs seemed to give way. This weakness of legs lasted about three weeks, and then she quite recovered. This was in 1867. In the following June it was noticed that she dragged her left leg, especially when tired ; this continued till April 17th of this year, and then she lost the use of the leg completely. She was suddenly seized with severe pain about the left iliac fossa while out in the street, and had to be carried home. Her feet were then very cold. This attack was attributed to an over-loaded state of bowels. She regained the use of the leg again the same day, the pain lasted two or three hours, but recurred again less severely at times. She went to Ramsgate, was very well there, was able to run about. Soon after her return in the early part of July, she had a poorly attack, with feverishness and pain in stomach.

August 7th.—She was taken with fever ; her skin was so red, it was thought to be scarlatina, but the Medical man called it summer fever ; the weather then was very hot. During this attack she complained of her head, and was slightly delirious, but did not complain of her leg until the fever left her. She was then in just the same state that she is now, only that she complained of more constant pain in the knee.

At present she is unable to walk by herself on her feet, but can get along quite fast on her knees. If a finger is given to her, or her chin held up, she can walk shuffling her feet along the ground, and with her trunk bowed forward at right angles from the hips. If her trunk is raised erect, the left leg is drawn up, and the thigh flexed on the pelvis. The joints all are mobile. When lying in bed she moves her limbs freely. There is some fulness at the inside of upper left thigh, but no psoas abscess can be detected there or in abdomen, but there is some tenderness on pressing the lumbar spires. The

muscles of left thigh at posterior aspect are very inert, but not wasted, in fact she is in good flesh. Her mental power is weak ; she has learnt to read with much difficulty, but can't learn to write. As her memory and mind improved, her body seems—her mother says—to have got weaker. When a young child she used to be very passionate, but now is very placid and sweet-tempered. She has hypermetropia, and at one time squinted ; the strabismus got better, but returned when she had fever. Her mother is one of a family whose nervous systems are markedly defective ; one aunt is hypermetropic, another has strumous glands. I gave at first,

Citrate of iron and quinine, gr v ;
Tr. nucis vomic, ℥v ;
Aqua, *Ter die*.

Salt water dash baths, and stimulating frictions.

December 27th.—Is reported to carry herself a little better, but to be more excitable ; never uniform ; either depressed and drooping, or shrieking with excitement ; head is apt to ache ; comes out of the bath delightfully warm ; eats meat well. Succus conii was now prescribed, and ol. morrh. By February 12th she was "wonderfully" improved, walked almost upright, but with a little leaning still towards the left side ; ran about the house without any assistance, as well as up and down stairs, and walked out of doors. There was no dragging of the leg, though she complained that it ached and her foot was sore. The improvement ensued very gradually. She was less irritable and excitable. The dose of conium had been increased from ℥ 30 to ℥ 90, *ter die*.

May 30th.—I heard of her that she was quite upright, active, and running about. She could walk four miles without fatigue. There was still a tendency to excitement and subsequent depression, and she was not able to exert herself mentally in hot weather.

This child inherited manifestly a very defective nervous system, sadly prone to derangement. This was the chief motor of disorder, and without it the other incidental causes would have had no such result. The usual attendant on a state of feeble nerve power, viz., hyperexcitability, was well marked, and opposed, as it so often does, a hindrance to the use of the stronger tonica. Conium, however, suited this condition admirably, toning and strengthening the motor centres, without irritating the sensory or intellectual. The actual seat of the spasm causing disorder, must have been certain motor nerve-cells of the spinal cord, whose nutrition was in some way deranged ; there seems no ground whatever for regarding the disorder as initiated by any local irritation of sensory nerves. The feebleness of the mental faculties was probably the result of defective development of the cerebral convolutions.

The foregoing are instances, it is presumed, of functional nervous disorders, the term functional signifying of course not that the working of the apparatus only is altered, and that no organic lesion exists, but that the latter is not gross or palpable, and may depend on mere temporary derangement. Some change doubtless exists, and we cannot but long to know the intimate nature of that change. It might be a change of form in the nerve cells or their nuclei, or a change of chemical constitution, or a mere acceleration or retardation of the normal molecular changes. It is difficult to think that the process which conditionates nerve-action is purely chemical, for if it were, one would think it ought to be going on constantly as long as oxygen in sufficient quantity was contained in the circulating blood. No physical stimulus or mental influence would be requisite to set nerve-centres at work. In fact quiescence would be impossible as long as life lasted. In the normal state, vital chemistry seems to prepare a material which is capable of being acted on by the mind or by contact, so as to undergo molecular change. This is largely dependent on the stimulus both for its continuation, and for its amount. If the stimulus ceases, muscular contraction, the indicator of nerve action, ceases. We can so adjust a stimulus to muscular contraction, that

the action shall be extremely gentle and gradual, or we can make it sudden and violent. This is very unlike what occurs when a spark reaches a store of gunpowder, or a blow lights on some detonating powder. Here the result is wholly dependent on the quantity of force-producing material present. The epileptic paroxysm where all regulation of action is lost, and every centre is involved in the tumult, has a manifest resemblance to such an explosion. If our nerve-cells were reservoirs of force-producing material, which needed but a slight stimulus to undergo change, surely all regulated action would be impossible. If it be said that some nerve-cells regulate the working of others, which in one sense is probably true, yet what is to regulate the regulating cells? It seems to me pretty clear that the cells have a power of self-regulation, and that the failure of this power supplies the condition which is most essential to the occurrence of such disorders as those we have been considering. What is true of motor nerve-cells, is true in all probability of sensory and intellectual nerve-cells. Unrestrained or ill-regulated chemical action conditionates corresponding disorder, which may therefore be readily produced by all causes of exhaustion. Morbid nerve action therefore appears to be a result of devitalisation.

NECROSIS OF BONE.

Reproduction of Phalanges; Amputation through Forearm—Pedarthrocace or Strumous Necrosis of the Phalanges in Children; Amputation of Index Finger—Duration of Necrosis; Removal of a Portion of the Femur—Cicatrisation of Stump over the Necrosed Bone.

BY MR. KELLY,

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It is not my purpose to enter into a long and useless disquisition on Necrosis, but rather to select some items from the literature of the subject which will throw light on the accompanying cases. I mention the subdivision of the disease into the stages of inflammation, death, exfoliation, and repair, merely for the purpose of conveniently arranging my remarks. The variable number and the regular order of the processes, are very imperfectly indicated by this classification.

It is thought that Necrosis or mortification of bone, is not invariably ushered in by inflammation, and that the second stage may be directly induced by a provocative capable of immediately suspending the molecular vitality. When it is present and typical in character, it is of the acute form, violent and brief; but, as M. Sanson observed, inflammation, in common with all other processes occurring in bone, is frequently very tardy. To this gradation it is difficult to assign any limit; and in the lower grades the latency of the inflammatory stage occasions much uncertainty of diagnosis and of prognosis, as its violence generally indicates the results. Notwithstanding the specious examples we constantly see, it is questionable if mortification occurs in any case without the antecedent inflammation; except perhaps in these rare instances where complete obstruction of the local circulation occurs, and which Billroth considers as only of theoretical interest. It is a recognised pathological principle that weakness and irritability are closely associated, and if the nutrition of a part be disturbed the resulting "weakness" will tend to true inflammation, which may be moderate in degree, and consequently, liable to escape observation. Most probably we have such a latent process in these examples of necrosis resulting from fevers, burns, and other causes, where we observe no local symptoms until the bone is destroyed. Of the three groups into which the causes are divided: 1. Inflammatory; 2. Toxic; 3. Mechanical. In most instances these contained in the last two may be included in the first, which

destroys the vitality of the histological elements principally by means of the inflammatory tension and blood stasis. The density of the osseous structure makes these agents more destructive than they generally are in the soft parts; for as Billroth observes, there is here little or no power of accommodation for the collateral circulation.

Various hypotheses have been proposed to account for the exfoliation of the sequestrum. Hippocrates attributed it to the force of "a fleshy substance which grew beneath it," and many sustained his view. Van Swieten and others, to the action of the vessels. I mention these speculations because they afford an interesting example of the manner in which Medicine, like History, repeats itself; for we find after many other theories had been accepted and subsequently discarded, Mr. Abernethy adopted the Hippocratic doctrine with some modifications, while the more modern pathologists as Virchow, have elaborated that which had been fore-shadowed by Van Swieten. Mr. Abernethy, one of the clearest reasoners in Medical science fails in that remarkable unprejudice so characteristic of him, when deducing from the results of Hunter's experiments. He says that the limbs of the animals on which Hunter experimented "showed the following circumstances in their different stages. 1st. A space between the sequestra and the sound bone. 2nd. The growth of granulations in these species. 3rd. The formation of bone by the periosteum, so as to include the sequestra in an osseous cavity; and 4th. The removal of the sequestra by the living parts in contact with it.

"In the detachment of sequestra, a space is created in the circumference, and from progressively towards the centre, granulations spring up from the living parts in this interval, and grow successively as its extent increases. It seems, indeed, as if granulations had by means of their absorbents, a considerable share in producing the spaces we observe between living and dead parts; for even when the soft parts are concerned, if there be tardiness in the growth of granulations the detachment of a slough is a very tedious process. When we consider how tardily the vessels of bone produce granulations, we cannot wonder at the time which elapses before sequestra are detached."

He "considers" that the granulations have "a considerable share" in the process of excavating the groove; but if we observe the series of events we perceive that the order he ascribes to them is, 1st, the formation of the groove; and 2nd, the growth of the granulations. As the granulations succeed the appearance of the groove, it is evident that they have no share in its formation; and it is stated that the granulations can only be developed "after the osseous substance (limesalts as well as organic matter) has disappeared at the point where the new tissue is to appear." We find that we have the same process effecting the separation of the bone and of the soft tissues, except that in the former it is much more tedious. A place exists where the dead and the living structures are in contact. Here the "sphacelus," acting as an irritant, produces inflammation, and absorption of the adjacent living tissue. The process is the same in *necrosis totalis* and *partialis*. 1st. An increased vascularity in the surrounding tissue. 2nd. The removal of the earthy matter by absorption, as Mr. Paget "supposes," and of the organic basis, which remains for some time after its decalcification connecting the living bone with the dead. 3rd. The productions of granulations which immediately occupy the space resulting from the last step. Although physiologists do not agree on the presence of lymphatic vessels in bone, we have the testimony of two trustworthy observers at least, Mascagne and Cruickshank, in favour of the affirmative. Induction, if not observation, sustains them; for we see results, which the knowledge we possess can only explain, by the hypothesis of their existence. Independently of the question, we recognise absorption as a component process in the nutrition of healthy bone during the removal and substitution of the Haversian systems. Paget describes the enlargement of

these at the boundary-plane in necrosis. The identity of the processes which (1) excavate the medullary canals, and remove *ossifié* Haversian system, and (2) separate the living from the dead bone, is made still more probable by the similarity existing in structure and chemical composition between the medullary tissue which occupies the former, and the granulations filling the groove of separation.

The theories of repair or reproduction, which flourished in the different schools and ages, and disturbed the harmony and unity of truth are reducible to three classes: (1) Granulation from the parts which remain; (2) from the necrosed portion before its death; (3) by the ossification of the periosteum.

Modern pathologists regard the periosteum as the principal agent in the substitution, especially when the original shape of the bone is preserved. There is no doubt, as shown by Bourguet and others, that in some instances when the periosteum is removed the bone is still reproduced; but it generally wants the symmetry of the original structure. In the following case the periosteum, at least to a considerable extent, was removed, and still, as will be related, the bone was perfectly reproduced in shape, size, and structure. This interesting fact, sustained by the numerous cases of reproduction, of the clavicle described by Moreau, the scapula by Chopart, the ulna by Fowles, the inferior maxilla by Weidmann, &c., &c., prompts me to sustain most earnestly the proposition of Mottet—That with patience and proper treatment, we may hope for the reproduction of many parts which the less sanguine surgeon would remove as irreparable. The advantage of this consideration is especially valuable, while most frequently overlooked, in the numerous instances of disease and injury of the hand and foot.

— et. 46, had his thumb bitten by another man, and received a compound fracture of the first phalanx. When he was admitted into hospital some few weeks after, the thumb was highly inflamed, and the hand much swollen. With great difficulty, I induced him to allow me to make an incision into the thumb, and I easily removed the terminal phalanx and half of the first with the attached tendons, ligaments and the periosteum covering the front of the bones, and some of that on the back. They were completely necrosed. I kept the hand in a perpetual warm bath, and as the pus pointed, I made four or five incisions in different places, one above the anterior annular ligament. Some improvement followed, but the man became refractory and he was discharged. I re-admitted him in a fortnight in consequence of his desolate condition, and found the hand much worse. The bases of the first and fifth metacarpal bones, the carpus and the end of the radius were carious. The opening above the annular ligament communicated with these on the back and front of the hand. Nothing would save the patient's life but amputation. I operated through the forearm with a single posterior flap as Mr. Wharton advocates. The man recovered with an excellent stump, and was discharged in about six weeks. I made a vertical section of the thumb, and found that perfectly shaped phalanges supplied the place of these I had removed. Microscopically they presented all the characters of young bone, and their articular surfaces were covered by a substance resembling cartilage in its gross appearance. I did not examine this under the microscope. Such a case is interesting to the pathologist, as of the reproduction of the phalanges, I can find no other record; and consequently, it is the more valuable to the comparative physiologist as another instance of the reproductive power in man, which is seen in such perfection among the lower Amphibians. Professor MacAlister, of the Dublin University, showed me some remarkable specimens, and Professor Trequair describes two examples of the lepidosiren, whose tails have been perfectly reproduced. They are the only known specimens, and by a coincidence, are both in the possession of the Royal Dublin Society.

Some time after, I saw a case of strumous necrosis in

children (*I edarthrace*), which allowed me to apply the lesson nature had taught me in conservative surgery. Although the attempt was unsuccessful, the result will not deter me from testing it again.

—, et. 2, with no other symptoms of struma, suffered from *necrosis partialis* of the first phalanx of the index finger. Sinuses led down to the bone, which was not entirely exfoliated. The principle of the treatment was to permit the regeneration of the bone. I made free incisions down on it, and treated the child generally. Notwithstanding all my efforts, the inflammation extended into the hand, and I was obliged to amputate the finger as the child's constitution began to suffer. It is not unusual to see this form of disease occurring in the children of strumous parents, when no other constitutional symptoms manifest themselves. In some instances the fingers are attacked successively.

The final stage in Necrosis, or the eliminative, may, like the first, prove its constancy by being sometimes absent. The removal of the sequestrum is accomplished by some interstitial process, or by the formation of an opening in the soft parts, either by ulceration or by operative interference. The character, and even the existence of the interstitial process is much disputed. Mr. Hunter taught that the absorbents of the surrounding parts were capable of removing the detached sequestra. A paper by Mr. Gulliver, in the London *Medico-Chirurgical Transactions*, vol. 21, gives the details of 19 experiments, all of which disprove Hunter's doctrines. Sir W. Blizard stated that a portion of bone confined in an ulcer was altered in appearance and weight, but Mr. Stanley repeated the experiment and obtained the contrary results. Mr. Paget thinks that dead bone may be in part absorbed or otherwise removed, not, indeed, in mass, but after being disintegrated or dissolved. The description given by Miescher of insensible exfoliation differs but slightly from this view.

The elimination of the sequestrum is frequently so tedious and exhausting to the patient, that the surgeon is obliged to "assist nature." The late Mr. Porter described a case of traumatic aneurism in the Dublin *Journal of Medical Science*, 1835. He attributed it to a "slit" in the popliteal artery, which was caused by a sequestrum. Until the time of Albucasis, the only operation contemplated was amputation. He was the first to propose excision. Notwithstanding this humane and scientific example, amputation is still, perhaps too frequently, practised. The comparative facility and brilliancy of this operation, contrasted with the complicated and modest excision of sequestra, naturally leads to the selection. The true surgeon hesitates to remove a limb which he feels he can preserve, if his skill sustain his conservative tendencies. There are few of us who have not seen a man influenced to select a capital rather than a conservative operation; vain glory prompts him to swell his list of *coups de grace*, while ignorance makes him to hesitate to deal with structures, of which he knows little, and that little more discouraging than nothing. There are few parts to which the advice "cut boldly" is not applicable, if the operator be an anatomist as well as a surgeon. Küchler makes a valuable suggestion in reference to the selection of treatment of diseased bone. He recommends the extent of the disease to be defined by means of punctures with an exploring needle and tenotome. This can be accomplished on the operation table, and will obviously regulate the severity of the succeeding measures.

The following case is interesting, owing to the duration of disease, and the rapidity of recovery after operation:—

—, et. 29, had suffered for eighteen years from contraction of the knee, continued pain, abscesses, and sinuses in the back of the thigh. He was unfit for any occupation, and had been in different hospitals eight times. When I first saw him I made free incisions into some collections of pus, and sent him to the country to recruit his strength. He returned in two months much improved. The probe detected necrosed bone deeply in the popliteal space, but

the amount was not sufficient to account for the superficial disease. I decided on attempting the removal of all the sequestra, with the patient's urgent request that I would amputate if not successful. I made an incision of about five inches along the inner margin of the biceps tendon, cutting to the bone, and carrying it down to the external condyle, taking great care of the external popliteal nerve. I twisted the bleeding vessels, some of which were very large. Guiding my scalpel with my fingers, I cut my way inwards between the popliteal vessels and the femur until I reached the sequestrum, which I found occupying all the triangular space on the back of the bone. I introduced a gouge, loosened it, divided it *in situ* with a bone forceps, and extracted the fragments. The cavity continued to secrete pus for some weeks. I removed a few fragments subsequently with my fingers. The man was sent to the Convalescent Home, and in a short time was discharged with a perfectly sound leg, capable of extreme flexion and extension, and he is now a railway labourer.

I selected incisions in preference to dilatation with sea tangle, or else, as I think, the latter has many disadvantages. It is a tedious process which is attended with much pain. The margins of the orifice are very dense, and the normal parts are so much disturbed that anatomical knowledge is useless in making any subsequent incisions. In the preceding case I could not have obtained an opening sufficiently large to admit of the complicated measures which were entirely guided by the touch. If interstitial absorption were sufficient to remove the sequestrum, it should have completed the process in eighteen years.

I remarked that the last stage, *i.e.*, elimination did not occur invariably any more than the first, or that of inflammation. I intended to indicate in this manner how rarely we observe the suppression of any of the processes in the phenomenon of necrosis. I am not aware of another case where the stump cicatrised and could be considered "cured" without the exfoliation of the necrosed end of the bone.

—, *æt.* 42, with a most remarkable history of disease. I amputated through his arm for carious disease of the elbow. Secondary hæmorrhage occurred, which was almost fatal. In opening the stump I passed my finger along the bone, and felt it perfectly bare and rough in its entire circumference as far as the finger could reach. The stump was so gangrenous that the bleeding orifices could not be discovered. A tourniquet checked the hæmorrhage. The bone protruded from the end of the stump, dry and brown, for three or four weeks. When the hæmorrhagic diathesis had ceased and the tourniquet was removed, the parts were brought loosely together, awaiting the exfoliation. This did not occur, but the stump cicatrised over the sequestrum without becoming adherent, as during the process, the granulations might be separated from the bone, and seemed to be nourished peripherally. Some months have elapsed since the union was completed, and there is no appearance of any action in the part.

DISEASES OF WOMEN.

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(Continued from page 295.)

UTERINE DISPLACEMENTS.

OF all uterine diseases displacements cause women most frequently to seek for advice, and displacement downwards is the most frequent form seen by the practitioner. MM. Bernutz and Gampel, in their noble work "On Diseases of the Womb," Vol. II, mention that in women who have not had children the length of the uterine neck does not exceed 15 to 20 millimetres, whilst

the diameter of the neck is about 22 to 25 millimetres. The uterus changes in position when the patient is standing and when she is lying down. In women, who have not borne children, when the uterus is in its normal position, and the neck of its ordinary dimensions, the inferior extremity of the latter organ is about 55 millimetres distant from the vaginal outlet at its anterior part; the anterior cul-de-sac is 61 or 62 millimetres distant, and the posterior cul-de-sac 70 to 80. All these measurements are taken when the patient is lying down. Three degrees of prolapse are spoken of: in the first the uterus is merely lower in the pelvis, retaining its normal direction; in the second degree the fundus is turned backwards; and, in the third degree, procidentia, the organ is more or less without the pelvic cavity. The uterus is sustained in its position, not only by the ligaments, but also by the tonicity of the vagina, which is connected above with the bladder and rectum. If these connections became relaxed the uterus tends to descend, especially if the posterior ligaments become relaxed, and, in that case, the fundus tends to fall into the recto-uterine pouch. Again, leucorrhœa or menorrhagia are often associated with actual uterine disease; the organ when enlarged is more liable to fall down. In such cases, when the inflammation is cured, the uterus ascends again to its normal position in the pelvis. Abortion and parturition are the commonest causes of prolapse, since the uterus is enlarged, and the vagina loses its tonicity in many cases after labour; whilst in ruptured perinæum there is a further want of support. In old age, again, the vagina becomes atrophied and the vulva patulous; whilst the muscles are all less tonically contracted. These facts show why retroversion once having occurred is likely to be permanent; and why treatment is required in order to restore a prolapsed uterus to its normal position. When complete procidentia takes place the irritation to which the cervix uteri is exposed causes that organ to enlarge greatly, whilst the os uteri becomes excoriated, open, and pouring forth a profuse albuminous secretion. After procidentia has been partial for some time, it is apt to become continual, and an oval tumour exists outside of the vulvar orifice, partly composed of the bladder and rectum, as well as the uterus, and sometimes a portion of the small intestine. In such a case the vaginal mucous membrane puts on the appearance of the external skin and becomes thickened and dry. In some cases it is not safe to reduce a large procidentia, from the fact that in doing so, strangulation of the intestine may be produced. In ascites, sometimes, the posterior part of the vagina is the first to become prolapsed; or, in case of retention of urine, the anterior wall may be prolapsed and the uterus follows.

M. Huguier, in a memoir read in the Académie de Médecine in 1859, says, that true prolapse of the uterus itself is uncommon, and that it is, in most cases, the neck of the womb which descends; hence, he thinks the treatment should not be to support the uterus, but to remove the cervix. This is an exaggerated statement of the case. West states that a prolonged prolapse of the vagina is almost always accompanied by enlargement of the cervix. In addition to these forms of prolapse, there occurs prolapse of the anterior and posterior walls of the vagina (cystocele and rectocele), either of which may occur after the relaxation of the vagina, which takes place after labour. In rectocele, the vagina is often prolapsed alone; in cystocele the bladder is usually prolapsed, and when this exists for some time the cervix is apt to descend, and the ureters, being pressed on, are apt to become dilated. Hence, albuminuria may arise, and vesical calculi may be formed. In cases of obstinate constipation, rectocele may be caused; and, in such cases the rectum is contained in the tumour sometimes.

Prolapse, when it comes on suddenly from a shock, usually causes more pain than when it supervenes in women who have borne children. In such cases defæcation may be extremely difficult from the strain on the broad ligaments, and the patient is often in great pain

when seated, from the uterus being pressed upon in such circumstances; tenesmus and dragging pain in the loins are felt, with frequent desire to micturate. In virgins the pressure of the cervix on the hymen is said to be occasionally very painful. Procidencia is far most common among women of the working-classes than among the well-to-do, except among aged ladies, or when there has been rupture of the perinæum. The existence of prolapse causes labour to be often very painful when it is considerable; and procidencia is increased by the state of pregnancy. Abortions are frequent in such cases, although the fœtus may occasionally reach its full term even when procidencia is complete.

As to the treatment of prolapse, or procidencia of the womb, some practitioners are much in favour of operations and of instrumental interference, whilst others are of an opposite opinion and dislike any active interference. In cases where there is subinvolution of the uterus after confinement, it is the best treatment to confine the patient to her couch for a time, and then try to lessen the weight of the uterus; whilst in cases where there is rupture of the perinæum, the uterus being of normal bulk, supports are clearly indicated. In all cases of inflammation and enlargement of the organs again we must endeavour to treat the disease before having recourse to any other surgical procedure. Leeches to the uterus or other means advised for the treatment of uterine catarrh should be had recourse to, and all pessaries should be avoided, for a time at least. In all cases of procidencia, however, or in old cases of prolapse, when the uterus is healthy, or in ruptured perinæum, or when great suffering results from prolapse we must try the effect of supports; again, when the bladder or rectum are much prolapsed. Nothing is of more importance than the choice of a pessary or internal support in the treatment of any form of prolapse of the uterus. The air-ball pessary of Gaziel, or the air-ring are often useful. Zwanke's pessary has been much praised; but the author confesses to disliking it for many reasons. Hodge's horse-shoe pessary is useful, but in the author's opinion, the simple ring pessaries introduced by Dr. Grailly Hewitt are by far the best ever brought into practice. Hewitt's ring-pessary is merely a copper wire ring coated externally with gutta-percha, and of various diameters, which can be moulded into any shape the practitioner pleases, thus being suitable for all cases of anteversion, retroversion, and prolapse. Sponge pessaries should never be used. They become rapidly most horribly fœtid. As to stem-pessaries they are all difficult to manage, and expensive, and the author cannot recommend any of them. Ashburner's pad is an admirable support in cases of rupture of the perinæum and procidencia. The most important purpose served by all pessaries, which prove of any service, is to keep the uterus motionless. Pessaries, if worn at all, should not remain more than a week at a time in the vagina, since ulceration of the vagina may occasionally be the result of the long stay of any instrument; and, another point is, that the very smallest size of pessary that will keep the uterus up should alone be used. In procidencia the parts should, as soon as possible, be returned into the pelvic cavity, and retained there by an Ashburner's pad, if the procidencia is of recent date, whilst the patient is kept in bed for some weeks, if possible. A few leeches may be useful to relieve the congested state of the organ prolapsed for some time. By attention to such wholesome rules, we may often succeed in causing the prolapse to cease, although the result is uncertain, especially when the prolapse has existed for a long time.

Several operations have been proposed for the radical cure of uterine prolapse. Fricke, of Hauburg, about the year 1833, proposed to narrow the entrance to the vagina by partially obliterating the vulva, although the operation for ruptured perinæum had been performed long before that time. The restoration of the perinæum to its natural dimensions constitutes a most valuable operation when it succeeds. Unfortunately, it is by no means easy

to ensure success, and in many of the cases which the author has had experience of, a complete failure has resulted, the patient being left in a worse state than she was previously. Fricke excised a portion of the lips of the vulva of about two fingers in breadth. The incisions commenced about an inch below the superior commissure and were united an inch behind the fourchette. When the bleeding ceased the borders of the incised vulva were united by sutures, ten or twelve of which were required. This operation sometimes succeeds well in elderly women, but it too frequently fails completely in its object. Mr. B. Brown, of London, in his operation, leaves the skin intact; merely removing the mucous membrane from the internal aspect of the labia from the urethra as far as the fourchette, and then unites the parts by sutures. This operation, like Fricke's, in rare cases is successful, but generally fails; so that repose in bed, together with well contrived supports, in fact, usually does more for the patient than either of these operations. Mr. Marion Sims, and other surgeons advise the narrowing of the vagina by removing bands of the mucous membrane by the knife, or by cautery, which leaves broad contractile scars. The author has certainly seen several very favourable results from the first of these operative procedures. Even here, however, the rule is, that failure results, the exception that the operation succeeds. The permanent cure then of uterine prolapse is very rarely obtained. Dr. West is much in favour of Zwank's pessary; but the author cannot say that his experience corroborates that of that most eminent obstetric physician. In these heroic days of surgery, Huguier's proposals to cure uterine prolapse by means of ablation of the vaginal portion of the cervix have met with some favour. The author regards such operations as almost, if not quite unjustifiable, as the operation is a very dangerous one, and far too grave to be made use of for a disease which may be treated with so much success by palliative and innocent means.

MARRIAGE IN THE ARMY.

By FRANCIS R. HOGG, M.D., R.H.A.,

Fellow of the Royal Medico-Chirurgical and Obstetrical Societies.

(Continued from page 256.)

Official Statistics.—Dr. Balfour, F.R.S., in the "Army Medical Department Blue Book" for 1865, has an interesting paper on the sickness and mortality amongst soldiers' wives, copious extracts from which must necessarily be quoted. These returns include a period of five years, and it appears that out of 39,953 women, 16,001 were reported sick, of whom 294 died; the ratio per 1,000 living, being 401 cases to 736 deaths. Calculating foreign stations:—

Stations.	Cases per thousand.	Deaths per thousand.
Gibraltar and Malta ...	473	14.37
Canada and Nova Scotia ...	546	7.53
Cape and St. Helena ...	729	5.90
New Zealand ...	586	10.38
Bermuda ...	342	17.79
West Indies ...	546	12.41
Mauritius and Ceylon ...	806	27.84
India ...	1,177	40.43

The returns from China and Australia are not available. Although but a few cases of syphilis (chiefly met with in Malta and India) are recorded, several instances of fatal delirium tremens are noted, but none of suicide. Out of 7,766 cases of parturition, 90 deaths reported.

Eruptive Fevers.—Scarlet fever at home, variola especially in Canada and Bengal, where in the latter station 7 deaths out of 23 cases occurred.

Paroxysmal Fevers.—Remittent comparatively rare, and as usual much more fatal than intermittent; for instance, the deaths in the former 1 in 20, in the latter 1 in 305.

Continued fever at Malta. Yellow fever at Bermuda (where 5 women died out of a strength of 85). *Dysentery* and *Diarrhoea* figuring largely in returns from St. Helena, the Cape, Mauritius, Ceylon, New Zealand, and India. *Spasmodic cholera* at Malta, Mauritius, and in India. *Ophthalmia* at the Cape. *Cancer, bronchitis, phthisis, dyspepsia, hepatitis*, at various stations, all elaborately calculated, culminate in one significant deduction, namely, frequently depending on anæmia influenced by defective nutrition. Accurate as this valuable paper may be as regards statistics from abroad, it is impossible to fix any ratio of sickness and mortality amongst soldiers' wives at home, for these reasons—many women never report sick at all to their own Medical officers, but attend at dispensaries and hospitals, or call in civil practitioners in preference, when their means permit. I confess to a feeling of vexation, if not of degradation, when this occurs, as it has frequently done in my own practice, when a poor woman runs into debt to afford the opportunity of having London hospital advice, consisting too often of a long delay in the waiting-room, a hurried opinion from an over-worked junior physician, and the mysterious fluid called medicine in a pint bottle. Then there is a great belief in quacks and herbalists, some of whom are very clever; but soldiers' wives, excepting those of officers, have but a poor opinion of homœopathy. As for bone setters, they are very wonderful people, the favoured few who enjoy this gift. I have not had the opportunity and pleasure of reading Dr. Hood's work, but can testify to the wonderful knack the late Mr. Hutton possessed in this particular. Some women also used to toil up from Woolwich to consult a venerable "colonel" in Lambeth, great in ophthalmia, but the Army List affords no clue to this gallant officer's services. His treatment involved constant application of nitrate of silver as well as of sulphate of copper. A few women belong to the "peculiar people," good, honest steady fanatics, who look on calmly and do nothing, when the simplest remedies would save their children in cholera, diarrhoea, croup, or convulsions. The elders anoint a case of variola after a long prayer, and without washing their hands, thus become the carriers of disease to other houses. Every garrison library should have a copy of the "Revelations of Quackery," by Courtenay, who gives the names and addresses of the scoundrels who rob many officers and non-commissioned officers affected with syphilis, besides ruining their constitutions. Nervous married non-commissioned officers, who from drink or tropical service suffer from debility, become easy victims to these sharpers who promise a renewal of life by nerve tonics and the electric curative, clinging to their deluded dupe until the last shilling has been extorted. Coming back to the point, much sickness may prevail amongst soldiers' families without being officially recorded.

Marriage.—Out of 2,200 personal inquiries none married under the age of 13, but 4 under 14, 20 under 15, and 45 under 16.

Such lives consist of a constant record of premature decay, of paralysis, of hæmorrhagic difficult labours followed by fever or mammary abscesses, and their children carried off by convulsions or becoming idiots. The Registrar-General records that the daughter of a labourer in Essex, in 1863, gave birth to a boy before she had attained the age of 11, but as a rule no matter how early cohabitation commences, pregnancy is not long delayed. In other papers the subject of menstruation having been statistically considered, no particular facts of interest have recently come under notice. One woman commenced to menstruate at the age of 8, married at 25, now aged 29, has never been pregnant. The range of initial period calculated during three years, ran from 8 to 26 years of age; that of cessation, from 38 to 50. Very many menstruate up to quickening, a certain number during pregnancy, and a large proportion during lactation. It is rather curious to find out of 2,300 inquiries, 23 women menstruated for the first time only after marriage at ages ranging from 14 to 19. A few instances as to results of early marriages of

soldiers' wives may as well be given. A, native of Gibraltar, married at 13 4-12, before puberty, at Umballa; was 10 months after delivered of a posthumous child she could not nurse. At the age of 17 she married again. B, married at 13 and 24; only one still-born child resulted. C, married at 14, at the Cape, commenced to menstruate at 15, then fell pregnant. The child lived 17 days. The next child, at the age of 4, died of croup at Bombay. Nursing the third child she had convulsions, loss of power of right side, aphasia, dysphagia, lasting seven days. Now has numbness of right side, and an increasing stammer. D, married at 15 and 21, nursed her children two years and a half. Now aged 31, looks 51. E, married at 14 8-12, gave birth in lingering labours to 3 children, who died of convulsions. F, married at 15, and in hæmorrhagic labours followed by fever, bore 8 children, 2 of whom survive. G, married at 15, bore 11 children, 2 of whom survive. H, married at 15, as a rule had epileptiform convulsions from quickening to delivery; however, she bore 3 living children, presentation invariably footing. Breech presentations are very common when very young girls are confined. A girl, æt. 15, unhappy at home, married a sergeant whom she loathed immediately after, and deliberately swallowing thimbles, buttons, and coins, achieved her object of self-destruction by establishing fatal gastritis. At the last moment, after puzzling me a long time, she confessed this to the priest.

(To be continued.)

Hospital Reports.

LONDON HOSPITAL.

Some Fatal Cases of Hernia.

Under the care of Mr. RIVINGTON.

(Continued from page 321.)

CASE XIV.—Strangulated Right Femoral Hernia—Application of Quick Lime by a Female Quack—Protrusion of Intestine—Reduction—Death.

In June, 1872, Mr. Rivington was summoned one evening by a practitioner at the East End of London, to see, as he said, an unusual case of hernia. The patient, it was stated, was in an extremely critical condition, and might not be alive when he reached him. He was a Spanish sailor, who had had a tumour in the right groin for three weeks, and had been treated by an old woman, a professed cancer curer, with a paste composed of quick lime. The result was that the tissues over and around were destroyed for some distance and blackened. When the gut had been reached, it protruded to the extent of at least two or three feet and could not be returned. When Mr. Rivington saw the patient he found him in great pain, supporting his exposed intestines, which were black and congested. Chloroform was administered; and with some difficulty, in consequence of the discolouration of the tissues and the bulk of the hernial bowel, Gimbernat's ligament was found and cautiously divided. Hey's ligament was also notched. Then inch by inch the bowel was pressed back into the abdomen—a troublesome procedure, which took ten minutes. A pad and bandage were applied. The patient was under chloroform twenty minutes. He died the next day. There was some obscurity about the early history so that the precise period of strangulation cannot be stated.

CASE XV.—Strangulated Left Femoral Hernia—Three and a-half days' Perforation of Intestine—Operation—Death.

C. D., æt. 45, was admitted into the London Hospital on Wednesday, May 12th, 1869, and was seen by Mr.

Rivington at 7 p.m. An oblong tumour existed in the left groin, the long axis running parallel with Poupart's ligament. The hernia became strangulated on Sunday, the 9th of May, 1869. There were the usual symptoms—constipation since the strangulation, vomiting becoming stercoraceous, very small pulse, damp skin, evident depression, shock, and anxiety. Over the tumour itself there was considerable discolouration due to gangrene of the areolar tissue. The patient having been chloroformed, a vertical incision was made inside the line of the femoral vein. The subject was very fat, and when the subcutaneous fat had been traversed, a little bad-smelling fluid escaped from an evident faecal fistula. The hernia loomed darkly through its coverings, and was released with a free escape of foul fluid. The sac was opened up and Gimbernat's ligament was divided through its neck. The stricture was thus relieved, and the intestine, which was much congested, covered over with lymph at the lower portion, and which contained a little hole at the worst part, was left outside the abdomen. The gut had been tightly nipped, and the sac was thickened and adherent to it. The patient died at 11 p.m. the same night.

At the *post-mortem*, the portion of intestine was found to belong to the jejunum, and to be quite doomed to destruction. It was on the point of sloughing. There was an irreducible omental hernia at the umbilicus.

The patient was afflicted with prolapsus uteri, and the womb having descended nearly to the vulva, Mr. Rivington thought it a good opportunity to test the share taken in prolapsus uteri by loss of power and stretching of the round ligaments. It had previously occurred to Mr. Rivington that their relaxation might be an efficient factor in the causation of that complaint. Exposing the round ligaments in their canals, Mr. Rivington found that by drawing on them simultaneously at the external rings, the uterus returned readily to its place. There are some who deny the existence of prolapsus uteri, maintaining that the affection so designated is an elongation of the cervix, but there could be no doubt here of the reality of the prolapse, nor of the effect of shortening the round ligaments on the position of the uterus.

The uterus itself was found to contain some glairy mucus, which was examined for spermatozoa with a negative result. The ovaries were very small and fattily degenerated.

CASE XVI.—A few weeks previously a man, of middle age, had been brought into the hospital in a moribund condition, suffering from a femoral hernia on the left side which had been seven or eight days strangulated. The man being evidently at the point of death, Mr. Rivington was disinclined to interfere, according to the opinion given by Mr. Teale in his work on "Hernia," but a senior colleague, urged an operation on the ground that it was a rule not to leave a hernia case to die unrelieved.

Mr. Rivington cut down through unrecognisable tissues, and, having divided Gimbernat's ligament, laid open both the sac and the intestine, both of which were rotten and perforated, and having given exit to fluid faecal matter in large quantity stitched the gut to the skin. The patient did not live more than an hour afterwards.

Such cases should be rigorously excluded from statistics of hernia. A similar case was the following:—

CASE XVII.—*Right Femoral Hernia—Eight days' Strangulation—Perforation of Intestine—Death.*

A. B., *æt.* 79, was admitted into the London Hospital, on Thursday, October 27th, 1871, at 1 a.m. On the preceding Tuesday week, the 18th, the patient had felt great pain at the bottom of the abdomen on the right side, and had not passed any motion since then. No Medical man was called in. On Tuesday, the 25th, a nurse engaged to attend the patient observed that she vomited all she ate, bringing it up again mixed with faecal matter. On the following day a Medical man saw her, and endeavoured to reduce the rupture, but finding it impossible, advised her removal to the hospital. Herniotomy was performed by

an internal incision. The sac was found greatly thickened and congested, on puncturing it a quantity of faecal fluid escaped. The sac having been laid freely open, omentum in a gangrenous state was disclosed, surrounding a portion of nearly gangrenous gut, in the centre of which was a small round ulcerated aperture. The stricture appeared to have been at the neck of the sac, but whether due exclusively or not to the fibrous structures outside, or to the neck itself, could not easily be determined. Gimbernat's and Hey's ligaments were divided from within the sac, and the gangrenous omentum was removed. There was no hæmorrhage, but the discharge being considerable, the wound was left open.

At 12 o'clock on Thursday the patient was in a state of collapse, delirious, and fast sinking. She died at 7.15 p.m.

At the *post-mortem*, the sac was found to be adherent at the upper opening. There was considerable peritonitis, lymph being effused on the injected coils of intestine. Two apertures existed in the intestine, one in the centre of the involved portion, and the second at the margin of constriction.

Special Report

ON

DISEASES OF THE THROAT.

Edited for the "MEDICAL PRESS AND CIRCULAR"

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(Continued from page 326.)

DISEASES OF THE OESOPHAGUS (a).

THERE have lately appeared in the *Allgemeine Wien. Med. Zeit.*, several articles in which the views of Prof. Oppolzer on these diseases are reported and commented upon by Dr. E. Ritter Von Stofelta, Docent in the Vienna University. These articles are of such importance that I am desirous of laying them before the Profession; and Dr. Clinton Wagner, of San Francisco, who for some time acted as my clinical assistant at the Hospital for Diseases of the Throat, has been good enough to furnish me with the following translation:—

The diseases of the oesophagus are, in comparison to diseases of the other portions of the alimentary canal, very rare, which circumstance, according to Oppolzer, is owing to the thickness and slight vascularity of the epithelium covering the tract. Partly this rarity, and partly the greater difficulties which attend an effort to obtain information (arising from its position) it becomes clear that there is yet much to be wished for in our knowledge of the diseases of the oesophagus.

As long as the science of medicine regarded merely symptoms, those relating to oesophageal affections were classified under the general term dysphagia, which in turn embraced the following subdivisions—viz: dysphagia inflammatoria, spastica, paralytica, organica, and lusoria. The last named variety was first recognized by Beaufort, and described as a very remarkable freak of nature, hence the title "lusoria."

The same consists, according to Beaufort's views, in an obstruction in the act of swallowing without its being possible to discover any abnormality upon passing a sound;

(a) The continuation of the subject of Laryngoscopy is postponed for a week or two, in consequence of Dr. Prosser James having met with a slight accident to his right hand, which renders it painful to hold a pen. We therefore begin this week another subject of which some of the material was ready. Correspondents will kindly accept this explanation of their letters remaining unanswered. They will also oblige by addressing their communications to his residence, 15 Dover Street, Piccadilly, W.—Eds. MED. PRESS.

besides this difficulty in the act of deglutition (although the food is not regurgitated), the patients complain of a continual beating under the sternum, corresponding to the point at which they believe the obstruction exists.

Pain in the act of swallowing is not present, but the patient suffers from a violent palpitation of the heart, a total disappearance or feebleness of the pulse at the right radial artery, great anxiety and attacks of dyspnoea; the cause of these symptoms, Beaufort thinks he has found in an abnormal distribution of the arteria subclavia dextra, this view was disputed by Fleischmann, who claimed that there are cases in which in spite of this abnormality, no dysphagia exists.

This difference of opinion between the above-named authors, arises, according to Schoenlein, in a misunderstanding, and he explained the whole affair in the following manner: "Instead of the art. subclavia dextra being the first branch from the arcus aortæ, it is often the last and must ascend upwards obliquely where it can take a different course, it can pass before the trachea or between the œsophagus and the trachea, in this case the dysphagia does not occur, but if it passes between the œsophagus and the vertebral column, the sickness will always exist because the vertebral column cannot yield during the act of swallowing."

Schoenlein further adds that the dysphagia lusoria, although caused by a congenital abnormality of the vessels, does not usually occur until puberty, and he thinks that the explanation of this paradox is to be found in the fact that at that age, there is a greater or less degree of determination of blood towards the thoracic organs.

Hrytl is of the opinion that an abnormal origin and distribution of the art. subclavia dex. can only give rise to dysphagia lusoria when the vessel is aneurismal. Von Oppolzer ventures no opinion upon the subject, because not a single case of dysphagia lusoria has come under his notice, he thinks it probable, however, that the theory of Hrytl is correct, because since we have begun to control clinical observation by the results at the *post-mortem* table, the abnormal distribution of the right subclavia artery has been observed in the bodies of individuals, who, during life, did not present the slightest symptom of pharyngeal trouble.

From the latest investigations it seems very plausible that the whole theory of dysphagia lusoria belongs to the domain of imagination; and M. Hamburger, who has published in volume 15, 18, 19, and 20 of the "Annual Reports of the Royal Imperial Society of Physicians in Vienna," a very clever and comprehensive article on the diseases of the œsophagus, sarcastically proposes to alter the title of dysphagia lusoria to dysphagia illusoria. After this digression, which properly should have had its place in the description of the diseases of the œsophagus, we turn again to our theme proper—viz.: General observations on the diseases of the œsophagus.

Symptoms.—The most striking symptom in diseases of the œsophagus is dysphagia. In the majority of cases the act of swallowing makes itself known as a result of pain, mechanical obstruction, ulceration, narrowing, spasm or injury of the œsophagus, aggravated to a greater or lesser degree. Nevertheless, too much importance might be attributed to this symptom, experience has taught us that dysphagia may arise from other causes than disease of the œsophagus, and on the other hand, a serious disease of the œsophagus may exist without the slightest dysphagia. In diseases of the œsophagus, pain is frequently altogether wanting or is of a dull heavy character which is explained by its slight sensibility. Severe pain occurs only in abscesses or very intense acute inflammation of the œsophagus, such as may arise from scalds, or poisoning from acrid substances, in simple catarrhal affections, and even in pustular condition, as a general rule, perfect absence of pain will be observed.

In localising the pain, the patient generally refers it to the cardiac extremity or under the manubrium sterni, consequently one would easily fall into error if the place in-

dicated by the patient as the seat of pain was accepted as that of the disease. Again, one can not always, from the declarations of the patient, determine on which side of the disease the pain is, but there is almost a certain probability that it is in the part of the œsophagus which is closed.

Another symptom which one frequently finds in œsophageal diseases with increasing dysphagia, is regurgitation of the food. As soon as the patient takes food it comes back into the throat, if not at first, later after the food has apparently been swallowed.

In congenital distension of the œsophagus just above the cardiac orifice, rumination has been observed to take place.

Auscultation—According to Hamburger, to whom is due the credit of having first turned to practical account auscultation of the œsophagus, and who has had without doubt the greatest experience, the following is heard in the normal condition of the œsophagus.

A. Pharynx.—If you place a stethoscope on the neck, at the level of the hyoid bone, and cause the person to swallow a liquid, you will hear a strong, metallic, ringing sound, which is caused by the mingling of that liquid with the air swallowed at the same time.

B. Thoracic portion of the œsophagus.—When auscultation of the œsophagus is made between the cricoid cartilage and the eighth rib, one hears during the act of swallowing a small spindle-shaped body, clasped by the œsophagus in the shape of a ring, and quickly pushed downwards with some noise. This last sound, the act of swallowing, is either that of a smooth gliding down or the noise of clucking, in which case it is sometimes so loud as entirely to obscure the whole act of swallowing and to render auscultation impossible. Here it may be observed that the auscultating ear should be placed on the posterior wall of the thorax, and to the left of the vertebral column, because if on the right side the sound is not so clear, but dull and heavy, as if arising from the depths. But when the œsophagus is diseased, the auscultatory signs are modified in various ways; in cases of severe stricture or a rupture, or when the passage is obstructed by the presence of a foreign body, or the existence of a pouch which receives the morsels of food swallowed (*u*), or in paralysis or an organic dilatation of the œsophagus, you hear nothing at all during the act of swallowing at or below the seat of trouble, but above you hear distinctly the normal sound of the smooth gliding down, with the addition of a friction sound, which indicates a roughness of the lining membrane, and is present in all diseases which cause a change in the tissue, such as croup or diphtheritis of the œsophagus, pustular eruptions (*variola*), large ulcers with loss of substance, polypous excrescences, &c., &c. At another time you may hear during auscultation of the act of swallowing, a hissing or rustling sound, or the sound of the smooth gliding down may be replaced by that of a sprinkling or flowing sound, or you may find that the morsel being swallowed has not its normal spindle-shaped form, or that the deglutition is not performed with its normal quickness, or that the morsel does not descend perpendicularly as in health, but turns either to the right or left or is regurgitated.

In the first case you hear obviously the act of swallowing with the usual clearness when you auscultate either to the right of the vertebral column, or more to the left than in health: this deviation of the morsel indicates a displacement of the œsophagus either to one side or the other, arising from the presence of a tumour in the posterior mediastinum (aortic aneurism, exostosis of the vertebræ) pressing laterally against the œsophagus.

(a) It is true that before Hamburger several physicians attempted auscultation of the œsophagus, among whom we might mention Prof. Lippich, of Vienna, but the results they arrived at cannot be compared with those achieved by Hamburger; hence, we can regard the latter not only as the regenerator, but also as the founder of the art of auscultation of the œsophagus, inasmuch as he is the only one who has demonstrated its practical utility.

When the abnormality in the direction of the morsel consists in this, it is within a brief period regurgitated. This regurgitation may be complete or incomplete, that is the food may reach the cavity of the mouth or it may only ascend a short distance upwards in the œsophagus to take again a downward course.

Finally, in the other cases, auscultation will show a deviation from the normal standard, because the circular contraction of the œsophagus connected with the act of swallowing, proceeds either with a diminished or increased energy; you find the former when the muscular fibres of the œsophagus have undergone organic degeneration or lost in some manner their power of contractility and elasticity. On the other hand, an increased energy in the contractions of the œsophagus during the act of swallowing is seen in those cases in which deglutition encounters an obstruction; but according to Hamburger's experience this does not long continue, because above the obstruction the œsophagus usually becomes dilated or a paralytic atony ensues. Moreover, Hamburger describes among the symptoms of an increased action in the muscular contraction of the œsophagus during the act of swallowing, "a feeling of pressure and pushing, which as soon as the morsel reaches a certain sensitive point in the œsophagus is communicated to the ear of the auscultator." He attaches considerable diagnostic value to this symptom, as indicating at that particular point the presence of a sharp foreign body, an ulceration, erosion, or inflammatory action.

Method of Examination.—Besides the auscultation of the œsophagus, the importance of which we have endeavoured to explain, there are other methods of examination which are necessary to know in order to arrive at a correct diagnosis in diseases of the œsophagus.

1. *Inspection, a.*—It is only in certain cases that an examination of the exterior will enable one to establish a diagnosis. When the case is that of a foreign body lodged in the œsophagus, you may find a tumour on the left side of the neck, or when an abscess has formed in the cervical portion of the œsophagus, you may observe the head of the larynx and an œdematous swelling of the cellular tissue of the neck, or also it may happen that you find at the outside of the neck or on the back fistulæ, which by the escape of food or drink show that they are in communication with the œsophagus. Cases of this kind, however, are very rare.

Much more information is obtained from an examination of the interior than of the exterior of the œsophagus. For instance, examination by means of the œsophagoscope; but even from this instrument you must not expect very much assistance, because its introduction into the diseased œsophagus is very painful and frequently impossible, and even when this is not the case, the view obtained is limited, and nothing can be seen if the disease is seated in the lower portion of the tube.

2. *Palpation, a.*—Immediate palpation is confined to the cervical portion of the œsophagus; through it a foreign body may be recognised, or an inflamed spot, by the pain which the pressure of the hand produces.

b. Mediate palpation is made with the sound, and may be called catheterism of the œsophagus; in performing this operation, care must be taken not to touch the uvula, as it may provoke vomiting. The instrument may be made of whale bone or gutta percha (a). No force should be used in its passing, for in many cases of disease of the œsophagus a rupture of the membrane may easily be brought about. Through catheterism we ascertain whether or not the direction of the canal is normal; the presence of diverticula or stenosis, of a foreign body or tumour, of ulcers or inflammation. In cases of ulceration or malignant disease we may find on the end of the bougie after its withdrawal blood or pus, in stenosis an impression of the stricture may be left on the instrument.

We have thus shown that catheterism is a most im-

portant adjunct in the diagnosis of diseases of the œsophagus, but on the other hand, there is no denying the fact that it may occasion grave errors even in the hands of the most skilful and experienced. Thus, for example, as Hamburger correctly observes, "in recent cases of circumscribed inflammation, it not unfrequently happens that the sensitiveness of the part is so great that upon introducing a sound it is seized and spasmodically held, and which might lead one to suppose that a stricture had formed; or, on the contrary, in cases of spasmodic stricture, it may occur that through the anxiety which the patient experiences just before the introduction of the sound, the spasm is overcome, and the instrument glides in without meeting any obstruction, but nevertheless, a stricture exists." Errors not unfrequently also occur in cases of diverticula; the sound may glide easily along, and beyond the seat of trouble, leading one to suppose that no sac existed, or it may pass into the sac, which may be taken for stenosis, a foreign body or growth.

Of the greatest importance, as demonstrated by Hamburger, is the employment of catheterism of the œsophagus, with auscultation of the same.

If a sound of hard material is introduced into the œsophagus, and then the stethoscope or unaided ear applied, a distinctly scratching sound is heard, and indicates exactly the place where the point of the instrument is. When in a given case the position of the diseased point has been determined, whether through auscultation or other means, it will not be necessary to carry the sound through the whole length of the canal for the purpose of diagnosis.

From this combination of catheterism with auscultation of the œsophagus, further therapeutical advantages can be obtained. For instance, if the case is one which requires and will admit of operative interference, "then can the auscultator, through the scratching sound of the instrument as it is introduced, decide with safety the exact point at which a cutting instrument can be employed for polyps or a dilator for stricture."

(To be continued.)

SPECIAL REPORTS ON FOODS,

INCLUDING DIFFERENT KINDS OF
FARINACEOUS PREPARATIONS FOR INFANTS
AND INVALIDS,
MEAT EXTRACTS, AUSTRALIAN MEATS, &c.,

Together with reliable Chemical Analyses by
Competent Professors.

[PREPARED EXPRESSLY FOR THE "MEDICAL PRESS AND CIRCULAR."]

(Continued from page 323.)

"FLUID MEAT."

Manufactured by Darby and Gosden, 140 Leadenhall
Street, London.

THE manufacturers of this preparation publish an elaborate pamphlet. They not only patent the process by which it is made but register the term "Fluid Meat."

Dr. Marcet some years since suggested a process involving the use of pepsine in a pamphlet "On a New Process for Preparing Meat for Weak Stomachs." The process involved the use of pepsine, carbonate of soda, and hydrochloric acid. It however seems, according to the statement of Mr. Darby, to have been a failure. Acting upon the hints conveyed in this paper he has prepared his "fluid meat."

The coagulated albumen, the insoluble gelatine and

(a) If a gutta percha bougie is used, it should be softened before using by dipping it into hot water.

fibrine, are by the processes followed out in the fluid meat brought into a condition in which they are soluble in water and are no longer coagulated by heat, in which state they have been designated *peptones*. These peptones are not present in the ordinary "Extractum Carnis."

"In addition to what has been already said, it may be observed that the lean of beef, deprived of water and perfectly dry, from the analysis by Von Bibra, is found to consist of—

Fibrine, albumen, and gelatine—86 per cent. ;

Extractive and saline matters—14 per cent. ;

consequently, in the preparation of "Extractum Carnis," there is lost 86 per cent. of the total amount of solid materials of meat, and this composed of the most nutritive and valuable part of the meat employed."

The following is the process employed by Mr. Darby as described in his book to bring this 86 per cent. into the form of extract :—

"The pepsine employed is very carefully prepared—without addition of starch or any extraneous substance. Lean meat, finely sliced, is digested with the pepsine in water previously acidulated with hydrochloric acid, at a temperature of from 96° to 100° F., until the whole of the fibrine of the meat has disappeared.

The liquor is then filtered, separating small portions of fat, cartilage, or other insoluble matters, and neutralised by means of carbonate of soda, and finally, carefully evaporated to the consistence required, namely, that of a soft extract.

The resulting extract represents in all its constituents the lean meat employed, but with the fibrine, albumen, and gelatine changed into their respective peptones or soluble forms. This change is effected solely by the pepsine and hydrochloric acid, or artificial gastric juice, without the evolution or absorption of any gas or the formation of any secondary products.

The peptones thus formed, although agreeing exactly in chemical composition and even in many physical properties with the substances from which they are derived, differ from them by a ready solubility in water and even in diluted alcohol. The changes thus effected coincide precisely with those which physiologists tell us occur in the stomach in normal digestion when the food has been acted on, brought into a soluble state, and fitted to be passed through the pylorus, to be mixed with the bile and pancreatic juice in the duodenum.

It is important to observe that in this preparation the relations between the several proximate elements of the meat are not disturbed, far less is there any change in the state of the saline, or, as they are called, inorganic constituents, such as occurs when they are separated in the form of ashes by burning or otherwise totally decomposing the flesh.

But this process, whatever care may be taken, leaves the fluid meat with a strong bitter taste. This bitterness attaches always to meat digested with pepsine ; and this, in the opinion of Medical men, would wholly preclude its acceptance and adoption as an article of food. At the same time, it curiously illustrates the identity of the process in the laboratory and digestion in the living stomach.

In order to remove this bitter taste, and to obviate the objection to fluid meats on that ground, "I have," says Mr. Darby, "made very many experimental researches, and at length have discovered that the purpose is completely and satisfactorily effected by the addition, in a certain

part of the process, of a small proportion of fresh pancreas. The fluid meat so prepared is entirely free from any bitter flavour."

This meat extract, when examined by us, was found to have about the consistency of treacle. The odour was pleasant and suggestive of roast meat, certainly not what one would imagine would be the result of the action of pepsine upon animal matter. As this meat extract was distinct from the usual essence (in fact, as it is not truly an educt), we have thought it well to determine the nitrogen, this, however, agrees pretty nearly with the theory of fibrine itself on making due allowance for moisture.

The analysis gave the following figures :—

Moisture	23
Ash, containing chloride of sodium and potassium 7.28	9.8
Solid extractives less soluble salts, and containing 10.2 of nitrogen	67.2
viz.—	
Gelatinous precipitate by alcohol	1.25
Other colloids	32.15
Kreatine and other crystalloids	43.6

100.

It will be noticed that there is a great difference between this article and Liebig's Extract. Whilst the latter is particularly rich in the crystalloidal products (kreatine, sarcosine, inosite, &c.), Darby's is equally rich in the albuminous derivations, or peptones.

The large percentage of crystalloids is actually made a ground of attack by Mr. Darby on Liebig's Extract and similar preparations in the following words :—

"It is very important to consider that these bodies are crystalline, and while they possess crystalline forms and properties they seem to have an intimate relation to the organic fibrine and albumen on the one hand, and to the ultimate form these take in the transformation which renders them effete and suited to be eliminated from the system, on the other, namely, urea. In other words, they are the first results of the molecular changes constantly going on,—the first steps towards the ultimate decomposition of the organised flesh. This being so, we are less surprised that extractive should fail to sustain a healthy state of the blood and tissues and therefore life.

"In confirmation of this view we have only to consider the universally acknowledged fact, that the quantity of extractive yielded by the flesh of wild animals and those destroyed in hunting far exceeds the amount we obtain from the flesh of stall-fed beasts. The life of ease and tranquillity, led by the latter, not producing by wear and tear the waste sustained by the former."

When examined by the microscope a very curious and marked difference was observed between this extract and Liebig's ; instead of the large rectangular plates and prisms of kreatine of which that extract largely consists, the field of the microscope is covered with a number of fine acicular prisms most of which terminate in globular masses. Also some larger crystals were observed which bear a wonderful resemblance to the globular crystals of carbonate of lime naturally deposited from organic solutions and frequently found in the urine of the horse.

As regards this extract it is rather difficult to give an opinion upon its relative merits as compared with Liebig's, as its merits can only be determined by a prolonged experience. The two points against Mr. Darby's Fluid

Meat as shown in the analysis is first, the large amount of moisture and the larger percentage of chloride of sodium. The latter cannot be looked upon at all in the light of even an approach to adulteration, because we see from the details of Mr. Darby's process that it is essential. A curious phase is the low percentage of substance deposited in weak alcohol, which tends to show that the gelatine of flesh is converted into a peptone under this treatment, although it has been stated that it is incapable of conversion. The real question at issue is—are the peptones as prepared by this process more life-sustaining than the crystalloids? There is no actual evidence to prove that the products exactly resemble those really assimilated in the animal economy, whilst at the same time the presumption is in their favour. On the other hand, it is after all but theory to class the crystalloids (because they are such) as the first stage of effete products.

In fact, practical evidence as regards Liebig's Extract is against such a supposition. We have seen and heard on good authority of cases where vitality has been kept up a considerable time upon this substance with the aid of stimulants; all other means having failed.

The life-sustaining property of extract of flesh cannot be arbitrarily measured by any analyses.

Of Mr. Darby's Fluid Meat we can say that it is pure and represents the results of, at any rate, a clever theoretical process which is worthy of careful experiments. Its flavour is unexceptional. It is sold in pots containing at shillings.

"DARBY'S FLUID MEAT,"

Flavoured for making Soup.

As this specimen on examination presented almost identical chemical properties to the previous one, we do not consider it necessary to again enter into details.

(To be continued.)

STUDENTS' COLUMN.

SYNOPTICAL REVIEW OF THE OFFICIAL PREPARATIONS OF THE BRITISH PHARMACOPŒIA.

By W. HANDSEL GRIFFITHS, PH.D., L.R.C.P.,
L.R.C.S. Edin.,

Assistant-Librarian Royal College of Surgeons in Ireland.

PULVERES (POWDERS).

There are thirteen in the Pharmacopœia, viz:—

- Pulvis Amygdalæ Compositus.
- " Antimonialis.
- " Catechu Compositus.
- " Cinnamoni Compositus.
- " Cretæ Aromaticus.
- " Cretæ Aromaticus cum Opio.
- " Ipecacuanhæ Compositus.
- " Jalapæ Compositus.
- " Kino Compositus.
- " Opii Compositus.
- " Rhei Compositus.
- " Scammonii Compositus.
- " Tragacanthæ Compositus.

All these are of complex constitution, and as there is no satisfactory method of classifying them pharmaceutically, they had best be considered in alphabetical order.

Pulvis Amygdalæ Compositus (8 in 13):

Blanched Jordan almonds, 8 oz.; refined sugar, 4 oz.; gum acacia, 1 oz.

This was formerly the "Confectio Amygdalæ." One oz. of it with 8 oz. of water forms the *Mistura Amygdalæ* of the present Pharmacopœia.

Pulvis Antimonialis (1 of oxide of antimony in 3):

Oxide of antimony, 1 oz.; precipitated phosphate of lime, 2 oz.

Intended as a substitute for "James's Powder," of which however, antimonious acid makes up the bulk.

Pulvis Catechu Compositus (1 in 2½):

Pale catechu, 4 oz.; kino and rhatany root, of each, 2 oz.; cinnamon bark and nutmeg, of each, 1 oz.

Pulvis Cinnamoni Compositus (1 in 3):

Cinnamon bark, cardamon seeds, and ginger, of each, 1 oz.

Pulvis Cretæ Aromaticus (1 in 4):

Cinnamon bark, 4 oz.; nutmeg and saffron, of each, 3 oz.; cloves, 1½ oz.; cardamon seeds, 1 oz.; refined sugar, 25 oz.; prepared chalk, 11 oz.

This was the "Confectio Aromatica" of L. P., from which it differs, however, in containing in 100 grs. 22, instead of 34 of chalk, and 25 instead of 16 of aromatics.

Pulvis Cretæ Aromaticus cum Opio (1 of opium in 40):

Aromatic powder of chalk, 9½ oz.; opium, 1½ oz.

Pulvis Ipecacuanhæ Compositus (1 of opium in 10):

Ipecacuanha and opium, of each, ½ oz.; sulphate of potash, 4 oz.

This is commonly known as "Dover's Powder," of which however, it is not an exact imitation. The use of the sulphate of potash is to promote the minute division and intermixture of the opium and ipecacuanha. If this powder be kept for any length of time the bottle containing it should be well shaken before dispensing it, as the sulphate of potash is apt to sink to the bottom.

Pulvis Jalapæ Compositus (1 in 3):

Jalap, 5 oz.; acid tartrate of potash, 9 oz.; ginger, 1 oz.

The acid tartrate of potash not only assists in the minute division of the jalap, but also promotes the hydragogue effects.

Pulvis Kino Compositus (1 of opium in 20):

Kino, 3½ oz.; opium, ½ oz.; cinnamon bark, 1 oz.

Pulvis Opii Compositus (1 of opium in 10):

Opium, 1½ oz.; black pepper, 2 oz.; ginger, 5 oz.; caraway fruit, 6 oz.; tragacanth, ½ oz.

Pulvis Rhei Compositus (1 in 4½):

Rhubarb root, 2 oz.; light magnesia, 6 oz.; ginger, 1 oz.

Known as "Gregory's Powder."

Pulvis Scammonii Compositus (1 in 2):

Scammony, 4 oz.; Jalap, 3 oz.; ginger, 1 oz.

Pulvis Tragacanthæ Compositus:

Tragacanth, gum acacia and starch, of each, 1 oz.; refined sugar, 3 oz.

Chiefly used as a vehicle for heavy insoluble powders.

The general direction "to mix the ingredients thoroughly, pass the powder through a fine sieve, rub it lightly in a mortar, and preserve in a stoppered bottle," may be said to apply to all the powders. The several ingredients before mixing are to be finely powdered.

The following are the preparations into which some of the powders enter:—

Pulvis Amygdalæ Compositus in *Mistura Amygdalæ*.

Pulvis Cinnamoni Compositus in *Pilulæ Aloës et Ferri*, and *Pilula Cambogiæ Composita*.

Pulvis Ipecacuanhæ Compositus in *Pilula Ipecacuanhæ cum Scilla*.

Pulvis Opii Compositus in *Confectio Opii*.

The widow and children of the late Deputy Inspector-General Bernard, R.N., have, on the recommendation of the Director-General of the Naval Medical Department, been allotted the higher rate of pension, consequent upon Dr. Bernard's death having resulted from exposure on service.

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The Medical Press and Circular.

“SALUS POPULI SUPREMA LEX.”

WEDNESDAY, OCTOBER 23, 1872.

THE FOOD QUESTION.

DR. EDWARD SMITH, at the late meeting of the British Association, thundered forth wholesale condemnation of meat extracts and preserved meats generally—the Australian tinned meat in particular meets with his violent antipathy. Liebig (amongst a host of others) rushes forward to protect his particular offspring, and has decidedly the best of it. Dr. Edward Smith, in reply to the Baron's letter which appeared in the *Times*, has sent a rejoinder to the *Standard*, and we must confess we are much disappointed in its tone, although, in a limited degree, he is right as regards the Extract.

After throwing down the gauntlet so energetically, we, however, expected a vigorous fight, but we look in vain to Dr. Smith's letter for anything vigorous, except that gentleman's prejudice. His objections are trifling, and, although he does hit the Australian meat in its one weak point, it is more by accident than anything else. How crude must Dr. Edward Smith's views of dietetics be, when he laments the amount of money which is worse than wasted in the purchase of tea—“the amount of nutriment contained in an ounce of tea being infinitesimal.” Why, if we were to carry out this principle of valuing everything as diet according to its ultimate analysis (the method apparently adopted by Dr. Smith), we should arrive at the absurdity that the carbohydrate sawdust and nitrogenous glue combined, would not only make the cheapest, but the most efficacious diet we could procure. We would prefer wasting our money on tea, although it is only a “nervous stimulant.”

Dr. Smith puts F.R.S. after his name, and says, “apart from the likes and dislikes of persons, which influence both

the quantity eaten and the proportion digested, the argument is a scientific one and rests on two facts, the nutritive value and the price.” This is just such a paragraph as we should have expected from a F.R.S. and a scientific man of Dr. Smith's evident standing. But we cannot, for the life of us, see how he brings any scientific proofs to bear in support of the numerous objections that he raises to Australian meats. He scouts at the idea that there is a prejudice to be overcome, and says what is called the prejudice of the working classes is but a fair and rational expression of the defects of the foods, and yet in the paragraph quoted above he refers to the influence which likes and dislikes will exert upon the quantity even digested. Will Dr. Smith be surprised to learn that the tinned meats are being consumed, not by the working classes as ordinarily understood, but by the middle classes, who always have been, and always will be, the first to control prejudice, which is founded upon habit more than reason. Liebig's extract, when first introduced, met with the same amount of prejudice, yet now there is hardly a well-cultured woman in the land that is not acquainted with its use and capabilities—but we doubt if many cottiers know even its name.

Now this success is owing to the fact that *extractum carnis* is something more than a nervous stimulant, which term would apply indirectly to any easily assimilated food. That it does not actually represent flesh Baron Liebig has himself pointed out years ago; but there are certain occasions when meat could not be given, and we maintain that in such a case the extract will maintain the vitality in a way that the nervous stimulant would not.

Dr. Smith attacks the price of Australian meat, and says it will increase; if so, it is a sure proof that there is a great demand, and that the Doctor's own prognostications are failures, but not the meats. He says inferior meats are sometimes put in the tins—we have, so far, never met with one that could be called bad, or contained offal, but the existence of a fraudulent tradesman has nothing whatever to do with the system of preserving Australian meat.

Most of the objections are equally trivial as affecting the merits of the system. He mentions short weight, and labelling the tins to show from what part of the beast the meat is taken; no doubt the latter is a good suggestion, but it is already partially done as regards certain joints by many of the meat preservers. Over-cooking is the one weak point in these foods; and we have no doubt that this can be at least partially remedied.

To enter into the question further here would be to anticipate our “Reports upon the Meats” which are now issuing in our journal, but in those reports we are doing what we think Dr. Smith has omitted to do—we are experimentally determining the value of each preparation, not only from cooking experiments, but by artificial digestion, simultaneously with analyses. The experiments are conducted without prejudice in favour or against, and we have every reason to believe that they will throw some material light upon this vital question.

THE MEDICAL CONGRESS OF LYONS.

We last week promised to continue our summary of the proceedings of the fourth Medical Congress of France; this promise we proceed to fulfil.

On the fourth day, according to the programme, the

subject of "Cattle Plague" was treated in several papers, which were duly discussed.

M. Maury read a paper on the necessity of erecting a preparatory school for nurses, upon which M. Lombard stated that such a school had existed in Switzerland with excellent results for the last fifteen years.

M. Magnan then described the various forms of alcoholism in man; he distinguished absinthism, with its epileptic convulsions, from alcoholism proper, with its torpor and troubles of the motor power; he showed a dog poisoned by alcohol, which had the appearance of a man dead drunk. Then he injected another dog through the crural vein with absinthe; this immediately produced a typical fit of epilepsy, complete from the convulsion at the outset to the foaming at the mouth, and the incontinence of urine at the end.

A discussion afterwards took place on the state of insensibility observed after section of the facial nerves.

M. Lombard made a communication of considerable interest on the Medical Geography of Europe.

The fifth day was occupied by the question put forward in the programme, viz., The Causes of the Depopulation in France, and the Means of Remedying it.

The debate was opened by M. Lombard, who denied that the word depopulation was properly applied, for the population does not decrease in France, though its rate of increase is less than that of other nations; he recommended the sanitation of marshy districts, maternal nursing, taxing celibates, and marriage of soldiers. The other side of the question was submitted to the Congress in a paper by Dr. Drysdale, of London, which was read for him by the distinguished president, M. Diday, and which is described by the *Lyon Medical* as a warm and well-executed plea in favour of the doctrine of Malthus.

M. Fritz discussed the subject in reference to the mortality of armies; after which M. Brochard read a paper on Infantile Mortality as a Cause of Depopulation, and MM. Carron, Mayer, Trélat, Rodet, and Bouchacourt, continued the discussion.

M. Crestin attributed the depopulation to (1) luxury; (2) taxation; (3) syphilis; (4) military service of young men; (5) the permanent army.

The Congress, in the end, unanimously resolved on the necessity of legislation for the protection of infant life.

The sixth day was devoted to the Treatment of Syphilis. Mr. de Meric pronounced in favour of mercury in all stages, reserving iodide of potassium solely for visceral or osseous syphilis.

The learned President, M. Diday, to whom is due much of the success of the Congress, took a far more moderate view; he declared that mercury does not retard the appearance of secondary symptoms, nor diminish their intensity, and he supported his opinion by an account of seventy-four cases; closing a brilliant and elaborate statement of his views by declaring that the intensity of syphilis depends less upon the medicines administered than upon the constitution and regimen of the patient.

Sig. Pachiotti advocated for primary symptoms local treatment; for secondary, mercury; for tertiary, iodide of potassium.

M. Clerc advocated mercurials, and believed that their use was increasing, while that of iodide of potassium was diminishing.

M. Armand Desprès, on the other hand, in an able

memoir, proposed to interdict mercury, except as a purgative.

M. St. Martin de Laplagne sent a letter, the conclusion of which was in favour of a more restricted use of mercury.

M. Clement read for Dr. Drysdale, of London, a paper in favour of iodide of potassium, concluding with a proposal to appoint a committee to investigate the subject.

M. Achile Dron read a paper on the Treatment of Syphilis by hypodermic injections of sublimate, which he considers inferior to several other methods.

In the discussion that followed these papers, MM. Gailleton, Clerc, Diday, Rodet, de Merrick, Clément, and Valette took part.

The seventh day was devoted to the subject of the Reorganisation of Medical Education in France; and the eighth day to the Means of Improving the Social Position of Medical Men—these two last subjects were, naturally, discussed from a French point of view.

COOKED REVIEWS.

In our "Notices to Correspondents" last week we acknowledged a letter received from a supposed grateful patient in reference to the wonderful miracles of a cancer quack in London, whose name we took care not to make public. We are again honoured by the "grateful patient" this week; but as we have satisfied ourselves that the correspondence is nothing but an impudent advertising trick, we accord to it no further notice. For the caution of our brethren, who are not likely to be easily taken in by such stale dodges; and the public who are, we quote from the *Chemist and Druggist* excerpts from an article on "Cooked Reviews," which refers to the doings of this identical cancer quack.

In noticing a publication sent by this person for review our contemporary says,—

"This two-and-sixpenny pamphlet contains 52 pages of that kind of literature we know so well—an expanded style of handbill. It proceeds to expatiate on the virtues of the California Plaster, the Calbazaz-r Ointment, the Ankat-Zakkit Pills, and the Karawaf Mixture; and concludes with a few "cases." We have now completed our 'review,' and turn with real disgust to '&c.,' the production.

"Just over Chapter I. we find the following in manuscript. We leave the Postmaster-General to decide whether it is a communication in the nature of a letter or not.

"*N.B.*—Some 250 Reviews of this 2nd Edition have appeared, and they are appearing daily.

"Send, please, copy of your Review and Tariff of Advertisements, and Dr. Schmitt will remit cash and orders on receipt."

"It is not so much against Smith as against a certain portion of the press itself that we wish to lift up our voice. We have no means of judging how far the statement is true which is here published, but if we assume the truth, we have a revelation of truly shocking laxity on the part of the editors of many journals, some of which have a considerable circulation. Little country papers, we know, are often open to corruption of that kind, but we should hardly have expected that respectable publications, as we believe some out of the following to be, would have lent themselves to such a transaction. The papers named are these:—The *Glowworm*, *Bell's Weekly Messenger*, *Lloyd's Weekly*, *City Press*, *News of the World*, *Brighton Daily News*, *Invalid's Guide*, *Weekly Dispatch*, *Lady's Own Paper*, *International*. If these papers have done anything to help sell the pamphlet, or the

Calbazzer Ointment, and particularly if they have done it in consequence of such a representation as that which has been made to us, we cannot acquit them of a carelessness amounting almost to a crime. They are in this dilemma—either they gave Smith a paragraph which was perfectly worthless, in which case they cheated him, or their paragraph was calculated to induce other persons, more ignorant perhaps than themselves, to spend some money on the faith of Smith's representations, backed up by the authority of the journal, the latter receiving a share in the profits—not to describe the balance remaining by a stronger word—as payment for their complicity.

We think it our duty to point it out distinctly, that an editor who, for the sake of an advertisement amounting to a few paltry shillings or pounds, will give any aid to a quack system of which it is impossible he can understand anything at all, is either culpably careless in the performance of his duties, or, what is far worse, is so basely mercenary that the life, health, and happiness of others are nothing compared to the important object of making his paper succeed."

We differ only from one phrase in this high-toned and racy protest against the editor of a newspaper aiding a system "of which it is impossible he can understand anything at all." We have to do the force of the charge made by the *Chemist and Druggist* by pointing out that all editors do and must know that cancer-curing is an inhuman swindle carried on by persons whom no extant adjectives describe. With this knowledge, and with the evidence of the fact before them in the unblushing and insulting bribe for their cupidity put forth in the quack's letter, editors are found who will help to decoy the public. What about the morality of the fourth estate?

Notes on Current Topics.

Death from Ether.

SINCE the appearance of our article on Anæsthetics last week, we have received the new number of the *New York Medical Record*, in which there is the account of a death from Ether that occurred at Bellevue Hospital, from the pen of Dr. W. B. Dunning, House Surgeon. We at once place the case before our readers:—

"John Stockander, a German saddler, æt. 68, was admitted to Ward 13 of Bellevue Hospital on August 2, 1872, suffering from a fracture of left femur, just below the trochanter. The patient was treated by a Buck's Extension until August 20, when it was decided to apply a plaster of Paris splint. In order to make sufficient extension, and at the same time prevent the pain of the operation, ether was ordered to be administered. The administration of the anæsthetic was slowly and carefully made, and after perhaps ten minutes the patient was fully under its influence and the operation begun. A few turns of the plaster had been made, when the patient's breathing was observed to be rather frequent and gasping. The pulse was, however, full and regular. The thorax was compressed two or three times, and the patient's breathing again became normal. As these symptoms not rarely occur during etherization, they excited no special alarm. The ether was, however, withheld from the patient four or five minutes, his respiration and pulse being normal. As he then began, however, to move about and his muscles were becoming rigid, the ether cone was again applied. In a minute or two, my assistant, who was giving the ether, observed the pupils to be dilating rapidly and the breathing to cease. His heart was still beating, however. The ether cone was of course immediately removed, and artificial respiration was again used, and all the batteries

obtainable in the hospital were put in operation in an effort to resuscitate the patient. His muscles occasionally responded by a spasmodic movement, but no breathing again occurred. The efforts at resuscitation were continued about forty minutes, until all response to the action of the battery had ceased.

"The patient died about four p.m., and the autopsy was made at seven p.m. that same day, under direction of Dr. Delafield. Rigor mortis was marked. Blood was fluid. Brain and membranes neither anæmic nor congested. Trachea and larynx somewhat pale. Heart contained a little fluid blood, with a little atheroma at base of aortic valves. Lungs had old adhesions over both. Emphysema exists, and thickening of large bronchi. The lower lobe of right lung is œdematous, and its lower portion in a state of red hepatization. Rest of lung is normal and not congested. Liver is small and firm, containing a good deal of fluid blood. The other organs are normal.

"The ether used was that made by Powers and Weightman. It has been examined by Dr. Squibb, of Brooklyn. He states that he 'finds nothing in the character or quality of the ether to account for the death of the man, or even to aid in accounting for it.' He adds, in his 'judgment the death of this patient is in no way attributable to either the quality of the ether, the quantity used, or the mode of administration, but that it is one of those accidents which, though of very rare occurrence under the careful use of ether, is inseparable from the condition of anæsthesia.'

"The quantity of ether used was about 3vj."

Pathological Society of London.

At the Pathological Society, on the 15th inst., Dr. Edwards Crisp showed specimens and microscopical drawings of the *Syngamus trachealis*, the double worm that produces the disease called the "gapes" in young chickens, pheasants, partridges, and some other birds. Dr. Crisp said although the worm was so common, yet neither its anatomy was well made out, nor was anything known respecting its transmutations. Many helminthologists had described it. Dr. Cobbold, one of the last, had figured it in his work on the "Entozoa," and had made some curious mistakes. The tail of the female is represented as tortuous, the head of the male without a cup-shaped disc; he describes six lobes around the mouth instead of ten, and figures the egg flattened at the ends, with a full formed embryo. These errors arose probably from the examination of worms and eggs that had been preserved in spirits. One great peculiarity of the worm, irrespective of the union of the male and female, was the enormous length of the oviducts, and the multitude of the ova, facts that he (Dr. Crisp) had not seen mentioned before. Probably half a million of chickens were yearly killed by it in this country, besides pheasants and partridges, so that the prevention and destruction of this worm was a question of national importance.

Relative Rank.

THE *Mudras Medical Journal* of Sept. 2nd, just to hand, teaches both by precept and example. Besides a leader, it prints, as a small contribution towards the improvement of the Official Army List, a specimen of what a Gradation List ought to be. Anent this list, the editor says:—

"We never were, ourselves, particularly sensitive on the score of relative military rank or ambitious of that advancement in the military hierarchy which was, some years ago, conferred upon us, with a considerable flourish of trumpets: but as the thing is there we do not see why

it should be ignored unless when it is prominently thrust under the 'combatant' nose. In these piping times of peace, when batta and prize-money are dreams of the past, the substantial advantages of military rank in the case of Medical officers are confined to Presidency house-rent while we are alive and Clive's Fund for our mourning widows. The former point is now tolerably well settled, but we have known two occasions on which surgeons' widows received subalterns' rate from Clive's Fund, and one in which the error was corrected with extreme difficulty, and many shuffling references between England and India, in consequence of the incapacity or unwillingness of the purely military mind to recognise the scale of rank laid down by the Warrant. In social matters we fear the weaker and more sensitive of our brethren must often have their tender withers wrung by the systematic trampling upon their guaranteed rights of precedence which they have to endure. It is galling to a dashing Surgeon-Major, conscious of no mean conversational powers, and anxious to impress them on a gentle listener, to see the scanty supply of the fairer sex which Indian dinner-parties so often show told off to majors and captains and sucking civilians, while he is left unmatred in the rear. Over such suffering as this, alas! so common, we prefer to draw a veil."

Is it not surprising that in any Army List "published by authority," there should be no trace of the fact that Medical officers are military officers with definite military rank? And yet, although Medical officers are "officers," we look in vain for their names in many such lists, and in one list of retired officers the absurdity reaches the climax of grotesqueness, for retired Medical officers, many of whom rank as brigadier-generals, and scarcely one of whom is below a major, are arranged alphabetically in a list of captains and subalterns!

Our Indian contemporary says our Gradation List is only offered as a hint to the combatant compilers of Army Lists. It does not profess to be complete, even for officers of the rank of major, the British Medical Service not being included: but it shows what Gradation Lists of military officers might be, and we commend it to those in authority.

American Asylums.

MUCH discussion has lately occurred on the management of asylums, and our American brethren have been troubled with a scandal in reference to one of their institutions. There can be little doubt that abuses did exist, and the Bloomingdale Asylum got into bad odour from the misconduct of an attendant, thus illustrating the necessity of minute supervision. At the same time, we have no doubt that American asylums are, as a rule, well managed, and that any abuses are exceptional.

A New Rule for the Dose.

THE table of Gaubius is known to all, and that of Dr. Young is nearly as frequently acted upon. Neither are quite satisfactory. It is well known that in experiments on animals the dose should vary with the weight of the animal, and Dr. E. H. Clarke, in the *Boston Med. and Surg. Journal*, proposes that in practice we should regulate the doses of our remedies by the weight of our patients, in the following manner:—

"Assuming the average weight of an adult to be 150 pounds, for whom an appropriate dose is one or one drachm, the dose of most medicines must be increased or diminished in the proportion of the weight of the patient to that number of pounds. This proportion is represented by a

fraction, whose numerator is the patient's weight and whose denominator is 150. If a child at birth weighs six pounds, the appropriate dose for it would be 6-150th or 1-25th; if it weighs ten pounds, 10-150th or 1-15th. A child two years old, weighing twenty pounds, would require 20-150th or about 1-7th of an adult dose; or, more precisely, 1-7½, which is exactly half way between the quantity indicated by the table of Gaubius for a child two years old and that indicated by Dr. Young's scheme for the same age. A person whose weight is 200 pounds should have 200-150th or 1¼ of an average adult dose. A child twelve years old, weighing seventy-five pounds, would require 75-150th or half of an average dose.

"The modifications of the average dose, demanded by a patient's idiosyncrasy, disease and other conditions than age or weight, are not, of course, met by the above rule."

Dr. Eugenio Rey on Clitoridectomy, and Mr. Baker Brown.

DR. EUGENIO REY (*Indipendente*, Sept. 15) speaks with severity of the conduct of the Obstetrical Society of London for condemning Mr. B. Brown in the harsh manner it did for an operation which Riberi, of Turin, and others have practised with success in some cases of hysteria and even in epilepsy. Dr. Rey says truly, that the famous operator of London, whose works were translated into every European language, should have been judged of by an International Court of Appeal, and not merely by his own narrow society, many of the members of which, it is to be feared, were not without personal feelings against the unfortunate victim of their vulgar hostility. Will Medical men never learn to be generous to each other? They are kind and noble to all other portions of society.

Australian Meat.

THE probable prospective importance of Australian and other preserved meats will be evident by comparing the statistics of our imports for 1870 and 1871. The *Chemist and Druggist* gives the calculated supply of meat in the United Kingdom as follows:—

	1870.	1871.
	Tons.	Tons.
From home-bred animals	1,240,603	1,266,478
From imported animals	66,556	81,579
From imported provisions	57,743	99,125
Total meat supply	1,364,902	1,447,181

It would therefore appear that in one year the consumption of "tinned" meat has nearly doubled.

Pepsine and Bismuth.

EMIL SCHEFFER has shown by a series of experiments reported in the *American Journal of Pharmacy*, that pepsine is precipitated from its solutions by the salts of bismuth. Consequently, all preparations of pepsine and bismuth must owe any efficiency they possess to the alcohol and bismuth they contain, and the combination ought no longer to be prescribed.

MESSRS. FANNIN AND Co. have just published a new edition of Dr. Atthill's lectures "On Diseases peculiar to Women," which originally appeared in this journal. The new edition has been carefully revised and considerably enlarged.

Universal Pharmacopœia.

ANIMATED by the idea of securing uniformity in pharmaceutical preparations all over Europe, Dr. Phœbus, of Giessen, conjointly with some other chemists and pharmacists of high standing, privately undertook, in 1869, to draw up an international pharmacopœia. Among the active workers in this enterprise we may name Signor Cantini, Naples; Herr Flückiger, Berne; M. Planchon, Paris; Herr Schneider, Vienna; Dr. Thudichum, London; and M. Trapp, St. Petersburg. The *Chemist and Druggist* says that the work is not yet finished, but is still progressing.

Pharmaceutical Legislation in America.

LAWs were passed last winter providing for the examination of druggists and apothecaries, by the Legislatures of California, Pennsylvania, and New York. Similar legislation was attempted in several other States, but it failed in Ohio by seven votes, and in New Jersey by one vote.

Station Staff Surgeons in India.

THE Governor-General of India has ruled that a monthly allowance of 30 rupees shall be made to a Station Staff Surgeon placed in charge of the Civil Medical duties of a civil sub-divisional officer, and that no separate fee or other remuneration shall be given to him from the civil or military department for performance of such duties.

Arseniate of Antimony

It is stated by the *Pharm. Centr. Halle* that this preparation, the active ingredient in the *granules antimoniaux de Papillaud*, is prepared by Hager as follows: Oxide of antimony is first prepared from the chloride by precipitating with dilute solution of sodium carbonate, washing with a warm solution of the same salt, then with distilled water, and drying. Five drachms of the oxide are dissolved, with moderate boiling, in four times the quantity of hydrochloric acid of 25 per cent. After cooling, sodium carbonate is added, in small portions at a time, till a faint turbidity becomes permanent. Six drachms of anhydrous neutral sodium arseniate are dissolved in eight fluid ounces of distilled water, into which solution the antimony solution is gradually dropped with continued stirring. The liquid is then diluted with more distilled water, and the precipitate washed by decantation and upon the filter, till the filtrate ceases to occasion a turbidity with nitrate of silver. The product is dried at a temperature of about 130° F., and then constitutes a snow-white and rather bulky powder.

Crystallised Digitaline.

THE interest lately excited in the French Academy by the subject induces us to give the process recommended by M. Baignet for preparing pure crystallised digitaline:—

The drug is exhausted with fifty per cent. alcohol, the alcohol recovered by distillation, and the residue concentrated to a weight equal to that of the digitalis originally used. This concentrated extract holds in solution the digitaline, but, on dilution with three times its weight of water, it deposits nearly the whole of this principle in an impure state, but free from the digitaline and other soluble

principles which interfere with the crystallisation of the digitaline. The deposit is dried and extracted with twice its weight of boiling proof spirit, which dissolves the digitaline. As the solution cools it deposits crystals, which continue to form till the liquor is exhausted. The digitaline is separated from digitine by extraction with chloroform, and after treatment with animal charcoal, is re-crystallised from boiling alcohol.

Crystals thus procured are fine white shining needles arranged in stellate clusters. They are intensely bitter, give a wonderfully intense emerald green coloration with hydrochloric acid, and produce the peculiar physiological effects of digitalis in extremely minute doses—1-250th of a grain.

A VACANCY is created in the Examining Board of the Royal College of Surgeons of England, in consequence of the resignation of Mr. Busk, F.R.S., late President of the College.

MR. WALTER THOMSON, London, has sent to the committee for securing a complete Medical education for women in Edinburgh a cheque for £500, being the first moiety of £1,000 promised by him.

THE Council of University College are about to appoint the following additional officers of the hospital:—1. An assistant physician; 2. An assistant surgeon; 3. An assistant Medical officer in the skin department.

ANOTHER Medical periodical has been commenced in Baltimore, entitled *The Physician and Surgeon*. It is published monthly, under the auspices of the College of Physicians and Surgeons of that city.

THE culture of opium, which has been tried in Silesia, has yielded no satisfactory results. The quantity obtained was small, and the amount of labour required proved at the present rate of wages too expensive, and as the quantity of seeds is diminished, the cultivation of opium was found not to pay so well as that of poppy seeds pure and simple.

THE hundredth session of the Medical Society of London commenced on Monday, October 21st, at 8 p.m., when communications were made by the President (Thomas Bryant, Esq., F.R.C.S., Surgeon to Guy's Hospital), Dr. Richardson, F.R.S., Dr. Wiltshire, Francis Mason, Esq., and other gentlemen.

THE Medical Department of Prussia has recently ordered that every dispenser shall write his name on the prescription, no matter how often the prescription is repeated. The *Chemist and Druggist* says this sounds very well, but many persons (of course they are very stupid not to agree with the Medical Department) don't feel much interest in such a collection of autographs, and strongly object to it. Now, what is the unhappy pharmacist to do in this calamity? On one side the stubborn customer, who positively refuses to see his prescription converted into a public ground for all sorts of handwritings, on the other side the plain and strict order of the governing authority, that threatens each offender with a heavy fine,

THE Fothergillian Gold Medal of the Medical Society of London, value twenty guineas, is offered annually for a dissertation on some subject connected with Medical Science, for which the learned of all countries are invited to become candidates. The subject selected for competition in 1873 is on Cancer; for 1874 on Therapeutic Means for the Relief of Pain.

Scrapings from the Editor's Table.

ARTIFICIAL EYES.

A FRENCH paper gives a detailed account of the manufacture of false eyes in Paris, from which the curious fact appears that the average sale per week of eyes intended for the human head amounts to 400. One of the leading dealers in this article carries on the business in a saloon of great magnificence; his servant has but one eye, and the effect of any of the eyes wanted by customers is conveniently tried in this servant's head, so that a customer can judge very readily as to the appearance it will produce in his own head. The charge is about ten dollars per eye. For the poor there are second-hand visual organs, which have been worn for a time and exchanged for new ones; they are sold at reduced prices, and quantities are sent off to India and the Sandwich Islands.

DR. HOOKER AND MR. AYRTON.

"HYPERION to a satyr" is the quotation which the juxtaposition of these names suggests. We have been favoured with a perusal of the indignant protest forwarded to Mr. Gladstone by the leaders of physical science in England. It is a very plain-spoken and yet temperate paper, and, making every allowance for its being an *ex parte* statement of the case, it displays an amount of arrogant insolence and contempt for scientific reputation on the part of the First Commissioner of Works, eminently characteristic of the gentleman who began his official career with a public sneer at "sculptors, architects, and gardeners." We trust that the issue of a contest between Mr. Ayrton, backed by the generous but necessarily half-hearted support of Mr. Gladstone (whose tolerance of his subordinate is a psychological curiosity), on the one side, and Dr. Hooker, supported by the sympathy of every student of Nature and of almost every educated person in the civilised world, on the other, cannot be doubtful. The viper in the fable found that he was biting a file and desisted: let us hope that Mr. Ayrton will find a "gardener" a harder subject than an "architect." At the worst, the scientific world would not lose Dr. Hooker; but his separation from Kew, which he and his father have made what it is, would be more than a merely national calamity. Better even to lose Mr. Ayrton from the Ministry.—*Madras Medical Journal.*

THE SUN.

PROFESSOR C. A. YOUNG, Ph.D., of Dartmouth College, in his pamphlet on "The Sun and the Phenomena of its Atmosphere," gives interesting particulars concerning this important body, which are epitomised by the *Medical Record*. Twenty years ago, the distance from the earth was considered to be about 95,000,000 of miles, but it is really less than 92,000,000. This is the average distance, but the sun is some 3,000,000 of miles nearer on the 1st of January than on the 1st of June. In hopes of adding greatly to the precision of our knowledge, astronomers are looking forward with much interest to the coming transits of Venus in the years 1874 and 1882. The conception is too vast to be fairly grasped by the human intellect. If on some inter-mundane railway

between the earth and the celestial metropolis, the Pilgrim Fathers had started from the sun at the same time when they really left England, and if they had travelled by special express at the rate of forty miles an hour, without stops, they would not yet have arrived, nor would their train be due until 1883—363 years upon the road. A cannon ball, moving straight on unretarded with its swiftest speed, could not make the journey to the sun in nine years.

The sun weighs very nearly 325,000 times as much as the earth. If it were made of solid coal he would burn entirely out in less than 6,000 years. The probable and almost universally accepted theory in regard to the nature of the solar surface is the following: It is neither a gaseous nor a liquid surface, but a stratum of luminous clouds, made up of drops of melted metal—of incandescent iron, magnesium, sodium, etc., far more intensely luminous than the gases from which they are condensed, driven and carried by the solar winds, and continually changing their form and appearance. The doctrine, supported by Carrington, Lockyer, and others, that the sun-spots are caused by a *downrush* of cooler gases from the upper atmosphere, seems to him to be the correct one. They are found only on certain portions of the sun; while they are rarely seen upon the sun's equator, they are almost never found in latitudes higher than 40 degs., and are most abundant in two belts lying between the parallels of 15 degs. and 30 degs. Above the photosphere, the lower strata of the solar atmosphere for a height of from 500 to 1,000 miles contain pretty much all the substances whose presence is indicated by the dark lines in the solar spectrum (made up of metals), and that in the absorption of these lower strata the lines mainly originate. At a greater elevation the solar atmosphere consists principally of hydrogen, with two or three substances whose nature is as yet unknown. The prominences of the sun are extensions or off-shoots of the stratum of hydrogen, to which Dr. Frankland gave the name of chromo-sphere, i. e., *colour-sphere*. Besides streamers and jets there are other forms of eruption prominences, resembling in shape gigantic mushrooms, sometimes great pyramids, and sometimes the smoke of a distant steamer. The author is sometimes disposed to take refuge in the hypothesis as to these solar eruptions—that they are only apparent, not real; still the evidences of actual motion are so numerous and conclusive, we must be content in hoping that the sun will not take to bombarding us in some fit of passion. The inner corona is really solar, but as to the nature and constitution of the outer corona, the assemblage of the dark rifts and bright rays which overlie and surround the inner corona, it is less complete. For a more perfect knowledge of the nature of the corona, astronomers wait with patience for the eclipse of 1878.

Correspondence.

A SINGULAR CASE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—A few months past I was called up at 2.30 a.m. to visit a married lady, about thirty years of age, and found as follows:—Constitutional constipation; constipated one week; menstruating; menstruation always difficult, more particularly since marriage, about eight years past; has had no children; violent pain of hypogastrium, accompanied with violent twisting; and as if she was, as she says, "a cutting through down there, over the uterus, with sharp knives;" pain all over the abdomen; cannot suffer the least pressure; tongue slightly furred white; skin rather hot; pulse 132, small and wiry; some thirst; headache; urine high coloured, with considerable whitish grey sediment; stomach very irritable. R. ol. croc. tig. gutt. i. mucil. acac. ʒij., aq. font. ʒvi. ℥. A dessert spoonful every fifteen

minutes till it operates; cover the abdomen with spirit. terebinth, and apply flannels wrung out of hot water. The first dose of oil operated freely before the second was required, and the after evacuations brought away some scybala; great relief was procured, and the pulse fell to 100, and afterwards to 78. The general pain was removed, but the pain of hypogastrum still continued with violence at intervals. I suspected that there was something wrong with the uterus, as such "twisting and cutting" could not be if it were in its normal state, at such periods; I therefore advised an examination "per vaginam." This was resolutely refused for some time, but finally acceded to. I found on examination a firm body projecting from the uterus like a finger, and very hard; the upper side was about two and a half inches long, and the under side one and a half; around its base as far as I could feel, I felt a bladder-like substance about the thickness of a half-crown distended with a fluid. I thought I could feel the uterus, but was not certain, though I felt something very like it; I also felt a sort of orifice or depression in the top of the finger-like projection; the parts were in a very considerable state of muscular activity, and it appeared to me that this extraordinary substance was congenital; opiates possessed no power of relieving pain, but the hot fomentations were agreeable. It might be a polypus, but from its very peculiar feel I hardly think so. The pain was only removed on the cessation of menstruation, and this has been, she says, the most violent attack she ever had, yet I thought it strange that the discovery had not been made long ago.

I am, Sir,

Yours most obediently,
ALEX. LANE, M.D., R.N.

Ludlow, Salop, 15th October, 1872.

Literature.

RINDFLEISCH'S PATHOLOGICAL HISTOLOGY (*α*).

We welcome the first English edition of this work. Two German editions have already appeared, the first in 1869, and the second in the following year. From the appearance of the first edition, Professor Rindfleisch has been recognised as the first authority upon the subject, and long before that date he was known to an immense number as one of the most exact and careful workers. It is, perhaps, surprising that a translation of his invaluable text book should not have appeared before, and even now we are indebted to America for undertaking it. The volume before us is beautifully got up, and the illustrations are equal to the original; the only defect is on the part of the translators, who have left their work so unfinished that it is by no means pleasant reading. Although the translation is faithful, it bristles with Germanisms which we sincerely hope may, in a future edition, be removed. The English language is not so poor as to render it impossible to find good idioms in which to express all that is required, and a text-book for students is seriously injured by sentences which are not readily understood. Notwithstanding this one defect, we can recommend Professor Rindfleisch's book as the best treatise on Pathological Histology that has yet appeared.

Medical News.

Royal College of Surgeons.—At a meeting of the Council of the College held on the 17th inst., after the transaction of

(α) "A Text Book of Pathological Histology." An Introduction to the Study of Pathological Anatomy. By Dr. Edward Rindfleisch, Professor of Pathological Anatomy in Bonn. Translated from the second German Edition, with permission of the author, by William C. Bowman, M.D., assisted by T. T. Miles, M.D., with Two Hundred and Eight Illustrations. Philadelphia: Lindsay and Blakistow. London: Faber & Co. 1872.

the ordinary business, the report of the Committee appointed to confer on the 5th Section of the Charter of 1852 (providing for the admission of members of twenty years' standing to the Fellowship) was taken into consideration. The report of the Committee was as follows:—"Your Committee are of opinion that, looking to the difficulties by which the subject is surrounded, which have been considered in detail by your Committee, it is inexpedient that the Council should exercise the power vested in them by Section 5 of the Charter of 1852." After a prolonged discussion the report was adopted with three dissentients. Mr. Busk's resignation of his seat on the Court of Examiners was unanimously accepted in accordance with his earnest wish to be released of its duties; and it was resolved that a meeting of the Council should be called on the 31st inst. to elect an examiner in his place. Sir William Fergusson moved, and Mr. South seconded, that an expression of sympathy on the part of the Council be forwarded to the family of the late F. C. Skey, Esq., a past President of the College, on the great bereavement they have sustained by his death.

Queen's University in Ireland.—The following are the recipients of degrees, to which reference was made in our last:—

DOCTOR IN MEDICINE.

First Class.—John Knox Houston, John Magrath, Richard J. Anderson.

Second Class.—Michael Joseph Malone, Horace Maybury.

Third Class.—John Strahan.

Passed.—John George Adamson, Archibald Adams, George W. F. Armstrong, Jas. Battersby Bailey, George Barkley, Philip Lambert Benson, Samuel Browne, John Bryans, Robt. Evans Burges, John Burke, Robt. Campbell, N. Whistler Colahan, John G. Collis, Timothy Crowley, Hugh Alexander Davis, Richard Davis, Jas. Scott Dill, John Fleming, Henry A. Fogarty, Charles Forsythe, Michael J. Gillespie, James Graham, John Hegarty, William Hickman, John James Holland, James Hurley, Samuel Johnston, H. Maturin Johnstone, Francis B. Kane, John Richd. Leech, Charles Albert Macaulay, Samuel M'Cutcheon, Denis Peter MacDonald, Samuel M'Kee, Peter John M'Quaid, Patrick J. Macnamara, Henry J. Madders, John A. Malcomson, William Molloy, Timothy Molony, W. E. Bonsall Moynan, Douglas Mullen, Robert John Munro, Bartholomew O'Brien, Patrick O'Connell, Bernard O'Connor, Simeon Holgate Owen, Thos. Patterson, Richard Read, Jas. Ring, I. Nashville Ryan, J. Moore, J. Scott, William Simpson, Wm. John Smyth, Thos. Francis Sparrow, William F. Spencer, William Thomson, John Wheeler, Thomas Bam Whitton, Hugh Charles Wilson, Alexander Wylie.

MASTER IN SURGERY.

Archibald Adams, John Geo. Adamson, Samuel Agnew, George Berkeley, Moses Black, Samuel Browne, John Bryans, Robt. Evans Burges, N. W. Colahan, John G. Collis, Timothy Crowley, Richard Davis, Hugh Alex. Davis, James Scott Dill, William Fleming, Henry A. Fogarty, James Graham, John Hegarty, William Hickman, John James Holland, James Hurley, J. Knox Houston, Francis B. Kane, John Richard Leech, Chas. Albert Macaulay, Saml. M'Kee, Denis P. M'Donald, Saml. M'Cutcheon, Horace Mansell Maybury, Peter J. M'Quaid, Timothy Molony, W. E. Bonsall Moynan, Bartholomew O'Brien, Patrick O'Connell, Bernard O'Connor, Thomas Patterson, Richard Read, James Ring, J. Moore, J. Scott, William F. Spencer, John Strahan, William Thomson.

College of Physicians, Ireland.—At examinations held on the 8th, 9th, and 10th inst., the following gentlemen obtained the licences in Medicine and Midwifery:—Brabazon Shields Booth, Wm. Parkinson Counsellor, James Daniel, James Charles Weld.

An outbreak of small-pox is reported to have occurred at Tong Street, near Bradford.

In consequence of ill-health, the Treasurer of the Royal Medical Benevolent College, Epsom, has resigned his appointment. It is believed that his successor will be Mr. John Lumsden Probert, the son of the founder.

A further grant of £23,797 has been made by the Metropolitan Asylums Board to the Caterham Imbecile Asylum for the purchase of additional land, the erection of buildings, &c.

The Newington Vestry contemplate increasing the salary of their Medical officer of health, Dr. Iliff, from £200 to £300 a year.

Royal College of Surgeons of England.—The following members were admitted fellows of the college at a meeting of the council on the 17th inst., viz.:—John Edward Stacy, of Sydney; William Thorn, of the Bombay army; Arthur James Cumming, of Exeter; and Francis Fawcett Welsh, of Saffron Walden, Essex.

Apothecaries' Hall.—At a court of examiners held on the 17th inst., Messrs. Francis Benjamin Brodribb, of Well Street, Hackney; George Fletcher, of Bromsgrove; and Henry Humphreys, of Amherst Road, Hackney, having passed the necessary examinations, were admitted licentiates of the Society of Apothecaries; and Mr. Peter Hughes Davies, of March, Cambridgeshire, passed as an assistant in compounding and dispensing medicine.

The late Mr. John Cargill Brough.—A committee has been formed for the purpose of raising a fund for the maintenance and education of the five children left unprovided for by the death, at the age of 38, of this gentleman, who was well known in literary and scientific circles, and of whom an obituary appeared in these columns three weeks ago. The committee comprises the names of Mr. Thomas Baring, M.P., F.R.S.; Mr. J. P. Gassiot, D.C.L., F.R.S.; Sir Wm. Tite, C.B., M.P., F.R.S.; Mr. Warren De La Rue, D.C.L., F.R.S.; the Rev. William Rogers, M.A.; Mr. Calderon, R.A.; Professors Huxley, Bentley, and Frankland; Messrs. Frederick and Arthur Locker; Mr. Piper, the Honorary Secretary of the London Institution, and many others of equal note, the Treasurer being Sir John Lubbock, Bart., M.P., F.R.S., &c.

John Gardner, F.R.C.S., M.B.C.S.—The death is announced of John Gardner, one of the few remaining survivors of the battle of Waterloo, at which he was present as assistant surgeon in the Grenadier Guards. He was admitted a member of the Royal College of Surgeons of England in May, 1812, and a fellow in August, 1844. After leaving the army he settled and practised at Marlborough. He subsequently retired and lived at Cheltenham, where he died on the 15th inst., at the ripe age of 82.

Dr. Fairweather, the sanitary commissioner of the Punjab, is about to proceed to Peshawur and Kohat, to investigate and report upon the causes of the recent epidemic of cholera.

Conversations and Lecture by Professor Turner.—Last week there was a large, important, and interesting lecture at the West Riding Asylum, Wakefield. The object of the gathering—which was the second of what we believe is to be a series of annual meetings—was to give an opportunity to the Medical practitioners of the various towns in the West Riding and other districts to see the mode of treatment adopted at this most admirable institution, to discuss and exchange views upon professional topics, and also to listen to a lecture, illustrated by diagrams, "On the Convulsions of the Cerebrum," by Professor Turner, M.B., F.R.S.E., F.R.C.S., Professor of Anatomy in the University of Edinburgh. The hall felt very comfortable, and the guests thoroughly enjoyed themselves. Stalls were fixed on each side, and at the top of the hall, in the centre of which, and placed here and there, were a number of small stands containing rare plants, ferns, &c. The first stall, which was described as Stall A, was presided over by Dr. J. Wilkie Burman, and it was covered with pathological specimens and physiological experiments, most of which were from the Pathological Museum of the Asylum. There were also on the stall some interesting contributions from the Leeds School of Medicine, a most extraordinary malformed fetus, exhibited by Dr. Morris, of Barnsley, and a dried ovarian cyst, shown by Dr. Lee, of Bradford. Mr. J. N. Manton, dentist, of Wakefield, exhibited a number of models of jaws, showing many forms of irregularities of the permanent teeth, another series of models containing supernumerary teeth, and a collection of dental specimens. Stall B was presided over by Dr. Charles Aldridge, and it contained a large, valuable, and interesting collection of photographs and stereoscopes from the Asylum collection, together with many others exhibited by Dr. J. B. Pettigrew, Dr. W. A. F. Browne, and Messrs. Harvey and Reynolds, of Leeds. The last named firm again lent a series of oleographs, which were much admired. There was on this stall a very large collection of photographs representing both males and females suffering from almost every variety of insanity. Stall C was presided over by Dr. Oscar Woods, and upon it were arranged a large number of scientific and surgical instruments belonging to the Asylum, together with others lent by Messrs. Harvey and Reynolds, and Messrs. Maw and Son, of London. The next

stall, lettered D, was presided over by Dr. Herbert C. Major, and it was filled with a large number of microscopical preparations from the Asylum collection, and others lent by Messrs. J. Fowler, Wakefield; J. Walker, Leeds; E. Yendall, and Dr. James Gilchrist. Stall E was presided over by Mr. W. Bryan Wood, and it contained drugs and Medical preparations, exhibited by Messrs. J. and H. Smith, of Edinburgh and London, Harvey and Reynolds, and McDougall Brothers, Manchester. Another stall, in a corner of the hall, was filled with specimens of the work of the patients, and they were inspected and examined with great interest by many of the visitors. During the evening Dr. Burman performed some experiments on rabbits, rats, and frogs, illustrating the inhibitory power of the vagus nerve over the action of the heart, reflex and galvanic action, and the physiological action of conia, picrotoxine, strychnia, and hydrate of chloral when subcutaneously injected. The curious experiments were witnessed by several gentlemen, who seemed to take the greatest interest in watching the "slaughtering of the innocents." The gathering, which was originated last year by Dr. Crichton Brown, is looked upon with great interest by the Profession, and great credit is due to that gentleman and his coadjutors for the manner in which everything connected with it is carried out.

The Cholera in India.—The Bombay mail has brought news to the 13th of September. At that time the dengue fever and cholera were still raging in various districts. At Agra the dengue fever had prostrated the whole city. Public offices and banks had been closed, there being no one well enough to attend; and the post office had been nearly reduced to the same condition. Cholera was still prevalent in the Punjab. During the week ended the 17th of August the deaths increased from 270 in the previous week to 423, or a total increase of 153. The districts which suffered most were Lahore (principally the city) with 112 deaths, Ludhiana with 183, and Jheelum, with 67. At Bhosawul, in the Portuguese territory, between 30 and 40 natives and Portuguese were dying daily. A news letter from Bokhara states that cholera was also, when the letter was despatched, making frightful ravages there, two hundred deaths occurring in the city daily. The King had been attacked but had recovered.

Gleanings.

Caustics to Remove Piles, Condylomata, etc.

Dr. Post, (*Proceedings N. Y. Med. Jour. Ass., Med. Record*) "preferred the nitric acid treatment for internal hemorrhoids, where the patient resided in the city, so that the treatment could be long enough continued. He had cured in this way a lady music teacher, who had been annoyed with hemorrhoids for years. Five or six applications of the acid were made, at intervals of a week. She would come to the office after her morning lessons; wait an hour after the application; and give other lessons in the afternoon. The hemorrhage attending these tumours commonly ceased after one or two applications. It was not generally necessary to touch the whole surface of the tumour, but only its spongy vascular parts. A small wooden spatula was the best instrument; followed immediately by a sponge. Dr. Hubbard thought chromic acid was preferable to nitric. Dr. Markoe had published several cases in which he had employed it. He had himself successfully used it in a sixty-grain solution. Of this strength, or a little higher, he had found it the best application for venereal warts. Dr. Weber endorsed its efficacy, but had sometimes found it burn deeper than he wanted. Dr. Taylor had seen it repeatedly fail to cure extensive masses of venereal warts, which had readily yielded to a solution of corrosive sublimate and muriatic acid of ammonia, one scruple of each in two drachms of rectified spirit. In cauliflower excrescence, where chromic acid did no good, this solution acted very beautifully. So, too, in certain forms of lupus of the vulva. In some warts it worked well, 'causing the fatty portion of the wen to dry up.' It gave little pain, as he could testify from its use in his own case—upon a fungous onychia, on the side of the finger, which had for two years resisted every other form of treatment, persistently reappearing, till two applications of the muriatic of mercury and ammonia killed it."

NOTICES TO CORRESPONDENTS.

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

All communications intended for insertion must bear the name and address of the writer; not necessarily for publication, but as a voucher of good faith.

Rejected MS. will always be returned. If a request be received from the author, within one week after the article or letter has been declined.

Subscriptions in the United States.—A correspondent has drawn our attention to the fact, that some of the houses in the United States are charging the enormous figure of 15 dollars per annum (more than £3) for supplying this Journal to different parts of the States. We beg, therefore, to state that we shall be happy to supply the same regularly post free per annum, if paid in advance, for considerably less than half this amount, viz., six and-a-half dollars (about £1 6s. 0d.), either direct from our offices in this country, or through our recognised agents in the United States.

M. F. will find the necessary information in our advertising columns. Mr. J. DAKES is thanked for his communication.

M. DE DOCTEUR D'OLIER, Orleans.—Votre abonnement fut regu, et on a du vous avoir tenu compte. L'abonnement pour l'étranger est ordinairement versé au bureau du Journal à Londres. C'est d'ou vient l'erreur, que nous regrettons.

We learn from the *Athenaeum* that the new telescope, constructed by Mr. Howard Grubb, of Dublin, for the Observatory on the Carlton Hill, Edinburgh, is expected to be completed in December next. The mirror is composed of glass, upon Foucault's principle, faced with a thin deposit of silver; it will be 24 inches in diameter, with a focus of 10 feet.

THE LABORATORY AT THE ROYAL INSTITUTION.—During the absence of Professor Tyndall in America, the opportunity is being taken to rebuild the laboratories of the Royal Institution on a considerably enlarged scale. For the present, therefore, students will not have the same facilities, but accommodation will be given elsewhere for their studies.

Dr. LIVINGSTONE AND Dr. KIRK.—According to letters received on Friday from Zanzibar, Dr. Kirk has received a very friendly letter from Dr. Livingstone, dated from Upanyembe on the 1st of July, in which he assures his old travelling companion that he attributed no blame to him for the disasters which occurred to the supplies sent up to him, and that he intended the formal complaints he had made to lie against the Banians and Arabs solely. The doctor's letter was written in consequence of his having received a communication from his son (Mr. Oswald Livingstone) before the latter left Zanzibar on the break-up of the English Relief Expedition in May last.

CANTAB.—The first and final examinations for Medical and surgical degrees in the present form at the anatomical schools will begin on Monday, November 25, at 9 a.m. Candidates intending to offer themselves for examination are required to signify the same to the Regius Professor of physic on or before the 11th November, and to send at the same time their certificates. A fee of three guineas is paid to the professor by each candidate when his name is sent in for his first examination for the M.B. degree. The second examination for the M.D. degree, and the examination for the degree of Master in Surgery, will begin on Monday, the 2nd of December, at nine a.m.

COMMUNICATIONS, with enclosures, received from:—Dr. Watson Wemyss, Denbair. Dr. Meymott Tidy. Dr. Handfield Jones. Mr. Rivington, London. Dr. Davis, Chicago. Dr. Hogg, Netley. Mr. J. L. Milton, London. Mr. Titchborne, F.C.S., Dublin. Dr. Handiel Gräthbe, Dublin. Dr. D'Olier, Orleans. Dr. Dudfield, London. Dr. Demons, Bordeaux. Mr. Thorpe, Sheffield. Dr. Alex. Lane, Ludlow. Mr. Atkinson, Newcastle-on-Tyne. Dr. Edwards Crisp, Chelsea. Dr. Eolton, Leicester. Mr. Balfour Brown. Mr. Handlip Sers, Nottingham. Mr. Fox, Manchester. Dr. Langley. Mr. Whitaker, Burnley. Mr. Pollard, Metropolitan Board of Works. Mr. Featherstonhaugh, Moate. Dr. Cowan, Manchester. Dr. Kelly, Dublin. Dr. Preston, Kilkel. Dr. O'Connell, Spike, Ireland. Dr. M. E., London. Dr. MacDonnell, Bolyke, Co. Clare. Dr. Wadsworth, H.M.S. "Immortalité." Dr. Holmes, Cork. Dr. J. Dawes, Carrig-y-Druoidon. Dr. Sproule, Morile. Dr. Fitzmauric, Ballylongford. Mr. Marshall, Croydon. Dr. Shedy, Kilmallock. Dr. Fletcher, Waterford. Dr. Hadden, Wexford. Dr. Browne, Wakefield. Dr. Murdoch, Sandymount. Dr. Davison, Dromara. Dr. Tuckey, Bantry. Dr. Simpson, Caledon. Dr. Lyster, Athlone. Dr. Shaker, Ballinasloe. Dr. Burnside, Clondalkin. Dr. Donkin, Sunderland. Dr. Hamerton, Navan, &c., &c.

VACANCIES.

Salop Infirmary. Two Physicians. Election 26th. (See advt.)
Cork (South) Charitable Infirmary and County Hospital, Resident Surgeon and Apothecary. Salary £100 per annum. (See advt.)
Downpatrick District Lunatic Asylum. Assistant Resident Medical Superintendent. Salary £80 per annum, with board. (See advt.)
Middlesex County Lunatic Asylum, Hanwell. Apothecary. Salary £120 per annum, with board and residence.
Uckfield Union, Sussex. District Medical Officer. Salary £85 per annum, with fees extra.
Warneford Hospital. House Surgeon. Salary £60, with board and residence.
West London Hospital. Two Junior Physicians. Honorary.
Hastings Union. Medical Officer for District No. 3. Salary £90 per annum, with fees extra.
Newcastle-on-Tyne Borough Lunatic Asylum. Assistant Medical Officer. Salary £70 per annum, with board and residence.
Doncaster Infirmary. House Surgeon. Salary £100, with board.
Chorlton Union, Manchester. Resident Medical Officer to the Workhouse. Salary £120.

APPOINTMENTS.

ADAMS, J., M.R.C.S., Assistant in Midwifery at St. Bartholomew's Hospital.
BONSER, J. H., M.R.C.S.E., District Surgeon to the Salford and Pendleton Royal Hospital and Dispensary, Salford, Manchester.
BRAWER, R. E. W., M.R.C.S., a House-Surgeon to St. Bartholomew's Hospital.
BRIDGWATER, Dr. T., Medical Officer and Public Vaccinator for the Harrow District of the Hendon Union.
CRIPPS, W. H., M.R.C.S., a House-Surgeon to St. Bartholomew's Hospital.
DOMVILLE, E. J., House-Surgeon to the Devon and Exeter Hospital.
DUNN, W. A., M.R.C.S., House-Surgeon to the Carlisle Dispensary.
EDWARDS, W. J., M.B., C.M., Junior House-Surgeon to the Preston and County of Lancaster Royal Infirmary.
HALL, F. DE HAVILLAND, M.B., M.R.C.S.E., House-Physician at St. Bartholomew's Hospital, has been appointed Physician to the Metropolitan Dispensary and Charitable Fund, Fore Street.
HARDING, Dr., House-Physician to the Hospital for Women, Soho Square.
KIBLER, W. A., Resident Medical Officer to the London Hospital.
LAWTON, H. A., L.R.C.P., House-Surgeon to the Westminster Hospital.
MOORE, H. C., M.R.C.S., House-Surgeon to the Hereford Infirmary.
MOORE, M. M., L.R.C.P., Surgeon to the Coventry Hospital.
MORRIS, D. E., M.R.C.S.E., Assistant Medical Officer to the Hereford County and City Lunatic Asylum.
MORRIS, S., M.R.C.S., a House-Physician to St. Bartholomew's Hospital.
POIGNAND, M., M.R.C.S., a House-Surgeon to St. Bartholomew's Hospital.
STOCKER, C. S., M.R.C.S.E., House Physician to the Seaman's Hospital, Greenwich.
WOODS, OSCAR T., M.B. Dub., L.R.C.S.I., late Clinical Clerk West Riding Asylum, has been appointed Assistant Medical Officer to the Warwick County Asylum.

ARMY MEDICAL DEPARTMENT.—Deputy Inspector-General of Hospitals T. Longmore, C.B., to be Inspector-General of Hospitals; Deputy Inspector-General of Hospitals R. J. O'Flaherty, C.B., to be Inspector-General of Hospitals, vice J. Paynter, who retires upon half-pay; Surgeon Major E. Gilborne, from the Royal Artillery, to be Deputy Inspector-General of Hospitals, vice R. J. O'Flaherty, C.B., promoted; Assistant Surgeon C. Mackinnon, from the 20th Hussars, to be Staff Surgeon, vice S. Alder, appointed to the 23rd Foot; Assistant Surgeon A. O. Appin, from the Royal Artillery, to be Staff Surgeon, vice A. D. Gulland, M.D., appointed to the Royal Artillery; Assistant Surgeon R. A. P. Grant, from the 43rd Foot, to be Staff Assistant Surgeon, vice R. Turner, M.D., who exchanges; Assistant Surgeon N. Wade, from the 78th Foot, to be Staff Assistant Surgeon, vice W. Johnson, M.D., who exchanges; Staff Assistant Surgeon H. E. Maunsell, M.B., resigns his commission; surgeon Major F. S. Prothero, Royal Artillery, who retires upon half-pay, to have the honorary rank of Deputy Inspector-General of Hospitals.

MEETINGS OF THE LONDON SOCIETIES.

THURSDAY, Oct. 24.
HUNTERIAN SOCIETY, 8 P.M.—Opening Meeting.
FRIDAY, Oct. 25.
CLINICAL SOCIETY OF LONDON, 8½ P.M.—Dr. Anstie, "On a Case of Syphilitic Paralysis, with rapid Atrophy and Repair of Muscle."—Mr. Cooper Forster, "On a Case of Cystitis treated with Injection of Opium into the Bladder."—And other papers.
MONDAY, Oct. 28.
MEDICAL SOCIETY, 8 P.M.—Ordinary Meeting.

OPERATION DAYS AT THE LONDON HOSPITALS.

WEDNESDAY, October 23.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 2 P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 2 P.M.
GRANT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1½ P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
CANCER HOSPITAL.—Operations, 3 P.M.
THURSDAY, October 24.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
FRIDAY, October 25.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
SATURDAY, October 26.
HOSPITAL FOR WOMEN, Soho square.—Operations, 9½ P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
MONDAY, October 28.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. MARK'S HOSPITAL.—Operations, 2 P.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
TUESDAY, October 29.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. MARK'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.

Marriages.

- BINGHAM—ROBINSON.**—On the 17th inst., at Holy Trinity, Margate, by the Rev. Gerrard Lewis, M.A., John J. Bingham, L.R.C.P., M.R.C.S., &c., of Alfreton, Derbyshire, to Kate Laura, only daughter of John Robinson, Margate.
- COCKBURN—RADCLIFFE.**—On the 17th inst., at St. Stephen's Church, Paddington, Robert Adolphus, only son of Surgeon-Major R. Cockburn, of the Bengal Medical Service, to Mabel Rose, third daughter of the late Captain Charles Wilbraham Radcliffe, of the 7th Bengal Cavalry.
- ELLIOTT—HALL.**—On the 16th inst., at St. Mark's, Kennington, Alfred, son of T. T. Elliott, Esq., Estophor House, Marsh, to Mary, daughter of the late T. Hall, F.R.C.S., of Long Sutton.

Deaths.

- CARSON.**—On the 2nd of October (killed in the railway accident at Kirtlebridge), Dr. John Carson, of Galt, C.W., formerly of Mennoch Bridge, Sanquhar, Dumfriesshire.
- DUGUID.**—On the 7th October, A. R. Duguid, M.D., L.R.C.S.Ed., aged 73.
- GARDNER.**—On the 15th October, at Priory Street, Cheltenham, J. Gardner, Esq., Assistant-Surgeon in the Grenadier Guards at Waterloo, and afterwards of Marlborough, Wilts, aged 82.
- MOONE.**—On the 9th October, N. Moone, M.R.C.S.E., of S. oke, aged 70.
- PALMER.**—On the 15th October, Francis P. Palmer, M.R.C.S.E., of Bridgeman Place, Walsall, aged 64.
- SMITH.**—On the 8th October, at Saltaah, A. Smith, Surgeon, R.N., aged 64.
- TANNER.**—On the 15th October, at Castle Godwyn, Painswick, Gloucestershire, Robert Tanner, M.R.C.S.E., formerly of Manchester Street, Manchester Square, London.

Advertisements.

SALOP INFIRMARY. ELECTION OF PHYSICIANS.

NOTICE is hereby given, that at the Annual General Board of Trustees, to be held on the Seventh day of November, 1872, there will be an Election of TWO PHYSICIANS in Ordinary to the Salop Infirmary.

By the existing statutes, rule 24, it is declared "That no gentleman shall be eligible to fill the office of Physician unless he be a Graduate in Medicine of a University, or a Fellow Member or Licentiate of the Royal College of Physicians of London, Edinburgh, or Dublin."

Candidates for the office must send their Testimonials, addressed to the "Board of Directors," on or before the 26th day of OCTOBER, 1872. A copy of the statutes may be obtained on application to the Secretary.

By Order of the Weekly Board,
WALLACE BOYCE, Secretary.

Board Room, Saturday, September 28th, 1872.

THE APOTHECARIES' HALL OF IRELAND.

PRACTICAL CHEMISTRY AND PHARMACY. SESSION 1872-73.

A COURSE OF PRACTICAL INSTRUCTIONS IN CHEMISTRY AND PHARMACY, IN THEIR RELATIONS TO MEDICINE,

WILL BE GIVEN AT
The APOTHECARIES' HALL, MARY STREET, DUBLIN, During
the Ensuing Months of NOVEMBER, DECEMBER, JANUARY, and
FEBRUARY.

The Course will commence on MONDAY, the 4th of November, at Two o'clock, P.M., and will be carried on during the first four days in each week. It will comprise the General Principles of Chemistry, Botany, and Pharmacy; the history and description of the Drugs and Preparations of the British Pharmacopoeia, their Physical and Chemical characters, the rationale of the different Formule; the means of detecting impurities and adulterations in Food and Drugs; the uses and doses of Medicines; the translation of Latin Prescriptions, and the proper mode of compounding and dispensing them.

The Course will conclude with a description of the principal Poisons, their effects, antidotes, and appropriate tests, in simple and compound mixtures, and an explanation of the Chemistry and application of Disinfectants.

The main objects of the Course are to enable Medical Practitioners, who dispense their own Prescriptions, and persons who desire to qualify themselves as Assistants to Apothecaries, to recognize genuine articles, both of Food and Medicine, and to instruct them in the Art and Science of Pharmacy.

The Course will be conducted by a staff of qualified Teachers.

Fee for the Course, Five Guineas.

For Particulars apply to Mr. WRIGHT, the Clerk, at the Hall.

DISTRICT LUNATIC ASYLUM, DOWNPATRICK.

The Governors of the above Asylum will, at their Meeting, to be held on SATURDAY, 2nd November, proceed to appoint an ASSISTANT to the Resident Medical Superintendent, who must be unmarried, duly qualified as a Physician and Surgeon, and hold a Diploma in Midwifery. Salary, £100 per annum, with furnished apartments, fuel, light, washing, first-class rations, and attendance.

Applications, stating age, with copies of Testimonials, to be lodged with the Resident Medical Superintendent, on or before the 1st November. Personal attendance required on the day of election.

By Order, GEORGE H. WHITESIDE,

8th October, 1872.

Clerk.

IN consequence of advanced age and declining health, a small but respectable PRACTICE is for Disposal. To a gentleman of limited means, with energy and agreeable manners, this will prove a favourable opportunity for entering into a good connection on very easy terms, as the premium would be made to depend on results. Apply personally, between the hours of 12 and 4, to Mr. COLLES, Chemist, 137 Camberwell New Road, S.E.

MENTAL ABERRATION.—A Physician and Surgeon, lately Surgeon to a Dublin Hospital, will receive into his house and family, a lady or gentleman suffering from occasional Mental Disturbance. His residence is situated in one of the leading streets of Dublin, and in every respect eligible as regards salubrity and convenience. I. B., office of the MEDICAL PRESS.

THE ADELAIDE HOSPITAL, PETER STREET, DUBLIN.

Physicians.—Henry H. Head, M.D., M.R.I.A., Fellow of the College of Physicians, James Little, M.D., M.R.I.A., Fellow and Censor of the College of Physicians, Lecturer on the Practice of Medicine in the Ledwich School of Medicine.

Surgeons.—Albert J. Walsh, M.D., President Royal College of Surgeons, John K. Barton, M.D., Fellow Royal College of Surgeons, Lecturer on Surgery in the Ledwich School of Medicine, Benjamin Willis Richardson, Fellow and Member of the Court of Examiners, Royal College of Surgeons.

Obstetric Physician.—Lombe Athill, M.D., Fellow and Examiner in Midwifery, College of Physicians.

Ophthalmic Surgeon.—H. Rosborough Swanzy, M.B. L.R.C.S.I., lately Assistant at Professor von Graefe's Ophthalmic Hospital, Berlin.

Assistant-Physician.—Walter G. Smith, M.D., Fellow and Censor College of Physicians, Senior Demonstrator in the University School.

Assistant-Surgeon.—Montgomery A. Ward, M.B., M.Ch., L.R.C.S.I., Demonstrator of Anatomy, Ledwich School of Medicine, K. Medical Scholar, T.C.D.

Dental Surgeon.—W. B. Pearall, L.R.C.S.I.

The central position of this Hospital renders it peculiarly convenient to gentlemen attending Lectures at the University, College of Surgeons, or Ledwich School. The arrangements for Clinical Teaching have been made as complete as possible, and are such as not to interfere with attendance at the Medical Schools. There are Fever Wards apart from the Hospital, and two Wards for Infants and Children. Special hours are devoted to Clinical Instruction in the Diseases peculiar to Women, the Diseases of the Eye, and Cutaneous Diseases, and Students are individually instructed in the Use of the Stethoscope, Ophthalmoscope, Laryngoscope, and Microscope. Two Resident Pupils are selected half-yearly. Prize Examinations are held at the termination of the Session.

Further particulars can be obtained from Dr. Athill, 11 Upper Merion Street, or any other Member of the Medical Staff.

OPHTHALMIC AND AURAL SURGERY.—The Surgeon to a special Ophthalmic Hospital will receive the son of a gentleman as a Pupil to reside in his house in Dublin, whose Medical studies he will arrange and supervise, and whose special education in Ophthalmic and Aural Surgery he will himself undertake. Address, L. N. Molesworth Hall, Dublin.

TO BE LET, in a County Town, in the NORTH of IRELAND, on such terms as may be agreed on, a MEDICAL ESTABLISHMENT in full working order. The house is fully furnished, and the income may have the Furniture, Medicine, Drugs, &c., at a valuation. For particulars, enquire of GEORGE GRAHAM, Auctioneer, Cavan.

COMPANION.—A Gentleman of good family and connections is desirous of becoming COMPANION or ASSISTANT to an Invalid, and would undertake the management of his affairs. Highest references given as to ability and character.

Address, M.D., Post Office, Moate, Co. Westmeath.

RESIDENT PUPIL.—An M.D. Dub. Univ., and F.R.C.S., residing in one of the best and most healthy streets in Dublin, in immediate proximity to the leading Schools and Hospitals, will receive a first year's Student to reside with him, for whose entire Medical education he will arrange if desired. Apply by letter to L. M. M. Molesworth Street, Dublin.

TO THE MEDICAL PROFESSION.—WANTED, for the SOUTH CHARITABLE INFIRMARY and COUNTY HOSPITAL at CORK, a fully-qualified gentleman to fill the office of RESIDENT SURGEON and APOTHECARY, who must be a Licentiate of the Apothecaries' Hall, Dublin, and hold a Diploma in Surgery from the Royal College of Surgeons of England or Ireland, or from an Irish University. Salary £100 per annum, with residence, coal, gaslight, attendance, &c.

Applications, with testimonials, to be sent to the Hospital, addressed to the Trustees of the South Charitable Infirmary and County Hospital, Cork, on or before Friday, November the 8th, 1872, on which day the Election will take place.

The Medical Man appointed must act as Secretary to the Board.

Candidates must appear before the Board.

The Hospital contains 150 beds.

Average annual number of Intern patients 1,100

Average annual number of External patients 8,000

By order,

W. T. BUDDS, Secretary.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, OCTOBER 30, 1872.

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ON THE CAUSES OF PREVENTIBLE BLINDNESS.

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PART I.—UNDETECTED GLAUCOMA.

I THINK it may be fairly stated that ophthalmic science is a branch of our profession that is hardly so well cultivated among general practitioners as, in simple justice to the public, it ought to be. Our examining boards insist upon a thorough knowledge of various recondite diseases, modes of diagnosis, and surgical operations, which knowledge is, in many thousands of instances, never called into use during the after-life of the busy practitioner; while, although there are few practitioners capable of diagnosing certain ophthalmic diseases, on the early detection of which the sight of the patient depends, there is not one who is not called upon as a matter of course to treat such maladies.

This is true not only in England, but also on the Continent; even in Germany, a country where ophthalmic diseases are much more generally studied than among ourselves, specially is this true in reference to that disease fatal to vision, which forms the subject of the present paper.

I was assured that such was the case on the Continent Von Græfe, when attending his "Augen Clinique" in Berlin about a year before the death of that illustrious professor, who remarked to me "that cases were constantly coming under his notice where the existence of glaucoma had been overlooked by most competent Physicians, and the time for beneficial treatment thus unfortunately allowed to pass by;" and the observation has been so thoroughly confirmed by my own experience in this country, as also by that of other ophthalmic surgeons with whom I have conversed on the subject, that I cannot do better than call the attention of the

profession to a subject of so much importance not only to the patient, whose sight depends upon the early recognition of the disease, but also to the practitioner, on whose skill in diagnosis those afflicted are, at the most important stages of the malady, in so many cases entirely dependent.

Von Græfe's researches have shown that the glaucomatous condition is extremely common, and it is now well known that the genesis of this disease is so insidious that it may be detected in cases where the eyes are of natural aspect, and the sight apparently perfect. From this early stage up to that condition of stony hardness, dilated pupil, and greenish discolouration of the lens to which the term was formerly limited, there are, of course, innumerable gradations to be noticed, not only where glaucoma constitutes a disease *per se*, but also where it arises in consequence of the secretory irritation occasioned either by injury to the eye, or developed, as it often is, during the progress of other ocular maladies. I propose now first to illustrate Von Græfe's observation by quoting a few of the many cases which have come under my observation, and then to point out certain salient points which serve to diagnose this affection, a more general comprehension of which will, I trust, tend to limit the number of such distressing events in future.

Cases of Simple Glaucoma mistaken for Cataract.

CASE I.—Mr. H., æt. 65, a farmer resident in the neighbourhood of Nottingham, consulted me on account of defective sight, which had been failing for some months, and at the time of his visit was so reduced as to render a guide necessary. His medical attendant had assured him that he was suffering from cataract, and that when completely blind his sight would be restored by operation. In consultation with this gentleman I pointed out that the case was one of glaucoma, and on the following day iridectomised both eyes, from which period his sight gradually improved; and he is now (sixteen months later) able to read large print (with glasses) and manage his farm. In this case the patient called upon me without consulting his Medical attendant, who had assured him that the cataracts were not mature, and the

period for operation not yet arrived. In this case the over-anxiety of the patient was his salvation, as it was evident that a little more delay would have placed him beyond the reach of help. The lens in both eyes was quite transparent, as proved by ophthalmoscopic examination, although to the naked eye, and by focal illumination, there was an appearance of opacity, which readily accounted for the mistake in diagnosis.

CASE II.—Mrs. H., *æt.* 69. This lady was the wife of a retired officer, resident in Nottingham. Her sight had been slowly failing for years, and when I was first called to see her was reduced to bare perception of light. Her regular Medical attendant was a gentleman of large experience, and she had, on several occasions, consulted physicians both in this town and elsewhere. The disease was pronounced to be cataract, and the patient was assured that it would be time enough to place herself under the care of an ophthalmic surgeon when the period for operation had arrived. I was sent for at last simply to perform extraction, and found that, although there was a deceptive appearance of opacity to the naked eye, the lens was transparent in both eyes, which were of stony hardness, the optic discs deeply cupped and atrophied, all the other symptoms of simple glaucoma well marked, and the period for beneficial treatment hopelessly gone by.

CASE III.—Thomas J., *æt.* 70, a labouring man, residing at Plumtree, near Nottingham, came to me when quite blind, as he said "to have the cataract took off his left eye" (the right had been destroyed by an accident when the patient was a child). Three years ago he consulted a surgeon in Nottingham on account of failing sight: was assured that cataract was coming on, told to wait until blindness was complete, and then come to the Eye Infirmary for operation. The poor fellow waited patiently for three years, and then consulted me, when I found there was not a trace of cataract, and that the eye was hopelessly lost from glaucoma.

CASE IV.—Mrs. J., *æt.* 68. This lady was a near relative of a well-known provincial surgeon, who wrote to me wishing to know when it would be convenient to operate upon her for cataract. I desired to see the patient before doing so, and found that she was suffering from simple glaucoma affecting the right eye, which had been progressing for years, and that the left had been operated on for cataract and lost from suppuration of the globe. The lens was quite transparent, although there was that deceptive appearance of opacity formerly mentioned, the eyeball of stony hardness, and the patient hopelessly blind.

CASE V.—Thomas J., of Cinder Hill, *æt.* 68. This patient had consulted two Medical gentlemen, a physician and surgeon, who had differed as to the diagnosis of the case, one declaring the case to be one of amaurosis, and the other maintaining that the patient was suffering from cataract. The case was ultimately referred to me, when I found the right eye was hopelessly blind from glaucoma, and that the left was in an advanced stage of the same disease, sight being so far reduced as to render a guide necessary. I iridectomised both eyes with considerable benefit to the patient, but not, of course, with such success as might have been fairly anticipated had he been treated within a reasonable time.

I could quote many similar cases; indeed, I can assure you that the above are merely illustrations of a class which are very frequently coming under the notice of ophthalmic surgeons who would not themselves be able to diagnose them with certainty but for the aid of the ophthalmoscope. Indeed, gentlemen who are not familiar with that instrument cannot be expected to do so; it is no reflection upon the competency of those gentlemen who have been consulted to say this, since they are but in the position of the most eminent ophthalmic surgeons during the pre-ophthalmoscopic period, whose doubt and uncertainty in similar cases is well illustrated by a case

reported by Mr. Jonathan Hutchinson. In this instance the patient consulted Guthrie, Lawrence, Alexander, and Travers. Guthrie said, "Your disease exists in the brain or its membranes: there is no cataract." Lawrence said, "I do not think it is cataract, but I observe a loss of transparency which may be in the lens." Alexander said, "I see no cataract or any want of transparency in the tissues of the eye." Travers said, "I fear it is not cataract, though it may be so: it is not uncommon for this and disease of the nerve to begin together." What the above case was it is impossible to say; but when men like these were obliged to hesitate and conjecture simply because the ophthalmoscope was not then discovered, it cannot be wondered at that doubt and uncertainty should prevail among practitioners who are not familiar with that instrument. Indeed, it is clear that in former times patients must have been submitted to extraction who were not suffering from cataract at all.

Not only, however, is chronic and simple glaucoma frequently mistaken for cataract, but acute glaucoma and simple glaucoma are often set down as cerebral disease, amaurosis, or incurable disease of the optic nerve, while simple inflammatory glaucoma, secondary glaucoma, developed during the progress of other inflammatory affections, and coming on after injuries to the eye or adjacent tissues, are relegated to the category of various other ocular affections which are attended with inflammatory symptoms.

Speaking of this latter class of cases, Mr. Hart remarks, "Early diagnosis of this rapidly destructive disease appears, except in the hands of practised ophthalmic surgeons, or those who have attained special acquaintance with modern ophthalmic practice, to be still the exception rather than the rule; yet there is no disease of the eye in which prompt action is so rapidly called for, none in which delay leads to more irretrievable injury."

Of sixty-seven cases of acute glaucoma—of which, during the last decade, I have noted details—which had been under treatment before I saw them, fifty-two did not reach my hands until they had suffered serious injury from delay, and in thirty-nine the true nature of the disease had not been suspected, and the treatment had been either useless or injurious in its character. I have no wish to detain you with mere reports of cases, but it is necessary that I should illustrate the preceding observations with extracts from my note-book.

CASE I.—*Acute Glaucoma, supposed to be a Neuritic Attack, or Dependent upon Cerebral Disease.*—Ann S., *æt.* 28, was sent to me by her friends from a neighbouring town. She had been taken with intense frontal headache and violent and almost incessant vomiting the day after her confinement. A few days later she became blind, and remained in this condition a fortnight until she came under my care. She had been leeches, blistered, and salivated under the supposition that the case was one of obscure cerebral disease. On examination I found both eyes of stony hardness and injected, but not to a very marked extent, the pupils dilated in an ovoid form and fixed, the media dim, and perception of light so completely abolished that she could not distinguish the glare of a powerful lamp in the ophthalmoscope room. I immediately administered chloroform and iridectomised both eyes; all the symptoms ceased as if by magic, and sight gradually returned, so that in a few months' time she was able to read the newspaper with weak convex glasses. Two years later I ascertained that her sight continued good.

CASE II.—*Inflammatory Glaucoma, diagnosed as Rheumatic Iritis.*—Mrs. S., *æt.* 50. This patient was sent to me by a surgeon in a neighbouring town with a letter, stating that she had been suffering from a peculiarly obstinate attack of rheumatic iritis affecting the left eye, which had resisted all the usual treatment. On examination I found the eye highly inflamed, unnaturally hard, and so painful as to deprive the patient of rest, the pupil ovoidly dilated and insensible to light, the media dim,

and sight reduced to faint perception of large objects as shadows. She had been leeches, blistered, and mercurialised without benefit. I immediately removed a large segment of iris directly upwards under chloroform: the pain and all the rest of the symptoms ceased at once, and I discharged her in a week. On examining the eyes, however, just previous to her departure, I found that the disease was attacking the right eye, which had become congested, stony, hard, and only able to distinguish large objects with difficulty. I therefore requested her to stay a week longer, and performed the same operation on this eye. All the symptoms ceased at once, and excellent sight was re-established in both eyes, the right the best, which I found had continued when I last saw her, two years after the operation. I may remark that the sequence of events noticed in this case is not at all unusual; indeed, I always warn patients of the symmetrical nature of the disease and of the necessity which occasionally arises for an operation upon both eyes, one after the other, though only one may be affected when the patient first comes under notice.

CASE III.—Mrs. S., *æt.* 56, was sent to me from a neighbouring town. She was led into my consulting room, and I found that sight was reduced to little more than faint perception of large objects as shadows. Both eyes, which were unnaturally large, were much inflamed, the pupils dilated in the form peculiar to this disease, and insensible to light, while the aqueous and vitreous humours were so clouded that it was impossible to illuminate the fundus oculi. The patient complained of intense ciliary neuralgia, extending to the brow side of the head and down to the malar bone, which, she said, "had been wearing her life away," with but slight remissions for the past four weeks. A note from her attendant stated that she was suffering from "inflammation with effusion," and that she had been treated with leeches, opiates, and mercurials, and kept in a dark room with but slight benefit. I iridectomised both eyes at once under chloroform. On recovering, she said the pain had quite gone, and at once commenced to recover. The inflammatory symptoms abated; and when I last saw her, three months after the operation, she was able to go about unaided.

CASE IV.—Mrs. H., *æt.* 70. I was called to this lady by a neighbouring practitioner, who informed me that she was suffering from iritis of an unusually obstinate character affecting the left eye, which had resisted all treatment. She had neuralgia, ovoid and dilated pupil, and inflamed and stony eyeball. I performed iridectomy at once with relief to all symptoms. A week later, the right eye, which had been sympathising, was attacked by the same train of symptoms. Owing to the interference of an eccentric relative, all further interference was declined; but I have since heard that the eye operated on has progressed very favourably towards recovery. The relative in question complained that I had driven the disease out of one eye into the other: whether the operation had had any effect in this direction may admit of discussion; but it is clear that, humanly speaking, a repetition of the same process, timely performed as it would have been, on the eye last attacked would have preserved the patient's sight.

These four cases fairly illustrate my meaning, and it is needless to multiply them, though scarcely a week passes without patients, in whom this disease has been overlooked, presenting themselves for treatment at special institutions. In private practice it usually happens that the patient is taken with severe inflammation and pain: the regular Medical attendant is sent for, who prescribes the usual remedies, and keeps the patient in a dark room until, in many cases, the period for successful treatment is passed. Among the remedies employed by the more modern practitioners, the regular instillation of a solution of atropine occupies a prominent place. I mention this because atropine is a most dangerous drug to employ in glaucoma either before or immediately after operation, as

it has the power of converting a mild or threatened attack into an acute and most destructive outburst of the disease. This fact has been thoroughly established by a series of cases reported by Von Græfe and my friend, Dr. W. H. Derby, of New York, who was studying this subject when I met him at the Augen Clinique in Berlin. I shall just quote one melancholy case which occurred in my immediate neighbourhood, in order to emphasize the risk attendant upon the instillation of atropine in such cases.

CASE V.—Mrs. J., *æt.* 68, resident in Nottingham. This lady was suffering from premonitory symptoms of glaucoma of mild type, and vision was not very materially impaired. She consulted a surgeon in the hope of getting glasses to suit her. This gentleman applied a strong solution of atropine in order to facilitate an ophthalmoscopic examination. The same evening the symptoms were intensely aggravated, and the sight faded rapidly away under the destructive influence of an attack of glaucoma fulminans. No doubt iridectomy in this case would have arrested the progress of the disease; but the patient not unnaturally had lost all confidence in treatment, obstinately refused to submit to surgical interference, declared that the doctors had blinded her, and is hopelessly blind now.

I remember we did not believe at the time (some seven years since) that the atropine had had anything to do with the glaucoma; but subsequent researches have demonstrated that there is every reason to believe that the attack was developed by that agent.

Not only is glaucoma *pur et simple* mistaken for other affections of the eyeball, but it also frequently happens that this disease is developed during the progress of other maladies, and being overlooked and not treated constitutes the fatal element in them. The pathology of this secondary disease is, of course, much more complicated than that of primary glaucoma; but it may be stated generally that it may proceed from almost any inflammatory affection of the eye, more especially those accompanied by secretory irritation and intra-ocular tension, as also from various accidents, injuries, and surgical operations. Von Græfe enumerates the diseases during the progress of which glaucoma is developed according to the tissue affected, in the following order:—

1. Diffuse keratitis, during the increment of which disease there is often a decided increase of tension.

2. Sclero-keratitis, generally accompanied by inflammatory extension of the anterior hemisphere (sclerotic choroiditis anterior).

3. Keratitis pannosa, which is frequently complicated with serous iritis, and followed by glaucoma.

4. The existence of corneal cicatrices. These last are most important, especially when they co-exist with anterior synechia, as they are frequently followed by blindness, due not to the cause which is so manifest, but simply because they occasion the insidious development (sometimes years after their formation) of a glaucomatous condition, which slowly, but surely, destroys the sight.

"It is mournful," says Von Græfe, "to see how many eyes, after escaping entire destruction from ulceration in ophthalmia neonatorum, are afterwards rendered blind by secondary glaucoma, for which active treatment has not been used in time." Every eye that presents a corneal cicatrix, especially an adherent one, should be carefully watched. No love of general principles should induce the surgeon to postpone the operation; and however desirable it may be to defer an iridectomy in a young child, we must operate if the tension is increased whatever the age, and sometimes without this indication, because the first symptom of glaucoma in a child is expansion of the anterior chamber, the resistance being relatively less in early life than it afterwards becomes in mature years, when the optic disc is the weakest part and first gives way: in the words of Von Græfe, "To wait in these cases until the increased tension might be estimated by the touch would be usually to wait until too

late." Glaucoma also occasionally comes on in cases of cornea globosa, staphyloma sphericum, pellucidum congenitum, hydrophthalmus congenitus, &c., and is also observed in those riband-shaped opacities which stretch across the cornea in that part corresponding to the exposed inter-palpebral surface when the eyes are partially closed.

Affections of the Iris which Induce Glaucoma.

1. *Plastic Iritis*; 2. *Serous Iritis*.—Both these affections are frequently followed by glaucoma, and the latter may even do so (if the secretory irritation is kept up) in early childhood. Iritic adhesions, both anterior and posterior, and generally in accordance with their number and extent, are a frequent source of glaucoma; indeed, a single circumscribed pointed synchia has induced it, and when the pupil is shut up, and there is projection of the iris by retro-iritic fluid, it is sure to occur.

Affections of the Lens which may Induce Glaucoma.

1. *Cataract*.—I have more than once seen glaucoma come on after simple cataract, and it might be that they stood in the relation of cause and effect. Whenever there is any suspicion of such a complication, I always perform iridectomy as a preliminary operation, and extract some time later when the tension is reduced to par. When the lens is displaced, either by accident or as a congenital malformation, glaucoma is almost sure to come on, and wounds of the capsule and such injuries as are occasioned by the old operation of reclination are a frequent cause of the disease, as many eyes being lost by secondary glaucoma (which admits of cure) as by the original injury. This is true, too, of operations for secondary cataract.

The disease also occurs in sclerectasia posterior, and the accessory forms of posterior choroiditis; and the insidious supervention of glaucoma is a frequent cause of the excessive impairment of vision which sometimes comes on in cases of extreme myopia.

It will also be readily understood that various accidents may occasion glaucoma, and destroy sight solely from the complication thus arising. This is often the case when the capsule is ruptured, from injury when there is penetrating wound of the cornea with prolapse of the iris, when foreign bodies penetrate the eyeball, and when the iris is accidentally included in the wound after cataract operations.

As I before remarked, the genesis of glaucoma is, in many cases, extremely insidious, and very frequently overlooked; and it now remains for me to point out those symptoms which should awake our suspicions as to the existence of the disease.

One of the first of these is the occurrence of a coloured halo which the patients notice round artificial lights of an evening. This is due to slight dimming of the humours of the eye, which is sometimes transitory, coming and going as the disease advances or recedes.

The effect is exactly similar to that produced by looking through steamed glass, the margin of the rainbow most distant from the flame appearing red, and the one nearest to it blue. It is important to remember this; for irisation with the colours differently arranged is sometimes observed in cases of granular lids, and even in healthy eyes when the pupil is much dilated.

Next in importance is the rapid increase of presbyopia; indeed, we must always dread the supervention of this disease when presbyopic persons who wear glasses require to change their spectacles repeatedly within a short time.

We shall also frequently find that such patients, when looking straight forwards, cannot perceive, or perceive very imperfectly, objects held at the side. This limitation of the lateral field of vision may be so marked, that patients who have quite lost the use of the surrounding retina are often able to read small print when held opposite the yellow spot.

The patients also complain of headaches, and, in advanced stages, of intense frontal neuralgia. Attacks of

dimness of sight, too, come and go, sometimes without apparent cause, sometimes accompanied by slight inflammation, and often observed on fatigue, excitement, or stooping. Von Graefe mentions a case where the humours were perceptibly clouded in a patient every day after dinner, though quite clear on the following morning. Indeed, as a rule, it may be said that such attacks come on in the evening, though some patients first notice them on awaking in the morning.

In addition to these symptoms, we shall find, as the disease progresses, that the aqueous chamber becomes diminished and the eye more globular in form, while the pupil is sluggish and the globe harder than natural; the conjunctiva is also traversed by varicose veins, and tears readily under the forceps, so that this membrane becomes useless for fixing the globe.

On ophthalmoscopic examination we shall find, according to the stage and nature of the disease, either such dimness of the humours as precludes illumination of the fundus, or, if they are sufficiently clear to permit of this, either spontaneous or readily induced pulsation of the retinal artery,—the former almost constantly occurring in inflammatory glaucoma, the latter being more frequently noticed in the simple forms; and more or less, according to the duration of the disease, cupping of the optic disc from pressure (marked and distinguished from all other forms by the calibre of the veins in the cup being much smaller than those in the retina). As the disease advances unchecked the cornea becomes anæsthetic, the pupil fixed and dilated, the eyeball stony hard, with greenish opacity of the lens, and total loss of even the slightest perception of light.

Now it cannot be too widely known that 90 per cent. of all cases of simple, inflammatory, and fulminating glaucoma, together with a large proportion of those occasioned by accident or surgical operations, may be readily and permanently cured by a timely and well-performed iridectomy.

I have shown how frequently and with what disastrous results this operation is neglected, and it now remains for me merely to conclude with a few general observations on the subject.

Glaucoma consists essentially of increased tension of the eyeball, easily recognised by palpation, and most probably caused by hyper-secretion of the vitreous humour.

In the simple forms of the disease vision fades very slowly and painlessly. There is a deceptive appearance of opacity about the lens, and such cases are constantly mistaken for cataract or cerebral amaurosis; in fact, without the ophthalmoscope it is impossible to diagnose them.

Inflammatory glaucoma often advances and recedes, but is usually accompanied by neuralgic pains, often intense in their character, extending over the brow and side of the head and cheek, while in the fulminating variety the patient is struck down at once, as in Case I.

It is impossible to say how iridectomy acts in relieving intra-ocular pressure; but in order to perform the operation successfully, we must, as a rule, make the incision far back in the corneo-sclerotic border, and excise a wide piece of iris up to its periphery with as little dragging as possible. The earlier this is done the better. We may always expect to preserve what sight the patient has at the time of the operation, and I have frequently observed considerable improvement upon this. If the first operation does not succeed perfectly, we must not hesitate to excise a portion of iris directly opposite the piece already removed. In this way we are almost certain to secure normal tension and excellent vision.

As Mr. Bader remarks: "The removal of a portion of iris is a most harmless step, and never followed by serious consequences," so that patients are in the position of having everything to gain and nothing to lose by the operation. Even when there is no chance of benefit to sight it is well to perform iridectomy, as it arrests the neuralgia, the increasing extasy of the sclerotic, and disorganisation of the eyeball, which forms the last stage of the disease.

DISEASES OF WOMEN.

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(Continued from page 346.)

RETROVERSION AND ANTEVERSION.

WILLIAM HUNTER appears to be the first who described retroversion of the uterus in the pregnant state. Professor Schmitt, of Vienna, in 1820 wrote on retroversion of the womb in non-pregnant women, but seemed to have attracted but little attention until, in 1848, Simpson published a memoir "On Displacement of the Uterus." It seems, according to some authors, that anteversion and retroversion of the organs are less common than flexion of the body on the cervix in these directions, and this certainly is in accordance with the author's own experience. We can readily understand how it is that the uterus tends to be retroverted into the recto-uterine pouch, since the utero-sacral ligaments unite the womb more powerfully to the posterior part of the pelvis than the ligaments do to the anterior parietes. Any congestion or tumour of the uterus would seem naturally to tend towards retroverting the organ. Hence, most cases of retroversion of the womb are traceable to abortion, or occur in combination with fibrous tumours, or after labour. It seems that the opposite condition anteversion of the uterus was known and described before that of retroversion. In this displacement the fundus uteri lies over the symphysis pubis, whilst the mouth of the organ is found in the concavity of the sacrum. This displacement is far from being at all a rare accident, even in unmarried women, in the author's recent experience. There is frequently pain in the hypogastrium observed of very severe and prolonged character, causing constant nausea and even vomiting, in this complaint, to which is constantly conjoined pain, lassitude, and difficulty in passing water. The fundus of the anteverted uterus has actually been taken for a vesical calculus in one case, and lithotomy has been actually performed for the cure of the symptoms which were referred to the bladder (Levret). The author has noticed many cases of this complaint in unmarried women, as well as in married ones; and can testify to the great misery caused by this form of displacement, which sometimes makes the patient's life almost unbearable. Sometimes menstruation seems to be arrested to a great extent by the anteverted condition of the womb. The uterus seems generally to be bent at the junction of the neck and body. Rokitsansky and others consider that anteversion is more frequently met with than retroflexion, and the author has recently come to the same conclusion, after many years of experience. This is not, however, the opinion of all good observers. It must be remembered that the tumour caused by retroversion is more easily felt than that which occurs in anteversion in most instances. After the uterus has been anteverted, or retroverted, for some time, it is apt, in many cases, to adhere to the neighbouring viscera, and thus render a cure impossible. West found such adhesions twenty-two times in sixty-six *post-mortems* of women, who died of diseases not connected with the uterus. When the uterus is displaced, it is, in some cases, apt to become congested, and, hence, the tendency to menorrhagia so frequent in cases of retroversion; and the uterine catarrh, so common in all forms of displacement of the organ. Many uterine displacements, however, are known to exist without causing any symptoms whatever. This was well sustained in discussion on the subject in the French Academy in 1853-54, to be found in the *Bulletin* of those years. Menstruation is frequently irregular or painful; there is leucorrhœa, pain, and difficulty in defecation, micturition, and sterility, in a large number of cases of uterine displacement, according to the experience of the author. That all of these symptoms should sometimes be absent need not surprise those who know that even cancer of the womb

may exist for a time without any symptoms, and that fibrous tumours often exist without causing scarcely any annoyance to the patient. Anteversion and retroversion of the uterus, with prolapse, are the diseases of the womb for which the practitioner is most frequently consulted; and the experience of the author makes him say that the treatment of anteversion and retroversion is sometimes most urgent, and that the results may be satisfactory in the highest degree. Fibroid tumours of the uterus sometimes drag the organ out of its place; and small ovarian tumours may cause retroversion. Excesses in sexual intercourse have been alluded to as a cause of displacement in some cases. Scanzoni in the third edition of his work "On Diseases of Women" says, "Uterine flexions are never of much importance, they never produce serious accidents, except when complicated by some other affections of the uterine substance." This may be true, but gives us little information, since we can only say that displacements are very frequently accompanied by some other affections of the uterine substance, and whether this be cause or effect, it is certain that these phenomena co-exist very often. Many patients with displacement of the uterus complain bitterly of the pain excited by sexual congress, and among the poorer classes of women with rather brutal partners, this causes much suffering. Painful defecation is more frequently met with in retroversion than in anteversion. It does not seem, however, that it is the mechanical obstacle to defecation, which acts in causing the constipation of retroversion. It seems rather to be due to some action on the nerves governing the rectum. Retroversion, in the author's experience, is a very frequent cause of sterility, as indeed is anteversion of the uterus. From all of these considerations, it is most important for the general physician, and not merely for the specialist, to be well acquainted with the presence of such affections. For diagnosis, it is absolutely necessary to have recourse to the uterine sound, and as before remarked, if care is taken to curve the instrument properly, no evil effect need ever follow its introduction into the uterus in any case. Sometimes, indeed, although rarely, the sound cannot be passed and then we remain for a time in doubt. There are difficult cases, too, where displacement is caused by hæmatocele or tumours, which require much care to make out. But the uterine sound is quite invaluable in the diagnosis of displacements.

With regard to the treatment of these displacements of the uterus, early writers contented themselves with attempting to remove constipation and other symptoms accompanying them. Dr. Oldham, in "Guy's Hospital Reports," Second Series, Vol. VI., advised the use of bichloride of mercury in such cases, in order to bring the uterus back to its normal dimensions. Such ideas of drug medication are far too sanguine, and are now-a-days, the author believes, generally abandoned by men of experience. Richter, of Moscow, in 1810, described a wooden stem terminated by a cushion, which was designed to support the uterus when pregnancy existed. The prone position is recommended by many persons for retroversion. Schmidt, in his essay on this subject, recommends the patient to lie on the side with the haunches drawn up, and only to change the position for the prone one in retroversion of the uterus. Simpson was the first to insist on mechanical methods for restoring the uterus to its normal position. To this end he invented the uterine stem pessary, which was much used by Kiwisch, of Prague, Valleix, and others. For a time this practice was praised; but gradually a number of cases were heard of, when serious accidents had resulted from the use of the stem-pessary. Pain, menorrhagia, leucorrhœa, inflammation of the uterus, and peritonitis, causing death in some cases, even too serious a set of accidents to escape the notice of the Medical world; so that the stem-pessary, the author thinks, is scarcely ever used in London at the present time, 1871. Dubois mentioned, too, at the discussion in the Paris Academy of Medicine, that when the sound was removed after months of treatment, the displacement soon reappeared. Scanzoni objects com-

pletely to all mechanical means of treating displacements, and contented himself with treating the chronic inflammation of the uterus coexisting by caustics and cold injections. West also seems inclined to abandon the displacement to itself, attending to the general health and repose of the patient. Leeches and aperients are used by him to lessen the size of the uterus when enlarged. For pain, he gives tincture of hyoseyamus and Indian hemp, and advises enemata of cold water with iron for anæmic symptoms. Cold sitz baths, or cold injections, he finds useful, and approves of croton-oil frictions as counter-irritation when there is pain. He does not use any kind of pessary in either anteversion or retroversion, although he admits that they serve to fix the uterus, and prefers in certain cases india-rubber pessaries of an oval form inflated by air, in cases of retroversion. Hodges's pessary and Dr. Priestley's modification of it are useful; but, in the author's opinion, the ring-pessaries of Dr. Graily Hewitt are of admirable service, seeing that each case can be fitted with the diameter of pessary required, and that these rings are suitable for treating anteversion as well as retroversion; a larger diameter and more decided curve being required for the former than for the latter displacement.

Inversion of the uterus is a form of displacement very rarely met with in practice. It is usually caused by the obstetric practitioner exercising too much traction on the cord after labour is over and before the placenta has come away; but it seems that the contractions of the uterus itself have caused it in some cases. Polypus in the uterus has also been known in one case to cause inversion of the organ. The symptoms in recent cases are, firstly, the disappearance of the tumour of the uterus from the abdomen, and the appearance of a spherical body either in the vagina or exterior to the vulva, accompanied by sudden collapse and abundant hæmorrhage. When the disease passes into the chronic stage, in some cases, the uterus continues soft for some days, when reduction may still be effected; but, in most cases, the contraction of the uterus rapidly supervenes, and the organ becomes hard and resistant, whilst involution goes on rapidly. Sometimes the patient is subject to constant flooding, at other times there is abundant leucorrhœa, alternating with menorrhagia. The constriction of the os uteri, in rare cases, may cause gangrene of the prolapsed body of the womb. This is a most dangerous displacement of the uterus, and the results are very frequently fatal. Crosse, of Norwich, in his classical work "On Inversion of the Uterus," mentions that, out of 109 cases which proved fatal, death supervened in the space of a few hours in 52. One patient, however, lived for twenty years after the accident. Bowin, Dugis, and Lisfranc have related cases where patients have lived to a good old age with inversion of the uterus, who had not seemingly suffered much from the formidable accident. Dr. White, of Buffalo, U.S., reduced the uterus after the seventh day (*American Journal of Medical Science*, 1858), but the patient died from the loss of blood which had occurred previously; but, until quite recently, it was considered impossible to reduce a case of inversion which had lasted for some months. Dr. Tyler Smith reduced a case of inversion of ten years' standing (*Transactions of the Medical Chirurgical Society of London*, 1858, p. 183), by exercising a constant pressure on the inverted organ by means of an air-ball pessary in the vagina, and by occasional pressure with the hand on the organ for ten minutes at a time. The reduction took place in nine days.

Unfortunately, in one or two cases cited by Aran and West, this apparently safe and simple process has been followed by peritonitis and death. Dr. J. Gregory Forbes mentions that in cases where it has been thought proper to extirpate the uterus for inversion, when this was done by the ligature in 26 cases, there were 21 successes, and 5 deaths. There were two cases where the knife was used, one of which was successful; and ten cases treated by ligature and excision, five of which recovered. In some of the reported cases the inverted uterus has been taken for a polypus; hence the great importance of cautious diagnosis

in such cases. There are many points of resemblance between inversion of the uterus when chronic and polyposus; but the sound will give valuable information in such cases. When it is absolutely necessary to operate in cases of inversion of the uterus, Dr. Johnson, of Dublin, recommends ligature of the organ by means of silver wire covered with dentist's silk. The strangling of the tumour should be accomplished, and under chloroform:

ON THE TREATMENT OF ECZEMA.

BY J. L. MILTON,

Surgeon to St. John's Hospital for Diseases of the Skin.

(Concluded from page 204—last volume.)

It must be obvious that if substances are to be expunged from our diet because they do not evidently contain nutriment, we should have to reject salt, which is one of the necessities of life, tea, coffee, pepper, and many other things which common experience has agreed to look upon in the same light. Moreover, the positive craving felt by sailors for fresh vegetables, which Mr. Wilson considers so superfluous, when they have been on a long voyage where none could be obtained, shows that the almost universal taste for watercresses, salad, &c., is but the expression of a want felt by the system—the prompting of an instinct likely to be quite as sure a guide as the ponderings of a philosopher.

I am strongly inclined, therefore, to agree with what Mr. Hunt says on this head, though I quite dissent from his views as to diet having no influence over eczema. Boarding schools, at which he rails, all as a rule deteriorate the health, but the relief from the monotony they offer is not the only rule of diet, and I think that a proper selection of food is of great consequence in this affection, and that very few people can be trusted to exercise their own discretion as he recommends should be done. There is a proverb which says that at thirty every man is a fool or a physician. The wide-spread acceptance of this adage shows how much men like to be relieved from the trouble of thinking. As very often happens in such cases, a thin husk of truth contains a mass of absurdity. It is true that at thirty a great many men are fools; Carlyle says most of us are. Again, it is true that at thirty a few men are physicians, that is to say in the proper sense of the word; but a man has only to cast his eyes about and he will see that the majority of mankind are neither the one nor the other. The proverb is perhaps supposed to mean, that at thirty every man who is not a born fool knows what is best for him; but this supposition is equally as baseless as the former. Admitting that a few men, who have contrived to ruin their digestion at that early age, or who have naturally a very weak stomach, or are extremely fastidious, are aware that certain things will disagree or agree with them, it is yet quite certain that they know nothing of what is best suited to repair the waste that is going on in disease. The best authorities are so completely at variance here, that anything like positive knowledge is quite out of the question; we have little more than crude observations and convictions to rely on. As to baths, &c., men have been in general so little able to judge rightly, that nearly every improvement in this direction, as in ventilation, drainage, and so forth, has been forced upon them by Medical men; and with regard to exercise, the form in which it is taken, by nine persons out of ten, is absolutely injurious in such exhausting diseases as eczema.

Hebra doubts altogether the power of diet as a cause of eczema; he has seen this disease amongst the most regularly living people using the most rational diet, while others, committing every kind of excess, never showed a sign of it. Equally does he object to the idea that the seasons, such as the spring-time and fall, have any influence in causing its outbreaks, and that the cold of

winter and heat of summer produce more attacks than the times of the equinoxes. The first of these views may be met by this question: Do errors of diet tend to produce outbreaks of eczema in those predisposed to the complaint? to which I think a decisive answer in the affirmative may be given. And might not the influence of diet in gout and urticaria be disputed on the same grounds as Hebra has chosen? Is it, or is it not, a fact that thousands of persons consume daily with impunity the very articles of diet which, in others, cause an attack of these disorders?

For young children the best kind of food appears to be a farinaceous diet with plenty of milk, and a moderate amount of fresh meat, as fat as they can be induced to take it. Too much animal food is almost always injurious. One thing ought never to be omitted—good bread. A great deal of the stuff sold under this name is simply a bad kind of starch, yielding little more nourishment than as much saw-dust. Instead of being adequate to support life, it is doubtful if it can effect any purpose beyond distending the stomach, and diluting more concentrated food; in this way it may have its use, but it contains scarcely a trace of the more necessary elements of nutrition—the gluten, cerealine, and phosphates. Pure brown bread, properly made, is much superior in nutritive power; but, generally speaking, it is not properly made. In order to save trouble the bakers often prepare it by throwing so much bran into the "sponge" of the common white bread, and then they do not "raise" it. The consequence is, that when new it lies too heavy on the stomach of a delicate child, and if kept for a day or two, even in a covered pan, gets so dry and hard that children cannot be induced to eat it. Irrespective of this the coarse particles of the bran frequently irritate the bowels in children, and even in many grown persons. Patients with a strong constitutional tendency to rosacea are apt to suffer in this way. Bread, however, prepared with the flour made by Messrs. Orlando Jones, the proprietors of Chapman's patent, is free from this objection. Mr. Squire states that this flour contains a considerable amount of phosphates, more than can be obtained from the ordinary wheat flour, and also more gluten, probably derived from the finely-ground bran which is mixed with it. Mr. Attfield fixes the proportions at 14.1 of gluten, and 1.62 of phosphates (ash), while the same preparation sold roasted is even richer in these bodies. It also contains the cerealine which adheres to the inner surface of the bran, and is entirely lost in the ordinary process. So far, bread made with this flour has answered extremely well, and children take it readily. They all seem to be satisfied with a much smaller quantity of it than of ordinary bread, apparently from its containing so much more nourishment. How it acts is a question I confess myself quite unable to answer. To look upon it as a mere vehicle for supplying phosphates is, according to my observations, a theory which clinical study does not in any way support.

Along with this bread the freest possible use should be made of good milk, and as this can now be procured in nearly every—if not every—part of London of excellent quality, provided only proper trouble be taken, there is no longer any excuse for neglecting to supply children with an item of diet so essential to health. To enumerate even a very few of the places where good milk is sold would occupy far too much space. Suffice it to say that there are now happily many such, and that in my opinion Medical men should make a point of encouraging them, just as they should of exposing the shameful dilution practised by many of the small dealers. If there be one adulteration more cruel and unpardonable than another, it is that which poisons the health of children at the fountain-head.

The greatest attention should be paid to the diet of infants. My own experience would lead me to look on Liebig's food for infants as superior to any other, but it must be prepared with great care; and mothers should be warned that remissness on this head will ruin everything. In the *Medical Times and Gazette* for 1867 there is a very well written paper on the subject, and the different ad-

resses where the best varieties of this article can be procured are given.

There is one article of diet for those little folks when suffering from bad eczema, syphilis, and even severe scabies, which will probably excite scepticism when I mention it. I am quite prepared for this, having repeatedly noticed the surprise and incredulity which the statement almost always elicits. However, it is a question of fact, not of credibility. The article I allude to is pale brandy, and the amount given is four, five, and even six tablespoonfuls a-day to children under a year old. One or two tablespoonfuls mixed with a little warm water and sugar may be given the first day, and the quantity be gradually increased. The brandy should be given after a meal, and the quantity administered during the day be divided into equal portions for each dose. It is surprising how well the little patients thrive on this regimen. Over and over again mothers who were quite horrified at the idea of giving half-a-teaspoonful of spirit to a baby, have expressed themselves delighted at the change which has speedily taken place. But it is absolutely necessary to use pure cognac. I wish to be distinctly understood on this point. I do not say that brandy is suited to these cases, but that pure, pale, grape brandy is.

TREATMENT OF EPILEPSY.

By S. H. HARRIS, Colonial Medical Officer, Montserrat, West Indies.

It is satisfactory to learn the progress the Profession have made within the past few years, regarding the successful treatment of epilepsy, which disease, until a late period, was in very many cases considered incurable. Monsieur Brown-Séguard, as also many other distinguished members of the Profession, have contributed much valuable information on the subject, and our success has been so far achieved that we find very few cases in which the patient is not either much relieved or permanently cured.

Among the most valuable medicines used in the treatment of such cases may be mentioned: the bromides of potassium and ammonium, with either of which may be added the iodide and bi-carb. of the former, or each administered alone; argenti oxidum, zinci sulphatis, arsenic, strychnia, or its alkaloid, quiniæ sulphatis, syrapi ferri phosphatis, the hypophosphites, and numerous other vegetable sedative and anti-spasmodic agents.

In the numerous formulæ prescribed by authors, I have met with varied success attending the administration of each particular medicine; the bromides I have found in most cases very efficacious in prolonging the period of the seizures, and mitigating their character, and in many cases productive of complete cure; but after a varied experience of each of the medicines mentioned, I have found the following most productive of beneficial results: viz.:

R. Quiniæ sulphatis, ℞ij.;
Acidi phosphorici diluti, ℥ij.;
Syrupi ferri phosphatis, ℥j.;
Infusi calumbæ, ad ℥viij.

Misturæ sumat cochleare magnum ter quaterne in die. Moderate exercise, nutritious diet, with little mental labour enjoined.

CLINICAL MEMORANDA.

PHLEBITIS UMBILICALIS.

By R. CREAN, L.K.Q.C.P.,

House-Surgeon to the Clinical Hospital, Manchester.

THIS is a rare form of disease, and always, I believe, terminates fatally. From its liability to be confounded

with other and graver forms of icterus neonatorum, as well as from the grave prognosis needed, it must possess an interest for us far in excess of its frequency.

Three forms of so-called icterus are met with:—

The first, most important and least frequent, is, that transient, yellowish coloration of the skin observed from the second to the sixth day after birth.

The second form, which usually runs a mild course, is distinguished from the first by the yellow sclerotic and the pigmentary deposits from the urine. According to Bouchut, this is due to a mild hepatitis, but this view is dissented from by Frerichs, who maintains its dependence upon ligation of the umbilical cord, which by diminishing the amount of blood in the capillaries determines a diversion of the bile from the hepatic cells into the neighbouring vessels, and thus into the current of the general circulation.

The third variety, or phlebitis umbilicalis, although usually associated with an epidemic of puerperal fever, may, it seems, occasionally assume a sporadic character, and is then more likely, at least, in its commencement, to be mistaken for its more innocent relatives. In the following case the diagnosis was by no means difficult, as the inflammatory symptoms were well marked.

April 29th, 1872.—W. R., *æt.* 1 month, was brought to the dispensary, and was stated to have been affected with a yellowish tinge of the skin and sclerotic since two days old. For the last four days the child rejects the breast-milk, barley water, &c.; gastric ejecta yellow; bowels costive; motions painful; urine stains napkins yellow; abdomen full and deficient in resonance; veins on surface enlarged; no perceptible enlargement of liver; slight purulent discharge from navel on squeezing. R. Calomel gr. $\frac{1}{2}$. ter die. Appl cataplasm lini abdom.

May 3.—Vomiting has ceased for last two days. Child cries much, does not sleep, and keeps knees constantly and tightly drawn up on abdomen. Dulness of abdomen on percussion and distinct fluctuation.

Child died on 5th inst.

Post-mortem.—By wish of the parents this was limited to an examination of abdominal cavity. Abdominal walls were of a deep green hue. Incision from typhoid cartilage to pubis was followed by the escape of a large quantity of watery fluid. The intestines were matted together by firm adhesions. Hepatic peritoneum on convex surface was opaque and thickened. Under surface of left lobe semi-diffuent for about $1\frac{1}{2}$ inches in superficial extent, and $\frac{1}{2}$ inch in depth, and was infiltrated with pus. Two smaller abscesses were found, one in the right, and the other in the left lobe, each about the size of a hazelnut. Liver generally infiltrated with yellow pigment, the coloration being most intense in the left lobe. Gall-bladder empty. No obstruction of hepatic, cystic, or common ducts.

Hospital Reports.

LONDON HOSPITAL.

Cases of Hernia.

Under the care of MR. RIVINGTON.

(Continued from page 347.)

CASE XVIII.—Strangulated Right Femoral Hernia—Three days' Strangulation—Sac not opened—Erysipelas—Recovery.

W. M. D., dock labourer, *æt.* 30, was admitted into the London Hospital on Friday, April 12th, 1872. For twelve months he had noticed a lump in his groin, which sometimes increased in size and sometimes decreased. Whilst

washing on the previous Tuesday, he was seized with colicky pains around the umbilicus, and a few minutes later vomiting ensued. On admission there was a swelling in his right groin, about the size of a hen's egg, slightly overlapping Poupart's ligament; the neck of the tumour could be traced distinctly at the saphenous opening below and behind the body of the swelling. It was very tense, and gave no impulse when the patient coughed. The inguinal canal was entirely unoccupied. There was some pain over the abdomen, with tenderness on pressure. There had been, since Tuesday, copious vomiting, of a greenish brown fluid; and constipation; and these symptoms were now accompanied by thirst, furred tongue, pinched face, anxiety, and hiccough. As the hernia could not be reduced by taxis, Mr. Rivington proceeded to operate by his usual method of a small internal incision. The sac covered by the fascia propria, was rapidly reached, and the fascia propria having been slit up, Gimbernat's ligament was cautiously divided with a probe-pointed bistoury, when the contents of the sac were reduced into the abdomen. The wound was sewn up and the patient sent to bed. The whole operation lasted about ten minutes.

The patient vomited about half an hour after the operation, but the bowels were twice opened at 8 p.m.

The patient was very comfortable on the following day, without pain, passed several motions and took his food well. The wound appeared to be healing by first intention.

On the 14th a small quantity of pus and blood were discharged from one angle of the wound.

On the 15th the skin around the wound was red and swollen, but this subsided in a few days and the patient went on well till the 20th, when a papillated rash appeared over his arms and legs.

On the 22nd, although the eruption was still out, he felt as well as ever he did in his life. In the afternoon he had a distinct rigor, and complained of pain across the lower part of the abdomen, increasing as the wound was approached, headache, and thirst. During the next few days the rash disappeared, but he continued thin and could not take his food. Inflammation had spread along the subcutaneous tissue outwards round the crest of the ilium, and inwards to the scrotum; pus could be pressed out in both directions. He went on thus till the 26th, when he began to mend. The redness and swelling of the scrotum and penis diminished, and appetite was returning, but on May 2nd diarrhoea set in, and he became very low, and fears were entertained that he might sink.

On May 4th, however, there was a marked change for the better, and from this time till the 23rd, the date of his discharge, he gained flesh and strength every day. He had a truss fitted before leaving.

CASE XIX.—Strangulated Right Femoral Hernia—Two and a half days' Strangulation—Operation with Opening the Sac—Recovery.

Jane F., *æt.* 56, but apparently over 60, was admitted into the London Hospital on Sunday, June 9th, 1872, with a small femoral hernia on the right side. There were the usual symptoms, and these had lasted about 24 hours. Taxis having been tried without success, an operation was performed by Mr. Rivington, by internal incision and division of Hey's and Gimbernat's ligament. A few fibres crossing the neck of the sac (Luke's fibres) were divided by a director. A piece of intestine was reduced. The sac was rather thickened, and at the lower part a small fluctuating swelling of the size of a common marble was perceived. This was punctured and some clear serum was evacuated. The wound was closed, a dose of opium administered, and the patient was sent to bed. No feature of interest occurred during the after progress of the case. The wound healed kindly, though slowly, and there was some trouble in getting a truss fitted, so that the patient was not discharged till the 6th of August.

STUDENTS' COLUMN.

SYNOPTICAL REVIEW OF THE OFFICIAL PREPARATIONS OF THE BRITISH PHARMACOPEIA.

BY W. HANDSEL GRIFFITHS, PH.D., L.R.C.P.,
L.R.C.S. Edin.,

Assistant-Librarian Royal College of Surgeons in Ireland.

SPIRITUS (SPIRITS).

INCLUDING rectified spirit and proof spirit there are sixteen formulæ for these in the Pharmacopœia—viz. :—

Spiritus Ætheris.

"	Ætheris Nitrosi.
"	Ammonia Aromaticus.
"	Ammonia Fœtidus.
"	Armoracæ Compositus.
"	Cajeputi.
"	Camphoræ.
"	Chloroformi.
"	Juniperi.
"	Lavandulæ.
"	Mentha Piperitæ.
"	Myristicæ.
"	Rectificatus.
"	Rosmarini.
"	Tenuior.
"	Vini Gallici.

Spiritus Rectificatus, "rectified spirit," or "spirit of wine" contains 84 per cent. by weight, or 89 by volume of absolute alcohol (C_2H_5O) (a), and is obtained by distillation of fermented saccharine fluids.

Spiritus Tenuior, "Proof Spirit" (b), contains 49 per cent. by weight, or 58 by volume of absolute alcohol, and is made by diluting 5 pints of rectified spirit with 3 pints of water.

The specific gravity of *Spiritus Rectificatus* is 0.838; that of *Spiritus Tenuior* is 0.920.

The Pharmacopœia directs the following tests for the purity of *Spiritus Rectificatus*. It should remain clear on adding to it distilled water. Four fluid ounces of it with thirty grain-measures of the volumetric solution of nitrate of silver exposed for twenty-four hours to bright sunlight and then decanted from the black powder which has formed, should undergo no further change when again exposed to light with more of the test. This test indicates that Amylic alcohol (Fousel oil), or aldehyde are not present in excess. Rectified spirit when perfectly pure does not reduce nitrate of silver.

Absolute alcohol and proof spirit may be similarly tested.

Spiritus Vini Gallici, "Spirit of French Wine," "Brandy," Spirit distilled from French wine. It contains about 55 per cent. by measure of alcohol according to Brände, together with some volatile oil and cœnanthic ether. When first distilled is nearly white but afterwards acquires a brownish colour from the cask in which it is kept.

The remaining spirits may be conveniently divided into SIMPLE and COMPLEX, the former including those which are merely solutions in, or mixtures with, rectified spirit.

SIMPLE SPIRITS.

Spiritus Ætheris, commonly called "Hoffman's Anodyne Spirit," is made by mixing 10 oz. of ether with 20 of rectified spirit. Its specific gravity should be 0.809.

Spiritus Chloroformi, intended to represent "Chloric Ether," which, however, is much stronger. It is pre-

pared by dissolving 1 oz. of chloroform in 19 ozs. of rectified spirit. Its specific gravity should be 0.871. It differs from chloroform in being readily ignited. It yields a green colour with bichromate of potash and sulphuric acid.

pared by dissolving 1 oz. of chloroform in 19 ozs. of rectified spirit. Its specific gravity should be 0.871. It differs from chloroform in being readily ignited. It yields a green colour with bichromate of potash and sulphuric acid.

Spiritus Camphoræ, "Tinctura Camphoræ," of Dublin and Edinburgh. Made by dissolving 1 oz. of camphor in 9 ozs. of rectified spirit. It is decomposed by water, the greater part of the camphor separating.

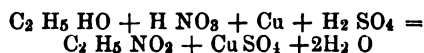
Spiritus Cajeputi, *Spiritus Juniperi*, *Spiritus Lavandulæ*, *Spiritus Mentha Piperitæ*, *Spiritus Myristicæ*, and *Spiritus Rosmarini* are all made by dissolving 1 oz. of the oil in 49 ozs. of rectified spirit. They are all one-fifth the strength of the preparations of the same name in the British Pharmacopœia of 1864.

SPIRITS OF COMPLEX CONSTITUTION.

Spiritus Ætheris Nitrosi, "Sweet Spirit of Nitre." A spirituous solution containing nitrous ether ($C_2H_5NO_2$).

Preparation.—Add 1 pint of rectified spirit gradually to 2 oz. of sulphuric acid, and then add gradually $2\frac{1}{2}$ oz. of nitric acid. Put the mixture into a retort containing 2 oz. of fine copper wire and distil between 170° and 180° until 12 oz. have passed over. Withdraw the heat now and when the contents of the retort have cooled, add $2\frac{1}{2}$ oz. more of nitric acid, and re-distil until the distillate has increased to 15 oz. Mix this with 2 pints of rectified spirit, or as much as will make the product of the same specific gravity and percentage of ether separated by chloride of calcium.

The following is the rationale of the above process which was proposed by Mr. Redwood. The sulphuric acid decomposes the alcohol forming ether, and this is converted into nitrous ether by the nitrous acid which is generated by the action of the copper on the nitric acid. The following equation indicates the decomposition as a whole :—



Nitrous Ether or Nitrite of Ethyl.

The Pharmacopœia gives the following characters and tests :—

"Transparent and nearly colourless, with a very slight tinge of yellow, mobile, inflammable, of a peculiar penetrating apple-like odour, and sweetish cooling sharp taste. Specific gravity 0.845. It effervesces feebly or not at all when shaken with a little bicarbonate of soda (showing the absence of free acid). When agitated with solution of sulphate of iron and a few drops of sulphuric acid it becomes deep olive brown or black (due to the formation of nitric oxide). If it be agitated with twice its volume of saturated solution of chloride of calcium in a close tube, 2 per cent. of its original volume will separate in the form of nitrous ether and rise to the surface of the mixture (showing that 10 per cent. of nitrous ether is present, 8 per cent. always remaining unseparated).

Spiritus Ammonia Aromaticus, "Sal Volatile," a spirituous solution of ammonia, neutral carbonate of ammonia, and oils of nutmeg and lemon. It is prepared by distilling 7 pints of a mixture of carbonate of ammonia 8 oz., strong solution of ammonia 4 oz., volatile oil of nutmeg 4 drms., oil of lemon 6 drms., rectified spirit 6 pints, and water 3 pints. Its specific gravity is 0.870.

Spiritus Ammonia Fœtidus, a spirituous solution of the volatile oil of assafœtida with solution of ammonia. It is prepared by macerating $1\frac{1}{2}$ oz. of assafœtida in 15 oz. of rectified spirit for 24 hours, distilling of the spirit, mixing the product with 2 oz. of strong solution of ammonia, and adding sufficient spirit to make up the bulk to 1 pint.

Spiritus Armoracæ Compositus (1 in 8):

Made by distilling, with a moderate heat, 1 gallon of a mixture of 20 oz. each of scraped fresh horseradish-

root and bitter orange-peel, $\frac{1}{2}$ oz. of bruised nutmeg, 1 gallon of proof spirit, and 2 pints of water.

The following are the preparations into the composition of which the spirits enter :—

Spiritus Ætheris in Tinctura Lobeliæ Ætherææ.
Spiritus Ammoniac Aromaticus in Tinctura Guaiaci Ammoniaci and Tinctura Valerianæ Ammoniaci.
Spiritus Juniperi in Mistura Creasoti.
Spiritus Myristicæ in Mistura Ferri Composita.
Spiritus Vini Gallici in Mistura Spiritus Vini Gallici.
Spiritus Rectificatus and *Spiritus Tenuior* in many tinctures (a).

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The Medical Press and Circular.

“SALUS POPULI SUPREMA LEX.”

WEDNESDAY, OCTOBER 30, 1872.

THE PROSPECTS OF THE ARMY ASSISTANT-SURGEON.

It is doubtless exceedingly gratifying to the recently qualified young surgeon to feel that, although to-day a pensioner upon the liberality of his parent, or dependent upon his own exertions for support, he may, with the interval of a few days spent in competition for ill-contested vacancies, become an army assistant-surgeon, in the receipt of ten shillings a day, paid monthly in advance.

Youth is not the time in which, when the present is attractive, the future is much questioned, and still less so when the red and gold livery of adventure and travel is displayed before the longing eyes of hopeful inexperience. It is, however, a fixed axiom in the affairs of life that high interest means a dangerous investment, and it is, therefore, our duty to lay before, not only the young surgeon, but also his guardians, the exact provision which lies behind the preliminary glitter.

We have, in our “Students’ Number,” specified approximately the not inconsiderable deductions by which

(a) See TINCTURA.

the apparent income is reduced to a lesser reality. We have now more particularly to deal with the prospects of the assistant-surgeon socially and professionally.

Given ten shillings a day as the Government estimate of a doctor who was yesterday a student, what must be his proportionate value when he has gained experience in the treatment of the diseases of soldiers, and put in practice the teachings of military hygiene for fifteen years in all parts of the British possessions—when he has done his duty before the enemy, and, if uninjured there, has, in all probability, returned from foreign service an aged and broken man?

The paymaster answers fifteen shillings a day, and that *without any step in rank* from the day upon which he was first gazetted; and that, as he cannot be promoted for yet five years more, there will be added during that succeeding time the sum of two shillings and sixpence daily.

The assistant-surgeon, therefore, notwithstanding the inadequacy of his first provision, must reach his *twentieth year of service* in the same grade and amenable to the same subordinate duty as that in which he started, and in broken health and grievous disappointment must, unless he has taken a vow of celibacy, maintain, when over forty years of age, a wife and family, amidst the ruinous expenses of military subscriptions and constant moves, on seventeen shillings and sixpence a day.

Such is the real investment to which the programme of ten shillings a day invites, and it is for those who are about to lodge their whole capital of education, health, and labour in the Army Medical Department to decide whether the old adage does not still hold true, and whether the apparently high interest at starting is not but a bait to allure unthinking depositors.

WOMEN DOCTORS.

THE *Pall Mall Gazette*, writing anent the recent donation of £500 by Mr. Walter Thomson in support of the Lady Students, says :—

“Of course Mr. Walter Thomson—for such is the gentleman’s name—is entitled to do what he pleases with his money, which will be none the less acceptable to the committee because the gift is accompanied with an ill-mannered and hectoring assault upon all who differ from him in opinion on this question. But their cause is not helped by attributing bad motives to their antagonists. The champions of the ladies seem unable to conceive of any honest opposition, and set it all down to professional jealousy. The Medical Profession are irritated, they think or say, at the prospect of having to face female competition. It may be so, but we do not at all believe it. On the other hand, when the female Medicals persist in pressing in at the doors of Edinburgh University, where they are not wanted, and spend large sums of money in trying to force admission, it is not unnatural to suspect that bad temper, as well as philanthropic zeal, nerves their obstinacy. The money which is squandered in law expenses and the gifts of generous enthusiasts like Mr. Walter Thomson would go far to provide an independent institution where the ladies might have their own lectures, and in connection with which they might have their own hospital; that is to say, it would enable them to take precisely their best course.”

It is a subject for sincere satisfaction to the Profession to observe that the cry of jealous obstructiveness, by which the women students have endeavoured to make themselves martyrs, is not listened to by educated or thinking people. The Medical Profession is, as a matter of personal interest,

profoundly indifferent to the incursion of females into its ranks. The competition of any number of such practitioners that would ever be likely to join the movement would not make a feather weight in the earnings of Medical men; and there never has been the least desire to close the portals of the Profession to educated men, whose competition would be a hundred times more dangerous. Doctors evince—in a higher degree, which results from their daily experience of sick-bed scenes and duties—the same repugnance with which the public view the spectacle of a number of women unsexing themselves for no real gain. They are disgusted at the readiness of these persons to plunge hip-high into all sorts of nastiness, and they don't believe that the curative efficiency of the Profession will ever be materially reinforced by women doctors; but they have nothing to fear or be jealous of, and gushing philanthropists need not canonize their gifts by imagining that they are offering on the shrine of down-trodden helplessness.

QUACKERY IN EXTREMIS.

IN an article in our last under the heading "Cooked Reviews," we exposed a system of quackery now being carried on in London by a man styling himself Dr. Von Schmitt, in consequence of which we have received the following epistle from his *Chief Secretary*, Dr. (*sic*) J. Robertson Reid:—

"SIR,—In your introduction to what you reproduce from the *Chymist and Druggist*, you assert that the letter is an *impudent advertising trick*, &c. I am not aware what steps Mrs. Abercrombie, the *Echo*, and other newspapers may take in the matter; but as Chief Secretary of Dr. Schmitt, have placed the matter in the hands of his solicitor, and you will hear more anon in the matter. I have communicated also with the *Chymist and Druggist*, which will make the *amende honorable* in their next impression, or *nous verrons*! Dr. Schmitt does not know I address you. I do so, however, *meo proprio motu*, and send you another brochure with *appendix*, craving your *candid* perusal of the appendix.

"You can see personally or address the writer of letter on page 9th of appendix. He is Mr. Lord, of Messrs. Poole and Lord, 145 Oxford Street, West. Mrs. Lord was a patient of Sir James Paget. Dr. Schmitt has nearly cured her.

"Dr. Schmitt knew not that one of his secretaries had written over Chap. I., &c. He had simply expressed his intention of advertising his book in *all* the Medical papers irrespective of reviews, with which he has been flooded. Do you believe the *Echo* would have lent itself to 'an impudent advertising trick' when it inserted the letter of Mrs. Abercrombie on public grounds in the usual way, and without any charge whatever? Eh! You know better than this, or if you do not, you will soon learn that the *Echo* is not venal. I believe Dr. Schmitt and myself were about the last in London to know that the *Echo* contained the letter of the 'grateful patient' as we do not purchase it. It was brought to us by a patient, as have been the *MEDICAL PRESS*, and the *Chymist and Druggist*!!!

"You made a great mistake about Dr. Schmitt, who is an able and honourable professional man, and who works most harmoniously with many distinguished London practitioners, and is about to be registered in terms of the Act.

"I have known him long to be honourable, humane, and *courteously professional*, and having himself a thorough *dislike* to every thing that verges even on quackery.

"All the documents are *genuine*; you can see the originals and proofs from the hospitals, &c.

"I am, &c.

"J. R. REID."

The foregoing letter speaks volumes; and further, we have taken the trouble to make inquiries about this individual with the following results:—Von Schmitt is an unqualified man, is totally ignorant of even the fundamental principles of medicine and surgery, he is therefore guilty of a gross fraud in palming himself off on the public as a Medical man; and if it is not any body's business to prosecute him for his illegal practices it ought to be. Von Schmitt has practised (*sic*) in Rotterdam, Brussels, Paris, &c., we pass over the cause of his departure from the two former places. Unfortunately, Englishmen are more tolerant of quackery, or he would not now be in London. Von Schmitt states that he "works harmoniously with many distinguished London practitioners"—we challenge him to name them.

Von Schmitt *did* know that one of his secretaries had written the advertisement dodge, as we have been shown a letter in which his *second* secretary had received instructions to the effect. It was also not written for the purpose of advertising in the Medical journals alone, but was sent as a bait broad-cast to the general press. Sir James Paget will be as much disgusted at the use of his name in such company as we are, and, unfortunately, we have seen it dragged in in other letters than the one addressed to us. There is an old proverb—"Give a man rope enough and he will hang himself." Will he? *Nous verrons*!

THE LIMERICK LUNATIC ASYLUM REVELATIONS.

THERE are hardly any of the manifold superstitions current in regard to Medical men and their doings more deeply ingrained in the public mind or more difficult to dislodge than the prejudice against lunatic asylums and the uncontrollable suspicion that deeds are done, and inhumanity practised under the privilege of lunacy restraint, which would not bear the light of open investigation.

As appears by a quotation from a Philadelphia paper, which we publish elsewhere, that feeling of jealousy is not confined to English or Irishmen, and believing as we do that it has in most instances no foundation, we cannot but regret that occurrences occasionally come to light, which cannot but aggravate these suspicions, and make the public more averse than ever to the necessary seclusion of the insane.

The investigation which, as we have reported, has recently taken place respecting the administration of the Limerick Asylum, is one of these occurrences, and we have to say with regret, that neither the method of investigation, the spirit of those engaged in the enquiry, nor the facts elicited, are at all calculated either to reassure the public or to exculpate the accused persons. The enquiry had its origin in the death of a patient in a plunge bath ordered by the Resident Medical Superintendent, and the gravity of the matter was greatly increased by the fact, that a report made by the visiting physician in favour of an immediate inquest, was erased by the Resident Superintendent, and other words written in their place. Lest it might be imagined that the affair was a great *ado* about nothing, we are compelled to quote the evidence on the subject:—

"Austin Whelan examined—He went into the bathroom on the 2nd December, 1871; saw Danford hauled by the feet through the bath by Connell; he said that Danford

had enough of it; when his head came over the water he vomited; he had his jacket and shirt on; helped to lift him out; his hands were tied behind his back, and his feet also were tied; when Danford was laid on the floor his lips were blue, his eyes fixed, and he appeared dead; the bath was cold; Danford's chief mania was a horror of being drowned; the man was dead in bed when the doctor came to the door, shook his head, and went away; could not say when he returned.

"Neill, another attendant, corroborated Whelan."

To the unofficial mind this plain narrative certainly bears a marked resemblance to that of the murder of a lunatic in the Royal Military Hospital, for which two men are now undergoing transportation, and the Medical officers have suffered dismissal; and yet the report informs us that Mr. De Vere called on the inspector to order an inquest, but the request was declined.

Beside the narration of such a transaction as this, and the cool and easy reception of it by the inspector, the minor question of the administration of this asylum appears hardly worthy of notice, but taken by themselves the disclosures which followed were sufficiently alarming and very much the reverse of encouraging. The High Sheriff, Mr. Spillane, preferred charges against the Resident Superintendent to the effect that he had taken crops of hay off the recreation grounds, which had been appropriated for the use of the patients; that he had the patients' porridge given to his poultry, which should be given to the patients; that he absented himself from the institution during the absence of the matron, which was in contradiction to the rules of the Privy Council; that he kept horses, cows, pigs, poultry, &c., which he fed at the expense of the institution; and lastly, that a woman named Copse and a man named Frowley had both died suddenly without obvious cause, and on neither was any inquest held; and the whole edifice of corruption and mismanagement, if not worse, was capped by a report of the storekeeper, that within a very brief period 831 glasses of whiskey were stolen from his supply, to which he was supposed to have the sole access, the inuendo being that some person kept a false key for the store-room.

The charges and the evidence are so specific that we hardly feel called upon to observe the usual reticence *pendente lite*. Assuming, however, the complete innocence of the persons accused, we cannot but protest against the temper in which these charges were dealt with by a section of the Board, and we are compelled to add, by the Inspector. We read that Dr. Nugent said, in reply to Mr. Spillane, that the Privy Council rules did not necessarily preclude the doctor from going out during the matron's absence. Mr. Delmege protested against the High Sheriff bringing up matters for discussion which had occurred some of them as far back as sixteen years ago, and considered it a profligate waste of time for the board to be dealing with the issue raised by the High Sheriff. The High Sheriff complained of the way the investigation was carried out, as he experienced great difficulty in coming at the truth by reason of the factious opposition with which he was met. After some desultory discussion, and a few passages at arms between the High Sheriff and Mr. Delmege, the investigation terminated, Mr. Spillane protesting against the way his action in the matter had been met by a certain portion of the board.

To repay him for his too careful arithmetical calculations, the storekeeper is threatened with a clipping of his

salary; and the whole affair culminates in a feeling that the so-styled inquiry is as worthy of investigation as any of the accusations which have been openly and clearly made, and in no way satisfactorily refuted. We content ourselves on this occasion with the plain recapitulation of the circumstances, promising our readers to return to the subject next week, and point out to them, in the past legislation of "the Castle," the fruitful and obvious cause of such occurrences. Meanwhile we re-echo heartily the words of the *Limerick Chronicle*: "What action the authorities in Dublin will take in this instance, or in the other, in which life was involved, cannot be anticipated; but it is manifest that a radical change in the affairs of the Institution is indispensable, and that it should be effected after the manner in which the Augean stable was cleansed."

Notes on Current Topics.

Insanity: its Causes.

DR. LAPEYRERE (*France Médical*, Oct. 19) says that the consumption of alcohol in Paris, which was 124,000 hectolitres in 1869, has last year fallen to 54,343 hectolitres. It appears that from 1849 to 1869 the consumption of alcohol has nearly doubled in France, and the number of cases of alcoholic mania have increased 59 per cent in males and 52 per cent among females. He argues that if it should be found on inquiry that the number of insane shall have fallen off considerably, this will be an imposing argument against alcoholic beverages. Life in garrison is a frequent cause of insanity and suicide: among 184 insane, M. Dufour counted 147 soldiers and 37 officers. Mania and melancholy are the usual forms among soldiers, and general paralysis is most common among officers.

Abortive Treatment of Boils and Whitlow.

DR. SIMON DE FORGES (*Rev. de Therap.*) advises the topical use of camphorated spirits as an abortifacient in boils and whitlow. In the former case the boil is to be rubbed eight or ten times by the finger dipped in the alcohol. He asserts that it is rare that after this treatment a boil goes on further towards suppuration. In cases of whitlow he advises the patient to dip the finger for some ten minutes in camphorated spirits. This almost always gives great relief of the pain, and often cures the complaint.

Case of Hydrophobia in a Child of Four Years.

DR. M. P. ARMAND (*Lyon Médical*, September) mentions the case of a child, *æt.* 4 years, who entered the wards of Dr. Chatin August 20th, 1872, brought by his father. The father mentioned that on the 3rd August, in the morning, the child was in the street, when a little dog jumped on him suddenly and bit his face. On the same day the dog bit another child and several dogs. It was killed in the evening, and lesions characteristic of rabies were found. The bite in the child's face bled abundantly. The wound was immediately washed with brine, then cauterised immediately by an apothecary with ammonia, and afterwards cauterised anew immediately after by a physician by chloride of antimony. Several witnesses

testified that these cauterisations were employed within twenty minutes after the bite. In eight days the wound was quite cicatrised, and the child appeared quite well. On the 17th, in the evening, the parents of the child remarked an abnormal excitement in it, and the child passed a great part of the nights of the 17th and 18th without sleep. There was thirst on the 18th, and want of appetite. On the 19th the agitation continued, and dislike of liquids commenced; the face was pale, tongue white, and pulse slightly accelerated. On the 20th he was gay enough to be playful, but had a horror of liquids; grime of potassium was given. On the 21st all liquid forced into his mouth was ejected through the nostrils; two grammes of chloral were administered in an enema, which gave him some sleep. On the 22nd the pulse was 140, temp. 39.6 C., respiration calm and regular, pupils were contracted. On the 23rd the child was greatly convulsed, foam issued from his lips; but although he recognised his parents at noon, he died in a spasm at 2 p.m. on the sixth day of the illness and the twentieth after the bite.

Workhouse Brutality.

CONSIDERABLE excitement has been aroused in Carrick-on-Suir by the fact that the schoolmaster of the workhouse had actually torn off the ear of a boy. It appears that the lad had done something or other in the schoolroom which brought upon him the displeasure of the teacher. The latter, thereupon, seized the boy by the ear and dragged him round the schoolroom. Finally, the schoolmaster, it is alleged, gave him "something of a push," and immediately the entire lobe of the ear came off in his grasp. At the next meeting of the guardians after the occurrence, the explanation of the schoolmaster was read. The board considered that a severe reprimand would be a sufficient punishment, but the Local Government Board declined to acquiesce in this view of the matter, and insisted that the schoolmaster should be called upon to resign.

As might be expected from an Irish board of guardians the petty personal element comes into full force, and the *gentleness* of the board would, if they were allowed, sustain and support the perpetrator of so revolting a piece of *ruffianism*. The story, as it stands, might serve as a preface to the next edition of "Oliver Twist."

Application of Religion to Medicine.

WE chronicled, many months since, the assumption of the ministry of the church by Dr. Hugh Croskery, of Jamaica, who had undertaken the sacred office with the object of bringing to his Medical duties the religious comfort of his divine office.

It might have been conceived that Dr. Croskery's religious enthusiasm would have been joyfully accepted by those whose duty it is to teach that the heartfelt service, even of persons outside the pale, is grateful to the Saviour. A disciple said, "Master, we saw one casting out devils in thy name and he followeth not us, and we forbid him." "Forbid him not, for there is no man who shall do a miracle in my name that can lightly speak evil of me." It appears, however, that clergymen are as jealous as other people of their copyright, and Dr. Croskery has been brought to the ordeal of bell, book, and candle, for presuming to combine praying with healing. At a recent meeting of the Local Church Synod, a

clerical member moved that—"Whereas the newly-ordained priest still continued to act as a Medical man, and to hold an appointment in the Government Medical Service, that he be called upon to cease to act as a doctor, or to give up exercising priestly duties." The bishop stated that he would permit a debate to take place, in order that the question of the general propriety of the admission of Medical men to holy orders might be discussed; but that he, certainly, would not permit the resolutions to be put to the vote, as ordination was a matter which rested alone with himself, and with which the Synod had nothing to do whatever. It was then moved—"That the members of the Medical Profession be counted as clerically competent to pursue their Medical Profession, in the same way as it is recognised that a curate may become a teacher of youth 'for the better increase of his living.'" The motion was put and carried, 48 members voting for it and 26 against it.

Thus, the Jamaica Synod has determined that the Profession of clergyman and doctor can be properly combined; and that, in future, any medical man who wishes to come forward, may lawfully continue to practice his Profession, after admission into the ministry.

Medical Society of London.

ON the 21st instant the first meeting of this society was held. After a few introductory remarks, the President (Mr. Thos. Bryant), informed the assembled Fellows that the Council had made arrangements for taking some new premises in Chandos Street, the lease of the rooms in George Street having come to a termination.

The President spoke of the terms on which the society could occupy the new premises, and of the satisfaction felt by all who had seen them. He deprecated any prolonged discussion at a large meeting like the present, where they had other business awaiting them, but, at the same time, he would be happy to answer any questions that might be put by any one present.

On the motion of Dr. Hare, seconded by Mr. Adams, the meeting cordially and unanimously confirmed the resolution of the Council to take the new premises.

The London Medical Colleges.

A FORTNIGHT ago we published the numbers of new entries so far as were then known; we now give a complete list of the number of students who have registered during the first fifteen days of this month at the Royal College of Surgeons, and transmitted to Mr. C. Hawkins, F.R.C.S., the Government Inspector of Schools of Anatomy, viz., Guy's Hospital, 319, including 83 new entries; University College Hospital, 273, including 83 new entries; St. Bartholomew's Hospital, 254, including 79 new entries; St. Thomas's Hospital, 156, including 51 new entries; King's College Hospital, 120, including 35 new entries; St. George's Hospital, 108, including 47 new entries; the London Hospital, 91, including 31 new entries; St. Mary's Hospital, 61, including 21 new entries; Charing Cross Hospital, 48, including 20 new entries; Middlesex Hospital, 47, including 22 new entries; and Westminster Hospital, 19, including 4 new entries. Comparing the numbers who registered during each of the past two years with those registering for the present year, it will be seen that there has been a gradual increase. In 1870, the gross number who registered was 1,298, includ-

ing 433 new entries. In 1871 the gross number was 1,475; of these 468 were new entries. From the registration which is just concluded the gross number who registered is 1,496; of these 476 are fresh entries. This shows an increase of 21 in the total number, and of 8 in the new entries, over the number who registered last October. The returns from the provincial Medical schools are not yet complete.

Sanitary Reform in Edinburgh.

A SPECIAL committee of the Edinburgh Town Council, charged to report on a better organisation for accomplishing the sanitary business of the city, has agreed to recommend the appointment of a public health committee to look after such matters as the supervision of burying-grounds, lodging-houses, and underground or overcrowded dwellings; the prevention of smoke nuisance; supervision of manufactories; the inspection of workshops, bakehouses, stables, &c.; the adulteration of food and diseased meat; and the prevention or mitigation of epidemic disease.

Death from Nitrous Oxide Inhaled to produce Anæsthesia.

THE *Philadelphia Medical Reporter* informs us that a death has occurred at Brooklyn, New York, in the person of a Mrs. O'Shaughnessy, who had inhaled the gas for a dental operation. The lungs were found, on a *post-mortem* examination, to be in a state of asphyxia, and the coroner's jury found that death arose from the administration of the gas. Though this is but one death it is instructive, because it sweeps away the theory of the absolute harmlessness of the gas, which is the sole argument in favour of its use. Every one who has witnessed the administration knows that process of anæsthesia is—to appearance—dangerous and repulsive, and nothing would induce patients or practitioners to use nitrous oxide except the assurance that it has never, in an experience of thousands of cases, proved fatal. It now appears that this is not absolutely true, and the only claim of the anæsthetic to the approval of the Profession seems in danger of being proved visionary.

Certificates of Insanity.

THE subject of improper incarcerations in lunatic asylums is again attracting public attention in America. The *Philadelphia Public Ledger* remarks:—

"As a rule the Medical faculty are very cautious in giving their signatures in cases where the patient has been personally unknown to them. But some, we regret to say, appear to have neither caution nor scruple on the subject, giving their certificates upon casual observation of persons whose previous history, and health, and habits are unknown to them, except through the representations of others. A case in point has been brought to our attention quite recently, wherein a Medical certificate of insanity has been given by a doctor in this city in the case of a person who is as perfectly sane as the resident physician of any hospital for the insane in the world. Taking all the circumstances of this particular case into account it is amazing that any doctor could have been so misled or so reckless."

Physicians should certainly exercise the utmost caution in such a serious matter.

The Small-Pox Epidemic in Belfast.

It appears from the returns presented to the Board of Guardians recently that the epidemic of small-pox is still on the increase—slowly, it is true, but still it is an increase. On October 5 the number of small-pox patients in hospital was twelve. On the 12th the number under treatment was thirteen; and on the 19th the number was fourteen.

Statistics of the Profession in France.

DR. REVILLOUT, writing in the *Gazette des Hôpitaux*, calls attention to some statistics published by the French Minister of Public Instruction. Among other matters, there are tables giving, for each department, the number of physicians and *officiers de santé* in 1847, 1853, 1857, and 1866. In 1866 there were 11,643 doctors of medicine, being 1,000 more than in 1847; while the number of *officiers de santé* was 5,697, the decrease, as compared with 1847, being 2,145. There was thus a total decrease of 1,145 Medical practitioners, notwithstanding that the population had increased from thirty-four and a half millions to nearly thirty-eight millions. M. Revillout attributes this falling off in great measure to the defective encouragement afforded by the State to high-class education.

Dr. McCoy's Resignation at Galway.

THE Professorship of Medical Jurisprudence and Materia Medico-Toxicology in the Queen's College, Galway, has become vacant by the resignation of Dr. Simon McCoy, and already competitors for the succession are spoken of. Of them we are able only to name with certainty one, Dr. Duggan, of Turloughmore, in the County of Galway. Dr. Duggan, in his frequent contributions to the pages of the *MEDICAL PRESS*, has evidenced a scholarly acquaintance with his Profession and its foreign literature; and he is the possessor of energy, which gives him steady claims to an appointment in a rising college like that of Galway.

The Professorship of Anatomy in the Dublin University.

THE re-election of Dr. M'Dowel on Saturday last to the Professorship of Anatomy and Chirurgery in the University of Dublin is regarded amongst the Profession in Ireland with unanimous satisfaction, albeit the compromise which has been arrived at by the Board of Trinity College appears hardly just to Dr. M'Dowel, or future occupants of his chair. The new professor of comparative anatomy to whose office Dr. Macalister's appointment is a foregone conclusion, will receive a fixed salary of £200 a year and a proportion of the dissecting-room fees, which will raise the emoluments to about £450 a year, while Dr. M'Dowel will retain about £800 per annum of the present income of the Chair. Under the circumstances, the arrangement—though obviously a makeshift—appears a promising one for the School, and not very unfavourable to Dr. M'Dowel, who will be able to devote more time to his private practice.

A SPECIAL meeting of the Council of the Royal College of Surgeons of England will be held on Thursday, the 31st inst., for the election of a member of the Court of Examiners.

The Irish Medical Directory for 1873.

Too late for insertion in the correspondence column we have received the following official notification from the Editor of this Directory:—

"Will you have the kindness to permit me to inform your readers that no returns of qualifications, appointments, &c., of individual practitioners, for publication in this directory, can be received after Saturday next. The return now made will serve (with correction) for all future editions of the work, but, in the case of any person omitting to send in a proper statement, the record published last year can not be re-published, but we shall be obliged to confine ourselves to the information given in the *Medical Register*. The publication of such sparse intelligence respecting a Medical practitioner will not do him justice, and I am, therefore, most anxious that every member shall comply with the repeated requests, and send in their written statement at once."

THE Pharmaceutical Society of London advertises for a Curator for the Society's Museums. Applications before the 4th of November.

A BEQUEST of 10,000 francs has been made to the Academy of Medicine in Paris, by M. Falret, for the purpose of founding a prize on mental and nervous diseases.

AMONG the candidates who lately passed the anatomical examination in the University of Berlin with special approbation, was a Japanese student named Sasumi Satoo, son of the private physician of the Mikado.

DEPUTY Inspector-General of Hospitals D. R. Mackinnon, from the Curragh, has been appointed principal medical officer at Dublin. Deputy Inspector-General James M'Gregor Grant has been appointed to the Curragh, vice Mackinnon.

THE *Siglo Medico*, of Madrid, announces a work on "Internal Pathology," in verse, by Don José Zalabardo. The author states that it is on a level with the present state of science.

THE President of the Dublin Obstetrical Society, Dr. George H. Kidd, Obstetric Surgeon to the Coombe Hospital, has issued invitations to a conversazione, which will take place on the 13th of November, at his residence in Merrion Square.

To graduates in medicine at the University of Aberdeen it is announced that the trustees of the late Robert Wilson, M.D., are prepared to receive applications and consider the claims of candidates willing to undertake the following duty, viz.—to travel in Western Asia, or Eastern Africa, or Northern Africa, making observations, of which a report is to be transmitted, and collecting antiquities and objects of interest. The allowance fixed by Dr. Wilson for travelling expenses is at the rate of £292 per annum (being 16s. per diem), and the route to be followed, and other particulars, may be more fully ascertained from the secretary of the University of Aberdeen. It is required that the candidate selected be a graduate in medicine of the University of Aberdeen.

THE next meeting of the London Pharmaceutical Society will be held on Wednesday, November 6th, at eight o'clock.

THE operation of ovariectomy was performed on Monday, the 21st, by Dr. E. S. O'Grady, at Mercer's Hospital, and we have pleasure in learning that as we write the patient is making good progress towards convalescence. The case was a rather unfavourable one, the patient being of very thin habit and much emaciated, and the disease of rapid growth, being diagnosed only six months ago. Under the influence of chloroform, the first incision, which was carefully made, in consequence of the diagnosis of anterior adhesions, was five inches long, but it had to be extended to half an inch above the umbilicus. The adhesions yielded to moderate force, and the tumour removed, the pedicle being secured by the ordinary forceps with removable handles and screw clamp. After sponging out, the wound was brought together with eight catgut sutures, and the usual dressings applied. The solid part of the tumour weighed eight and three-quarter pounds, and the fluid contents about twenty pints. The present condition of the patient gives every hope of success, which is much to be desired, as the proportionate mortality of Dublin cases has been unhappily large.

ABBEYLEIX UNION.

AT a meeting of the Medical officers of the Abbeyleix Union, held in the board room of the dispensary house on the 17th instant—Dr. Swan in the chair, proposed by Dr. Stoney, seconded by Dr. O'Kelly—

"That our present salaries being inadequate to meet the increased rate of living, we trust that the friendly disposition evinced by the guardians in removing our legitimate grievances on former occasions will be manifested now by so increasing our salaries as to enable us to maintain the position befitting our profession. We respectfully submit that, owing to the additional expenditure incurred now, a salary of £120 a year would not leave us in as good a position as when we were originally appointed at £80."

Proposed by Dr. Hanrahan, seconded by Dr. Fitzpatrick—

"That we give our full adhesion to the rules and principles of the Poor-law Medical Officers' Association of Ireland. That we approve of the project of having in Dublin a meeting of the county representatives of the association, for the purpose of submitting to Sir Dominic Corrigan, the other members for the city and county of Dublin, and as many other members of Parliament as may attend, with the view of having our grievances brought under the notice of Parliament; and that we endeavour to secure the co-operation of our own county and borough members for the same object."

JOTTINGS IN COUNTRY PRACTICE.

Scarlatina terminating in Death within Twenty-four Hours after the Appearance of Rash.

ON the 27th of September, 1870, I was called upon to visit Miss C., æt. 14, at 11.5 p.m.; found her suffering from scarlatina, apparently of a mild type; rash was out on neck and arms since 8 o'clock p.m. (same day); was able to sit up to examine her throat, which she com-

plained a good deal of; tongue very white; pulse 96; respirations 25; no headache. Gave her pulv. aper. and mist. diaph.

Sept. 28th, 4 p.m.—Found her quite unconscious, and on inquiry found she had been so since 6 a.m. (Her mother thought she was asleep.) Pulse 101, thready; jaws firmly clenched; arms and legs quite rigid; tossing about head; pupils contracted. Gave her enema terebinth, sinapisms to neck, chest, abdomen, thighs, and calves of legs, warm bath, brandy, ether, and ammonia. These seemed to rouse her for a short time. She expired quietly at 7.15 p.m., the attack lasting, from appearance of rash, not quite twenty-four hours, viz., from 8 p.m. on the 27th till 7.15 on the 28th.

JOHN THOS. MYLES,
Medical Officer Abbeyshrule Dispensary.

On March 24th, 1872, I was called upon to visit Mrs. F., et. 30, in her third confinement. Previous to attack she was very healthy. Labour was short, but accompanied with severe post-partum hæmorrhage. She was quite well for three hours after delivery, when, without any warning, she became unconscious; saw her in two hours afterwards, and found that consciousness had partially returned; pulse 60, very weak and thready; the arm of right side warm, but leg of same side very cold. I gave as my opinion that she was paralysed on the right side. Gave her calomel gr. x., ol. croc. gt., followed in two hours by enemata, &c., sinapisms to head, chest, and legs.

9 p.m.—Pulse 96; leg warmer; will say "No" when asked any question; relieved the bladder; bowels well acted upon. Calomel and pulv. jacob 4t. horis.

March 25th.—Pulse 98; vesicant. capit., continue pulv. jacob and calomel; bowels well acting; will lift the affected arm with sound one when asked to do so.

March 26th.—Pulse 106; getting under influence of calomel.

March 27th.—Pulse 108; will repeat words after you, but if left alone for a minute will forget them.

March 28th.—Pulse 118; cataplasms to abdomen, as she complained of great pain; put out her hand to shake when asked to do so. Vesic. capit.

April 1st.—Pulse 100; condition much the same; to have beef-tea.

April 4th.—Pulse 90; gradually improving.

April 12th.—Able to leave her bed this day.

April 17th.—Recovering tone of bladder, so that catheterism is almost unnecessary; put a seton into back of neck.

April 22nd.—Able to walk about, dragging the leg after her.

May 30th to Aug. 30th.—Applied electro-magnetic machine nearly every day; she is now well able to walk; has recovered perfect use of speech; the arm is not quite well, but progressing satisfactorily.

JOHN THOS. MYLES,
Medical Officer Abbeyshrule Dispensary.

Foreign Medical Literature.

DR. MACROBIN'S TRANSLATION ON EXCISION OF JOINTS.

(Continued.)

1. In excision of joints, as in every other operative procedure, certain conditions must be attended to in order to ensure a successful result. The most important are the following:—The patient must have sufficient strength in order to carry him through the anticipated amount of suppuration. If there should be any doubt as to the powers of the patient in this respect, it would be better to resort to amputation.

2. The injury of the joint must not be too great, that is to say, the shattering of the bone forming the joint must

not be so extensive as to render the limb afterwards an encumbrance rather than an aid to the patient. The limit of shattering within which a limb is useful varies in the different joints; but, as a broad rule, in the upper extremities four to five inches of bone may be removed; for by employment of sub-periosteal resection the loss can be completely supplied by growth of new bone, and should it not be so completely, and should a ligamentous ankylosis result the limb still remains, a very useful one to the patient when aided by the use of special supporting apparatus. In the case of under extremities, a considerably less amount of bone can only be removed, as it is absolutely necessary, more especially in the knee-joint, that osseous union takes place.

3. The operation, in order to give the best chance to the patient, if possible, ought to be performed within the first forty-eight hours after the injury. If you can make a sure diagnosis in cases of injury of hip-joint, the operation should be performed when possible on the spot, or in the neighbourhood of the battle-field, as it is in those cases where inflammation sets in quickest; this rule also applies in injuries of the knee-joint. These operations have the very first claim on the surgeon, and work of less urgency should be delayed in order to carry them out. The excision of the other joints can always wait for twenty-four or forty-eight hours after injury, but should not be delayed beyond this if possible.

4. The resection ought to be if possible sub-periosteal, which rule has one exception, namely, those cases in which the shattering of the bones does not extend beyond the epiphysis.

5. Lastly, the resected joint must be fixed by a well-applied bandage. With regard to bandages the plaster of Paris has given the best results; nevertheless, any bandage can be employed which fixes the joint securely, and at same time allows of ready inspection of the wound. An important question, and one not yet settled, is, regarding the individual merits and significance of total resection. As a matter of course, this question only arises in those cases in which the injury of the bones is partial and has not involved all the bones entering into the joint, and the question is chiefly decided by considering the anatomical nature of the joint. As a chief indication in resection is the simplifying of the form of the cavity of the joint, so is the removing of those bones desirable that project far into the joint and form, together with the synovial membrane, receptacles where pus can accumulate. On the other hand, the flatter bones do not, for the opposite reason, require removal. There are three joints in which it is necessary as a rule to perform total resection—the elbow, knee, and ankle-joints. It is absolutely necessary to remove the prominent ends of bones in these joints, namely, the olecranon, the condyles of humerus, the condyles of femur, and upper half of astragalus. In the elbow-joint it is also in the interests of quick recovery, and afterwards of more extended movement of limb, to remove also the head of the radius. In the case of knee and ankle-joint, the desired result is more likely to be attained if in case the cartilages of the head of the tibia, and in the other the malleoli with the intervening cartilage be removed. In the remaining three joints, the hip, shoulder, and wrist, partial resection is indicated as a rule. In injuries of the hip-joint one is only too glad to find the acetabulum uninjured, and no surgeon would think of interfering with it and thus run the risk of inflammation extending to the interior of the pelvis. In the shoulder-joint again, the glenoid cavity is so shallow, and thus can have so little disturbing influence on the progress of cure, that the removal of it would be superfluous. With regard to the wrist-joint, if the bones of the forearm only are injured then, in my opinion, the carpal bones should not be disturbed; should, however, the carpal bones be injured, total resection ought to be practised; it is necessary to remove also the proximal carpal bones in their entirety, for by removing only a part a communication is established with the joint between the first and second row of carpal bones, and thus, indirectly, another joint is involved.

Literature.

THE MEDICAL SERVICE OF THE FRENCH ARMY (a).

AMONG recent works on the medico-military history of the late great war, that by M. Leon Le Fort has an especial interest, more particularly to the Medical officers of the army, and to such as devote their attention to hospital organisation. The author of this very able and remarkable work, himself unconnected with the army, yet fully competent to express opinions in regard to it, takes so full and impartial a view of his subject, at the same time that his remarks are so full of what is suggestive in reference to our own service, that did time and space permit, we would reproduce a large portion of the volume for the benefit, not only of army surgeons, but of all who are interested in the efficiency of our forces. As matters are we can do no more than refer briefly to some of the points discussed by him.

Starting with the expression made use of by the late Emperor in 1867, that "the power of a nation depends upon the number of men it can put under arms," M. Le Fort enters upon a consideration of the importance of a Medical service as a means of preserving that power, nor does he omit an opportunity of pointing out how this great end may be more than neutralised by maladministration on the one hand, and on the other interference by officials and amateurs ignorant of technical knowledge, unable to appreciate the requirements for the preservation of the health of the effective, and for the successful treatment of the sick and wounded. He adds his opinion to those of other able writers, that the subordination of the army Medical officers to the *intendance* should cease, for whatever may be suitable in civil hospitals, it is essential that those connected with forces on active service should be administered by Medical officers on the simple ground, that under such circumstances the necessities of the patients must prevail over those of mere administration and routine. He observes, and correctly, that in actual war the regular Medical staff of an army cannot be otherwise than insufficient for all necessities, and that, consequently, volunteer assistance must on all such occasions be sought; nevertheless, judging from the results observed during the Franco-Prussian war, it will be necessary to guard in the first place against such volunteer help completely displacing the regular service, in the second of an inexperienced amateur *administration* causing greater evils and complications than even the military *intendance*, which with all its faults, has at all events the advantage of knowing how to work according to its system during war, bad as that system has proved itself to be; and in the third place, the army Medical element must guard as far as possible against the appropriation of the credit justly due to them by irresponsible amateurs possessing high social connections, but without any special fitness for fulfilling the real functions of the physician or surgeon.

Several years ago, M. Le Fort was led to inquire into the relative mortality after great operations in the hospitals of France and England; subsequently his investigations turned more especially to operations performed in military hospitals, nor was it without surprise, that in both instances the results showed unfavourably to those of France. With regard to the causes of the greater mortality in the military hospitals, several causes all more or less peculiar to the army of that country combine to produce the unfavourable result, among which M. Le Fort enumerates abuse of transport, overcrowding of hospitals and buildings used as such, insufficiency of Medical staff, and the subordination of *surgery to administration*; nor is it too much to say, that not only in France, but

in some other countries that could be named, the tendency is even now increasing rather than diminishing to attend, first and foremost to *administration*, secondly, and as of smaller importance, the actual Medical and surgical needs of the mere patient, not indeed as a fault of individuals, but rather of a *system* gradually grown up and fostered through much evil report, the chief credit of which has been to conceal from the public its imperfections. Although the *intendance* claims the right to direct the Medical service, it omits the duty to furnish the army with a sufficient staff, to distribute them according to needs, to place at their disposal sufficient instruments, medicines, and dressings, to furnish suitable and healthy hospitals, and means of transport.

In addition to these shortcomings, M. Le Fort quotes instances where in the hurry of military operations, the needs of the sick and wounded were so far overlooked, that for days together very insufficient supplies of food were issued to them. Other deficiencies on the part of the *intendance* are enumerated. At one time brancards and blankets are wanting, at another, *litières*, *cacolets*, wagons, chloroform, and perchloride of iron; next there were neither infirmiers, nor wagons with ambulances; now it is Medical officers who are wanting, then the cantines of medicines or appliances are not forthcoming, and so on, and so on.

The Crimean war furnishes M. Le Fort with ample materials for comment on the French *intendance*. He describes the representations of the Medical officers of our army in regard to huts, food, clothing, and general sanitation, as having been attended to with the result of good health of the troops during the second winter there, and similarly points out the disastrous results to the French that followed the rejection, by the *intendance*, of recommendations submitted even by such men as Michel Levy, Scrive, and Baudens. Here is an example that deserves study. Hospital gangrene was spreading terribly among the 1,200 patients crowded together in the hospital at Pera. M. Levy submitted to the *intendant* the measures in his opinion necessary to check the fearful disease; the reply of the *Controller* must be given in the original: "*Je les déplore avec vous, mais le moment ne me paraît venu d'y apporter le remède que vous indiquez.*" Hospital gangrene might sweep away its victims, but what was that in comparison to interfering with *administration*? Nor was it until the Emperor, being made aware of the condition to which his troops were being reduced as a natural result of the subordinate position occupied by the department nominally charged with the care of their health, himself issued orders in accordance with the recommendation of the principal Medical officer, to whom the general in command wrote thus: "*Monsieur l'Inspecteur, the Emperor has this morning written to me, what is essential is to establish with the least possible delay, the hospital huts as recommended by M. Baudens.*"

Both before and since the date of the Crimean War various attempts have been made to emancipate the *service de santé* of the French army from the thralldom which has so long neutralised its efficiency and chagrined its individual members. From one cause or another, reforms, the necessity for which has been very generally acknowledged, have been postponed, and, to judge from reports now before us, the restrictions under which hygiene, medicine, and surgery are conducted are quite as great and pernicious in 1872 as ever they were. During the late war—and the same rule would still hold good were the necessity unhappily to arise—it was the *intendant* or his representative who selected buildings for hospitals, decided upon the numbers of sick or wounded to be accommodated in particular wards, determined upon the towns and places to which transfers should be made, and, still more incredible, it is they who decide upon the fitness or otherwise of patients to be so transferred.

It is the *intendance* itself that opposes most strongly the emancipation of the Medical service from its control.

(a) "*La Chirurgie Militaire et les Sociétés de Secours en France, et à l'Étranger.*" Par Leon Le Fort. Paris: Germer Bailliére, 1872.

The one only argument brought forward for its continuance is the propriety of *union of direction*; but it would seem to be forgotten that such unity can only exist where unity exists in the nature of subjects to be directed. In reality, the duties of the army Medical service have an equal right to a distinct autonomy, as have the corps of engineers, artillery, or even the intendance itself, inasmuch as whether recognised as such or not, it must necessarily continue to be a special corps, charged with special duties, having special requirements, and demanding in its members special and scientific training. But perhaps it is not in France alone that the full extent of such requirements is ignored. In other armies we are accustomed to read and hear of their scientific branches. We speedily learn that among them no count is taken of that which certainly ought to comprise the highest results of all sciences,—namely, that devoted to the protection of health of the effective, and suitable treatment of the sick and wounded. But no: in the French Army, *science*, so called, is unrecognised when its object ceases to be destruction, and so *science* holds aloof—unfortunately to the great disadvantage of the individual soldier, and of the general interests of the State. This very year, 1872, a competition for fifty appointments in the Medical service took place; for them, *two* candidates made their appearance.

Unhappily for French military surgery and medicine, and for that of some other countries also, certain classes of persons—some partially informed, some with an object in view—find it convenient to restrict the duty of the Medical man to the mere detection of a malady, to the performance of an operation, and the mere prescription of medicines to a particular patient occupying a particular bed. They, however, either ignorantly or wilfully, ignore the fact that these include but a very small part of the functions of the scientific practitioner, that the great aim of modern Medical science is to place the patients in such conditions that the risks of complications in their several cases may, as far as practicable, be avoided, the gravity of their diseases or injuries diminished, and the chances of epidemic disease, whether hospital or otherwise, averted. To ensure these great ends, it is essential that the surgeon have *power* to direct as well as responsibility confided to him, for, as matters now are, as well might we hold the commanding officer of a regiment responsible for the efficiency and discipline of his battalion, at the same time that *administrators* intrigued with the dwelling, clothing, food, accommodation, punishment, and all other matters connected with them, as to expect a Medical officer to fulfil efficiently the duties of his Profession, fettered on all sides as he at present is.

Correspondence.

CHLOROFORM AND ITS WANING POPULARITY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I have been reading leaders in your paper, and papers from Dr. Morgan published in the same journal, for some time past, warning the Profession against the use of chloroform as an anæsthetic. I am more than twenty years apothecary to the Tyrone Infirmary, which bears a high character for its numerous and successful operations in surgery, and during that period I have had charge of the administration of chloroform to the patients about to be operated on, and I have never had an untoward event or a case to create the slightest alarm while the patients were under its influence. The following are the rules I adopt:—

1st. The chloroform to be pure, free from the faintest smell of chlorine.

2nd. That it be inhaled from a dry towel, folded like a table napkin, and held over the face so as to admit the air to be inspired with the chloroform.

3rd. The chloroform to be poured into the napkin in quantities of two drachms at a time, and removed occasionally until insensibility is produced.

4th. That the patient be made to inhale with the mouth open to ensure a speedy effect; and

5th. That the heart's action be constantly noted either at wrist, or by placing the hand over the region of the heart, which is the better of the two.

With these rules and precautions observed there is no danger, and chloroform may still hold its ground against all competitors.

Yours obediently,

FRANCIS TRENAR.

Omagh, October 14, 1872.

POST-MORTEM PARTURITION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In your issue for Oct. 9, and some previous numbers of the MEDICAL PRESS AND CIRCULAR, are recorded some interesting cases of *post-mortem* parturition, in which different explanations are offered of the strange pathological phenomenon—Dr. Klaatsch and M. Denuex maintaining that it was due to want of air in the intestines, and others, with apparently better reason, to excess of air in the intestines, while it is to any ordinary understanding quite incomprehensible how it could be produced by either cause.

I think the most natural and most scientific explanation is that *post-mortem* parturition is due to gaseous fermentation *within the uterus itself*, which causes the birth to be expelled, as a cork from a lemonade bottle, or a charge from an air-gun; the vacuum produced by the sudden expulsion causing eversion and protrusion, as reported by Dr. Baillie, of Bhaugulpore; the rupture of uterus and protrusion of the vagina, as reported by Surgeon Cleghorn, being due to intra-uterine gaseous distension. Pressure from the intestines would be more likely to prevent than promote *post-mortem* parturition, as it would be exercised over the neck of the womb and deep in the pelvis, as much or more so than on the fundus uteri.

Yours very truly,

THOMAS HAYES, M.D., M.R.C.S. Eng.

Shanagolden, Co. Limerick, Ireland.

October 12th, 1872.

Scraps from the Editor's Table.

MAXIMS.

IF, in the degeneracy of thy nature, thou doest a dirty deed, cleanse thyself therefrom, remembering that "While there's life there's soap."

Shouldst thou, in the exultation of thy soul, conceive a humane idea, and from interested motives refrain to carry it out, bethink thee, that "While there's hemp there's rope."

Be not wise in thine own eyes, unless thou canst stand upon thine head and scratch it with a pitchfork without hurting them.

If thou seekest honour,

Get it when thou canst.

If for wealth thou longest,

Steal it when thou must (a).

If good health thou lackest,

And wouldst happy be,

Leave off grunts and grizzles,

And come follow me.

—From the New Number of "Loose Leaves," or, *Church Street Lunatic Asylum Magazine*, published by Baillières, Tindal, and Cox.

THE "GUMTICKLER."

THE remarks made recently by Professor Hodges on the adulteration of whiskey have called forth an interest in the

(a) They always do this in the City, when not obtainable by other means.

subject which has already borne good fruit, and by the aid of the Adulteration Act may produce more. To help the work we reproduce the analysis of four samples of the liquid sold as whiskey in the low Glasgow public-houses, published by the *North British Mail*:—

Nos. 22, 23, 24.

These so nearly resemble each other in composition that they may be taken as identical—in fact it is probable that they are so.

Whiskies captured in various shebeens. Colour, straw colour. Taste, disagreeable, naphthalic, and methylic. Smell, naphthalic odour obscures the others. Strength, 30 per cent. under proof. Sulphuric acid, free and combined as sulphate of copper, about 100 grains per gallon. Shellac, present. Turpentine, present. Amylic, ethylic, and methylic alcohols of sp. gr. '820, about 60 ozs. per gallon. Crude acetic acid, present in considerable proportion. Saccharine, gummy, and extractive matters, about 200 grains per gallon. Water, nearly 100 ozs. per gallon.

NOTE.—All prepared by mixing a large quantity of Berlin spirit with water, adding a small quantity of low-run spirit, and working up to increase the bite by the addition of the other ingredients mentioned.

No. 25.

Whiskey obtained from an itinerant shebeener. Colour, straw. Taste, strongly naphthalic. Smell, a mixture of that of lavender, wood naphtha, and turpentine. Strength, 17½ per cent. under proof. Sulphuric acid, free and combined, about 60 gra. per gallon. Copper as sulphate, present. Shellac present. Turpentine, present. Methylic and ethylic alcohols of sp. gr. '820, about 75 ozs. per gallon. Gummy matters, &c., about 300 gra. per gallon. Water, about 85 ozs. per gallon.

NOTE.—Contains no whiskey. The principal ingredients are Berlin spirit, wood naphtha or methylated spirit, and water. Rest added to increase the bite.

THE SHIFTS OF OBSTETRICIANS.

THE *Australian Medical Journal* for May states that, on the 2nd of March, Mr. W. H. Jackson, a medical practitioner, residing at Merino, in the western district, had occasion to perform craniotomy under somewhat exceptional circumstances. Not having the ordinary instruments with him, he used a gimlet, an auger, a chisel, and a hook of telegraph wire. The woman did well.

This is equalled by the devices of Dr. Nelson, of Sacramento. This representative country physician manufactured, in 1852, on the spur of the occasion, with the assistance of an ordinary blacksmith, out of a common iron hoop and a steel ramrod, substitutes that performed their office equally as well, if not better, than the best finished and polished instruments of the metropolitan surgeon. They were a vectis, a blunt, and a sharp hook. With these he performed craniotomy, and saved the life of his patient. They are now preserved in the museum of one of our colleges in this city.

Medical News.

Royal College of Physicians of London.—The following gentlemen were duly admitted licentiates of the College on the 8th day of October, 1872:—W. G. Bacot, Blandford; J. L. D. Brown, Richmond House, St. George's Road, Southwark; F. Charlesworth, Hanley; W. C. S. Clapham, 4 Powis Place, Great Ormond Street, W.C.; N. B. Elliot, Denmark Hill, Lambeth; J. M. Finzi, 105 Gower Street, W.C.; A. Fanda, Inkberrow, Redditch; E. H. Lineker, Widnes, Warrington; M. Lubbock, Guy's Hospital, S.E.; G. W. Parker, Selby Villas, New Cross Road, S.E.; G. E. Pellereau, 40 Bedford Place, Russell Square, W.C.; T. W. Sheppard, 8 Oxford Gardens, Notting Hill, W.; M. Stern, 8 Maddox Street, W.; R. Wood, Bromsgrove.—The following gentleman, having passed in medicine and midwifery, will receive the College licence on his obtaining a qualification in surgery recognised by this college:—Robert Bedford, 201 Euston Road.

Royal College of Surgeons of England.—The following Members were admitted Fellows of the College by election at a meeting of the Council on Oct. 17th:—Arthur James Cumming, Exeter, diploma of membership dated April, 1842; Edward Stacy, Epsom, January, 1820; William Thom, Bombay Army, November, 1839; Francis Fawcett Welch, Saffron Walden, Essex, May, 1840.

Queen's University in Ireland.—The following gentlemen obtained the diploma in Midwifery at the late examinations:—John George Adamson, Samuel Agnew, Philip Lambert Benson, John Bryans, J. M'Mahon Browne, Moses Black, Robert Evans Burges, N. Whistler Colahan, John G. Collis, Timothy Crowley, Richard Davis, Hugh Alexander Davis, Henry A. Fogarty, James Graham, Francis Healy, John James Holland, James Hurley, J. Knox Houston, William E. Johnston, George Johnstone, J. King Kerr, John Knox, Chas. Albert Macaulay, Robert M'Bride, Samuel M'Cutcheon, Denis P. Macdonald, Samuel M'Kee, Henry J. Madders, John A. Malcomson, Wm. Augustus Maybury, Horace Mansell Maybury, W. E. Bonsall Moynan, Bernard O'Connor, Patrick O'Connell, Simeon Holgate Owen, Thomas Patterson, James Ring, J. Moore, J. Scott, Ebenezer E. Sloane, John Strahan, William Thomson, Alexander Young.—The first examination in Medicine has been passed by the undermentioned:—James Moran (Second Class), William Savage Speer (Third Class), John Baird, George Barkley, R. C. Burke, Martin F. Cleary, Edw. P. Collis, Ludlow Colthurst, Charles Cooper, John Crampton, William Cranston, Maurice Cremen, M. Curtin, Jas. Crofts, Maurice Daly, Francis Davison, Alexander Dempsey, William Davis, George Dongan, William Faulkner, Samuel Fergus, J. Flood, J. Foss, William Graham, Patrick Gorham, George Gowland, James Gray, John Greany, Frederick Gresham, Henry Grier, Christopher Gunn, James Guthrie, John Hamill, Edmund Hemsted, Edwin Hemsted, Joseph Henry, Jonas Howe, Wm. B. Huggard, Benjamin Jagos, William Jeffries, Henry Johnson, Edward Kelly, J. Kennedy, Wm. Le Grand, Thomas Loane, P. Loughran, Henry M'Clure, Chas. M'Cartie, Patrick M'Donnell, William M'Iver, Thos. M'Loughlin, Horace Maybury, William Milward, Timothy Mullane, Jarlath Mullen, Michael Munro, John O'Callaghan, Timothy O'Meara, Simeon Holgate Owen, Joseph Parker, Charles Plumer, Norman Pollock, Caleb Powell, Richard Quinton, Henry Rathborne, Michael Ronan, D. J. Ross, James Ross, Charles Sharpe, Edward Shipsey, Edward Smyth, Michael Sweetman, David Thompson, William Tivy, Chas. Wadsworth, Wm. Warren, William Whitta, Michael White.

Apothecaries' Hall of London.—At a Court of Examiners held on the 24th instant the following gentlemen, having passed the necessary examinations, received the L.S.A. diploma, viz.:—Messrs. C. W. Bedford, of Brighton; Peter Clark, of Stathern; Judah Moses Finzi, of Gower Street; Rees Hopkins, of Pontypridd; G. H. Le Motte, of Guernsey; George W. Parker, of New Cross Road; and Charles Read, of Jewin Street; and at the same court Mr. Herbert Neale Smith, of Guy's Hospital, passed the primary professional examination.

Gleanings.

Darwinism in Reference to the Eyes of Animals.

DR. B. JOY JEFFRIES made a brief verbal communication on the unity of design in the eyes of man and the lower animals.

In the Harvard University Course of Lectures on the "Anatomy and Physiology of Vision," which I am now delivering at Cambridge, I have had occasion to especially study the unity of design in the visual organs of man and other animals, and by means of my pictures and diagrams I trust to make this evident to the Society. As every illuminated point in nature sends out rays of light in all directions, we have only diverging rays, or those which, so far as the eye is concerned, are particularly parallel. There is needed a refractive medium, therefore, to bring such rays to a focus on the recipient surface, where the stimulus of light finally causes nerve stimulation, sending the sensation of light, through an optic nerve, to the brain or its representative. We may take the human eye as the highest type, and here we have refracting media; namely, the convex cornea and double convex crystal-

line lens behind it, by means of which diverging or parallel rays of light are focused on the recipient surface or retina, which lines the interior of the eye-ball behind. Thus is formed what exactly corresponds to a *camera obscura*. We have refracting media in whose focus or in the plane of whose focus, is placed a recipient surface, which recipient surface or membrane, or retina, contains the means or apparatus for causing the stimulus of light to give rise to a nerve sensation to be transmitted to the brain. Now all eyes, no matter what their external shape or appearance, if they answer these postulates, may, of course, be ranked together as constructed on one design or plan. If we follow down the series of vertebrates, we shall find these eyes all formed on this principle of the *camera obscura*. So also in the *simple* or *additional* eyes of the rest of the animal kingdom, we shall find a refractive apparatus, in the plane of whose focus is a recipient membrane or retina. And this notwithstanding any difference in shape, size, or general appearance of the vertebrate eye, or the simplicity of these so-called additional eyes of the insects. The only other form of eye existing in the animal series is the *compound* or *faceted* eye of the insects and articulates. The common cornea of this eye is divided up into a large number of distinct facets (five to thirty thousand), each one corresponding to a tube or pigment, so to speak, in which is found the final termination of the optic nerve fibre. The ray of light which enters through any one of the transparent facets can only affect the optic nerve fibre termination corresponding to it. Hence naturalists and philosophers seemed forced to accord to this form of visual apparatus a different method of perceiving light from that which prevails with the eyes formed on the principle of the *camera obscura*. Johannes Muller's dictum, more than anything else, seemed to render this an accepted truth. Long ago, however, the strangeness was pointed out of an animal having eyes near each other, whose methods of receiving and perceiving light were on two entirely different plans. Mr. Darwin saw at once this would militate against his theory, and comparatively recent research shows that it is not true. These compound or faceted eyes are also now found to have a refracting medium, in the plane of whose focus is a recipient surface corresponding to a retina. Each one of these facets is in reality a convex lens, and, as an old anatomist said, "if we look at a man through these we shall see a whole army of dwarfs." There is, then, a picture formed behind them, just as there is a picture formed on the retina in the vertebrate eye. Moreover, behind each facet there is a refracting body which we will call the vitreous cone, and however its shape and appearance may vary in insects and crustaceans, yet its purpose remains the same; namely, that of refracting the light, and together with the convex facet focusing it on the terminal end of the optic nerve fibre behind, and in contact with the vitreous cone. Here, then, the stimulus of light produces excitation of a nerve to carry sensation to the brain or its representative. The facet may represent the human cornea, the retracting vitreous cone next behind it, the crystalline lens, and if we should push back the final optic nerve termini, by the interposition of a vitreous humor, the very shape would then resemble the vertebrate type. Thus, we find unity of design in all eyes, vertebrate, simple and compound. The question naturally arises, how can the insect see things singly if thousands of pictures of the same thing are perceived. The answer is that a single fibre supplies many facets. Moreover, eyes seemingly faceted or compound, are, on examination, found to be groups of simple eyes close together. No objection has been made to an animal's seeing singly with several simple eyes when these are closely grouped, or to man's single vision with two eyes. A multiplied picture does not go as such to the brain.

Now then, where does light become turned into nerve stimulation. This takes place in the retina, for the optic nerve itself is insensible to light, and where it enters the eye-ball is a blind spot in our field of vision. The retina is by no means simply a membranous expansion of nerve substance, but a most complicated structure. Without dwelling upon the arguments in proof, I would simply say that its outer layer contains alone the percipient elements, called from their shape the rods and cones. These stand crowded together, after the manner of a mosaic, at right angles to the black pigmented surface against which they lie, or rather in which they are bedded. The outer portion of these wonderfully minute little rods and cones is now found to be composed of a pile of plates of a refracting material separated by a less refractive intermediate substance, like a pile of glass plates separated by air. In contact with these come the ultimate fibrillæ of the optic nerve

fibræ, and in some way the action of the light streaming through this pile of plates stimulates the nerve to a sensation of light to go to the brain. This plated or layered structure of the rods and cones is universal in the vertebrate eye. The portions of the compound or faceted eye which corresponds to the rods and cones, is the nerve substance or its representative, behind the vitreous cone in the pigmented tube, and here, also, this plate structure has been found in the insects and crustaceans. Thus, then, not only are all eyes so formed as to be adapted to the same laws of light, in having refracting media, in the plane of whose focus a recipient organ turns light into nerve sensation, but the *percipient elements* of this receptive organ, the retina, are also the same, perfectly establishing the unity of design in all visual organs of men and lower animals.—*Proceedings of the Boston Society of Natural History*, 1871.

Baron Liebig on the Value of Preserved Food and Meat Extracts.

BARON LIEBIG has addressed an interesting letter, which appears in the last issue of the *Society of Arts Journal*, in refutation of the statements made by Dr. Edward Smith, to the British Association, in a communication on "Preserved Food and Extract of Meat."

The economy of nutrition, however, depends essentially on the right proportion in the nourishment consumed of the nitrogenous substances (meat, fish, eggs, &c.), and those free from nitrogen (starch, butter, sugar, &c.).

An excess of meat in the diet is waste, and the exclusive consumption of potatoes is likewise waste. The chemical composition of meat and of potatoes (as well as of all other articles of food) is perfectly well-known, and it is therefore easy to calculate the proportion in which they must be mixed, in order to obtain the maximum of nutritive value for every individual at every stage of life.

Neither tea nor extract of meat are nutriment in the ordinary sense; they possess a far higher importance by certain Medical properties of a peculiar kind. The physician does not employ them as specific remedies. They serve the healthy man for the preservation of his health.

It is surely a grave offence against all laws of physiology to compare tea, coffee, and extract of meat to the more common articles of food, and because they are not that, to draw the inference, as Dr. Edward Smith has done, that they are nothing at all. This is certainly not scientific reasoning.

It has, however, never been asserted that 1lb. extract of meat represents 32lbs. of flesh; this is simply an invention of Dr. Edward Smith. The truth is that 1lb. extract contains the substances soluble in hot water of 32lbs. of flesh.

Dr. Edward Smith proceeds to say:—"The composition is water (if you will completely dry a pot of the extract you will see how large is the proportion of water), the salts of meat, and the phosphates, extractive matters of a soluble kind, the peculiar flavour of roasted meat, and common salt, which are added to it." It is utterly impossible to suppose that Dr. Edward Smith intends to make us believe by this sentence that extract of meat is water, to which are added common salt, the phosphates of meat, the flavour of roasted meat, and soluble extractive matters. It is rather to be assumed that Dr. Edward Smith would have expressed himself quite differently and more correctly respecting the composition of extract of meat if he were possessed of even a faint notion of the science of chemistry.

As regards the proportion of water contained in extract of meat, it is well-known, through innumerable analyses, that it amounts on an average to 19 per cent. (*maximum* 22 per cent., *minimum* 16 per cent.) Extract of meat is beef-tea made from fresh beef—not roasted—in the purest state, condensed to the consistency of a thick honey, to which nothing whatever is added by the manufacturer. The assertion that common salt is added to the extract is an unjustifiable invention. The juice of the muscles contains, as a never absent component part, a small quantity of chloride of potassium, but no chloride of sodium (common salt.)

In the selection of food, which is influenced by necessity or want, the instinct and the experience of the million are infallible, and a far better guide than the theoretic speculations of men who have remained ignorant of the composition of food, as well as of even the simplest laws of nutrition.

"Fish," says Dr. Edward Smith, "is sometimes suggested as a substitute for meat; but fish is rather a relish than food, and contains little more nutriment than water."

From Payen's investigation it is well-known, however, that the flesh of fish, on the average, does not contain more water than fresh beef, and as much solid substance as the latter. For instance, the flesh of salmon contains 75.70 per cent. water and 24.296 per cent. solid substances, while beef (muscle) contains 75.88 per cent. water and 24.12 per cent. solid substances.

Monobromide of Camphor as a Nervine.

DR. WILLIAM A. HAMMOND writes (*New York Med. Jour., Mich. Un. Med. Jour.*): "My experience with the monobromide of camphor, though thus far limited, is eminently satisfactory. I have employed it in two cases of infantile convulsions due to the irritation of teething, with the effect in each instance of preventing the further occurrence of paroxysms which previously to its administration, had been very frequent. In each case a grain was given every hour, rubbed up with a little mucilage of acacia. Three doses were sufficient in one, and two in the other case. The children were aged respectively fifteen and eighteen months. In a very obstinate case of hysteria occurring in a young married lady, in the form of paroxysms of weeping and laughing, alternating with epileptiform and choreiform convulsions, I gave the monobromide of camphor in doses of four grains every hour. The influence was distinctly perceived after two doses were taken, but ten were necessary to entirely break up the attack. This was a very favourable result, as all the previous seizures had lasted from five to eleven days, uninfluenced by medication or moral suasion. I have also employed it with excellent effect in several cases of headache occurring in women and young girls, and due to mental excitement and excessive study. One dose of four grains was generally sufficient to cut short the attack. In two cases, three doses at intervals of half an hour were necessary. In wakefulness, the result as it so generally is of cerebral hyperemia, the monobromide of camphor appears to be greatly inferior to the bromide of calcium or even the other bromides. But it is apparently indicated in delirium tremens. I have not yet had the opportunity of trying it in this disease, but I should not hesitate in a case of the affection to administer in doses of five grains every hour or half-hour, with the confident expectation that sedation and sleep would result. The monobromide of camphor may be given in the form of a pill, with conserve of roses as the excipient, or as a mixture with mucilage of gum arabic and syrup. The dose for adults ranges from two to five grains."

Inheritance of Appetite for Alcohol.

A STRIKING instance of this kind has been recently brought to our knowledge. A lady, wife of the mayor of an Atlantic city, was a confirmed inebriate, and in spite of the most assiduous efforts made by her husband and others to restrain and reform her, continued to drink until her life fell a sacrifice to the indulgence. Her grandmothers were both intemperate, and they both died from drunkenness. Several of her brothers were inebriates. She had one child, a daughter, who exhibited in childhood a marked appetite for strong drink, and who drank to intoxication whenever she had the opportunity. This child died at the age of six years. During her brief life she was known to have been repeatedly drunk. So inveterate was her appetite for liquor that she resorted to the most cunning tricks in order to procure it—tricks such as would do credit to the ingenuity of an adult.—*Pacific Medical and Surgical Journal.*

Treatment of Retention of Urine.

A PLAN of treating retention of urine is suggested by Dr. A. W. Stein in the *Medical Record*. He says:—"I tested for the first time last summer, upon a patient whom I attended with Dr. E. G. Rawson. He was nearly eighty years of age, and suffering from extreme distention of the bladder depending upon stricture and prostatic enlargement. A delicate catheter was with difficulty introduced, and the bladder partially relieved; but, owing to the atonic condition of the organ, it was unable to completely evacuate its contents. Whereupon I attached my rubber-tube to the catheter, and having previously compressed the bulb, allowed it very slowly and carefully to expand. In this manner I succeeded in removing an additional pint or more of stale ammoniacal urine, which, in consequence of the feeble condition of the patient, could not have been expelled in any other way. I have since had occasion to satisfy myself that this operation is emi-

nently adapted to cases where over-distention has existed for some time, and especially in advanced life, or in those affected with enlarged prostate, in whom a sort of pouch or permanent reservoir so frequently exists at the 'bas-fond.' The advantages derived from thoroughly evacuating the bladder before local treatment is instituted in chronic cystitis are obvious."

URTICARIA.

THE fact that chronic urticaria so frequently takes on an intermittent form Dr. Fox, of Bristol, thinks favours the idea that in this disease the nervous system is mainly at fault. It occurs, too, under the influence of depressing mental conditions, especially long-continued anxiety, and may be more or less connected with the cutaneous hyperaesthesia so often met with amongst the insane, which sometimes takes the form of prurigo, and more frequently leads to an invincible dislike to the touch of any clothes whatever. If it be granted that chronic urticaria is due to a neurosis, its dependence on uterine or ovarian irritation is easily explained. The influence exercised by such local irritation on the cutaneous nerves or on vaso-motor nerves in the immediate neighbourhood of the skin is very similar to the reflex phenomena of epileptiform convulsions, of vomiting, of vertigo, of infra-mammary pain, and of many hysterical symptoms that own the same exciting cause.—*The Doctor.*

PSORIASIS AND ECZEMA.

IN the *Annales de Dermatologie et de Syphiliographie* there is an interesting article on the treatment of the dartrous diathesis. The two incarnations of dartre are psoriasis and eczema. Psoriasis is a primitive lesion of the epithelial tegumentary tissue, with a secondary and slight effect on the connective tissue. The glandular, vascular, and nervous apparatus escape almost completely from this lesion. Impetigo, lichen, pityriasis, both *alba* and *rubra*, are nothing more than varieties of eczema. Eczema is a dermatitis—most frequently serous; it is a primitive lesion of the connective tissue, with a secondary effect on the epithelial. The vessels are attacked in eczema, hence its diffusive character; psoriasis very rarely touches them, whence its limitation. Eczema also attacks the glands; therefore the perspiration is diminished, and a reaction on the entire organism is possible. Psoriasis can be cured by the administration of sulphur or arsenic, because these stimulate the epithelial region, from which they are thrown out of the system. But these remedies have little or no effect on eczema, because they do not affect the connective tissue. Nothing but palliatives have been discovered up till the present for the latter malady.—*Ibid.*

NOTICES TO CORRESPONDENTS.

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

All communications intended for insertion must bear the name and address of the writer; not necessarily for publication, but as a voucher of good faith.

Rejected MS. will always be returned, if a request be received from the author, within one week after the article or letter has been declined.

SUBSCRIPTIONS IN THE UNITED STATES.—A correspondent has drawn our attention to the fact, that some of the houses in the United States are charging the enormous figure of 15 dollars per annum (more than £3) for supplying this Journal to different parts of the States. We beg, therefore, to state that we shall be happy to supply the same regularly post free per annum, if paid in advance, for considerably less than half this amount, viz., six and a-half dollars (about £1 6s. 0d.), either direct from our offices in this country, or through our recognised agents in the United States.

DR. HANBAHAN, Mountrath.—The resolutions, unavoidably postponed last week, appear in our present issue. We shall at all times be glad to publish proceedings of the Poor-law Medical Officers' Association when communicated to us in a suitable form.

ROYAL MEDICAL BENEVOLENT COLLEGE.—An announcement is made in our advertisement columns of a general meeting of the governors of this charity, for the purpose of considering alterations in the bye-laws, and other matters, and to appoint a treasurer to the college, in the place of Henry Sterry, Esq., whose state of health renders it necessary for him to resign the trusteeship.

VERITAS.—We entirely agree with you, the whole proceeding is a miserable fiasco.

ENTOMOLOGY EXTRAORDINARY.—A correspondent sends us the *Noria Devon Herald*, with the following paragraph marked. For obvious reasons we have not given him an advertisement of his name and address:—

"A SINGULAR DELIVERANCE.—Mr. H., of —, has just effected a wonderful cure. Mrs. V., et. 44, has suffered excruciating agonies for twelve years past from some unknown cause. Her symptoms were those of asthma and indigestion, and for those ailments she has been frequently treated, but without any beneficial effect. A few weeks ago she applied to Mr. H., who declared his conviction that her sufferings were caused by some live insect in her stomach. He administered some medicine, and one day last week Mrs. V. was seized with violent vomiting, and, after a protracted struggle, she ejected a large caterpillar, three inches in length and one inch in circumference. The insect had two've joints, eight legs, and four claws with fangs."

We confess to a feeling of considerable nervousness at the thought of an insect with twelve joints and four claws with fangs. Will any of our entomological readers tell us what the dreadful creature is? Had Mrs. V. been eating raw cabbage and swallowed a caterpillar?

VACCINATION.—There are several unions in which a small fee is allowed the Medical officer for every successful case of vaccination. You should try to induce the guardians in your district to adopt a similar course.

EXAMINATIONS FOR THE F.R.C.S. AND M.R.C.S.—The next preliminary examination for the Diploma of Member and Fellow of the Royal College of Surgeons of England, will be held on Tuesday, Wednesday, and Thursday, the 10th, 11th, and 12th of December, 1873, at the University of London, Burlington Gardens.

DR. J. R. S.—We do not remember any work in the English language on the subject. The only one extant is by Professor Tardieu, in French, the sixth edition of which is announced by Messrs. Baillière and Co., entitled "Etude Médico-Légale sur les Attentats Aux Mœurs." The author's name is a sufficient guarantee for the work.

IMPROVED MODE OF VENTILATING SLEEPING ROOMS.—Dr. Elliot, of Carlisle, sends us the description of his improved method of ventilating bedrooms, either in private houses or hospitals. Our correspondent states that his method of ventilation is at once economical, effective, and remarkably free from objection; dispensing with dust tubes in ceilings, floors, or walls, perforations above mantel pieces, in cornices or skirting boards, and any such opening of a window as permits rain or chill-air to enter; and also preventing the blind from getting outside and breaking the panes. The peculiarities are, that it excludes rain and all avoidable dust, yet admits air very freely, but with a strong upward direction to the ceiling, by which means it is thoroughly tempered and seasoned, as well as dispersed like a shower near the ceiling, before descending for use.

THE LADIES' MEDICAL COLLEGE, LONDON.—A correspondent informs us that the name hitherto borne by this Institution will in future be changed to "The Obstetrical College for Women," and it is intended to apply to Parliament for "such an amendment of the Medical Act as will give women access to a registrable diploma in midwifery, and confer upon properly educated midwives a defined professional status." Pending such legislation, the Female Medical Society has determined to issue certificates of proficiency in midwifery to ladies who have fulfilled the prescribed curriculum of study and passed a satisfactory examination.

F. S. E. should remember the old proverb, *Ut quimus, quando ut volumus non licet.*

STUDENT.—The course of practical lectures at the Cambridge University on the Histology of the Connective Tissues commenced yesterday (Tuesday), and will be continued on Tuesdays and Thursdays, at 11 a.m., in the Physiological Laboratory, New Museums. A course of lectures on the Physiology of the Senses will also be commenced on Nov. 4th, and continued on Mondays and Wednesdays at 1.15 p.m., in the same place.

DR. J. R.—One great danger of paper warfare is, the indulgence in personalities. A still greater is the introduction of creeds in the discussion of Medical and scientific subjects, by which the point at issue is often lost sight of. We have been compelled to stop very interesting discussions for these reasons.

MAD LITERATURE.—We have to announce the publication of the second number of "Loose Leaves," a curious little magazine, written by the patients of Church Street Lunatic Asylum. We have not space to refer to it at length in our present number, but would advise our readers to get the curiosity for themselves. It is published by Messrs. Baillière, Tindall, and Cox at twopence.

COMMUNICATIONS, with enclosures, received from:—Dr. Letheby, London. Dr. Tilt, London. Dr. Burt, London. Dr. Bell Taylor, Nottingham. Dr. Thorowgood, London. Dr. Mitchell, The Registrar of the Royal College Physicians. Dr. Corfield, London. Dr. Peirson, Scarborough. Dr. Drysdale, London. Dr. Sutton, Dartmouth. Dr. Morgan, Dublin. Mr. Fox, Manchester. The Secretary of the Medico-Chirurgical Society. Mr. Darby, London. Mr. Hyslop, Church Street. Dr. Bates, Cowbridge. The Liquidator Albert Medical Assurance. Mr. A. H. Nevill, London. Dr. Elliot, Liverpool. Dr. Handal Griffiths, Dublin. Mr. Kennedy, Liverpool. Mr. Hammond, Mr. Mason, Manchester. Mr. Waren Tay, London. Mr. Acton. Mr. Alfred Cooper, London. The Secretary, Royal Medical Benevolent College. Dr. Hogg, Netley. Vertes. Mr. J. Robertson Reid, London.

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.
The Orator delivered before the Medical Society of London. By F. J. Gant, F.R.C.S.

Transactions of the Pathological Society of London. Vol. xxiii. Human Physiology the Basis of Sanitary and Social Science. By T. L. Nichols, M.D. London: Trubner and Co.

University College, London. Calendar for the Session 1872-3. The Bases of the Temperance Reform. By the Rev. Dawson Burns, M.A. London: Tweedie and Co.

Ovarian Tumours, their Pathology, Diagnosis, and Treatment, especially by Ovariectomy. By E. R. Peaselee, M.D., LL.D. New York: Appleton and Co.

Madras Journal of Medical Science. Chicago Medical Examiner. Lyon Medical. Le Courier Médical. Bordeaux Médical. St. Louis Medical Journal. Detroit Review of Medicine. Canada Medical Journal. Nature. The American Journal of the Medical Sciences. The Shield. The New York Medical Journal.

VACANCIES.

Portsea Island Union. Medical Officer for each of the Southern and Landport Districts. Salary £70 each, with fees extra.
House of Industry Hospital, Dublin. Resident Surgeon to the Richmond Hospital. Salary £50 per annum. (See advt.)
Ainwick Infirmary. House-Surgeon. Salary £105, with residence.
Uckfield Union, Sussex. Medical Officer. Salary £35 per annum, with fees extra.
Cork (South) Charitable Infirmary and County Hospital. Resident Surgeon and Apothecary. Salary £100 per annum. (See advt.)
Sheffield Public Hospital. Assistant House-Surgeon. Salary £25 per annum, with board and residence.
Kington Union, Hereford. Medical Officer. Salary £35.

APPOINTMENTS.

CREEVEY, A., I.R.C.P. Ed., L.R.C.S.I., Medical Officer, &c., for the Dungloe Dispensary District of the Glenties Union, co. Donegal.
DEANS, J., M.R.C.S.E., Medical Officer and Public Vaccinator for the Coleridge District of the Crediton Union, Devon.
ERICHSER, J. E., F.R.C.S.E., a Consulting Surgeon to the Hospital for Women and Children, Vincent Square, Westminster.
FLETCHER, B. V., L.R.C.P. Ed., L.R.C.S. Ed., L.R.C.S.I., Resident Medical Superintendent of the District Lunatic Asylum, Waterford.
HARPER, J., L.R.C.P. Ed., M.R.C.S., Surgeon to the Barnstaple Dispensary.
HUNTER, C., L.R.C.P. Ed., Medical Officer for the newly formed Dooherry Dispensary District of the Glenties Union, co. Donegal.
KEYE, R. A., L.R.C.P. Ed., L.R.C.S. Ed., Medical Attendant to the Royal Irish Constabulary, Cloghan, co. Donegal.
LOFTUS, T. R. E., M.B., C.M., L.M., an Assistant Colonial Surgeon in the Medical Service of the Government of Ceylon.
MACCABE, F. X. F., L.K.Q.C.P.I., M.R.C.S.E., Governor and Resident Physician of the Central Criminal Lunatic Asylum, Dandrum.
MACKINLAY, Mr. J. E. H., a Resident Clinical Assistant to the Hospital for Consumption, Brompton.
OGLESBY, R. P., Ophthalmic and Aural Surgeon to the Leeds Infirmary.
OWEN, R. E., M.R.C.S.E., Medical Officer to the Anglesey County Gaol, Beaumaris.
PICKLES, Mr. J. J., Resident Medical Officer to the Leeds Infirmary.
SCOTT, J., L.A.H., Apothecary to the Waterford District Lunatic Asylum.
WILLIAMS, Mr. W. H., a Resident Clinical Assistant to the Hospital for Consumption, Brompton.

OPERATION DAYS AT THE LONDON HOSPITALS.

WEDNESDAY, October 30.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 2 P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 2 P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1½ P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
CANCER HOSPITAL.—Operations, 2 P.M.
THURSDAY, October 31.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
FRIDAY, November 1.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
SATURDAY, November 2.
HOSPITAL FOR WOMEN, SOHO SQUARE.—Operations, 9½ P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
MONDAY, November 4.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. MARK'S HOSPITAL.—Operations, 2 P.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHANCERY-CROSS HOSPITAL.—Operations, 2 P.M.
TUESDAY, November 5.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.

Marriages.

CARMICHAEL—TOMLINSON.—On the 17th inst., at St. Mark's, Wharfedale, Burton-on-Trent, Wm. Carmichael, M.D., Surgeon R.N., to Sophia Myrtille, daughter of R. S. Tomlinson, Esq.

Deaths.

BODINGTON.—On the 17th of October, Wm. Bodington, F.R.C.S., of Kenilworth, aged 82.
GILLARD.—On the 9th of October, F. J. Gillard, M.R.C.S.E., of Barnfield, Newton Abbot, aged 59.
HUNTER.—On the 14th of October, at Ipswich, T. D. Hunter, M.R.C.S., aged 69.
LESLIE.—On the 19th of October, D. Leslie, M.D., of Kensington-park Road, aged 63.
WELWITSON.—On the 20th of October, at Fitzroy Street, Fitzroy Square, Frederick Welwitsch, M.D., aged 65.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, NOVEMBER 6, 1872.

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SANITARY LEGISLATION OF 1872.

AN ADDRESS BY DR. LETHEBY, President of the Association of Medical Officers of Health.

PRELIMINARY to our inquiries into this matter, it is necessary to remind you that last year an Act was passed, called "The Local Government Board Act, 1871," for constituting a Local Government Board, and vesting therein certain functions of the Secretary of State and Privy Council concerning the Public Health and Local Government, together with the powers and duties of the Poor-law Board. The Board consists of a President appointed by Her Majesty, and of the following *ex-officio* members, namely, the Lord President of Her Majesty's most Honourable Privy Council, all Her Majesty's principal Secretaries of State for the time being, the Lord Privy Seal, and the Chancellor of the Exchequer.

The powers of the Board relate to the duties originally performed by the Poor-law Board, and to certain acts or functions of Her Majesty's Principal Secretaries of State, and of Her Majesty's Privy Council—as for example, in the case of Secretaries of State, the registration of births, deaths, and marriages, the public health, local government and other sanitary matters, baths and wash-houses, public improvements, town improvements, artisans' and labourers' dwellings, local taxation, &c.,—in all the powers and duties defined in about 17 Acts of Parliament and their amendments. As regards the powers and duties of the Privy Council, they relate to vaccination, and to the prevention of disease, as declared in about eight Acts of Parliament and their amendments. All these powers and duties were thus transferred to the Local Government Board, who are henceforth to exercise them as well as all other legislative sanitary functions.

Foremost, therefore, of the sanitary labours of the last session was the Public Health Bill of Mr. Stansfeld and his associates, Mr. Secretary Bruce and Mr. Hibbert. The declared object of the Bill was to "amend the law relating to Public Health." It was brought into the House of Commons early in February last, but it did not pass the

committee until late in June, and it did not become law until the 10th of August. Originally the Bill took cognizance of a great number of more or less important sanitary questions, as for example, the pollution of streams, the ventilation of sewers, the cleansing of streets, the construction of sewers, the sale of unwholesome food and milk, the closing of foul pumps and wells, the closing of buildings unfit for human habitation, the supply of water and examination of its purity, the duties and obligations of sanitary authorities with regard to hospital dispensaries, and the supply of medicine during epidemics, the providing of disinfecting chambers and mortuaries, the appointment of analysts for the examination of water supplied for domestic purposes, and of matters polluting streams, &c. All these were in addition to the main objects of the Bill, namely, the division of England into sanitary districts, and the appointment of sanitary authorities. Fortunately, however, for these objects, and the safety of the Bill, all the less important and obviously very imperfect clauses were abandoned, so that when it left committee its 90 clauses were reduced to 53; and even in this condition, if it had not been for the loyal assistance of the political opponents of the Government, who could hardly join issue on the main principles of the Bill, it might have been lost. Mr. Stansfeld has candidly acknowledged this in his public addresses; and it is to be hoped that the example thus set by the Conservatives will be faithfully copied by the present ministry on any future occasion when they may find themselves in the shade of opposition—that Parliament, in fact, in dealing with important national questions, whether sanitary or other, will always regard them as far above the political interest of any section of the House of Commons, and will therefore remove them from the domain of party politics.

As it now stands, "The Public Health Act, 1872," provides for the division of England into sanitary districts, named respectively, "Urban Sanitary Districts" and "Rural Sanitary District"—both of which are subject to the jurisdiction of well defined sanitary authorities—Urban and Rural.

Urban Sanitary Districts are threefold, namely, 1st. Boroughs, in which the Mayor, Aldermen, and Burgesses

acting by the council, are the sanitary authorities; 2nd. *Improvement Act Districts*, having no part of their area within a Borough or Local Government District, of which the Improvement Commissioners are the sanitary authority; and 3rd. *Local Government Districts*, having no part of their area within a Borough or Improvement Act District, of which the Local Board is the sanitary authority. The metropolis is excluded from the Act, as it is already divided into sanitary districts; but it is an important question whether these may not be consolidated, and made subject to one metropolitan sanitary authority.

Rural Sanitary Districts are the several rural unions not coincident with an urban sanitary district, nor wholly included in an urban sanitary district; and the guardians of the unions are, with certain exceptions, the rural sanitary authorities.

As regards the powers and duties of these authorities, it is declared that urban sanitary authorities shall possess and exercise, to the exclusion of any other authority, all powers, rights, duties, capacities, liabilities, and obligations, attaching to or exercisable by a local board under the Local Government Act, and by a sewer authority under the Sewage Utilization Acts, and by a nuisance authority under the Nuisance Removal Act, and by the local authority under the Common Lodging Houses Act, the Artizans' and Labourers' Dwellings' Act, and the Bakehouse Regulation Act. So also with respect to the Baths and Wash-houses Act, and the Labouring Classes Lodging Houses' Act, where they are in force they shall hereafter be exercised by the urban sanitary authority, and where they are not in force they can be adopted by that authority. Rural sanitary authorities are in like manner to possess and exercise the powers, duties, rights, obligations, &c., of the several authorities acting under the Sewage Utilization Act, the Nuisances Removal Act, the Common Lodging Houses' Act, the Diseases Prevention Act, and the Bakehouse Regulation Act, and any Acts amending the same.

The 10th section of the Act renders it compulsory on all sanitary authorities to appoint a Medical Officer of Health, but in case of the rural sanitary authority, the appointment is only for a period of five years after the passing of the Act. Subject to the approval of the Local Government Board, the same person may be appointed the Medical Officer of Health, or the Inspector of Nuisances for two or more sanitary districts; and with the like approval, any district Medical officer of a Union may be appointed a Medical Officer of Health. It is worthy of note that the Local Government Board have the same powers, in respect of the qualification, appointment, duties, salary and tenure of office of a Medical Officer of Health, or other officer of a sanitary authority, any portion of whose salary is paid out of moneys voted by Parliament, as they have in the case of a district Medical officer of a Union. In addition to this, other large powers are given to the Local Government Board, for they can by provisional order, dissolve any local government district, and merge it into some other sanitary district; or they may declare any portion of a district adjoining a local government district to be included in such district. They may also, under certain circumstances, dissolve an Improvement Act District, and transfer its powers and duties to the borough in which its area is comprised. They can likewise convert a rural into an urban district, with all its powers, duties, capacities, liabilities, obligations, &c.; and they can form a united district for such purposes as the procuring a common supply of water, or the making a main sewer, or the carrying into effect a common system of sewerage, or for any other purposes of the Sanitary Acts. Consent of the Local Government Board is necessary for the adoption in any place of Local Government Acts, and for the constitution of a special drainage district, and for the use of any outfall sewer of a subjacent district, by a district above it. Where in any local act the consent, sanction, or confirmation of one of Her Majesty's Principal Secretaries of State is required with respect to the borrowing of

money, to the giving effect to any byelaws, or to the appointment of any officer for sanitary purposes, the consent, sanction, or confirmation of the Local Government Board shall be required instead of that of the Secretary of State; and the said board has absolute power to determine what is meant by the term sanitary purposes in all cases of doubt or difficulty. After the 1st of January, 1873, the powers and duties of the Board of Trade, under the Alkali Act, 1863, and the Metropolitan Water Acts, 1853 and 1871, are to be transferred to the Local Government Board. The same is the case with regard to the several Acts of Parliament relating to highways in England and Wales, and to turnpike roads and trusts, and bridges in England and Wales, all of which have been hitherto vested in one of Her Majesty's Principal Secretaries of State. Again, the Local Government Board has power to settle all doubts and differences arising out of a transfer of powers or property to the sanitary authority. The only safety for the proper exercise of all these powers is that in most cases the action of the Local Government Board arises out of an application from the sanitary authority for the interference of the Board, and that the Board shall not make any provisional order under the Act unless public notice shall have been previously given by advertisement in two successive weeks in some newspaper published or circulating in the district to which such provisional order relates, and after hearing any objection which may be made there by any person affected thereby; and in cases where the subject matter is one to which a local inquiry is applicable, until it has made, by one of its inspectors, a local inquiry, of which public notice has been given, and at which all persons interested have been permitted to attend and make objections. Moreover, no such provisional order of the Board shall be in force until it is confirmed by Parliament.

Lastly, as regards the power of the Board, they can direct their inspectors to attend any meetings of local boards or rural sanitary authorities; and, for the purposes of the Sanitary Acts, the inspectors can examine witnesses, inspect places, and call for papers and accounts in the same way as is done by the poor-law inspectors—one district only, throughout all England, being excluded from this provision of the Act—the favoured district being Oxford.

Again, the Act provides for the formation of *Port Sanitary Authorities*—the Local Government Board having power, by provisional order, permanently to constitute any sanitary authority whose district wholly or partly abuts upon any part of a port in England or the waters of such port, or any conservators, commissioners, or other persons having authority in or over such port or any part thereof, or any two or more of such riparian authority, the port sanitary authority for the whole of such port or any part thereof; and may, by such order, assign to it any powers, rights, duties, capacities, liabilities, and obligations under the Sanitary Acts or any of them, and direct the mode in which the expenses of such port sanitary authorities are to be paid; but as regards the port of London, the mayor, aldermen, and commons of the City of London are deemed to be the sanitary authority of the said port, and shall pay out of the corporate funds all their expenses as such port sanitary authority.

There are a few other provisions in the Act of more or less interest to us, as that the sanitary authority may order the destruction of bedding, clothing, or other articles which have been exposed to infection from any dangerous infectious disorders, and may give compensation for the same.

Where in any sanitary district there is a local Act providing for the same objects as those contained in the sanitary Acts, proceedings may be instituted, at the discretion of the local authority, under either of those Acts; and, lastly, there is a very complete definition and citation of the several sanitary Acts referred to in the Public Health Act.

Taking, therefore a broad and comprehensive view of

this measure, it is evident that it fulfils to some extent the recommendations of the Royal Sanitary Commissioners to the effect "that the administration of sanitary law should be made uniform, universal, and imperative, throughout the kingdom," and "that there should be one authority for all public health purposes in every place—so that no area should be without such authority, or have more than one." In some degree, as you will perceive, this is effected by the provisions of the Public Health Act, 1872; for it not only declares that the whole of England, including its ports, shall be divided into sanitary districts, but it directs more clearly than has hitherto been done who are to be the sanitary authorities for these districts, and what are to be their respective duties, powers, rights, obligations, and capacities. It provides also for the appointment of sanitary officers—making it compulsory instead of permissive; and not the least important of these is the Medical officer of health. I hardly need say that the trust thus reposed in the Profession demands the most anxious consideration as to the manner in which it ought to be fulfilled; for although the Act merely directs that the Medical officer of health shall be a legally qualified Medical practitioner, yet it is obvious that the duties of the office require something more than the mere knowledge of routine Medical practice. I have already discussed this matter in a paper read before a kindred association, as to the qualifications and duties of a Medical officer of health. It has also been fully treated in a minute of the General Board of Health for December 20th, 1855, and it has been well summarised by Dr. Rumsey in his little pamphlet on "Some of the Educational Aspects of State Medicine," 1868, in which, referring to the special knowledge often required by the Medical officer of health in investigating the nature and influences of external circumstances—physical and social—upon human life and health, he says—"Time may not be lost in a glance at some of the questions which may have to be solved at any time, in every locality. The state of the atmosphere at various altitudes and under different meteorological conditions; its effect upon living structures, its analysis by various methods; the qualities of the waters derived from various strata and soils, running or stagnant, their analysis and purification, and the best sources of public supply; the nature of the soil and subsoil, their composition and geological bases, their effects upon air and water at different elevations; all these again, not merely as elements of climate and natural features of topography, but as modified by the presence and progress of human communities, by the movements and the density of population, by the presence of animal life, by the aggregation of domestic animals, by vegetation, by agriculture of various kinds, by innumerable spores and germs of the minutest forms of organic existence, some probably identical with, or convertible into, the specific contagia of epidemic or endemic diseases, by excretions and exhalations, by products of combustion, by arts, trades, and commercial processes. To notice with like brevity another department of hygiene, how necessary is the skill of both the analyst and physiologist—first, for the scientific examination of the various articles of food, beverage, condiment, medicine, and poison, supplied to a community, or to certain classes of the population—secondly, for ascertaining their effects upon the vigour, longevity, constitution, and character, of the consumer—and, lastly, for advising in matters of food production, manufacture, cooking, and preserving; and in the regulation of dietaries for schools and public institutions. Referring to yet another branch of sanitary science, the ordinary courses of Medical education cannot be said to provide for the acquirement of the special knowledge and skill needed for investigating and reporting satisfactorily on the morbid effects of various manufactures, trades, and occupations, either upon the several descriptions of workpeople in each—women and children especially—or upon the neighbouring population. And, even if they did so provide, the question is forced upon us, whether the ordinary practitioner is ever in the right position to make such inquiries. The same doubts and mistrusts apply to

existing qualifications when we seek for scientific and impartial inquiries into the sites and modes of human habitation, the conditions and surroundings of dwelling-houses, the results of various degrees of aggregation (over-crowding, as it is called), in different localities, whether towns, or streets and blocks of houses, or separate dwellings."

Without speaking disparagingly of the Poor-law union Medical officer, or, as he is named in the Act, "the district Medical officer of a union," it may be fairly questioned whether he is competent, in any sense, to discharge the important duties of a Medical officer of health, as the Act directs. All, indeed, who have devoted attention to this subject are of the same opinion. "No one," said Mr. Hastings, in his address to the Social Science Congress at Leeds, in 1871, "has a higher sense of the service and merits of a body of men, signally underpaid for their work, denied the social recognition of enrolling themselves in the civil service of the Crown, and struggling manfully in the great majority of cases, though beset with difficulties, to do their duty to the poor; but we cannot believe that these meritorious officials possess the qualifications necessary for sanitary work. It is no blame to them that they have not been trained for duties which require, as our late colleague Dr. Symonds, of Bristol, admitted, very different attainments from those which are successful in the treatment of sickness; nor is it easy to see how professional men, whose time and energies are absorbed in daily toil, are to qualify themselves by that study of all sanitary questions which the Commissioners recommend as desirable for Medical officers of health. Granting them even the necessary qualifications, these Poor-law practitioners are under the grave disability of private practice. On that important point," said Mr. Hastings, "I will content myself with quoting from a valuable minute issued by the General Board of Health in 1855, and signed by the Right Hon. Wm. Cowper, president of the Board. The minute deals with the duties and qualifications of a Medical officer of health, and says—"It will be well to debar him from the private practice of his profession—first, because the claims of such practice would be constantly adverse to those of his public appointments, the duties of which, especially at times of epidemic disease, when his official activity would be most needed, private practice could scarcely fail to interrupt and embarrass—secondly, because the personal relations of private practice might render it difficult for him to fulfil with impartiality his frequent functions of complainant—and, thirdly, because with regard to the cordial goodwill and co-operation of his Medical brethren, it is of paramount importance that the officer of health should not be their rival in practice, and that his opportunities of admonitory intercourse with sick families should not even be liable to excuse for the purposes of professional competition." If this reasoning be sound, and much evidence has been collected, both in our own country and on the continent, in its support, it follows that the Poor-law practitioners, who depend on private practice for their livelihood, are not fitted for the functions of health officers." I am, indeed, very strongly of opinion that the Medical officer of health should be entirely free from the conflicting interests of private Medical practice, for it may well happen that the worst places in the worst districts are the property of men who are the best patients of the sanitary officer, and it is embarrassing, to say the least of it, when such is the case. Too often, also, as many of you can perhaps testify, the owners of unwholesome tenements, or the managers of offensive trades, or the dealers in adulterated food, force themselves into local boards for no other purpose than to protect their own interests, and to check, as far as they can, the application of sanitary measures; and if the Medical officer of health is dependent to any large extent on the income of private practice he cannot venture to be meddlesome. This difficulty is in some degree provided for by the 10th section of the Public Health Act, 1872, which gives the Local Government Board control over the appointment and dismissal of an officer of health when any portion of his salary is paid out of money voted by Parliament. This kind of protection might, perhaps,

be advantageously extended, although I am far from thinking that a central sanitary authority is as capable of managing the sanitary affairs of the country as the local authorities of the districts; and I should be sorry to see an excessive centralisation in this respect. Fault, indeed, has been found with the Act which we are now considering, inasmuch as it creates and transfers enormous powers to the Local Government Board, without providing any intermediate authority between it and the local sanitary boards. It is said that "the resolutions of the joint committee of the Social Science Association and the British Medical Association on this and other subjects have been entirely ignored, while the centralising tendencies ever so conspicuous in the Registrar-General's Department and in the Medical Department of the Privy Council have reached a climax which is at once un-English and intolerable. Inspection from the Local Government Board as a centre is to give initial force to every sanitary movement throughout the country. All local effort is to be cramped and confined, as now under the Poor-law, by constant reference to a London board. It would be difficult," says the writer, "to imagine anything more paralyzing, anything more fatal to the sanitary life, which now seems awakening in England." A reference to the powers and duties of the Local Government Board, some of which I have briefly noticed, does, indeed, give countenance to these remarks; and not the least arbitrary are those which give power to the Board to send inspectors to the meetings of sanitary authorities, and to hold inquiries, and call for papers in the most absolute manner. Already this is done in other departments, and inspectors, for the most part of the legal profession, are perambulating the country and inquiring into the affairs of paupers, lunatics, workers in factories, mines, and other industrial departments; and it is not too much to expect that the same kind of legal investigation rather than Medical will be made into the sanitary affairs of the country; for no protection whatever is afforded against that abuse of patronage which constantly attaches to political parties.

I turn now to another subject of the Public Health Act, namely, the creation of port sanitary authorities. This is a very important part of the measure, for there can be no doubt that the constitution of such an authority was in the highest degree necessary. Last year, as you will remember, this was very unmistakably demonstrated, there being at that time no proper port authorities for the execution of the orders in council, made in apprehension of the approach of cholera. In the port of London, for example, those orders were issued to all the nuisance authorities, thirteen in number, whose districts abut on the river, each of whom had jurisdiction of only a small part of the port, half-way across the river, and through which a ship might be sailing or steaming for a few minutes only. It was manifest, therefore, that, unless the nuisance authority whose district happened to be first in the line of entrance to the port, say Gravesend, took upon itself the entire burden of executing the orders of the Privy Council, by stopping and searching every suspected vessel that entered the port, and if infected ordering it to moor or anchor in a particular place within its jurisdiction, and then keeping watch over the vessel to prevent the landing of infected persons or things, and providing hospital accommodation and Medical attendance for those sick of cholera and diarrhoea, and, in case of death from these maladies, taking the dead body out to sea and sinking it, and then disinfecting or destroying the infected bedding and clothing—I say that unless this was done, and done well, by one single nuisance authority, and that the first to encounter the infected vessel, the port of London was constantly in danger of cholera invasion. But, in addition to these thirteen nuisance authorities whose districts abut on the Thames, there were others with more or less of sanitary jurisdiction over the port, as for example, the Conservators of the river, the Commissioners of Customs, and the Board of Trade. How then could it be expected, even if it were possible, that the orders of the Privy Council would be executed? In the face, however,

of impending danger, an attempt was made to overcome the difficulties of the case by forming a conjoint committee of representatives from most of the districts abutting on the river. They were called together by Dr. Buchanan, the chief Medical Inspector of the Local Government Board; and they held their first meeting at the office of the Medical Department of the Privy Council on the 25th of August of last year. They then resolved on the necessity for joint action in carrying out the order of the Privy Council, and they decided on making immediate application to the Government for the use of a ship as a hospital. The mayor of Gravesend took upon himself, on the part of his local board, to provide for the immediate Medical inspection of every suspected vessel reported to him by the Customs; and the Committee, while keeping themselves informed of the sanitary condition of the port, made provision for any eventualities by securing the services, in case of need, of Mr. Harry Leach, of the Seaman's Hospital, whose experience in the Medical inspection of shipping during the last visitation of cholera, peculiarly qualified him for the office of principal Medical adviser of the Committee. Arrangements were also made with the Admiralty for the immediate transference of the hospital ship *Rhin* from Sheerness to Gravesend if required; and the sanitary inspector of the shipping within the jurisdiction of the City was ready to extend his operations if necessary. Meetings of the Committee were frequently held at Guildhall, and every care was taken to provide for active sanitary work in case of cholera appearing at the port. From the first, however, the Committee recognised the legal difficulties of their position, there being no law to justify conjoint action; and these were so forcibly impressed on the President of the Local Government Board by Mr. Pedler, the chairman of the Committee, that the two clauses of the Public Health Act (20 and 21) creating a port sanitary authority are the result—the Corporation of the City of London having liberally offered to perform the sanitary work of the port, and to pay the expense thereof out of its corporate funds. It is, however, worthy of note that the duties and powers of the port sanitary authority have undergone great alteration and enlargement during the passage of the Bill through Committee; for as they first stood in the Bill they were limited to the execution of the Diseases Prevention Act and its amendments. These, as you all know are of an occasional character, and are confined almost entirely to the execution of Orders in Council, made during impending danger from cholera or other epidemic. But when the Bill left Committee, the duties, rights, powers, capacities, liabilities, and obligations of the port sanitary authority were extended to the whole of the Sanitary Acts named in the Bill. It follows, therefore, that the mayor, aldermen, and commons of the City of London, who are deemed to be the port sanitary authority, have to execute any or all of the Sanitary Acts within the limits of the Port of London, if so ordered by the Local Government Board. These Acts comprise the Local Government Acts, the Labouring Classes' Lodging-Houses Acts, the Artisans' and Labourers' Dwellings Acts, the Bakehouse Regulation Act, the Diseases Prevention Act, the Baths and Washhouses Acts, the Common Lodging Houses Acts, the Sewage Utilisation Acts, the Nuisance Removal Acts, and all the Acts amending the same—amounting to twenty-six in number. Let us now see what is the extent or limit of their jurisdiction. "A port," says the Act, "shall mean a port as established for the purposes of the laws relating to the Customs of the United Kingdom" (sect. 20). I have been at some pains to ascertain what are the limits of the port of London, according to this definition, and have received from different authorities somewhat different interpretations of the Act. In the fourteenth year of the reign of Charles the Second, the commissioners appointed to settle this matter for revenue purposes fixed the limits of the Port of London from a line drawn from the North Foreland, in the Isle of Thanet, on one side of the river, to the promontory or point called the Naze, on the coast of Essex, on the other; and thence all along the river Thames, and the several channels,

streams, and rivers falling into it, up to London Bridge. A not very different limit was fixed by the commissioners appointed by the Court of Exchequer in 1819; but the limits of the port of London for revenue purposes as set out in a Treasury warrant, dated the 15th of January, 1856, are from the Foreland lighthouse, on the coast of Kent, and the Naze Tower, on the coast of Essex; and thence all along the river to high water mark—that is, as far as the tide flows, including all channels, creeks, streams, and rivers, within such distance. If this be so, the mayor, aldermen, and commons of the City of London have jurisdiction, as the port sanitary authority for the Port of London, of the whole of the river Thames from the Nore Light to Teddington, a distance of nearly ninety-one miles, together with all streams, rivers, channels, creeks, &c., into which the tide flows; thus taking in a considerable breadth of land on each side of the river. I need not tell you that this is an almost impossible sanitary district, to say nothing of the conflict of sanitary authority in those cases where the port trenches upon the jurisdiction of others. We have here, therefore, a very charming set of difficulties which the Public Health Act has created, and which the order of the Local Government Board to the mayor, aldermen, and commons of the City of London does not in any way mitigate; for it simply assigns to them, “as the sanitary authority for the Port of London, all the powers, duties, capacities, liabilities, and obligations, created by, or arising out of, the Nuisances Removal Acts; that is to say, the Nuisance Removal Act for England, 1855,” and its amendments in 1860, 1863, and 1866, “and so much of the Sanitary Act, 1866, as relates to the amendment of the Nuisances Removal Acts, together with all the powers, authorities, and duties, contained in the provisions of the last-mentioned Act, in regard to ships and waters, and persons engaged therein; and in regard to providing hospitals or temporary places for the reception of the sick, so far as those several provisions apply to or affect the local authorities therein mentioned;” and it is further ordered that the said port sanitary authority shall appoint a legally qualified Medical practitioner to be the Medical officer of health, and also a competent person to be an inspector of nuisances for the said port. I forbear discussion of the Herculean labours which the inspector of nuisances and the Medical officer of health will have to perform, but some notion of it may be gleaned from the fact that, within the very small area comprised within the jurisdiction of the Commissioners of Sewers of the City of London, extending merely from London Bridge to the Tower, and covering only half the river, the number of vessels annually inspected by the sanitary inspector of shipping is about 2,000. In the whole of the port the number of vessels of all kinds which are entered and cleared by the Customs is not less than from 40,000 to 50,000 annually; and these will all have to be inspected and otherwise looked after, as if they were houses within the jurisdiction of the nuisance authority.

THE DUBLIN INTRODUCTORIES.

The first week in November has set the Medical schools and hospitals in active motion, and in the course of the present week the whole of the educational institutions will have inaugurated the teaching session.

On Monday, the 28th, Dr. Davy, the Professor of Anatomy, opened the business of the School of the Royal College of Surgeons with a lecture of which we give an abstract. Dr. Cryan initiated the session at St. Vincent's Hospital, under the presidency of the Lord Chancellor. We hope to publish a *résumé* of his address next week. Dr. Travers delivered the introductory address at the Ledwich School on Saturday, Mr. Langley at the Meath, on Monday, and Dr. Lyons at the Catholic

University, on Tuesday. We publish to-day an abstract of the latter interesting address.

Dr. Coppinger will open the session at the Mater Misericordiarum Hospital. The clinical teaching at Dr. Steevens's Hospital will be initiated as usual by the presentation of prizes to the successful students of last year. The Carmichael School, Adelaide Hospital, and Jervis Street Hospital, do not open their sessions with any special lecture. The authorities of the School of Physic, Sir Patrick Dun's Hospital, Mercer's Hospital, or the City of Dublin Hospital, have either not made their arrangements yet or have not honoured us with a reply to our request for information on the subject.

ROYAL COLLEGE OF SURGEONS, IRELAND.

THE Introductory Lecture at the Royal College of Surgeons was delivered on the 28th ult. by

DR. DAVY, the Professor of Medical Jurisprudence,

who commenced by paying a high tribute to the memory of that distinguished physician, the late Dr. Thomas Beatty, who had been for many years one of the teachers in the school of that college, and whose recent loss they had to deplore. He then proceeded to explain briefly the nature and objects of Medical jurisprudence, and the necessity there existed for those whilst going through the Medical curriculum, as well as in their subsequent career, losing no opportunity of making themselves acquainted with the more important Medical-legal questions concerning which they might from time to time as Medical practitioners be called on to give their opinion. After which he passed on to consider more particularly that department of Medical jurisprudence known under the term of toxicology, which treats of the nature, properties, and effects of poisons; and he pointed out how much mankind were indebted to those who had made such enquiries the subject of their investigations, for before the properties of some of the more active of our poisons were known, and the means of their detection discovered, secret poisoning prevailed, as he showed, to a frightful extent in different countries. But now the fear of detection (consequent on the knowledge of their physiological and chemical actions) had operated as a safeguard to society against that detestable crime being carried on to any extent at the present day. It was not, however, Dr. Davy stated, merely on account of the means which toxicologists had afforded us for the detection of poisons (acting as they have done so beneficially in the suppression of crime) that we are indebted to their labours; but likewise for their investigations respecting the physiological action those substances exert on different animals, by which they have given the practising physician much useful information as to their therapeutic properties in the treatment of disease, for the greater number of those virulent substances when properly administered constitute our most valuable medicines. Their investigations, too, have shown that several of them are opposed to each other in their physiological action, so that if by accident or otherwise a poisonous dose of some one of such be taken, the prompt administration of one antagonistic to it may counteract or neutralise its toxic effects, and thus act as its antidote.

The lecturer then referred to some of the more interesting and important of the recent additions to our knowledge in toxicology. The first subject which he brought forward in this portion of his lecture was that of chloral hydrate, a substance which had recently been introduced into medicine on account of its power of producing sleep and other valuable properties it has been found to possess; and he referred to its great and diversified utility as a therapeutic agent. But, though chloral hydrate has, in numberless instances, produced the happiest effects in the treatment of different diseases and disordered states of the

system, still, as Dr. Davy stated, it should, like all other active substances, be used with great caution; for, in several cases where it had been given in too large doses, or too persistently administered, it has occasioned the most alarming, or even fatal effects. Nay, more. Such consequences have occasionally resulted from very moderate doses of that substance. These considerations, besides the fact that its use as a narcotic by the general public without Medical advice continues to increase, which, in many cases has been attended by fatal consequences, render an investigation of its tonic properties a matter of considerable importance. Such an enquiry has recently occupied the attention of Dr. Richardson, of London, and to that gentleman's results, as published in the *British and Foreign Medio-Chirurgical Review*, Dr. Davy referred, and before leaving the subject of chloral hydrate he called attention to the power it seems to possess of neutralizing the toxic effects of certain poisons, particularly those of strychnia, and of the active principle of the calabar bean.

The lecturer then passed on to the subject of phosphorus considered as a poison, and noticed Dr. Köhler's recent investigations respecting the efficacy of turpentine as an antidote to the destructive effects of that substance; after which the antagonistic actions of belladonna and opium were treated of, and the successful application of the former substance by subcutaneous injection in a case of poisoning by opium as recorded by Dr. Hasford Walker, of South Carolina, was mentioned as an example; and as another instance of the value of the same mode of applying remedial agents he referred to Dr. Patterson's very successful treatment of cholera by the subcutaneous injection of a solution of the acetate of morphia; after which, as an exhortation to diligence on the part of those entering on the study of medicine, Dr. Davy observed:—

You must not, gentlemen, imagine that you can acquire a sound or thorough knowledge of this noble profession by merely complying with the prescribed requirements of the Medical or surgical curriculum, which, if unaccompanied by earnest and persevering work and study on your part, must fall far short of such an attainment. But what knowledge or skill is there worth possessing, the acquisition of which is not attended with the expenditure of a considerable amount of mental or of physical labour, and most frequently with much of both combined? And those who have to rely on their own exertions to obtain for themselves an independence, must put forth their utmost powers to be successful in running the severely-contested race which our different professions now necessitate; otherwise they will soon find themselves left far behind, and obliged sooner or later ignobly to abandon the course altogether, there being no place left in any of such honourable competitions for the indolent and incompetent. And, to urge still further on Medical students the necessity for diligence in the prosecution of their studies, and not to neglect any opportunity which their student days afforded of acquiring a knowledge of the different departments of their Profession, Dr. Davy said that there never existed a time when there was so much need on the part of our young men for exertion as at the present, while, on the other hand, there never was perhaps a period when rewards for merit were so liberally held out for their attainment in this and other professions. This, he stated, was in a great measure brought about by that admirable system of competitive examination which has been introduced into the different public services, where it has been found to work so well. And in that honourable competition in the competitive examinations for the Medical appointments in the Army, Navy, and Indian Services, it was satisfactory to find that those who had been educated in the Dublin Medical schools, and especially in the school of the Royal College of Surgeons, constituted a large proportion of the successful candidates. And he concluded his address by a mention of the names of their former pupils who had more particularly distinguished themselves during the present year at the examinations for the different public Medical Services.

CATHOLIC UNIVERSITY OF IRELAND.

SCHOOL OF MEDICINE, CECILIA STREET, DUBLIN.

DR. LYONS, Vice-President of the College of Physicians, &c., delivered the introductory address. He congratulated his auditors on the continued success of the school over which he had the honour to preside as Dean of Faculty for the fifth time. After passing in review the chief subjects which he recommended to the attention of the junior portion of his auditors, he next addressed himself to certain topics which affect the interest of those members of the Profession who pass into the various branches of the public service. In regard to the Medical service of the army, he contended that in all ranks increased facilities for promotion, and in the senior departments greater inducements for early retirement were urgently needed. The stagnation in promotion, he pointed out, affected in an especial manner the interests of the assistant-surgeons, and more directly, through them, of the gentlemen who were now on the eve of passing from the students' benches to the condition of full maturity as qualified practitioners. With the numerous outlets which now presented themselves in the colonies, and with the daily increasing importance and more remunerative prospects of the private practitioner, both at home and abroad, he could not conscientiously advise his hearers to be over zealous in proffering themselves as candidates for the Medical service of either the army or the navy, unless, and until the War Department showed a more earnest and practical resolve to deal with the present admittedly stagnant state of the Army Medical Department. Much had been done for other branches of the service, and much remained to be accomplished before the position of the assistant surgeon after fifteen years of service in all climates, was made fully equivalent to at least that of a private practitioner of the same standing, who, in that period of time, with fair abilities, well directed energies, and even moderate success in life, could not fail to secure for himself a well-recognised status in the society in which he moved, adequate means to maintain a wife, family, and establishment in all moderate comfort if not luxury, and with an ever widening and brightening prospect before him of further advancement.

Dr. Lyons next dwelt on the position of the civil Medical officers in the various branches of the Colonial Service of the State. He read a letter and report from Dr. Galgey, well illustrating the onerous nature of the duties imposed on this class of hard-worked and meritorious officers, the risks they ran in the climates in which their labours were carried out, and forcibly dwelt on the unfair and ungenerous conditions imposed upon them when accepting office, viz.: that no length of service, and no injury to health was to afford any claim whatsoever to retiring pension. Dr. Lyons earnestly appealed to the public guardians of professional honour and interests to direct their early attention to this subject with a view to procuring from Government a radical alteration in the conditions of service now imposed on the colonial Medical officer on his entrance into the service at a time of life when no young man could be fairly held to be competent to bind himself by conditions injurious to his interests in after life. To Sir D. Corrigan, the able representative of the Profession in Dublin, Dr. Lyons forcibly made appeal, and further stated that he felt satisfied from what he personally knew of the present Colonial Minister, Earl Kimberley, it only needed to have the whole subject fully brought before him to enlist his sympathies on the part of the Medical officers who had the honour to serve under him.

Dr. Lyons next addressed himself to the interests of the dispensary Medical officer in Ireland, and suggested in reference to one of the most pressing and practical grievances in this branch of the Profession, either the total abolition of the system of red tickets, or the im-

position of a halfpenny stamp on each ticket, or of a shilling stamp on packets of one hundred of them. It was found in practice that with easy benevolence, which so delights in doing good by proxy, and by and through the time, talents, and energies of others, persons who would not waste a pin at their own cost, were lavish in the distribution, through irresponsible representatives, such as children, servants, shop-assistants, and others, of red tickets, any one of which might entail miles of travel to cases of no urgency whatever, and to individuals well able to pay for Medical assistance. A tax of the most infinitesimal amount would check if not wholly abate this one of the most galling of the grievances of the dispensary officer. If the red tickets were abolished altogether he, Dr. Lyons, could see many plans by which the interests of the sick and really poor could be most fully provided for, and he was even willing that they should have a direct voice and agency in the matter themselves.

The subject of Medical certificates next engaged the lecturer's attention, and he dwelt strongly on the unsettled state of the practice of the Judges on this subject. He recommended that all Medical certificates should be brought within the rules of statutory declarations, and should in all instances, as they now are in the case of certificates in lunacy, be subject to a shilling stamp. This point he earnestly recommended to the attention of the Chancellor of the Exchequer for his next Budget Scheme.

On the approaching legislation for Ireland in regard to sanitary measures, Dr. Lyons trusted that our Medical representatives, forewarned by what had happened in the case of the English measure of the past Session, would take early and effectual steps to secure a due weight and authority to the Faculty of Medicine in the plan to be adopted for carrying out the scheme in Ireland. He deprecated the nomination of numerous and ill-paid inspectors from amongst the dispensary officers, and he urged the appointment of specially trained men, educated in all the requirements and details of State medicine to these important posts. With an adequate staff of well-trained and well-paid Medical inspectors, possessed of weight and authority to enforce their recommendations on boards of guardians and other local bodies, he would anticipate large and important sanitary reforms, and substantial improvement in all that related to public health. With local officers ill-paid and already over-worked, nothing but an idle routine was to be hoped for.

The remainder of the address was devoted to a general consideration of the questions of Medical and University education at home and abroad, and the special claims of the Catholic University to full State recognition and endowment.

ANDERSON'S UNIVERSITY, GLASGOW.

PROFESSOR WILSON gave the Opening Address at this institution.

Dr. Wilson said there was no profession more beneficent and honourable, and those who entered it should be actuated by higher and more honourable motives than the mere acquisition of gain. It was certainly not the best profession for getting rich, but the diligent and conscientious physician, although he might not make a fortune, would enjoy the gratitude of his patients, and the still small voice of an approving conscience in having wisely and conscientiously discharged his duty, which would be a source of happiness to him. The Medical man should possess a love for his Profession, for it was ever necessary, in the present day, to be zealous and enthusiastic about it in order to secure success. They might rest assured that no exertions would be wanting on the part of the Professors to render them every assistance in their power—(applause)—but medicine, they must remember, was both a science and an art. He who would desire to prosecute it successfully as an art, must master the Profession as a science—must possess a know-

ledge of anatomy, chemistry, and physiology, which formed the ground-work of the science. He impressed upon them that much of their time should be spent in the dissecting-room and the laboratory. They would find facilities for practical study now that they would not have again, and if they neglected these opportunities, they would, when engaged in practice, look back upon their student days with bitter regret. He would have the students to use their own eyes and ears, for without observation and experience, they would find all other acquirements of little avail. But their practical studies should be based upon fundamental principles of science, for it was a knowledge of those principles that made one practitioner superior to another. The students would enjoy facilities in this city which were unsurpassed. In the different hospitals and institutions they would enjoy rare opportunities for becoming practically acquainted with medicine, surgery, and midwifery. By diligent attention to hospital practice, they would learn the true value and soundness of the principles they were being taught by their exemplification in practice. He cautioned them against walking the wards of the hospital without giving special attention to the cases, and urged them to cultivate habits of observation, examine the patients for themselves, form their own conclusions as to the nature of the diseases, and watch the effect of the remedial agents used, remembering that more mistakes occurred through want of care than from want of knowledge. The speaker then urged upon the students the importance of regular and systematic reading, followed by reflection; the necessity of devoting a portion of their time to the study of general literature; the certainty that nothing worth knowing could be attained without patient and careful perseverance.

Transactions of Societies.

THE MEDICAL SOCIETY OF LONDON.

MONDAY, OCTOBER 14th, 1872.

THOMAS BRYANT, F.R.C.S., President.

THE PRESIDENT announced that new premises had been taken for the Society at Chandos Street, Cavendish Square, and as they seemed to be everything that was desirable, he asked the support of the Fellows for the Council, who had taken a great deal of trouble to secure so desirable a place. A vote of thanks was then proposed by Dr. HARR, seconded by Mr. WM. ADAMS, and carried unanimously.

Mr. FRANCIS MASON showed a patient upon whom he had operated about a year and a half ago for ununited fracture of both bones of the left forearm. The patient had, two years previously to the operation, fallen down a flight of stairs, sustaining a severe compound fracture of the radius and the ulna. The arm was perfectly useless; and the question of amputation seriously entertained. Mr. Mason then briefly described his method of securing the fragments, which consists of transfixing them with a needle, and taking a loop of wire either simply or in a figure of 8 form round the needle, the end of the wire and that of the needle being made to emerge from the same aperture in the skin. Mr. Mason likened the proceeding to the usual operation for hare-lip, and to one form of acu-pressure; by withdrawing the needle, the loop of wire is necessarily released. The bones were firmly united, the patient could grasp well, and stated that she could perform her ordinary duties very satisfactorily.

The PRESIDENT asked whether the arm had been immovably fixed; he thought perfect union was often secured even after the lapse of years by complete fixity. The President then brought forward two cases: the first,

ERUPTION AFTER TAKING CHLORAL.

W. C., *et. 19*, was admitted into Guy's Hospital with fracture of the left great toe. While engaged rolling a heavy piece of iron along the ground on wooden rollers, the iron slipped

off and fell on his toe, smashing it very much; there was a good deal of bleeding. After 19 days' treatment, symptoms of tetanus were noticed, and chloral hydrat., gr. xx., syrup aurantii, ℥j., aqua., quart. dis. were given. Seven days after the boy had a rubecloid eruption, which lasted three or four days. When chloral was given up, the tetanus got worse, and a subcutaneous injection of morphia in addition to chloral was administered; the eruption had disappeared, but recurred on the re-administration of the chloral; ultimately the boy recovered. A similar eruption had been noticed in another patient at Guy's Hospital while taking chloral.

Dr. WILTSHIRE doubted whether the hypnotic action of chloral could be due to the evolution of chloroform from decomposition by alkali in the blood, seeing that the amount of chloroform so derived must be very small.

CASE II. was that of a man 38 years' of age suffering from a tumour of the palate which had been growing for eight years; the growth of the tumour was slow, and it was thought not to be cancerous. The patient desired chloroform, but it could not be given to the full extent. Tracheotomy was then performed, and a valuable instrument (a canular) invented by Dr. Trendelenburg was inserted; this instrument prevented blood from running down the trachea. The patient recovered completely, and with great rapidity; the tumour was of a fibro-plastic character.

Mr. W. ADAMS thought the case a very successful one. He gave some account of a similar case which is recorded in the transactions of the Pathological Society. He used a gouge in the operation.

Dr. HESSE, of Leipzig, said he had seen Dr. Trendelenburg's instrument used in Berlin.

Mr. W. MACCORMAC said the instrument had been used in Germany, and quoted the statement recently made to him by Dr. Schönburg, of Königsberg; this instrument was a great comfort to surgeons operating upon the mouth or jaws. He asked what extra risk was caused by the operation of tracheotomy. He thought it must be great to counter-balance its great advantages.

Dr. VEIKL, of Stuttgart, had seen this instrument used last winter in Berlin by Langenbeck for an operation on the tongue. Dr. Langenbeck had stated at a Congress of German Surgeons, that he thought the operation of tracheotomy almost devoid of risk.

The PRESIDENT thought that the operation of tracheotomy should not be dissociated from the disease necessitating it; in this case it was rather to be regarded as a simple incision.

Dr. WILTSHIRE brought forward a case of

SO-CALLED UTERINE HYDATIDS,

the true nature of which, he explained, consisted of moniliform enlargements of the villi, of an imperfectly developed chorion or placenta. He had seen the case in consultation with Dr. Ayling. The patient was in a typhoid condition, with a quick pulse and high temperature. There had been great loss of blood and offensive discharge for weeks. More than a quart of diseased chorion villi was removed, and the patient made a good recovery. The discharge was not due to a parasite, but to a degeneration of chorion villi, a good name for which was vesicular mole; the character of such growths was explained, and the importance of perfect removal dwelt on. The significance of hardening in uterine tumours was pointed out.

Dr. GREENHALGH agreed with Dr. Wiltshire's observations, and said he had only seen five cases, and they were of a very puzzling character, and the name proposed by Sir James Paget was appropriate, viz.: vesicular mole. He quite concurred with Dr. Wiltshire that hardening of the tumour was very significant of its uterine character.

Mr. PETER MARSHALL thought great credit was due to Dr. Wiltshire for the diagnosis of this case, and said he had noticed a rancid taste in the mouth in two cases he had seen.

The PRESIDENT mentioned a case of true hydatids of the uterus, which was secondary to cystic disease of the breast, and in which he saw true hydatids pass per vaginam.

Dr. GODSON and Dr. BLOXAM also stated their experience. Sections of stones which he had removed were shown by Mr. BYRANT. One showed a stone within a stone; the others, four in number, co-existed in a man's bladder without faceting or having any evidence of friction.

Dr. THUDICHUM suggested that the calculi were in active process of formation, and therefore no time had been afforded for faceting or smoothing.

Special Report

ON

DISEASES OF THE THROAT.

Edited for the "MEDICAL PRESS AND CIRCULAR"

By PROSSER JAMES, M.D., M.R.O.P.,

Physician to the Hospital for Diseases of the Throat and to the North London Consumption Hospital; Lecturer on Materia Medica and Therapeutics at the London Hospital.

DISEASES OF THE ŒSOPHAGUS.

(Continuation of Dr. Clinton Wagner's translation of Dr. Stofella's abstract of Oppolzer's views.)

ŒSOPHAGITIS: ITS ŒTIOLGY, PATHOLOGICAL ANATOMY, DIAGNOSIS, AND VARIETIES.

(Continued from page 348.)

Inflammation of the Œsophagus.—Œsophagitis or *dysphagia inflammatoria*, is either *catarrhal*, *croupous*, or *pustular*. It is either diffused over a large portion of the Œsophagus—*Œsophagitis diffusa*—or is limited to small spots—*Œsophagitis circumscripta*—and is, in most cases, far less often idiopathic than secondary, and consecutive upon a preceding affection. Besides the three forms of inflammation which have been enumerated are found ulcers; and, in cases of poisoning with corrosive substances, more or less extensive necrotic destruction (carbonisation) of the mucous membrane lining the Œsophagus.

Œtiology.—The acute catarrhal inflammation of the mucous membrane of the Œsophagus arises idiopathically from the influence of temperature, from swallowing very hot or very cold ingesta, or from irritating substances which slightly corrode (as is the case, for instance, in the lower degrees of poisoning), or from the mechanical irritation of pointed bodies, which have been swallowed and have remained sticking, as more especially of bone and the like. It occurs *secondarily* from distension of a catarrh of the stomach or of the mouth and pharynx of the Œsophagus. It appears *symptomatically* in acute exanthemata, especially in measles and typhus.

Chronic catarrh of the mucous membrane of the Œsophagus is either the result of an acute catarrhal affection, or the consequence of an irritation which has acted upon the mucous membrane of the Œsophagus repeatedly and for a long time, or is developed in consequence of an habitual stagnation of the blood in the veins of the Œsophagus. It is observed accordingly, especially in confirmed smokers, persons who indulge to an immoderate degree in spirituous liquors, and in those who suffer from an affection of the lungs or heart; syphilis, too, appears sometimes to cause a chronic catarrhal affection of the mucous membrane of the Œsophagus.

Croupous inflammation of the mucous membrane of the Œsophagus is a far less frequent affection than catarrh. Croup of the Œsophagus occurs as a complication of croup in the pharynx or larynx, or in detached cases as a complication of croupous pneumonia. It is, moreover, sometimes met with in typhus (in the third or fourth week of the disease), in the acute exanthemata, and, more than in any others, in small-pox and in scarlet fever, in cholera, pyæmia, and sometimes also in dysentery, and finally, in tuberculosis and carcinoma, when acute relapses occur.

Pustular inflammation of the mucous membrane of the Œsophagus arises especially in consequence of the administration of tartar emetic, or is a part of the phenomena of variola. This affection is, however, in general an infrequent one.

Ulcers.—Ulcers in the Œsophagus result either from one of the three varieties of inflammation of the Œsophagus

which we have just mentioned; and among these catarrh is the one which is the most frequent ætiological condition of the affection in question; or, on the other hand, traumatic injuries from corrosive substances are the cause of ulceration in the œsophagus. Only extremely seldom do we see ulcers arise out of tubercles which have been deposited in the mucous membrane of the larynx—tuberculous ulcers; but so much the oftener we observe instead of them carcinomatous ulcers.

Pathological Anatomy.—In acute catarrh the mucous membrane of the œsophagus is reddened, swelled, relaxed, and easily ruptured over a greater or smaller extent; its secretion is in the beginning diminished, but increases after a short time more or less considerably. Accordingly the surface of the affected mucous membrane is found either dry or covered with sticky mucus. If the catarrh is chronic the mucous membrane of the œsophagus, especially in its lower third, appears dirty, of a brown, red, or slate grey colour, swollen here and there, and thickened, in places excoriated and coated with an extremely tough muco-purulent secretion. The follicles, which belong to the parts of the mucous membrane in question, are swollen and enlarged, their apertures are widened, and out of them a muco-purulent mass swells up when lateral pressure is applied. If the chronic catarrh has already lasted long, we find, in addition to the alterations mentioned, a considerable hypertrophy of the muscular and submucous tissues. This hypertrophy may, in Rokitsansky's opinion, when it appears at the cardiac orifice, lead perhaps to stenosis, and in this way give rise to dilatation of the whole œsophageal canal. In some cases, finally, in consequence of chronic catarrh of the œsophagus, we see an inflammation of the retro-œsophageal connective tissue arise.

When the inflammation of the mucous membrane of the œsophagus is croupous in character, the membrane appears of a bright red colour, and covered, either in places or over a large extent, with various thick, yellowish-green, or cream-like layers of exudation. This exudation is sometimes so plentiful that the whole œsophagus is found stretched out as it were by a cylinder of exuded matter (Andral, Bamberger, and others). A confusion of the phenomena in question, with a simple and plentiful scaling off of the epithelium—which in some cases happens after frequent vomiting, and presents a certain similarity to croup—can occur. The microscope will, however, easily correct any such error. The same may be said of any confusion of these appearances with accumulations of liver, which, as well as croupous membranes, can deceive an unpractised eye.

In *puscular inflammation* there appear here and there on the mucous membrane of the œsophagus—and when they are caused by the use of tartarised antimony in the lower third of the œsophagus—small lentil-shaped elevations of the epithelium which, becoming filled with pus after a short existence burst, and then leave small superficial losses of tissue (erosions).

Ulcers.—They have an extremely various character, and consist either simply of a slight superficial excoriation, or of losses of tissue which extend more or less deeply; in which case they proceed frequently from a suppuration of one or several mucous follicles. The largest, and at the same time most deeply extending erosions, we observe in those cases in which the ulcer is carcinomatous, or owes its origin to intensely corrosive substances. There sometimes appears in the lowest part of the œsophagus a form of ulcer which shows a great similarity to the round ulcer of the stomach. Ulcers of the œsophagus can, if they penetrate only slightly down beyond the mucous membrane, be the cause of a more or less considerable stenosis, by leading to inflammation and suppuration of the submucous tissue, and as a consequence to cicatrization.

In inflammation of the œsophagus—in consequence of the action of corroding substances, and provided that those substances have the requisite degree of concentra-

tion, the parts affected appear changed into a more or less thick brown or black brown discoloured crust (a). In the tissues surrounding this crust there soon arise inflammation and serous transudation (so-called reactive inflammation and collateral œdema), in consequence of which the necrotic particles of tissue gradually slough off, and in this way it is possible that a healing process may result. In cases of this kind, however, there always remain, in consequence of the contraction of the cicatricial tissue, strictures of the œsophagus which not unfrequently attain a very high degree.

Symptoms and Course.—The symptoms of the inflammatory affections of the œsophagus are very often veiled in profound darkness—a circumstance which is easily explained by the known want of a sensibility of this organ. The want of pronounced symptoms makes itself specially felt in chronic inflammations of the œsophagus, which are caused by a mechanical obstacle to the circulation; and such affections run their course not unfrequently without giving rise to any symptom at all. But even in acute inflammations of the œsophagus, if they show no great intensity or are circumscribed, the symptoms limit themselves frequently to a dull pain below the sternum, of a feeling of oppression, or a slight difficulty of swallowing, and the expulsion of a greater or less quantity of tough mucous. Vomiting is seldom observed in such cases, and only when the pharynx is excited thereto by the irritation of an accumulation of tough mucous. Not the less, however, does it occur in extensive inflammations of the œsophagus, when they, as is so often the case, do not exist independently, that the symptoms to which we refer are concealed by those of the original disease, or by those of the other co-existent disease; and thus, again the affection of the œsophagus escapes the physician's observation. An instance of this is croup of the œsophagus, which, when it occurs in the course of severe typhus or scarlet fever, or as a complication of laryngeal croup, is in the majority of cases entirely latent.

In those cases, however, in which the inflammation of the œsophagus is idiopathic, and besides acute in character, as well as of a certain extent and intensity; and—as cannot be denied—also in a considerable number of cases of secondary catarrhal or croupous inflammation of the œsophagus, there present themselves such pronounced symptoms that the affection of the œsophagus is not only not to be overlooked, but we are also for the most part able to make a precise diagnosis. The patients affected in this way complain of a more or less violent pain in the course of the œsophagus, which is usually felt most severely below the manubrium sterni, or in the pit of the stomach, more seldom between the shoulder-blades, and becomes increased on swallowing (especially in swallowing very consistent substances); and, likewise, to a greater or less degree—when the affection has its seat in the cervical portion of the œsophagus—by pressure applied externally on the neck.

But not only on account of the great painfulness, but also on physical grounds—namely, on account of the narrowing of the canal of the œsophagus, which occurs in the more severe forms of the inflammation in consequence of the great swelling of the mucous membrane, swallowing is performed with difficulty, and, in extreme cases, is quite impossible, inasmuch as in the attempts in question, regurgitation and even vomiting come on; in consequence of which the ingesta, or a more or less considerable quantity of bloody mucous is brought up. It not unfrequently happens too, that in swallowing, a spasm of the œsophagus sets in, which, then, in most cases extends over to the organs of respiration, and in this way gives rise to attacks of suffocation, and violent dyspnoea. Sometimes it is not so much the great swelling of the

(a) The colour of the crust depends principally upon the kind of corroding substance. Thus we observe, for instance, in cases of poisoning with sulphuric acid a brown crust, in cases of poisoning with nitric acid on the other hand a black necrotic crust.

mucous membrane which, from narrowing the canal of the œsophagus, renders swallowing difficult or impossible, as it is, an inflammation, or at least a serous inflammation of the muscles, existing at the same time with the inflammation of the mucous membrane, in consequence of which they lose the power of passing the bolus on, and thus dysphagia is caused. In cases of this kind, too, the patient is constantly tormented by great oppression and a feeling of anxiety. Febrile movement occurs usually only when the affection has extended itself over a particularly large portion of the œsophagus, and in some cases, finally, convulsions also set in. If the croupous form of œsophagitis exist, it is then often the case that, in addition to the phenomena which have been described, croupous membranes are brought up by the act of retching or vomiting; as in the cases which have been reported by Abercrombie, Winslow, J. Frank, Hennig, and others (*Allg. Wien. Med. Zeitung*, No. 16).

Phenomena which present themselves in Auscultation.—

At the commencement of œsophagitis, we hear in auscultation during the act of deglutition, a continual regurgitation of bubbles ascending from below upwards (so-called gurgling), which noise is frequently so loud that it may be perceived without the application of the ear to the thorax. If the affection has already made some progress, we perceive that the sound of swallowing is distinguished by a certain roughness, which is, however, not to be identified with friction or scraping. If the affection is croupous or pustular, it is generally accompanied by a more or less distinct friction sound, or in the first case when detached croupous membranes lie in the œsophagus, is sometimes accompanied by a peculiar rustling.

In those cases of œsophagitis—whether catarrhal, croupous, or pustular—in which there takes place a regurgitation of particles of the morsel swallowed, we perceive, on auscultation, that it takes the shape of a funnel, with the lower part pointed and towards the top broader. Where, then, the funnel formation takes its origin, in that place we locate the seat of the affection (Hamburger).

Finally, it is to be remarked that, moreover, when the affection of the œsophagus attacks an adult, a decrease in the quickness of the movements of deglutition becomes strikingly evident, and that the phenomena observed on auscultation, which have been mentioned, always vanish for at least some hours, besides which, too, the act of swallowing is performed more easily again, or even without any disturbance for a longer or shorter period, when the patients have succeeded—whether spontaneously or artificially—in vomiting.

Course and Results.—In the case of idiopathic catarrhal affection of the mucous membrane of the œsophagus, the disease generally terminates in recovery within a few days, or passes over into a chronic catarrh of the œsophagus. In like manner, the pustular inflammation of the œsophagus, which arises from the use of tartar emetic, in by far the greatest number of cases, terminates in recovery. Another state of things exists, however, in those cases where the formation of pustules on the mucous membrane of the œsophagus is one of the phenomena of variola, or when we have the croupous form of œsophagitis before us. Cases of this kind have generally a fatal termination, although the fatal issue, when it occurs, must as a rule be ascribed not to the œsophageal affection, but rather to the co-existent affection, or to the prior and fundamental disease. We observe, moreover, not unfrequently a fatal course in those cases in which the œsophagitis is particularly severe, and the inflammation extends to the subjacent tissues—cases which are denoted by the expression *phlegmonous œsophagitis*. In most of the cases of this kind which run a fatal course, death supervenes within the first two or three days even; or on the other hand not until later, when the œsophagitis (as not unfrequently occurs) terminates in complete or partial adhesion of the walls and consequent obliteration of the œsophagus. The latter issue is, according to

Hamburger, to be apprehended when, after the first days of the duration of the affection are over, the signs of violent re-action pass away, the pain and fever disappear, and yet, notwithstanding, no shaping in the form of a funnel of the morsel swallowed [see above] can be proved by auscultation. Or it may occur, that the fatal termination is occasioned by the formation of abscesses in the œsophagus which burst, not inwards, but outwards (*peroratio œsophagi*), or by persisting strictures.

Circumscribed Œsophagitis.—In this form of the disease the phenomena of the affection are, as we have already mentioned above, frequently indistinct and obscure. Pain never arises, as a rule, spontaneously, but is produced, however, by the pressure caused by swallowing a morsel of food. If the disease affects the cervical portion of the œsophagus, the patients are generally able, from the painful sensation, to point out the seat of affection with a tolerable degree of certainty. If, however, the thoracic portion of the œsophagus is the seat of affection, the assertions of the patient are not to be relied on (Hamburger). This is especially true of cases in which the affection has already lasted a considerable time, for in these experience teaches that in their further course the sensibility of the diseased part always decreases more and more, unless ulceration has supervened. The only point, which in cases of this kind can direct the attention of the physician to the œsophagus, is the complaint from the patient of regurgitation or at least of difficulty of deglutition. The dysphagia bears frequently, however, no proportion to the degree of affection, and appears accordingly “to depend more upon the subjectivity of the patient” (Hamburger), and finally we are to reflect that, in many cases of circumscribed œsophagitis, even a total absence of dysphagia is observed. So much the more valuable therefore does auscultation prove itself, since it is that, which is able, even under such circumstances, to give us an idea of the condition of the œsophagus, and hence, it is before all others the *case of circumscribed œsophagitis*, in the diagnosis of which Hamburger's meritorious labours cannot be too highly commended.

The Phenomena observed on Auscultation.—As the *œsophagitis circumscripta* takes in most cases, or at least very often, an annular form, it is intelligible that the symptoms of a narrowing of the œsophagus are more particularly those which are met with in a given case on auscultation of the œsophagus. Soon after the beginning of the affection, when sensibility to the pressure of the mouthful, which has been swallowed, comes on, the auscultator, when he applies his ear to a spot corresponding to that affected, and the morsel glides past this spot, notices (as has been already mentioned) a feeling as if something being pushed and shoved. “In spite of the rapidity with which deglutition takes place, the affected place can be determined with tolerable certainty, for when we listen above or below this spot, the sensation of the impulse does not correspond exactly with the moment in which the noise of deglutition reaches the ear” (Hamburger). Together with the above-mentioned sensation of a commotion which is perceived during the act of deglutition, we hear at the same time a *regurgitation of ascending bubbles*, or, if a regurgitation of food takes place, that the regurgitating morsel changes its form and is impelled upwards as a funnel-shaped morsel. We perceive, moreover, quite distinctly that these phenomena which present themselves on auscultation, that is, both the *regurgitation of ascending bubbles*, and the regurgitation of the morsel swallowed, as well as the alteration of its spindle-shape to that of a funnel, proceed just from the place where the above-mentioned impulse or push takes place. If the epithelium has lost its shape and smoothness with the progress of the exudation; or, if a large ulcer is produced on the affected spot; then we hear, when we auscultate at the place in question, a friction-sound during deglutition, which sound is, however, often so low, that it is only to be discovered by the greatest attention. If, in the course of the disease, the narrowing of the œsophagus

makes much progress, the auscultating ear is able to perceive how the morsel which has been swallowed becomes more and more contracted in its short diameter until it loses at last all shape; and, besides this, there is in such cases, as long as the muscular coat preserves its energy another sound which Hamburger designates by the expression "noisy regurgitation," and which is heard very distinctly during the act of deglutition.

Course.—The course of circumscribed œsophagitis is usually chronic and rather tedious; the latter epithet applies particularly to those cases in which the disease—whether in consequence of strictures which persist, or whether in consequence of the formation of abscesses, when the pus burrows gradually deeper towards the periphery of the œsophagus, until at last it perforates the outer wall of the latter—towards an unfavourable issue; and it is then not unfrequent that the affection prolongs itself for months and years with variations of amelioration, aggravation, and the stationary condition. An acute course is observed exclusively in those cases in which traumatic injury was the foundation of the circumscribed œsophagitis (*Allg. Wiener Med. Zeitung*, No. 17).

(To be continued.)

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(Continued from page 352.)

ESSENCE OF MUTTON OR MEAT JUICE.

Prepared by John Gillon and Co., Leith.

This preparation was contained in a hermetically-sealed tin, containing eight ounces.

It contained

Water	93.09
Solid extractives, containing gelatinous matter, '68	5.41
Ash, containing chlorides, '223	1.5

100.

There was a disagreeable smell when this can was opened, but no bacteria or signs of decomposition could be perceived on examining with the microscope.

ESSENCE OF VEAL.

Prepared by John Gillon and Co., Leith.

This preparation was enclosed in hermetically-sealed tins, containing eight ounces

It contained

Water	92.76
Extractives, containing gelatinous matter, '5	5.68
Ash, containing chlorides, '23	1.56

100.

The odour of this preparation was very similar to the previous one.

ESSENCE OF CHICKEN.

Prepared by John Gillon and Co., Leith.

The chicken essence was hermetically sealed as were the others. It contained

Water	94.71
Solid extract, containing gelatinous matter precipitated by spirit, '35	4.29
Ash, containing chlorides, '322	1.

100.

Odour the same as the previous ones.

It will be observed that these concentrated broths or meat juices, as they may be termed, are radically bad in principle, and also proved so on examination. As far as the articles themselves go, they may be considered as having been (as evinced by the analyses) genuine preparations, but it is self-evident that the larger the proportion of water present to the solid ingredients so much the more difficult is it to practically ensure it from entering into decomposition. The keeping properties of solid extracts of meat is something wonderful, and could never have been prognosticated from theoretical grounds. In fact, an average carefully prepared meat extract is so easily preserved that it does not require the ordinary precautions that would be bestowed upon a vegetable extract. The salts present act as antiseptics to the extract itself so long as too much water is not present—*dilute solutions* of these salts, however, act as incentives to fermentative changes, instead of antiseptics. Although these three last essences are genuine preparations, we cannot recommend their use, nor do we see what can be the object in such preparations, without it is to produce an impression to the eye that the consumer is getting value for his money by a great show. Each of the above essences sell at 9s. 6d. per dozen tins containing 4 oz.

SOLID ESSENCE OF BEEF.

Whitehead and Co., Broadwater, Clarence River, Australia, and 8 Lime-street Square, London.

This preparation was put up in round tins, and moulded into the form of large lozenges, or rather cakes. Each tin contained eight cakes, weighing half an ounce each, and was retailed at 2s. 3d. They contained

Moisture	9.0
Ash, containing chlorides, 1.09	3.02
Dry extractives	87.98

100.

Submitted to dialysis 60 of these, 87.9 parts were left as colloids.

When submitted to microscopic examination there was no evidence of the usual crystalline appearance observed in solid meat extracts, but it was seen to be largely mixed with potato starch.

When treated with alcohol, as in the previous experiments, a precipitate of gelatinous matter was procured, which, on drying, amounted to 18.06 per cent.; in fact, the large amount of colloid substance was due to gelatine, of which these tablets largely consist. The starch may be mainly used in shaping them, but it is decidedly mixed throughout the whole substance of the tablet. We most decidedly state that these tablets are of a low nutritive value, although they may be pleasing to the eye, and useful from the portable form in which they are put up.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, NOVEMBER 6, 1872.

A PUBLIC PROSECUTOR.

AMONG the various questions which affect the interests of the Profession, the absolute need of a Public Prosecutor is more than ever apparent. It is a proud boast, and one which is perpetually thrown in the face of foreigners, that Englishmen have, and will insist upon retaining, perfect liberty. This is well to a certain degree; but liberty, like every other benefit, may be strained and abused to such an extent as to become a curse. What, we ask, can be more subversive of the interests of the Profession, or more dangerous to the welfare of the general public, than an open tolerance of that social monster, quackery? And not only tolerance, but a positive coquetry with it, until, bereft of all shame, and the fear of punishment for illegal and dangerous practices, it has insidiously wormed itself into such a position, that the untutored mind mistakes the sham for the real thing, and falls helplessly into its clutches, an easy and unsuspecting prey, whilst we are compelled to stand by, unwilling witnesses to scenes which we can neither help nor prevent; and all under the cloak of liberty. With the exception of America, where the system is carried to perhaps greater lengths, there is no other civilised country in which villany of this kind is allowed to go unchecked, and to usurp the title of, and to practice in, an honourable profession. It is better sometimes to ignore the existence of an evil, lest by exposing the blot one's fingers become soiled therewith. Decidedly it is more pleasant to do so. But let us boldly face this question, and ask ourselves, can we afford to laugh at or ignore it? Quacks thrive at the expense of members of the Profession, and the pockets and health of the public. They live, move, and have their being in our best streets; and even next door to the gentleman who has, by arduous study and great expenditure of time and money, obtained a degree which enables

and entitles him to practice as a doctor, is the quack, with Dr. So-and-so engraved on his door-plate, whose claim is qualified by the purchase of a diploma, and whose ignorance of even the common principles of Medical science is only equalled by the unblushing effrontery with which he flaunts his pretensions? Scarcely a day passes that we do not hear of patients finding themselves unwittingly in the consulting-rooms of quacks, from whose hands they only escape when their health or their pocket warns them of danger. For years we have been urging the necessity of repressive measures; we hope the time will soon pass when we shall have need to do so. At last the ranks of the Profession are stirred, the appointment of a Public Prosecutor is insisted upon, and the Government is to be asked to pass a law to meet the difficulty. Till then we shall not cease to protest against the presence of these quacks in our midst; or withhold our voice in the interests of the Profession and the public, notwithstanding the repeated threats of action for libel with which every new quack we have earthed out favours us.

LUNACY IN THE THREE KINGDOMS (a).

No. I.

THERE are three books annually printed at the public expense, we fear very little read, seldom thought of after the title has been read by those to whom they are sent; as to being purchased by the community at large it would be idle to expect it in these times—the books are printed—presented to Parliament—sent to honourable members—and become waste-paper.

These three reports tabulate the insanity of the United Kingdom; the yearly record of three Commissions, of the work they do—or are supposed to do.

These blue-books present an array of startling statistics—insanity creeps ahead very fast—patients accumulate in asylums—new asylums are built—yet the numbers seeking admission do not appear to diminish.

In England, during the year 1871, three new County Asylums were opened; one at Hereford, one at Beverley, for the East Riding of Yorkshire, and one at Macclesfield for the county of Cheshire. The new West Riding asylum, at Wadale, near Sheffield, was at the date of the Report nearly ready, and is now open. Much progress has been made with a fourth asylum for Lancashire, at Whittingham, near Preston; very considerable additions have also been made to various asylums in other counties. In Kent and Surrey we read "that the question of providing additional accommodation is under consideration of the magistrates;" and, as being nearer home to us, we may be permitted to take special interest in recording that the pressure for accommodation in Middlesex still continues, but last November, the necessity having been recognised, a committee of eighteen justices were appointed to negotiate for the purchase of land, &c., for the erection of a third county asylum. The urgent necessity of taking this step will appear from the fact that, while of the 7,255 pauper lunatics belonging to the county of Middlesex (exclusive of the city of London, which has an asylum of its own quite full), on the 1st of January, 1872, 2,043 were at Colney Hatch, and 1,789 at Hanwell; there were also 2,173 in the Metropolitan District asylums, at Caterham and Leavesden; 269 in workhouses; 311 boarded out; 543 in licensed houses and hospitals; and 127 in out-county asylums.

Dealing first with the English Commissioners' report, and adopting their summary, we find that the returns made to the Government show that the total number of lunatics, idiots, and persons of unsound mind, in England and

(a) "Twenty-sixth Report of the Commissioners in Lunacy to the Lord Chancellor." Ordered by the House of Commons to be printed, 4th July, 1872.

Wales, registered on the 1st of January last, was 58,640, being an increase of 1,885 cases upon those recorded in the Report of 1871. These numbers do not include 170 lunatics, so found by inquisition and residing in charge of their committees elsewhere than in asylums, hospitals, and licensed houses. Of these lunatics, 6,642 were private patients, and 51,998 were paupers, distributed as follows:—

In Asylums	29,641
„ Hospitals	2,478
„ Licensed Houses	4,173
„ Naval and Military Hospitals } and India Asylum }	395
„ State Criminal Asylums	489
„ Private Single Patients	420
„ Workhouses	13,608
Out-door Paupers	7,436
	58,640

There are 26,818 male lunatics as against 31,822 female lunatics; there are more private male patients than females, and more pauper females than males. It appears that in 1859 the ratio of insane patients to 1,000 of the population was 1.86; but in 1872 it is 2.54.

There are at present in England and Wales 180 asylums, hospitals, and licensed houses, for the reception of the insane, which are subject to statutory and other visitation by members of the Lunacy Board, namely, county and borough asylums, 54; registered hospitals, 16; state asylums, 4; metropolitan licensed houses, 41; provincial licensed houses, 65.

It is observed that the total admissions of certified patients (12,573) are largely in excess of those of the year 1870, when they were 11,620. The increase, however, is not solely due to fresh admissions, but is owing, in a great measure, to the fact that a much larger number of patients were transferred in 1871 from certain asylums and licensed houses to other asylums.

The visitation of the Commissioners now extends to about 300 private houses, each containing a single patient. This most important branch of the Commissioners' duties is dismissed by a simple statement that the number registered on January 1st, 1871, had grown from 392 to 420, of whom 121 (being Chancery patients), were not visited by them; 188 having been registered during the year, and 160 being discharged, or having died during that period.

It will be seen from the above, that half the number of the registered insane are in asylums visited in the course of their statutory duty by the Commissioners but once in the year. Those in registered hospitals and in the state asylums are also visited once in the year. In the provinces, the licensed houses are visited twice in the year by the Commissioners, and four times by the Visitors. In the Commissioners' own district, they visit the houses six times in the year. Private single patients are, we believe, visited once a year. Certain large workhouses annually, others occasionally. The out-door paupers, numbering 7,436, appear to be left entirely to the tender mercies of the district Medical officers, who visit quarterly and report to the Commissioners. We make no comment upon these facts, or upon the query as to whether the supervision and inspection is sufficient.

During the past year 219 workhouses were visited, containing (including the metropolitan district asylums at Leavesden and Caterham), 9,738 patients, showing an increase of 2,043 upon those seen the previous year. Generally, the reports were of a favourable character, and though some of the country workhouses containing few patients, and not having wards for insane inmates, are, unless in special circumstances, only occasionally visited by us, we have reason to believe that even the limited supervision we were able to exercise over them has important results. The larger workhouses, and those having lunatic wards, are visited by one or more of the Commissioners annually; when the insane inmates are

examined, the question of their fitness for workhouse or asylum treatment considered, and the arrangements for the proper care and accommodation, not only fully inquired into, but reported upon to the Government Local Board. To a very great extent, many of these workhouse wards are used as asylums. During the past year upwards of 2,500 patients were seen in 17 of the larger workhouses alone, each containing more than 100 patients, and one, the New Manchester, as many as 275. The importance of the visits of the Commissioners can hardly be over-estimated, although they have no direct power to remedy defects they may notice in these establishments, or to enforce the carrying out of suggestions constantly made for the comfort and proper care of the insane inmates.

A striking instance of the little control the Commissioners have over the arrangements made in workhouses for the accommodation of the insane was shown at a recent visit to that of Nottingham, where there were 121 inmates of unsound mind. The special wards these patients had formerly occupied, and which provided fair accommodation for them, were found to have been converted into sick wards, and rooms previously occupied by the able-bodied were given up to the insane inmates. The accommodation was found to be very inferior to that they formerly had, and wanting in many requirements essential, in the Commissioners' opinion, to the comfort and proper care, even of the most quiet of the chronic patients. The day-rooms were comfortable and much over-crowded; there were no proper lavatories or baths; and the yards attached to these wards were small, cheerless, and in a very rough state. Various alterations were proposed to be made to remedy this state of things, among them the appropriation of a gloomy room in the basement as a day-room for females; but this was found to be quite unfit for inmates of unsound mind. At this visit the over-crowding was so great, and the arrangements so defective, "that we made orders for the removal to the asylum of eight patients."

The casualties in workhouses, asylums, and licensed houses, were numerous, among them three murders. Deaths from fractured ribs, from rupture of the kidney, and other injuries, four deaths by burning, one from scalding in a bath, and one on the railway by an escaped patient from Colney Hatch. The prosecutions seem to be not so numerous as in the previous years.

The Report concludes with a well written article on attendants. This and the one containing a summary of the existing condition of the provincial licensed houses will be found to be the most readable portions of the Report.

The appendices contain valuable information—returns of the pauper lunatics chargeable to the several unions—numbers in asylums—entries by Commissioners at asylums, hospitals, state asylums, &c.

In (D) and (E) will be found details of the weekly cost of maintenance, medicine, clothing, and care of patients in the various county and borough asylums, and hospitals. The weekly cost per head averaged in county and borough asylums, 9s. 8½d. This is an increase of 3d. per head per week upon that of the previous year. It appears to be due, in great measure, to the higher price of provisions, but it is somewhat influenced also by a larger proportionate cost in several asylums which have been recently opened, and wherein the expense of the staff is at first, and until they become well filled with patients, always proportionately high. The appendices conclude with plans of the newly-erected asylums at Leavesden and Caterham.

ARMY SANITATION DURING THE FIRST BURMESE WAR—1824-6.

So much has of late been said, and in some instances deservedly, on the extent and completeness of arrangements for our troops in India in time of war, that we are

apt to believe such has always been the case. The available materials do not enable us to extend our remarks on this subject beyond the time of the first Rangoon war, between 1824 and 1826, but the particulars in regard to it to which we have had access will tend to impress the reader with the idea that then, at any rate, the manner in which the expedition was fitted out, and arrangements made for the ordinary requirements of the troops were such as to reflect small credit upon those concerned.

The extent and severity of the sickness which during these two years prevailed among our troops in Ava are matters of history. Among the causes which contributed to their production, Dr. Burke (a) enumerated "the want of fresh and wholesome provisions, the want of watch-cloaks, very severe duty, particularly night duty, the very heavy rains which continued to pour down for five or six months without intercession." "During the war in Rangoon in 1826, the 38th regiment became very unhealthy; fever, dysentery, and what was called *beri beri*, prevailing to a great extent, all of which were attributed to the want of fresh and wholesome provisions, the want of watch-cloaks, very severe duty, especially at night, and long continued rainy weather." The fever was followed by a state of exhaustion, debility, swelling of the legs, &c., and was rapidly followed by dysentery, sponginess, dropsy of the chest, abdomen, and legs, hospital gangrene, and increased debility. By some Medical officers this condition was recorded as "*beri beri*;" others, however, detected it to be scurvy, notwithstanding that "where fresh beef, bread, tea, sugar, milk, beer in large quantities, yams, pumpkins, lime juice, spruce, and pickles were all issued to the sick without benefit"; nor did the surgeon fail to notice that the other circumstances mentioned had even greater influence in producing the habit of body than had the single one of want of fresh meat. Nor were those just enumerated all the unfavourable circumstances under which the troops were placed. The men had "to carry their own packs, and sixty rounds of ammunition; and in addition to such a load, three days' provisions, and a country blanket." We need not wonder, at the present day, that on an occasion referred to, the cry was raised among them that the Indian Government had sent an army to that country at an unseasonable period of the year, and so ill-equipped as is implied in the above short statement, but that the transport provided was insufficient, and the supplies inadequate. The cry reached England. It was there taken up by the public, and in deference to the popular voice an inquiry was instituted into the nature of the arrangements made for the expedition. It is probable that of the greater number of the deficiencies and shortcomings that were discovered we shall hear no more. A few, however, were enumerated in the official records of the time; and we learn that among them was a deficiency, not only of water conveyance, but also of land transport for the sick. With regard to the latter, it is recorded that the 38th regiment landed with bearers for four doolies, but that no doolies were provided, although the surgeon had indented several times during the passage for them. The regiment was 1,000 strong at starting, and at this time no more than these four doolies were authorised for their use. We are, moreover, assured that, although they did not march from Rangoon in Ava for nine full months subsequent to the date of landing at the former place, and ample time was thus allowed for all deficiencies being completed, yet, when they did proceed, the regiment had not more than one-third its proportion of doolies for even the *reduced number* of men who thence went on.

Of the arrangements that had to be made under such circumstances we have a deplorable account. The worst cases were put into doolies, with their arms, pack, haversack, blanket, sixty rounds of ball ammunition, and one day's provisions. The arms, packs, &c., of six or seven men of the slightest cases were put into one doolie, for the commissariat could give them no assistance with hackeries, and thus released of their encumbrance, another proportion

of the men marched in rear of their corps. The still slighter cases were obliged to carry their arms, pack, ammunition, &c., and had no other indulgence than remaining in rear. No carriage was provided for hospital purposes from Rangoon to Prome, either for medicine, instruments, wine, tea, sugar, brandy, sago, or hospital clothing. Two buffaloes had been given to each hospital to provide milk for the sick, and these were taken to carry loads. They soon died through hard work, and then "by the express authority of the general commanding the forces, every surgeon was obliged by the commissariat to pay twenty rupees for each bullock out of his own pocket. The followers were obliged to carry, in addition to their own clothes, a proportion of medicines or hospital comforts, although with much difficulty. On the road from Prome in Ava they were a little better off, as each corps had two hackeries, and a few more doolies, "but far, very far, from their complement, or what they required."

Of the circumstances of that portion of the force including the 47th regiment, which proceeded to Arracan we are informed that when the constructions erected for the accommodation of the troops were not sufficiently raised from the surface of the earth: that the hospital for them was a native building, but the ground underneath was not properly attended to; that under it were mire and filth of every description, it was the constant resort of pariah dogs and country ponies, to the great annoyance of the patients; whereas, had the ground underneath been properly cleaned and drained, recoveries might have been more rapid, and sudden deaths less frequent, for it would appear it was supposed that in some individuals reduced by disease, death was induced by the direct influence of an impure and noxious atmosphere.

It would seem that the Medical officers, while they were the only ones with the force who were really aware of the extent of the evils caused by neglected arrangements, were unfortunately utterly helpless to remedy the conditions which they could only deplore and "report." If such were the conditions in 1826, what must those of our early wars in India have been?

Notes on Current Topics.

Alleged Death from Nitrous Oxide.

THE alleged death of Mrs. O'Shaughnessy, in Brooklyn, N. Y., from nitrous oxide, is reviewed by Mr. Colton, in the *American Journal of Dental Science*, for June, with the following results:—

There are three facts with this death to be noted:

- 1st. The lady had her teeth extracted while not under the influence, and during the operation fainted.
- 2nd. The nervous system received more or less of a shock from the pain of extraction.
- 3rd. The lungs were found in a state of asphyxia.

There are three answers to these facts:

- 1st. Had the lady properly inhaled the gas she could not have fainted, because the gas, instead of arresting, increases the circulation.
- 2nd. She would have experienced no pain, and, of course, no shock to the system.
- 3rd. There would have been no asphyxia, as the gas, containing as it does more oxygen than the air, rapidly oxygenizes the blood, and prevents asphyxia or congestion. The ablest Medical authorities on nitrous oxide recommend that when asphyxia is threatened from any cause, the gas should be administered, as the quickest and most effectual remedy. Indeed, one of the most distinguished professors of chemistry in our city maintains that a law should be passed compelling dentists and surgeons, when administering *chloroform*, to have some nitrous oxide gas

(a) At the time Inspector-General in India.

on hand, to restore the patient in case asphyxia or congestion is threatened.

"I do not mean to intimate that caution and care should not be exercised to make pure gas, and to administer it properly; but there was no evidence presented in this case to show that Dr. Newbrough was at fault in these respects.

"In view of these facts, I cannot conceive how the jury could form an 'opinion' that this 'death from asphyxia' was 'induced by the inhalation of gas administered.' Now, in point of fact, the amount of gas previously inhaled, according to all the testimony on the subject, was not sufficient to produce any appreciable effect on the system; consequently there was no evidence to justify the 'opinion' arrived at by the jury."

Tiverton Infirmary.

THE Board of Guardians of Tiverton subscribe to the infirmary, and have appointed Mr. Pearce to represent them in a public meeting in regard to the dispute arising out of the recent appointment of house-surgeon. Mr. Pearce said "he did think that the influence of the four out of the five honorary Medical officers ought not to have been disregarded. Certainly a young person who had only been fifteen months at the profession could not be qualified for the office of house-surgeon. Therefore he did hope that everyone living in the neighbourhood who were subscribers, or in any way derived benefit from the institution, would take an interest in the matter, and thus endeavour to uphold the institution in the future."

The Clement Testimonial.

WE are glad to observe that a fund has been started in Shrewsbury for the purpose of raising some public testimonial to the memory of the late Dr. Clement, M.P., J.P., of that town. Mr. Clement was an accomplished surgeon, and an able representative in the House of Commons; watching the interests of the Profession in that assembly with considerable tact. He has now been deceased some two years or more, and although the recognition of his public services by the Profession, and his private character by his townsmen, appears tardy, we are nevertheless gratified that something is at last being done to perpetuate his memory. Up to the present time the amount collected in answer to the following resolution proposed at a public meeting, at which the Mayor of Shrewsbury presided, "That in the opinion of this Meeting it is desirable that a suitable Memorial be erected or instituted to the memory of the late William James Clement, Esq., M.P., as a slight recognition of his great public services and estimable private character, and that further subscriptions be solicited for that purpose," is considerable, and we trust that sufficient will be collected to erect a memorial in every way worthy of the object.

Retirement of Dr. Charles Benson, of Dublin.

THE Professorship of Practical Medicine in the Royal College of Surgeons in Ireland has, since our last, become vacant by the resignation of Dr. Benson. It has, unhappily, been Dr. Benson's misfortune to lose entirely the sight of one eye by an attack of subacute glaucoma, and the other eye having been for many years defective, Dr. Benson felt that he could no longer discharge the active

duties of his Lecturoship with the same benefit to the College School which has for so many years attended his connection with it. We learn with much satisfaction that the Council of the College have not been forgetful of Dr. Benson's long services, unflinching fidelity, and high professional character. In their acknowledgment of Dr. Benson's note of resignation, the Council, at its last meeting resolved—"That the Council receive with the greatest regret Dr. Benson's resignation of the Professorship of the Practice of Medicine, a position which he held in this College for thirty-six years, with much advantage to the School of the Royal College of Surgeons in Ireland and credit to himself, and this regret is increased by their knowledge of the cause which has led to his resignation;" and it was further resolved—"That a portrait of Dr. Benson be procured and placed in the Board Room, and that a sum of one hundred guineas be presented to him in testimony of his distinguished services in this College, and in token of the personal regard entertained towards him."

No less forcible or substantial acknowledgment is due to an officer of the College who has deserved so well of it. For more than half a century, as pupil, demonstrator, examiner, councillor, professor, and president, Dr. Benson has been intimately associated with it, and as Honorary Secretary has lent his aid to the Surgical Society of Ireland and the Royal Medical Benevolent Fund.

Although never disposed to enter actively on collegiate polemics, Dr. Benson has always courageously maintained his views, and in his retirement to-day he carries with him, not only, as the Council has said, "the personal regard," but the veneration of the Fellows of the College.

Medical Officers of Health—The Halifax Election.

WE have on different occasions pointed out the evils of the canvassing system in Medical elections, and we have insisted on its humiliation, its unfairness, and its injurious effects on the Profession. We have shown that those who at present have the power of electing Medical officers for our public institutions are unfit for the position, and that they have no means of determining the merits of the various candidates, for the letters placed after the names of the applicants are to them hieroglyphics. "With bated breath and in a bondsman's key" the candidate for an appointment has to ask for the vote and consideration of the members composing our elective bodies, generally a very heterogeneous collection—and has too often to submit to insulting refusals and indignities. When can this state of things be put an end to? This problem cannot be solved so long as the elective power is in the hands of petty Boards, as the candidate who does not canvass is virtually placed *hors de combat*. Each day verifies the truth of our statement, and the recent election of Medical Officer of Health for Halifax adds additional weight to all we have written. Here the elective power was in the hands of the Sanitary Committee of the Corporation—the *material* comprising which does not probably differ in intelligence from that of other towns.

The result has been they have placed in that honourable position a practitioner, whose name we see advertised as "in daily attendance" for consultation at the shop of a local homœopathic chemist.

We know nothing of Mr. Ainley, beyond this adver-

tisement and the *Medical Register*, but we can hardly understand the influence which has placed a homœopathic practitioner over the heads of the five gentlemen who competed, nearly all of whom held both Medical qualifications and important public appointments.

We believe that the subject will not be allowed to slumber. Already we observe, by the local papers, that a meeting has been held by the Profession of the district "to consider the recent election by the Sanitary Committee of the Town Council of a homœopathic practitioner *sine* Medical diploma to the most important post of Medical Officer of Health for the borough." At this meeting it was unanimously resolved to memorialise the Town Council for a new election. A protest was drawn up, which was signed by seventeen practitioners, and the secretary was instructed to transmit it to the Town Clerk when it had received the signatures of the other Medical men.

Eucalyptus Globulus in Intermittents.

THE results obtained during the summer have been collected and summarised by Dr. Joseph Keller, chief physician of the Austrian railway company. The number of patients treated with tincture of eucalyptus was 432. Of these, 310 (71·76 per cent.) were perfectly cured; and 122 (28·24) required to be afterwards treated with quinine. Of the 310 patients who were cured, no paroxysm occurred after the first dose in 202; in the remaining 108, there were one or more subsequent paroxysms, which, however, yielded to repeated doses of the medicine. Quinine had been given without result in 118 of the 432 cases; 293 of the patients had had ague in previous years, and 139 were attacked for the first time in 1871. Of the 122 cases in which eucalyptus failed, 58 recovered under the use of quinine, 38 were not cured, 10 were sent home, and 16 remained under treatment. Of the 118 cases in which quinine had been given unsuccessfully, 91 recovered under the use of eucalyptus, and in 27 no result followed.

The several types of intermittent fever were represented as follows:—quotidian, complicated, 117, simple 73=190; tertian, complicated, 126, simple 95=221; quartan, complicated, 16, simple 4=20; quintan, complicated, 1. The complications were, enlargement of the spleen or liver, anæmia or chronic gastric catarrh, paludal cachexia, &c. The remedy was successful in 161 of the 260 complicated cases, or 61·9 per cent.; and in 149 (or 86·6 per cent.) of the 172 simple cases. The percentage of success in the several types were: in tertian, 75·57; in quartan, 70; in quotidian, 67·89. Among the cases in which the first dose of eucalyptus arrested the disease, were 95 complicated and 107 simple; 28 of the former and 20 of the latter had previously been treated unsuccessfully with quinine. In the cases where the paroxysms recurred, there were 70 complicated and 38 simple; quinine had been given without success in 27 of the former and in 15 of the latter.

Of the 432 patients, 353 were men, 46 women, and 33 children. There were 155 patients who were immigrants into the localities; and in these the disease was more frequently attended with complications, and the treatment was less successful, than among the indigenous inhabitants.

The treatment was generally commenced on the fifth day after the first paroxysm of ague; its duration averaged

9½ days, that with quinine in previous years having been 12½ days.

The tincture was made by dividing into small pieces the leaves of eucalyptus obtained through France from the native country of the plant, and macerating in alcohol for three months. Ten pounds of leaves yielded twenty-five quarts of the tincture. The average dose was two drachms—and the average quantity used for each patient was 7 drachms; this, however, varied much according to the nature of the case and its complications.

Dr. Keller concludes that eucalyptus must be regarded as a very important remedy for ague; but that the plant as cultivated in Austria is less efficacious than that imported from its native soil; that the remedy is of service especially in obstinate cases of ague where quinine has been given unsuccessfully; and that the average duration of treatment by eucalyptus is shorter than that by quinine. He believes that the tincture is the most eligible preparation of the plant, as the essential oil is retained. The cost of a quart of the tincture he calculates to be less than two florins. It has a pleasant aromatic flavour. For women and children, some simple or orange syrup may be added. In the milder cases, two or three teaspoonfuls, taken before the expected paroxysm, are generally sufficient. Where cachexia is present, small doses should be taken night and morning for some time.

The Chair of Practical Medicine in the Irish College of Surgeons.

THE succession to the professorship of practical medicine in the Irish College of Surgeons, the vacancy of which we announce elsewhere, is already canvassed with some interest in Dublin.

We are aware that Dr. J. H. Benson, the son of the ex-professor, will not seek the office, preferring to devote himself altogether to private practice in connection with his physiciancy to the City of Dublin Hospital. We are, as yet, only able to name those gentlemen whom report enumerates amongst the probable candidates. Dr. Samuel Gordon, Physician to the House of Industry Hospital; Dr. Little, of the Adelaide Hospital and Ledwich School; Dr. Foot, of the Meath Hospital; Dr. Eames, of Mercer's Hospital and the Ledwich School; Dr. Walter Smith, of the Adelaide, and Dr. J. W. Moore, are spoken of as possible candidates. It would, of course, until it is understood who will actually seek election, be premature to speculate on the succession.

Cholera in India.—A Comparison between Heathen and Christian Governors.

THE *Times'* correspondent, writing from Calcutta of the dreadful ravages made among the civil population in various parts of the Continent, says:—"The Maharajah of Cashmere appears to be behaving admirably. He has given orders for a hundred dispensaries to be opened in the city, and that every means shall be placed at the disposal of the hakims and sub-assistant surgeons to check the disease. This is rather different from the Lieutenant-Governor of Bengal ordering the young sub-assistant-surgeons down to Burdwan on half-pay. The young men are, it is said, to be discharged from the service for insubordination—that is, for refusing to go at half the ordinary salary to one of the deadliest parts of India to

do the most dangerous of all work. It is by acts like these that Mr. Campbell, in spite of his honest and public-spirited intentions, is really unpopular in Bengal. One would imagine that no human being but the lieutenant-governor himself would have thought of cutting down wages at the very time that he was ordering the young men to do duty at the imminent risk of their lives."

Medical Inspection of Emigrants.

THE Board of Trade are about to appoint a third Medical inspector of emigrants at Liverpool. The salary is fixed at £300 a year, and testimonials, &c., must be sent in on or before the 15th of December.

Tea Adulteration.

THE *North British Daily Mail* has published analyses of thirty-five samples of tea bought in different parts of Glasgow. Out of the thirty-five samples analysed—twenty-seven of which were of black and eight of green tea—only six were unadulterated. All were high priced, and none of the six was a sample of green tea. One sample contained *no tea at all*, so far as the analyst could discover. The adulterants which were used in this and the other twenty-eight cases were iron, plumbago, chalk, china clay, sand, Prussian blue, turmeric, indigo, starch, gypsum, catechu, gum, and leaves of various kinds, elm, oak, willow, poplar, elder, beech, hawthorn, and sloe. It is but justice to the retail vendors to state that the adulteration is not supposed to be their work; it is largely done in China, and is further carried on after the "tea" has reached Britain.

King and Queen's College of Physicians in Ireland.

At the annual stated meeting of the college, held on St. Luke's Day, 1872, the following officers were elected for the ensuing year:—President—Dr. Alfred Hudson. ~~Census~~—Dr. Robert D. Lyon (vice-president), Dr. W. B. Jennings, Dr. James Little, Dr. T. W. Grimshaw. Registrar—Dr. J. Magee Finny. Treasurer—Dr. Aquilla Smith. Examiners in Midwifery—Dr. John Ringland, Dr. Lombe Athill. Professor of Medical Jurisprudence—Robert Travers, M.B. Representative on the General Medical Council—Dr. A. Smith. Agent to the Trust Estates—Mr. C. Uriaque Townshend. Law Agent—Mr. Charles Woodward, B.A.

THE Chemical Society of the Lehigh University Bethlehem Pa, has elected Professor Galloway, of the Royal College of Science, Dublin, an honorary member of that society.

THE case of ovariectomy operated in Mercer's Hospital, Dublin, last week by Mr. O'Grady, of which we gave particulars in our last issue, continues, at the hour when we go to press, to make very satisfactory progress. The operation was performed fifteen days since. On the 10th of the clamp came away from the pedicle without accident, and the patient is able to take plenty of nutriment. The condition of the patient justifies the hope, that Mr. O'Grady's case will be one of the most successful in the Irish annals of ovariectomy.

By the will of C. Candy, Esq., merchant in the City of London, the Royal Free Hospital receives £100.

By the latest advices we hear that the horse epidemic in New York has much subsided during the past few days.

RINDERPEST has broken out in Warsaw and the neighbourhood.

MR. DARWIN has declined to contest the post of Lord Rector of Aberdeen University, on the ground of ill-health.

OVARIOTOMY has just been performed at Lugo, by Dr. Domenico Peruzzi, in a case of unilocular cyst of the right ovary.

THE President of the Hunterian Society, Dr. Herbert Davies, Senior Physician to the London Hospital, has issued cards for a *conversations* next Monday.

THE important appointment of Medical superintendent to the convict prison, Spike Island, is announced as vacant. Particulars will be found in our advertising columns.

By the will of the late David Moss, Esq., of London and Montreal, Canada, the Hospital for Diseases of the Heart and the Jews' Hospital each receives 19 guineas; the Montreal English Hospital 50 guineas.

THE appointment of Demonstrator of Anatomy at the Charing Cross Hospital Medical School will shortly become vacant. The salary is £150, and preference will be given to a gentleman who would undertake the lectures on Comparative Anatomy in the summer session.

At the recent competitive examination for the prizes in materia medica and pharmaceutical chemistry given by the Society of Apothecaries of England, the successful candidates were:—1. Alfred Felix Stevens, of St. Bartholomew's Hospital, a gold medal; 2. William Henry Harsant, of Guy's Hospital, a silver medal and a book.

THE *United Service Gazette* understands that there is an intention of altering the pay and position of those men of the Army Hospital Corps who are employed as clerks in Medical staff offices. It suggests that the extra-duty pay allowed to the corps should altogether receive revision, as the remuneration given to Compounders of Medicines, considering the responsibilities and attainments of the men, seems to be inadequate.

It having been determined not to allow the occasion of Mr. Hancock's appointment to the office of President of the Royal College of Surgeons of England, and his retirement from the office of Surgeon to the Charing Cross Hospital, to pass without offering to him some testimonial of the very high estimation in which he is held, both professionally and socially, a committee has been formed to carry out that object.

It has been decided to extend the capabilities of Wandsworth and Brookwood Asylums, at a cost to the county of Surrey of £73,000.

At a special meeting of the council of the Royal College of Surgeons, England, on Thursday last, Mr. John Birkett, F.R.C.S., of Green Street, Grosvenor Square, senior surgeon and lecturer on surgery at Guy's Hospital, was elected a member of the Court of Examiners in the room of Mr. Busk, F.R.S., late president of the college, resigned.

THE Metropolitan Asylums Board have resigned the *Dreadnought* into the hands of the Admiralty, the London Port Sanitary Committee not needing her. She is to be taken down to Chatham.

THE accommodation afforded for the departments of Physiology and Comparative Anatomy in the new museums and lecture-rooms at Cambridge being insufficient, the Syndicate have intimated their intention of making the necessary additions, at the estimated cost of £5,600, exclusive of £500 for the ground required.

SIR WILLIAM THOMPSON, D.C.L., has been elected a Fellow of St. Peter's College, Cambridge. It is now twenty-seven years since Sir William graduated at Cambridge, coming out Second Wrangler and First Smith's Prizeman.

CHOLERA has appeared at Dantsic and Culm in Prussia. Ninety-four cases are reported from Buda, in Hungary, twenty-seven proving fatal. Twenty-nine soldiers were taken ill simultaneously, and five of them died.

Correspondence.

WILL IODIDE OF IRON CURE ENCEPHALOID;

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Allow me to preface what I am about to say by a hope that no one may consider me ambitious of laying claim to be a "cancer curer," but as it is laid down as an axiom by many of our very best teachers that medullary sarcoma or encephaloid is not amenable to any recognised form of constitutional treatment, I cannot help entertaining and expressing what appear to me to be just grounds for doubting the correctness of this teaching, and for the following reasons:—

I was consulted many years since by the friends of a young woman, resident in Seaton, near Lyme Regis, Dorset, and considering her disease encephaloid of the upper part of the thigh, I advised her removal to a London hospital, believing that some bold spirit might remove the entire limb and disease together. She died, however, in hospital very soon.

Some time—a year or so—subsequently, I was consulted about a young woman in Uplyme, Devon, in a state exactly similar, and stated to her friends the utter hopelessness of her case; yet, as I was requested to prescribe for her, I did so as follows:—Half a drachm of pure iodine, two drachms of iodide of potassium, and two drachms of crystals of sulphate of iron to be dissolved in half-a-pint of distilled water and two drachms of dilute sulphuric acid occasionally added; of this, a dessert-spoonful to be taken three times daily after meals in half a wine-glassful of water, sweetened according to taste. She took this for some months before she quitted my neighbour-

hood, and continued it for some time afterwards, until I heard, to my great surprise, that some other practitioner had been called in to see her, and punctured the swelling, which proved to be an immense abscess; and this is all I ever heard of this case.

The next case I saw of this disease was in a young gentleman, named Wilson, the son of a clergyman's widow. He had some appointment in Australia, which obliged him to ride long distances on horseback. His horse fell with him one day, bruising his thigh and hip; and from that time he became disabled, and had to come home to his family in England. His mother took him then to Sir William Ferguson, in London, it may be about twelve years since, but I cannot define the time exactly. Sir William, I was informed, pronounced the disease malignant—soft cancer and incurable, and advised bandaging from the foot upwards, and a strong leather case laced to compress the thigh. In this the limb was when I was called to see him in Uplyme, Devon, where he came from London to reside. I told him of the similar case in the same parish above mentioned, and he willingly consented to try the effect of the same treatment on himself. He took the prescription mentioned above for many months continuously, and whenever his stomach rebelled against it, he varied it by substituting a similar dose of a mixture composed of half-an-ounce of fresh iron-filings in half-a-pint of water, to which two scruples of pure iodine were then added, the sediment to be left untaken. The bandaging and pressure were constantly continued, and the entire swelling occasionally painted over with tincture of iodine, diluted a little with alcohol so as to avoid burning or blistering.

The pegtop-shaped tumour, which occupied now more than the upper third of the anterior and inner aspect of the thigh, increased slowly but steadily, extending downwards until it nearly reached the knee. I forget how many months this occupied, as I have unfortunately no books now to refer to to refresh my memory. The tumour at length began to soften, commencing at its highest point and gradually softening downwards, until fluctuation became manifest throughout—the solid became a fluid mass! My patient and I agreed on the propriety of discharging this fluid. He sat on the side of his bed while I made a free opening into the lowest projecting part, not far above the knee on the inside, below and in a line with Hunter's canal. A dark, coffee-coloured pus, mixed with shreds of broken-down connective tissue, like ordinary sloughs of cellular membrane, and cheesy-looking masses, such as occur in unripe scrofulous abscesses, came away, or were drawn out as they came plugging up the orifice, until at least half an ordinary house-bucketful thus escaped. Bandaging from above downwards was then adopted, and the orifice kept poulticed to facilitate the further discharge. This continued for some months. The limb became gradually smaller, until it measured much less in circumference than the opposite sound thigh. The empty sac of the abscess followed exactly the course of the sheath of the femoral vessels, and its walls appeared to have united throughout, when the puncture below healed, and now I believed he was about to get well; but after a few weeks, there appeared, a little above the apex in Scarpa's triangle, a small elastic projection of the skin, rather larger than a pea, bluish, and almost transparent, looking like a piece of blue tissue paper, and evidently forced up by a bubble of air, pressing through an opening in the cribriform plate. This burst one night, and gave exit to some pus for some weeks, which increased in quantity until he sank at last from exhaustion, after a brave struggle for more than twelve months. These three patients were nearly of the same age—about twenty-four years.

I have had no opportunity of again submitting this disease to further trials of this treatment, as I have never since met with a case of the disease, and am anxious that others who have the opportunity may give it a trial *if it be new*—which I believe it to be,—but if it be old, tried fairly before and found wanting, then all I can urge is that I have never read nor heard of it, and can plead only this as my excuse to you for so trespassing on your valuable space and the angelic patience of your readers, to whom my apologies should be offered instead of a tiresome recital of my facts.

I am, &c.,

J. CAREY, M.D. Lond.

Taunton, Nov. 1st.

NUISANCES AT BETHNAL GREEN.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I beg most respectfully to submit the following for the favour of your consideration, my apology for doing so being that it is a sanitary question of considerable importance not merely to the inhabitants here in particular, but to the public generally. Our Medical Officer of Health states that there are one hundred fish-smoking houses in this parish: the largest of these, which is, indeed, the largest in the East end of London, has been set up rather more than two years in the rear of Peel Grove, Bethnal Green, in the midst of four blocks of houses in the heart of a densely-populated neighbourhood, and its boundary-wall is not thirty-seven feet from some of our dwelling-houses. In it are cured—according to the report of our Medical Officer of Health—every night, including Sundays, between 40,000 and 50,000 herrings. Fourteen fires, made from the roots of oak and hornbeam, are burning therein at one time, the fumes of which roll out in volumes, filling our houses with noxious gases even when our windows and doors are shut. The louver-boards from which the effluvium escapes are at the same elevation as our bed-room windows, and there is no chimney-shaft to the factory to carry the effluvium away from our abodes. Four physicians, the copy of whose certificates I beg to enclose, have certified the smoke-house a public nuisance, and greatly injurious to health. The Vestry, having been applied to repeatedly by the inhabitants, have not only persistently refused to abate or remove the pest, but have always avowed themselves the defenders and patrons of it. We have also petitioned the Local Government Board, but they declare themselves powerless to do any anything except to endorse the decision of the Vestry. Therefore our health is being wantonly destroyed without remedy, because this is too poor a neighbourhood for us to be able to bear the legal expenses necessary to suppress the nuisance—which was brought to us, for we did not come to it,—and our removing from it would, in many cases, involve the breaking-up of our homes and the ruin of our business, with the chance of some other nuisance equally pernicious being brought to us in whatever neighbourhood we might remove.

If this is Vestry and Local Government Board management, of what use is either of them? So far as our health is concerned, we could not be worse off under Turkish despotism.

Craving pardon for this trespass upon your valuable time,
I am, Sir, your obedient servant,

R. M. GURNELL.

17 Peel Grove, Old Ford Road, Bethnal Green,
October 28, 1872.

[Our correspondent sends us copies of Medical certificates and other evidence as to the nuisance of which he complains.
—Ed. M. P.]

LUNACY CERTIFICATES AND FEES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—A lunatic in a workhouse, committing a crime, was sent to the Bridewell, then taken before the magistrates. When before them they gave a verbal order to the workhouse Medical officer to take another doctor with him and examine and certify whether the man was insane or not. Should they or any of them be entitled to a fee? How much, and to whom should the application be made for payment? By giving me the necessary information on the above, you will much oblige.
AN OLD SUBSCRIBER.

The 10th section of the District Lunatic Asylum Officers (Ireland) Act, passed in August, 1867, runs as follows:—

“From and after the first of January, 1868, whenever any person shall be brought before any two justices, and it shall be proved to their satisfaction that such person was discovered and apprehended under circumstances denoting a derangement of mind, and a purpose of committing some crime, for which, if committed, such person would be liable to be indicted, the said justices shall call to their assistance the Medical officer, or, if there be more than one, the nearest available Medical officer of the dispensary district, in which they shall be at the time, and if there shall not be any such Medical officer available, then the nearest available Medical officer of any neigh-

bouring dispensary district, who shall examine such person without fee or reward; and if such Medical officer shall certify that such person is a dangerous lunatic, or a dangerous idiot, it shall be lawful for the said justice to direct that such person shall be taken to the Lunatic Asylum,” &c., &c.

It would appear from this, that the workhouse Medical officer can claim no fee, and has no redress, but the second Medical man who attended must be paid, and should apply to the magistrates for the fee.

Literature.

TRANSACTIONS OF THE CLINICAL SOCIETY.

THE fifth volume of the Transactions of the Clinical Society comes into the hands of the Fellows with commendable punctuality at the commencement of the new session.

The address of the President reads well, having apparently been carefully revised and thought over by its distinguished author, and we may hope that some of the suggestions thrown out in the address will not be forgotten or lost sight of by the workers of the society.

To contribute some small mite towards perfecting the vital diagnosis of such internal affections as pneumonia and pleurisy in their various forms will be doing much; for the vital diagnosis guides to sound therapeutics of disease.

Among the papers read before the society during the past session are some important ones on the destruction of melanotic tumours and rodent cancers by means of caustics applied after excision. The results of these cases, in the hands of Messrs. Lawson, De Morgan, and Hulke, seem to have proved very satisfactory.

The hot iron and the chloride of zinc were found to be safe and efficient means of destroying cancerous matter, and far preferable to both *potassa fusa* and *potassa & calce*.

Paper XVI., by Dr. John Ogle, “On the Temperature in certain Affections of the Nervous System, but especially in Tetanus,” is a very interesting one. The paper embodies the results of important researches on the effect of certain agents in reducing temperature.

We learn that Dr. E. L. Fox, of Clifton, has found that while quinine will reduce the temperature 8° in intermittent fever, yet very large doses will do nothing similar in acute tubercle or puerperal fever, whilst in more chronic forms of tubercle, the effect of four grain doses two or three times a day is often marvellous.

That all fevers (conditions in which a nightly increase of temperature is most observable) are, in truth, states resulting from an unwonted condition of the central nervous system seems highly probable from the observations of Wunderlich, Virchow, and others. The increase of temperature observed in chorea and in tetanus confirm these observations.

The two cases of popliteal aneurism treated by Mr. Cooper Foster by means of pressure, are highly encouraging. Mr. Foster, contrary to the view first promulgated by Dr. Bellingham and the Irish surgeons, considers it necessary that entire arrest of the blood current should take place to ensure the cure of the aneurism. The collateral blood channels supply enough blood to ensure consolidation of the aneurismal sac.

Mr. Barwell contributes a case of popliteal aneurism cured by mechanical pressure. Some of the history of this case is given very graphically in the patient's own words; his distress just prior to the arrest of pulsation was great. “The artery seemed to throb more and more, and the screws to jump with each pulsation; I really felt both dispirited and exhausted, when, oddly enough, the artery gave up the fight and ceased to throb.” In a week all the machinery was removed and the patient was well.

Mr. Hulke and Mr. de Morgan narrate cases of cancer treated with the condurango bark. The effect of this bark on the progress of the disease was simply *nil*, patients getting tired of the stuff and begging to be allowed to leave it off.

There are plenty of other reports in the volume that cause it to be valuable as a record of observed facts.

Dr. Southey's cases of intestinal obstruction, owing to congenital peculiarities of structure, are well reported. Dr. Burney Yeo also has an interesting report on a case of paralysis of the senses of taste and smell after concussion of the brain.

Altogether the "Transactions" show that the Clinical Society has worked well during the past session.

Gleanings.

The Origin and Signification of the Symptoms of Brain Disease (a).

THE lecturer stated that he found the task a difficult one to condense all he wished to say into the time allowed for one lecture; he would therefore occupy the present lecture chiefly in refuting certain views which are an obstruction to progress, reserving for another time the process of rebuilding new views.

According to the view for a long time held by Medical men, the brain is an organ which serves to induce action in other parts of the body, and which in turn receives the impressions made upon various portions of the body; it is, in fact, the centre for various functions. A great modification must be made in this view; we must now recognise more centres for volition and more for perception than have been hitherto admitted.

It is generally considered that the hemispheres of the brain act each on the opposite side of the body. Dr. Brown-Séguard thinks he can establish the fact that one hemisphere is sufficient to act on both sides of the body, can cause motion in both sides and can perceive sensations coming from both sides. It is at first difficult to admit this view, for so many facts apparently show that injury in one hemisphere destroys motion and sensation on the other side of the body.

The time would not suffice to go fully into the views of Carpenter and Broadbent. The latter has shown that in cases of cerebral disease, the knees, the tongue, the face, and a few of the muscles connecting the limbs to the trunk are the ones paralysed. He considers that the medulla may give rise to an influence which will cause both eyes to act; so if the left side of the brain is diseased, the affection of the muscles of the trunk is not confined to one side, for the medulla acts on both sides. This view Dr. Brown-Séguard thinks cannot be correct, for cases of disease of the medulla disprove it.

It is the common view that paralysis is due to destruction of brain tissue, and that excess of action is caused by irritation of a diseased part; but we know that a limb may be both paralysed and convulsed at the same time, which are directly opposite conditions, according to this view.

Cases occur of diseases of the brain on both sides without any symptoms, even extensive disease, which must have existed many months before death; there are also cases of symptoms of brain disease without signs of actual disease of that organ, even after careful microscopic examination, symptoms such as paralysis, coma, convulsions, and others without disease, with no toxæmia or alteration of the blood to produce them.

Again, there is no relation between the intensity of symptoms and the extent of the disease. The same disease may be found in different people with different symptoms, and the same symptoms may accompany different diseases. Disease of any of the viscera, as the liver or kidneys, may produce symptoms of brain disease by alteration of the blood, producing a poison; this poison must be the same in each case of kidney disease, but the symptoms are not the same. It must be that there is another cause in action at the same time with the toxæmia. This is the irritation of the nerves of the viscus,

and it is to the variation in this irritation of the nerves that varying symptoms are due.

A prick of a lung may give rise to partial closure of the eye and constriction of the pupil on the same side. If a simple prick will produce such phenomena, then inflammation of a large mass of the viscus may produce greater disturbance—*as*, for instance, pneumonia, which may give rise to paralysis, continuing even after the pneumonia has passed away. Many facts show that loss of power is not due to lesion of the brain alone. Reference was made to cerebral tumour with symptoms of varying intensity, at times resulting in almost complete recovery. Symptoms also may disappear just before death, as in cases of insanity, and yet the autopsy show great disease of long standing.

Disease of the membranes may be compared with that of the brain; the former may cause all the symptoms of the latter, and some, as convulsions, may occur even more frequently from meningeal than cerebral trouble. As the pia mater lies next the brain, it might be supposed that disease of it would cause more cerebral symptoms than disease of the dura mater. Affections of the latter, however, are more similar to disease of the brain than those of the pia mater. This may show that disease of the brain itself may cause symptoms by irritation acting on other parts of the brain.

Disease of the mucous membrane and of the skin may cause symptoms of brain disease. A young gentleman had all the symptoms of softening of the brain and general paralysis. On examination, it was noticed that he carried his hand frequently to his penis. An inflammation was found at that point, which, by proper treatment, was cured, and in a week the cerebral symptoms had disappeared.

If the difference in action in the two sides of the brain be studied, it will also be perceived that symptoms do not arise from direct destruction of function. In regard to aphasia, some symptoms appear when the right side is diseased; it is generally, however, found in disease of the left side. The loss of intelligence is most marked in disease of the left side, and the mechanical part of speech is more altered.

When the right side of the brain is affected, lesions indicating alteration of nutrition are more frequently found in animals, hæmorrhage in the lung and œdema of the lung are found in lesions of the right side, especially at the base; or there may be congestion in one part and œdema in another. In this œdema it is found that there are no red corpuscles in the vessels; some serum is found around them, but they are filled with white corpuscles. So in man, hæmorrhage and inflammation in the lung are more frequent when the disease is on the right side. Optic neuritis in one or both eyes is more frequently seen in disease in the right of the brain. The tumour of the lobe of the ear (*hæmatoma auris*), so often seen in insane asylums, and attributed often to mechanical injuries, is due to nervous influence; it may be produced at once by injury to the base of the brain. It may be caused in animals within a few hours, and may be followed even by gangrene. The left ear is the one generally affected, opposite the seat of disease in the brain.

Two other alterations of nutrition are more frequently seen in disease of the right side of the brain than the left—*œdema* of paralysed parts and bed-sores. The latter lesions, as may be observed, are on parts opposite the seat of lesion in the brain, and are not the result of pressure.

In most cases of epilepsy, cerebral lesion is confined to the right side. The deviation of both eyes is met with more frequently when the lesion is on the right. So, too, the paralysis of limbs is more considerable and more lasting. Phenomena of hysteria are more frequently located on the left side. In nine cases where the convulsions were affected with the paralysis on the same side, it was twice on the left, seven times on the right. With other parts affected, fifty times the lesion was on the right, with the paralysis on the right. Hæmorrhage on the right side destroys the patient quicker than when it is on the left. Among animals, of 28 injured on the left side, 16 survived; of 47 injured on the right, only 11 survived. If lesion of the right side causes changes in nutrition, as already mentioned, it is natural that more deaths should occur than when the left side is injured.

One side of the brain is sufficient for the functional innervation of both sides of the body. If the outer half of the right eye and inner half of the left eye receive fibres from the right side of the brain, as has been described, then injury of the right optic tract should cause hemiopia. This has been stated in the case. But disease in the optic tract may also cause hemiopia in one eye, or may cause amaurosis in both sides of the

(a) "The Origin and Signification of the Symptoms of Brain Disease." By C. E. Brown-Séguard, M.D. A Lecture delivered in Boston, Oct. 5th, 1872. Reported for the *Boston Med. and Surg. Journ.* by S. G. Webber, M.D.

opposite eye, or of both sides of the corresponding eye. These views are contrary to those generally entertained. It may also cause amaurosis on opposite sides of each eye. Destruction of the tubercular quadrigemina on one side and of the neighbouring optic tract has been known to cause no amaurosis. It must then be admitted that one optic tract is sufficient to transmit visual impressions to the brain, and half of the brain may serve for vision in both eyes. In animals it is found that irritation at a distance from the eye may produce amaurosis. Injury to the medulla oblongata will cause amaurosis on the same side, and injury in front of the medulla oblongata amaurosis on the opposite side. Amaurosis may be caused by irritation of other parts, as of the facial nerve, or by disturbance of the intestines, as by the presence of worms. In these cases, it is the nutrition of the retina and of the brain which is affected.

As disease of the right side may produce aphasia in right-handed persons, so it may arise from other causes than loss of function of the third left frontal convolution. Without any organic lesion in any part, aphasia may be present. It may come and go with peripheral irritation. It may be found in connection with lesion of other parts of the left hemisphere than the third frontal convolution. Aphasia is rare in children, and there may be atrophy of the left side of the brain without aphasia.

Again, disease of the third left frontal convolution may exist without aphasia, as in the case reported by Drs. Bigelow and Harlow where the crow-bar passed through a man's head; in another case, a ball destroyed that convolution without causing aphasia, and the man was not left-handed. Aphasics with disease of the third convolution have been known to talk when insane. There are, also, cases of sudden recovery from aphasia. General paralytics often speak badly, and their third frontal convolution is diseased like the rest of the brain.

Hemiplegia, as a symptom of brain disease, varies greatly; it may not exist with great disease, or it may be present when there is slight disease. In complete hemiplegia, there is always some paralysis of the opposite side, with disease of only one side of the brain. Irritation, then, may affect the nutrition of the opposite side, and so cause paralysis.

The anterior pyramids decussate. A disease of the crus cerebelli, or the restiform body or the part of the pons near the root of the fifth nerve on which the crus cerebelli is implanted, a tumour, for instance, pressing on those parts, causes paralysis on the same side. If, instead of pressure, there is destruction of the part, there ought to be paralysis on both sides, if, in the former case, the paralysis on the same side was due to destruction of superficial fibres, for both the deep and superficial fibres are, in this case, implicated. Only one case is known where both sides were paralysed. In other cases, there has been considerable disease without paralysis. So when the disease is the cause of paralysis in the same side it is by the action of irritation in other parts. The symptoms are not caused by loss of function or by irritation at the part affected.

Can we form a diagnosis? Yes. Disease of the base in affections of the brain causes symptoms differing according to the nerves implicated. Aphasia may occur, generally, with a lesion, and a diagnosis be made as if the old view of brain disease were correct; and so of other symptoms.

By what mechanism are the symptoms caused? There are no classes, those of irritation and those of cessation of activity. Reference was made by the lecturer to the inhibitory phenomena in connection with the heart and respiration. As certain irritations cause the cessation of the heart's action and respiration, by influencing nerve cells, so the will can act check or stop the action of the respiratory centres, or of centres for action of the sphincter muscles; so, also, it may stop spasms, as coughing or sneezing. Some symptoms disease may be prevented by inhibitory action.

A case of the latter was shown by a negro and his master. The latter had disease of the spinal cord, one symptom being the lateral rigidity, with convulsions on being touched. The negro stopped these by drawing on the big toe of his master. So, during the interval of quiet, was enabled to dress him. Guinea pigs in which epilepsy has been produced artificially, spasms may be stopped by the action of carbonic acid gas the larynx, for which purpose the tube conveying the gas is passed well into the mouth near to the larynx. Cauterisation of the larynx in epilepsy has been proposed, and formed a few times with success, especially when the soles of the larynx seemed implicated in the fit. A prick of the posterior columns may produce paralysis at the feet, and so of other parts at a distance from the brain.

Medical News.

Professor Galloway, of the Royal College of Science, Dublin, has two works nearly ready for the press:—"How the Natural Sciences are Taught, and how they ought to be Taught, with a scheme for rendering more efficient the Government Science Schools"; and "A Manual of Applied Analysis."

Royal College of Physicians of London.—The following gentlemen were duly admitted Fellows of the College on the 31st day of October, 1872:—James Tetley, M.D. Edin., Torquay; William Herries Madden, M.D. Edin., Torquay; Wm. Murray, M.D. Durham, Newcastle-on-Tyne; William Cayley, M.D. Lond., 58 Welbeck Street, London. The following gentlemen were duly admitted Members of the College on the 31st day of October, 1872:—John Mitchell Bruce, M.B. Lond., 8 Gray's Inn Place; Edward Isaac Sparks, M.B. Oxford, Crewkerne, Somerset.

Apothecaries' Society of England.—At a Court of Examiners held on the 31st ult., Messrs. William Harrison Coates, of Henley-on-Thames, and F. J. Shersby Smith, of Greenwich, having passed the necessary examinations, received the L.S.A. diploma. Messrs. Edmund Overman Day, of Guy's Hospital; Matthew Ryder Draper, of the London Hospital; and Matthew Reid, of Guy's Hospital, passed the primary professional examination; and Mr. Harry Richard Hunt, of Westmoreland-road, Walworth, passed as an assistant in compounding and dispensing medicine.

Society for Relief of Widows and Orphans of Medical Men.—The half-yearly general meeting of the Society took place on Wednesday evening, October 23rd, in the room of the Royal Medical and Chirurgical Society. The chair was taken at half-past eight by the president, Dr. Burrows. The statement of the acting treasurer showed receipts, during the half year ending June 30th, available for the payment of grants and expenses, amounting to £1,522 1s. 3d.; the grants made were £1,271 10s., the expenses £144 14s. 8d., leaving a sum of £135 17s., to meet any further demands on the funds. The number of widows relieved during the half year was 55, that of children 43, and extra assistance from the Copeland Fund had been given to two children suffering from incurable diseases. The chairman called the attention of the meeting to the great loss sustained by the Society, by the death of Martin Ware, Esq., formerly president, and that of Robert B. Upton, Esq., honorary member and solicitor. Dr. Burrows stated that Mr. Ware was the son of one of the founders of the Society, had always been most active in working for its welfare, had filled the offices of director, vice-president, and president. Mr. Upton had by his professional advice rendered most essential services to the Society, more especially when the charter was obtained, for all which Mr. Upton had most generously refused any pecuniary remuneration. The following votes of condolence and sympathy were unanimously passed:—"That the Society being informed of the death of Martin Ware, Esq., formerly president, wish to convey to his family, by the secretary, their deep regret, esteem, and condolence;" "That this Society have heard with great regret of the death of their valued friend and solicitor, Mr. Robert B. Upton, and the president and members generally are anxious to convey to the late Mr. Upton's family their deep sympathy with them in their bereavement, and also their great sense of gratitude for the many valuable services rendered to the Society by the deceased." The proceedings were brought to a close by a vote of thanks to the chairman.

Health of Dublin and the Suburban Districts.

In the Dublin district the births registered during the week amounted to 150; the average number was 150. The deaths were 118; the average was 147. There were only 2 deaths from small-pox registered during the week; one of these occurred so far back as the 24th of April, and the other on the 5th of last month. Four deaths resulted from fever, viz., 3 from typhoid, and 1 from simple continued fever. Scarlet fever was the cause of 2 deaths, measles of 4, croup of 5, and whooping-cough of 2. Six children died from diarrhoea. Eleven deaths were referred to convulsions. Bronchitis caused 16 deaths, and pneumonia 5. Four deaths were ascribed to apoplexy, and a like number to paralysis. Heart disease was the cause of 3 deaths, pericarditis and aneurism, of 1 each.

NOTICES TO CORRESPONDENTS.

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

All communications intended for insertion must bear the name and address of the writer; not necessarily for publication, but as a voucher of good faith.

Rejected MS. will always be returned. If a request be received from the author, within one week after the article or letter has been declined.

SUBSCRIPTIONS IN THE UNITED STATES.—A correspondent has drawn our attention to the fact, that some of the houses in the United States are charging the enormous figure of 15 dollars per annum (more than £5) for supplying this Journal to different parts of the States. We beg, therefore, to state that we shall be happy to supply the same regularly post free per annum, if paid in advance, for considerably less than half this amount, viz., six and a-half dollars (about £1 6s. 0d.), either direct from our offices in this country, or through our recognised agents in the United States.

Mr. J. D., Corwen, is thanked.

Mr. E. B., Bloomsbury.—Both numbers are out of print.

Dr. FRANCIS E. CLARKE'S paper "On the Treatment of Facial Neuralgia" will appear in an early number.

Lex.—Yes. By Mr. Balfour Browne, of the Inner Temple.

Mr. J. RICHARDSON.—The work is by an American author, but is probably obtainable in this country. Try Baillière or Trubner.

COMMUNICATIONS, ENCLOSURES, &c. received from:—Dr. Macaliam, Edinburgh. Dr. Bennett, Mr. Whitford, London. Mr. Thin, Edinburgh. Dr. George Harley, London. Dr. Hogg, Netley. Mr. Hanslip Sers, Southwell. Dr. Lethaby, London. Mr. Cooper, Dr. Carey, Taunton. Dr. Dolan, Halifax. Dr. Handal Griffiths, Dublin. Dr. Harding, Sutton-in-Ashfield. Mr. Doulton, Lambeth. Dr. Giffey, Dr. Bate, Dr. Tupe, Dr. T. G. Simpson, Mr. R. M. G. Inell, Dr. Drysdale, London. The Secretary of the Pharmaceutical Society. The Secretary of the Royal Institution. Mr. McGee, Belfast. Mr. Whiteley, Leeds. Dr. J. Davies, Carrig-yr-Druidion. The Secretary to the Society for Medical Relief. Mr. Tichborne, Dublin. Dr. Lymott, Halifax. Dr. Crean, Manchester. Mr. Hyslop, Church Stretton. Dr. Francis E. Clarke, Drogheda. Dr. Lyons, Dublin. Dr. Cuppie, Edinburgh. Dr. Morgan, Dublin.

VACANCIES.

Charing Cross Hospital Medical School. Demonstrator of Anatomy. Salary £150.

Alnwick Infirmary. House-Surgeon. Salary £105, with residence.

Sheffield Public Hospital. Assistant House-Surgeon. Salary £65 per annum, with board and residence.

Fulham Union, Middlesex. Medical Officer for No. 5 District. Salary £40, with fees extra.

Seaman's Hospital, Greenwich. House-Surgeon. Board and residence. No salary.

Spike Island Convict Prison, Ireland. Medical Attendant. Salary £200 per annum, with board and residence. (See advt.)

Limerick Union, Bridgetown. District Medical Officer. Salary £100 per annum.

Strabane Union. Raphoe District. Medical Officer. Salary £100 per annum.

APPOINTMENTS.

COUNSELLOR, W. P., L.K.Q.C.P.L., Medical Officer and Public Vaccinator for the Whalley District of the Citheroe Union, Lancashire.

CROSS, T. W., F.R.C.S., Surgeon to the Norfolk and Norwich Hospital.

GOODFELLOW, W. R., M.R.C.S.E., Medical Officer for the No. 2 or Roche District of the St. Anselm Union, Cornwall.

JOYCE, T., M.D., Medical Inspector of Private Lunatic Asylums in the County of Kent.

MACBEATH, W., M.D., Medical Officer for the Withern District of the Louth Union, Lincolnshire.

M'COR, Dr. R. W., F.R.C.S.I., late Colonial Surgeon at Sierra Leone, to be Her Majesty's Colonial Surgeon at Hong Kong.

M'HARDY, J., L.F.P. & S. Glas., interim Parochial Medical Officer for Kincardine O'Neill, Aberdeenshire.

M'CALL, F. E., M.R.C.S., re-elected Surgeon to the Bradford Infirmary.

NICHOLS, W. F., F.R.C.S., Consulting Surgeon to the Norwich Hospital.

ROSTER, W. M., M.R.C.S.E., a Resident Surgeon to the General Dispensary, Birmingham.

SPURGIN, F. W., M.R.C.S.E., L.R.C.P.Ed., Divisional Surgeon to the D Division of Metropolitan Police.

ARMY MEDICAL DEPARTMENT.—Staff Assistant Surgeon J. Good to be Staff Surgeon, vice Staff Surgeon Major G. K. Hardie, M.D., who retires upon half-pay; Assistant Surgeon W. Tobin, from the 24th Foot, to be Staff Assistant Surgeon, vice J. R. Dickson, deceased; Staff Assistant Surgeon M. Tracy retires upon temporary half-pay. Staff Surgeon Major G. K. Hardie, M.D., who retires upon half-pay, to have the honorary rank as Deputy Inspector General of Hospitals.

MEETINGS OF THE LONDON SOCIETIES.

WEDNESDAY, November 6.

OBSTETRICAL SOCIETY OF LONDON, 8 P.M.—Dr. Wallace, "On Vaginal Rethroscopy."—Dr. Edis, "On the Systematic Examination of the Abdomen with a view to the Rectifying of Malpositions."—Dr. Meadows, "On a Case of Extra-Uterine Fostation."—And other papers.

ROYAL MICROSCOPICAL SOCIETY, 8 P.M.—Mr. H. J. Slack, "On the Structure of the Valves of *Eupodiscus Argus* and *Isthuria Enevis*."—Mr. Ingpen, "A proposal for a Standard of Comparison of the Magnifying Powers of Compound Microscopes."

FRIDAY, November 8.

CLINICAL SOCIETY OF LONDON, 8½ P.M.—Mr. Geo. Lawson will exhibit a Patient from whom he has removed a large Cancerous Growth from the Antrum by Excision and the application of Chloride of Zinc Paste.—Dr. Duffin, "On the Value of Puncture in Hydatid Tumour of the Liver"—And other papers.

MONDAY, November 11.

MEDICAL SOCIETY, 8 P.M.—Ordinary Meeting.

TUESDAY, November 12.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY, 8½ P.M.—Ordinary Meeting.

WEDNESDAY, November 13.

EPIDEMIOLOGICAL SOCIETY, 8 P.M.—Opening Meeting.

OPERATION DAYS AT THE LONDON HOSPITALS.

WEDNESDAY, November 6.

MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 2 P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 2 P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1½ P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
CANCER HOSPITAL.—Operations, 3 P.M.

THURSDAY, November 7.

ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPEDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

FRIDAY, November 8.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

SATURDAY, November 9.

HOSPITAL FOR WOMEN, Soho square.—Operations, 9½ P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.

MONDAY, November 11.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. MARK'S HOSPITAL.—Operations, 2 P.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

TUESDAY, November 12.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPEDIC HOSPITAL.—Operations, 2 P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.

Marriages.

BODMAN—OSMOND.—On the 24th ult., at Bath, Francis H. Bodman, M.B., M.R.C.S.E., L.M., of Devizes, Wilt., to Mary Jane, eldest daughter of the late Richard Osmond, Esq., of that city.

CAMPBELL—MACFIE.—On the 23rd ult., at Dumoon, N.B., William Jessie Campbell, M.B., of Prince's Park, Liverpool, to Jessie Barbara, younger daughter of the late James Macfie, Esq., of Glasgow.

KEEN—ROSE.—On the 31st ult., at Holy Trinity, Paddington, William Keel, L.R.C.P., M.R.C.S., of Royal Avenue, Chelsea, to Emily Ann Rose, only child of the late Benjamin Thomas Rose of Calcutta.

PITT—BARBER.—On the 22nd ult., at St. John the Baptist's, Croydon, Chas. W. Pitt, M.R.C.S.E., of Malmesbury, Wilt., to Edith Susette third daughter of Charles Barber, Esq., of Waddon, Croydon.

ROBERTS—DOLTON.—On the 19th ult., at All Saints', Marylebone, Blacker Roberts, M.D., F.R.C.S., of South Norwood, Surrey, to Alicia Evelyn, widow of Major Augustus W. Bolton, Bengal Staff Corps.

SIMPSON—BARBOUR.—On the 29th ult., at George Square, Edinburgh, A'lex. Russell Simpson, M.D., Professor of Midwifery, &c., in the University of Edinburgh, to Margaret Stewart, daughter of George F. Barbour, Esq., of Bonakeld, Perthshire.

Deaths.

COOKE.—On 26th Oct., W. B. Cooke, M.R.C.S.E., of Slough, formerly of Burford, aged 56.

COURTENAY.—In August, at East Templeton, Quebec, E. D'Arcy Courtenay, Surgeon.

DUNBAR.—At sea, on the passage to New Zealand, H. H. Dunbar (son of H. Dunbar, M.D., of Kirkcaldy), aged 21.

TAYLOR.—On the 22d Oct., at Sheffield, Robert Stopford Taylor, M.R.C.S.E., aged 48.

TORBOCK.—On 11th Oct., Thomas R. Torbeck, M.R.C.S.E., of Darlington, aged 73.

YOUNG.—On the 8th ult., F. W. Young, L.R.C.P.L., M.R.C.S.E., of Bury St. Edmund's, aged 37.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, NOVEMBER 13, 1872.

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Original Communications.

SANITARY LEGISLATION OF 1872.

AN ADDRESS BY DR. LETHBY, President of the Association of Medical Officers of Health.

(Continued.)

I TURN now to another effort at legislation during the year, viz., the "Act to amend the law for the prevention of Adulteration of Food and Drink, and of Drugs." This Act has had a very hard struggle for existence. Three years ago it appeared in the House of Commons under the auspices of Mr. Dixon, Mr. Kinnaird, and Mr. Goldney; and it was ordered to be printed for the House on the 13th of April, 1869. Last year it was again presented to the House by Mr. Muntz, Mr. Whitwell, and Mr. Dixon, and it was ordered to be printed on the 16th of February, 1871; but this was all that was done with it on those occasions. At the beginning of the present session it was once more brought before the House by the last named gentlemen; and few persons would have thought three months ago that there was the smallest chance of its becoming law. Thanks, however, to the persevering zeal of Lord Salisbury in the Upper House, and to Lord Eustace Cecil and Mr. Muntz in the Lower, it was at last carried. As usual, however, its clauses are somewhat ambiguous, and its powers and duties indefinite.

The object of the Bill was to amend the Act of 1860, which was found to be a dead letter; for the adoption of local authorities was entirely permissive and optional; and even where it had been adopted, as in the City of London, it was wholly inoperative, from the circumstance that the public and not the local authority were to put its provisions in force. Looking back at my own experience in the City, where for the last twelve years I have been the Food Analyst under the Act of 1860. I perceive that though every inducement was offered to the public by the Commissioners of Sewers, for the effective working of the Act, as by distributing circulars among the citizens,

inviting them to put it into force, showing them how it was to be done, and even giving me discretionary power to make analyses for the poor, without charge, yet in the whole of that time (from 1860 to the present moment) only 57 analyses of food and drink have been made, and I seriously believe that not one of them was called for, for the purposes of the Act. This is rather disheartening, considering how sensationally loud has been the cry about adulteration during the whole of the time.

In some respects the new Act is an amendment of the old; for it makes the appointment of analysts almost compulsory, and it throws upon the local authority the duty of conducting all proceedings under the Act. Turning to the 5th section you will find that the Commissioners of Sewers in the City of London, the vestries and district boards of the metropolis, and certain local authorities in England, Scotland, and Ireland may, and when required so to do by the Local Government Board in England, or by one of Her Majesty's Principal Secretaries of State in Scotland, or by the Lord Lieutenant or other chief governor or governors, in Ireland, shall, for their respective districts, appoint and remove one or more persons, possessing competent medical, chemical, and microscopical knowledge as analysts of all articles of food, drink, and drugs purchased within their respective districts; and shall pay such analysts such salary and allowances as they may think fit; but such appointment and removal shall at all times be subject, in England, to the approval of the Local Government Board, in Scotland, of one of Her Majesty's Principal Secretaries of State, and in Ireland, of the Lord Lieutenant or other chief governor or governors. It would have been better perhaps if the appointments of analysts had been absolutely compulsory, and had been delegated to the Metropolitan sanitary authorities, and to the urban and rural sanitary authorities, as defined in the Public Health Act.

As regards the method of procedure under the Act, it no longer rests with the public to initiate an inquiry; for the inspector of nuisances, or the inspector of weights and measures, or the inspector of markets, or all of them as the local authority appointing them may determine, shall procure, in their respective districts, articles of food and

drink, or drugs suspected to be adulterated, and shall, under proper precaution, deliver them to the analyst; and, if on analysis they are found to be adulterated, the inspector shall receive a certificate to that effect, and shall cause a complaint to be made before a justice of the peace, who shall thereupon issue a summons, requiring the seller or mixer of the adulterated article to appear before the proper authorities to answer the charge against them, and the inspector shall deliver the same or a copy thereof upon the premises where such samples were obtained or sold.

Any purchaser also of any article of food, drink, or drugs in any district where there is an analyst, may apply to him, and on the payment of not less than two shillings and sixpence, nor more than ten shillings and sixpence, may obtain an analysis of such articles, and a certificate of the result thereof; and in case of adulteration, may institute proceedings against the dealers. In all cases, however, proof must be given that the articles alleged to be adulterated were delivered to the analysts in the same condition, as regards purity or impurity, as when received from the dealer; and samples sealed in the presence of the analyst, are to be kept and retained by the inspector, and produced in case the justice or magistrate shall order another analysis to be made—there being a provision in the 5th section of the Act of 1860, which gives power to the justice to have another analysis made, if necessary, by a skilled person whom he may appoint.

But here comes the question—What is an adulteration? This is left in very nearly the same condition of doubt, as it remained in the old Act—there being merely a declaration of two kinds of adulteration, namely, the admixture of any ingredient or material injurious to the health of persons eating or drinking the same, and the admixture of anything for the purposes of fraud. The 3rd section, however, of the new Act makes it illegal for “any person to sell any article of food or drink, or any drug, knowing the same to have been mixed with any other substance, with intent fraudulently to increase its weight or bulk, unless he declares such admixture thereof before delivering the same and no other.” But who shall decide, and how many analysts are there throughout the country who will agree as to what is or what is not injurious to health. Again, what is the exact meaning of the words *such admixture* in the clause which I have just quoted? Already I have been made acquainted with the opinions of high legal authorities differing very considerably from each other in the interpretation of these words; for while some hold that it means a simple declaration of the fact that the article sold is a mixture, others are of opinion that it will be necessary to specify the substances of which the mixture is composed, and a third set of opinions are to the effect that the proportions of those substances must also be stated. It is for the justice or magistrate to decide this question, and I apprehend that great differences of opinion on this very difficult subject will prevail when the law is put into force.

Again, with respect to drugs, how is the case to be met when there is no adulteration whatever of the article sold, notwithstanding that it is absolutely worthless and inert, either from its having undergone decay, as in the case of roots, leaves, and other vegetable substances, or from its having been grown in a country where its active principles are not developed, as with rhubarb, senna, &c., &c., or from a fraudulent abstraction of its active principles, as in the case of cinchona bark, opium, &c. It is evident that to meet these cases we must have a clear and comprehensive definition of the word adulteration, and until this is given in some such a manner as is done in the Act for preventing the adulteration of seeds (1869), and in the Act for regulating the sale of intoxicating liquors (1872), we shall not have a workable Adulteration of Food Act—that is an Act which shall protect the public from injury and fraud without interfering with the legitimate objects of trade. My own opinion is, much as I dislike undue centralisation, that, as no justice will ever be able to decide satisfactorily what is an adulteration, especially

when there is a conflict of scientific opinion, it would be far the best to refer the matter to some central authority whenever a dealer considers himself aggrieved by the report or certificate of a local analyst, and to let that authority decide definitely for the information of the magistrate. Already this is done in the case of gas supplied to this metropolis, and it is found to be a satisfactory method of dealing with such difficulties.

The penalties for adulteration are greatly enlarged in the new Act, and they apply to persons engaged in the preparation of adulterated articles, as well as to those who sell them. In the former case, when a person is convicted of adulterating any article of food or drink with any injurious or poisonous ingredient, or of adulterating any drug in any way whatever, for the purpose of sale, he shall for the first offence forfeit and pay a penalty not exceeding fifty pounds, together with the costs of the conviction; and for the second offence he shall be guilty of a misdemeanour, and be imprisoned for a period not exceeding six calendar months, with hard labour. The penalty for selling an adulterated article is a sum of money not exceeding twenty pounds, and the costs of conviction; but if the like offence is committed a second time the justice is bound to cause the offender's name and place of abode, together with the offence, to be published in any manner that the justice deems desirable at the expense of the offender. In the old Act the penalty was only five pounds for selling an adulterated article, but in the new Act, as you perceive, this penalty is enlarged to twenty pounds. The powers of the Act also extend to those who fabricate the adulterated article—that is to those who admix, or cause others to admix, any injurious material with any article of food or drink for the purpose of adulterating it for sale; and in such cases, as well as in the adulteration of drugs, the penalty is still heavier. You will note, however, that, as the old Act is incorporated in the new one, there is a power of appeal to quarter sessions, and, in certain cases, to a superior court, when a person considers himself improperly convicted of an offence punishable by the Act.

The adulteration of intoxicating liquors is provided for by another Act of last session, namely, the Licensing Act, 1872, which is an Act for regulating the sale of intoxicating liquors. In this Act it is declared that “every person who mixes, or causes to be mixed, with any intoxicating liquor sold or exposed for sale by him any deleterious ingredient, that is to say, any of the ingredients specified in the first schedule to this Act, or added to such schedule by any order in Council made under this Act, or any ingredient deleterious to health; and every person who knowingly sells, or keeps, or exposes for sale any intoxicating liquor mixed with any deleterious ingredient (in this Act referred to as adulterated liquor);” “and every licensed person who has in his possession, or in any part of his premises any adulterated liquor, knowing it to be adulterated, or any deleterious ingredient specified in the schedule before-mentioned, without being able satisfactorily to account for the possession of the same, shall be liable for the first offence to a penalty not exceeding twenty pounds, or to imprisonment for a term not exceeding one month, with or without hard labour; and for the second and any subsequent offence to a penalty not exceeding one hundred pounds, or to imprisonment for a term not exceeding three calendar months, with or without hard labour, and to be declared to be a disqualified person for a period of not less than two years nor exceeding ten years; and if the person so convicted is a licensed person, he shall, on such second or subsequent conviction, be liable to forfeit his license, and the premises in respect of which such license is granted shall be liable to be declared to be disqualified premises for a period of not less than two years nor exceeding five years.” The things referred to in the schedule as deleterious ingredients are—“cocculus indicus, chloride of sodium, otherwise common salt, copperas, opium, Indian hemp, strychnine, tobacco, darnel seed, extract of logwood, salts of zinc or lead, alum, and any extract or compound of any of the above ingredients;” and this list can at any time be enlarged by an order in Council.

The persons who are authorised to obtain samples of any intoxicating liquor from those who sell or keep such liquor, are the police, when authorised so to do, and any officer of inland revenue; and they may procure samples either by purchasing the same, or by requiring the vendor to show him all the vessels in which any intoxicating liquor is stored, and to give him samples of such liquor on payment or tender of the value thereof—such samples being properly sealed and labelled before their removal from the premises. The analyst whose duty it is to make the analysis of such liquor is a person appointed by the Commissioners of Inland Revenue; and opportunity must be given to the vendor or possessor of the suspected sample to attend, if he thinks fit, when it is delivered to the analyst, so that he may see that it has not been tampered with since it was removed from his premises. If, on analysis, the sample is found to be adulterated, within the meaning of the Act, the analyst must certify to such fact, and the certificate is receivable as evidence in any proceedings taken in the matter, and the analyst, if required, must attend at the court of enquiry for the purpose of cross-examination.

But, besides intoxicating liquors, other articles, suspected to be adulterated, are subject to investigation by the officers of excise, as for example, chicory, coffee, tea, tobacco, snuff, and, until recently, pepper. These inquiries, however, are not made in the interest of the general public, but merely for the purpose of ascertaining whether there has been fraud on the Revenue.

Again, the adulteration of seeds, which had become a very serious matter to the agriculturist, was provided for a few years ago by an Act called the Adulteration of Seeds Act, 1869; wherein it is declared that every person who, with intent to defraud or to enable another person to defraud, does any of the following things, that is to say—kills, or causes to be killed, any seeds; or dyes, or causes to be dyed, any seeds; or sells, or causes to be sold, any killed or dyed seeds; shall be punished as follows—namely, for the first offence he shall be liable to a penalty not exceeding five pounds; and for the second and any subsequent offence he shall be liable to pay a penalty not exceeding fifty pounds, besides having his name, occupation, place of abode, place of business, and offence, advertised at his expense in any manner the court may think fit; but he has the right of appeal to the next court of quarter sessions if he thinks himself aggrieved by any such conviction.

Looking, therefore, at the multitude of Acts of Parliament which deal with the question of adulteration, and to the divided authority and jurisdiction of the matter, it is evident that we want a consolidation of the law, and a very clear and explicit declaration of the thing to be dealt with, as well as of the authority, and its duties, powers, rights, and obligations; but if this be so in the case of so simple a question as adulteration, how much more is it necessary in that of sanitary work, where the confusion of authority and purpose are most perplexing. No better illustration of it could be given than in the legislation of the present year with regard to steam-whistles—the sanitary authorities all over England being called on to sanction or otherwise the use of any steam-whistle or steam-trumpet for the purpose of summoning or dismissing workmen in any manufactory within their jurisdiction; and the penalty for breaking the law in this respect is a sum not exceeding five pounds, and a further penalty not exceeding forty shillings for every day during which the offence continues.

Alas for the future of sanitary authorities if no one of our legislators will help them out of the difficulties into which they are being driven further and further.

One thing more and I shall have done. You will remember that the Metropolitan Water Act of last year (1871), rendered it compulsory for the companies, after the expiration of eight months from the passing of the Act, to provide and keep throughout their water limits, or throughout such parts thereof as they may be required so to do, in the

manner provided by the Act, a constant supply of water, sufficient for the domestic use of the inhabitants thereof, at such pressure as will make the water reach the top story of the highest houses within such limits (but not exceeding the level prescribed by any special Act); and this supply is referred to in the Act as a "constant supply." And with the view of preventing such waste of water as might occasion a public calamity, it is provided that within six months of the passing of the Act, the companies shall, with the approval of the Board of Trade, make such regulations as are necessary or expedient for the purpose of preventing waste or misuse of water; and therein, amongst other things, they may prescribe the size, nature, and strength of the pipes, cocks, cisterns, and other apparatus to be used, and may interdict the use of any apparatus which may tend to cause waste or misuse of water. In accordance with these provisions the several water companies of the metropolis did, at the appointed time, prepare their regulations, and submit them to the consideration of the Corporation of the City, and the Metropolitan Board of Works. Certain objections, however, were taken by these authorities to the stringency of the provisions, and therefore an inquiry was held at Whitehall by the Right Honourable Lord Methuen, Captain Tyler, and Mr. Robert Rawlinson, on the part of the Board of Trade, and after hearing all parties, a set of regulations were agreed on, and they received the sanction of the Board of Trade on the 10th of August last. They relate, for the most part, to what is to be done hereafter, when new services are laid, and alterations made in the fittings and other water apparatus of a house. Great concessions have been made to the public to enable them to use, under proper precautions, their present cisterns, &c.; but still there are many important alterations to be made, after due notice from the company; and as these are in the interest of the public they cannot be objected to. The penalty, moreover, for refusing or neglecting to comply with them is five pounds, and the company can, if it thinks fit, after proper notice, send its own officers to provide or repair such fittings, and charge the cost thereof to the person in default, or it may adopt the summary process of cutting off the supply of water to the house, and reporting the matter to the local sanitary authority, when such a house shall be deemed a nuisance within the sections 11 to 19 inclusive of the Nuisances Removal Act, 1855, and shall be considered unfit for human habitation. It is to be hoped that when the constant service is in full operation in this metropolis we shall be able, under the provisions of the Act of Parliament, to do away with the filthy butts of the poor, and substitute for them a constant supply of water by means of a waste water preventer, external to their houses. When this is thoroughly done, we shall be able to report that the Metropolitan Water Act of 1871 has been a great boon to the public.

Dublin Introductories.

ST. VINCENT'S HOSPITAL, DUBLIN.

THE Inaugural Address for the opening of the Session, 1872-3, was delivered on Thursday, 31st October, at eleven o'clock a.m., by Dr. CRYAN, Physician to the Hospital, and Professor of Anatomy and Physiology in the Catholic University School of Medicine.

The chair was taken by the Right Hon. the Lord Chancellor, Lord O'Hagan. There was a large assemblage of visitors, including many of the hospital physicians and surgeons of the city, and a numerous attendance of students of medicine. After some preliminary observations, and after dwelling at some length on the great importance of clinical study, Dr. CRYAN proceeded as follows:—Bearing in mind, then, the difficulty and multiplicity of your professional studies, let me urge you to

begin to work at them from this day forward—earnestly, continuously, and honestly, and with all the powers of your mind; for the amount of knowledge and experience—for you can become experienced even while young, and a man's experience is not to be tested merely by his age—that you will have to acquire during your few years of hospital study will, indeed, be vast in amount and in its kind most various—that is, if you aspire, as I believe and ardently hope you do, to practice the profession of medicine with advantage to your future patients, and with satisfaction and honour to yourselves; and if you are ever to possess that almost God-like power which the Great Creator in his beneficence and mercy sometimes vouchsafes to delegate to man—the power of so directing the forces of nature, the therapeutic resources of art, as to cure disease, relieve suffering, and prolong life. Even the heathen world, in its own polytheistic way, was, as we learn from Cicero, profoundly impressed with this beneficent aspect of the healing art—“Homines ad Deos nulla re propius accedunt quam salutem hominibus dando.” Remember that it is only by diligent study at the bedside of the sick that you can ever learn to treat disease; let clinical medicine, then, form a chief part of your daily studies from the hour you enter as a pupil the portal of the Profession. For no amount of knowledge in anatomy, physiology, pathology, and chemistry—great and important, and interesting though these rapidly advancing sciences be—can ever, by themselves, teach you how to cure the sick. No; these great and spreading branches of knowledge, despite their fresh and ever-green leaves, must always remain unproductive and barren in the treatment of disease, unless the health-giving light, derived from clinical study and experience, be shed upon them in ample measure. Then, indeed, will they burst forth into fragrant blossoms and fructify. If, during your studies, you must have an idol, then, I would presume to say, let the goddess of clinical medicine be the object of your idolatry (cheers). I am glad, my young friends, to learn, by those cheers that you admire this goddess, for let me hasten to assure you that she is no faded beauty, with pallid cheek and lustreless brow, that woos you to her embrace. It is, indeed, true that she numbers many, very many, years, yet, paradoxical though it may seem, she is not, nor ever will be old; for, like progressive science herself, she enjoys the charmed gift of perpetual youth. Hence it is that even now on you, her true votaries, she is smiling down in all the smoothness and the sheen of youthful beauty—with eye as bright and bewitching, with silvery voice as soft, as rich, as sweetly convincing as when, more than 2,000 years ago, at Cos, she wooed and won Hippocrates. A large portion of our Medical information is made up of observation by our organs of sense, or from knowledge supplied by sensation and perception; and as the successful study of medicine, therefore, depends very much on the proper exercise of the perceptive powers, your first duty should be to cultivate the faculty of observation. Mr. John Stuart Mill says, in his rectorial address at St. Andrews—“What men should carry away with them from a university is not professional knowledge, but that which should direct the use of their professional knowledge, and bring the light of general culture to illuminate the technicalities of a special pursuit.” Now, if you do not already possess the invaluable habit of careful and correct observation, as the fruit of a liberal preliminary and university education, or if you do not now acquire it here by diligent study, you will be unable to collect or register facts or reliable data to base your reasonings upon. Therefore your conclusions, and the rules of practice founded on them, will necessarily be unsound and erroneous, and you never can become safe and successful practitioners of the healing art. Be, then, observers. Learn, in the wards of the hospital, in the out-patients' rooms, and in the pathological theatre, to observe for yourselves disease—its progress, treatment, and results, and to use with skill your eyes, ears, and fingers; for to know disease and injuries they must be not only seen and heard, but often

handled, too. Endeavour to acquire manipulative skill and delicacy of touch—that “tactus eruditus,” so invaluable to both surgeon and physician. Educate all your sense organs, for while very many evidences of disease are revealed to us by the eye or ear, and some few by the sense of smell, if not by that of taste, yet there are other morbid signs, which—like those embossed letters by which the blind are taught to read—are only to be recognised and discriminated by the sense of touch. And when you have thus gained the unaided or naked organs of sense, do not rest satisfied, but avail yourself of every fitting opportunity to acquire skill and dexterity in the use of all those beautiful instrumental aids to the sense organs—those “arms of precision,” as they have been well called—in the invention or improvement of which our science has been so rich and successful during the last decade or two, and which have shed such a flood of light on both the diagnosis, or discrimination, and treatment of diseases of the eye, larynx, or vocal organ, brain, kidney, and heart, as well as on fevers and other general morbid states. By that beautiful optical instrument, the ophthalmoscope, for which we are indebted to the inventive genius of Helmholtz, in 1851, we are enabled not only to see the interior of the eye, but actually to judge of the state of the circulation of the brain itself, both in health and disease. By its aid Hammond and others have confirmed the interesting observations of Durham and Donders as to the comparatively bloodless condition of the human brain during sleep; and Drs. Hughling Jackson, Allbutt, Lockhart, Clarke, Spencer Wells, Dyle, Hutchinson, Swanzy, Wilson, and a host of others in England and in our own island, have shown by their important investigations what invaluable services it has already rendered, not only in the method and knowledge of the oculist, but in the investigation of tissue changes in the nervous centres, and in detecting and elucidating disease in other organs. I, therefore, cordially concur with Dr. Allbutt when he says that “the minute precision of this and such instruments, so far from encouraging a narrowly curious habit of mind, has the very contrary effect.” I would advise the student to study carefully the valuable work on ophthalmoscopy recently published by my distinguished friend, Professor Wilson, of this city, as it is, in my humble opinion, the best introductory guide to the study of the diseases of the eye, by means of the ophthalmoscope, that the student can possess. As an aid to the diagnosis and treatment of disease, a knowledge of the sphygmograph, thermometer, microscope, endoscope, laryngoscope, rhinoscope, spectroscope, &c., is of great importance to the Medical practitioner—indeed, scarcely less so than that of the stethoscope. It is needless to dwell on the marvellous advance which the laryngoscope—that invaluable instrument by which we are enabled to obtain a view of the larynx during life, and which was brought to perfection, in 1858, by Prof. Czermak, of Pesth—has achieved in the diagnosis and treatment of laryngeal diseases, and for which we are mainly indebted to the scientific and fruitful labours of Dr. Morell Mackenzie, in England, and whose latest work on “Growth in the Larynx,” marks an epoch in the pathology and treatment of laryngeal tumours, and reflects honour on British medicine. In our own island, Mr. Smyly, Dr. Robert McDonnell, and others have ably followed in the same path of inquiry. The spectroscope, which, in the hands of F. Hoppe, Prof. Stokes, of Cambridge, Dr. Bence Jones, and others, has already shed such important light on the photo-chemical relations of the *crucorin* of the blood, on quimoidin, and on the rate of absorption, elective affinity, &c., of various substances by the blood and tissues of living animals, has yet, I believe, a great and fruitful field of inquiry lying almost unexplored before it, with regard to the physical properties of *contagion* of those minute microscopic organisms which play, doubtless, so important a part in the causation and propagation of zymotic diseases, and on the nature of which so much interesting and valuable information has been afforded by the researches of Drs. Lionel Beale, Burdon Sander-

son, Thudichum, M. Chauveau, and other able investigators. My young friends, let me urge you once again not to loiter on the way that leads to knowledge, but to labour at your professional studies earnestly, conscientiously, and with courage and devotion. Speaking of courage and devotion to duty, may we not proudly ask, standing as we do on this Irish soil of ours, what feat of military prowess, what deed of bloody valour in the field, can equal in true courage, or grandeur, or nobleness, that great spectacle of devotion to duty, lately presented by hundreds of our professional brethren in this, our own dearly loved, but unfortunate, island, during the late fearful and wide-spread epidemic of small-pox? What spectacle, I ask, more pure and ennobling than that presented by these devoted and skilled men as, day by day, and night by night, for month on month, in the abodes of sickness and of sorrow, they heroically pursued their great and useful mission, battling successfully with death in the midst of countless dangers, yet standing calm and undismayed. Yes, they were fearless, because untainted by selfishness, because inspired, elevated, and sustained by the pure and holy spirit of Christian charity—that priceless jewel, compared with whose richness, purity, and brightness, all the gems of Golconda, with the Kooh-i-noor itself, would, indeed, be poor and dim, and lustreless. It is this beneficence of the healing art that constitutes its true title to respect, and exalts it above the profession of arms; for how truly does simple Robert Bloomfield exclaim—

No blood-stained victory, in story bright,
Can give philosophic mind delight;
No triumph please, while rage and death destroy;
Reflection sickens at the monstrous toy.

Gentlemen, the honour of this noble and useful profession of medicine is to-day confided to your safe keeping. See that you guard well the sacred trust, and, while you may and should legitimately aspire to professional success and honourable competence of living, never let these be your highest aims; let the might of moral principle be always superior to that of ambition or gold, remembering the maxim, "That he who esteems gold more than virtue will be likely to lose both gold and virtue," and that (quoting the words of Carlyle) "there is a nobler ambition than the gaining of all California would be, or the getting of all the suffrages that are on the planet just now." In conclusion, let me repeat the eloquent words of our own illustrious Groves—"The hero and the despot may extend a sovereignty over distant regions, may exert an unlimited control over millions of vassals, may dispense honours and rewards, or may inflict punishment and death; they may, like Alexander, grieve at the narrow limits of a conquered world, and for other scenes of glory; but they cannot chase away pain; they cannot bid the burning thirst to cease, or give back repose to the sleepless; they cannot impart feeling or motion to the paralysed, or sight to the blind; and above all, they cannot imitate that almost God-like function of the healing art—by which man is enabled to recall to his fellowman reason long banished, and restore to society the hapless victim of insanity."

THE MEATH HOSPITAL AND COUNTY DUBLIN INFIRMARY.

[ABSTRACT.]

THE Opening Lecture of the 120th Session of the Meath Hospital and County Dublin Infirmary Medical School was delivered by Dr. PHILIP CRAMPTON SMYLY, surgeon to the hospital.

The Chair was taken by Dr. Stokes, Physician to the Queen in Ireland.

Dr. P. C. SMYLY having referred in feeling terms to the death of Dr. Robert Mayne, proceeded to say that had the Meath no history the Introductory might be given up, as it has been elsewhere. But the Meath has memories of more than a hundred years. A noble roll of heroes, who have graven their names on the scroll of fame—the names

of Graves and Stokes, Crampton and Porter, and many others, will be handed down from one generation to another. Our mode of election, he said, has been commented on and criticised, but in this world we must judge by results, and for over a hundred years our mode of appointment has secured men for this hospital who have won the confidence of the Profession and the public. Out of our present staff of eight we number four ex-presidents; of six surgeons, four are members of the Council of the Royal College of Surgeons. Formerly this lecture was delivered by the senior surgeon and physician, but for some years it has been given in rotation by the whole staff of the hospital, hence it comes that the post so well filled before now falls to my lot. Much, Dr. Smyly remarked, had been done of late years to make education easy and within the reach of all. That there is still much to be done is very clear to anyone who looks on. There has been so much competition in the granting of degrees and licences in medicine and surgery that a learned degree is not now the valuable qualification it used to be. Nothing proves this more clearly than the course now adopted by the Public Services—namely, a further examination and subsequent course of study and probation, no matter what the previous qualification may be. The late Professor Porter believed that the only true way of securing a really good education would be by some modification of the system of examinations. A step in this direction has been taken both by the College of Surgeons of Ireland and by the University, by dividing the final examination into two or three parts. A further change may be found even more advantageous, and, as in arts in the University, to leave it in a manner optional to the student to keep his terms by examination or by lectures. Professor Porter says in a letter to me—"The fact is, the world, in rolling on, has rolled lecturing out of use, and, consequently, out of fashion." Again he says—"It is astonishing the quantity of information I have been able to collect, but all tending to one point—namely, that instruction is everywhere offered in the way of lecture, and nowhere accepted in that form." He adds—"It is not how the matter is taught or professed to be taught that I want to know, but how it is learned by the pupil; for clearly, in this country at least, the teaching by the professor and the learning by the pupils have little or no relation the one to the other." All these various examinations and tests are, after all only very inadequate protections for the public. For your own happiness in your daily life you should be well and fully educated. Sir Philip Crampton says:—"I have said nothing of the fatal consequences of ignorance to others. The man who, conscious of ignorance, would enter into practice in the desperate hope that the grave would close over his errors, must have a conscience seared against such consideration; perhaps he may lay the flattering unction to his soul that he will undertake no operation that endangers life; but I am acquainted with few operations which ignorance may not render dangerous; besides, life may be, and perhaps oftener is, sacrificed by what is omitted to be done than by what is done. I therefore place before your eyes the certain and immediate punishment which awaits idleness, rather than the remote and perhaps less certain reward of diligence." In this hospital the great object of the physicians and surgeons has ever been to give the student every opportunity to educate himself; and self-education is the great essential to success in life. Let me again urge upon you the study of disease in the beginning. There are very few really acute diseases, and the physician who can foresee danger and ward it off does more for his fellow-man than the most learned pathologist. The latter need not be a physician, but the physician must be a pathologist. I would here mention the great difficulty thrown in the way of pathological progress by both the general public and the authorities in this country. In Vienna every dead body is examined. A Rokitaniski in this country is simply impossible. Practice without a scientific basis is mere empiricism, and, though much of our practice is empiric, it is every day becoming

less so. The thermometer is now only less in importance to the stethoscope to the physician in his daily rounds. It gives warning of danger where the unaided senses can appreciate no change. The advent of scarlatina can be often declared before either sore throat or rash decide its existence, by means of the thermometer. I have no doubt it will be of use to the surgeon in the course of treatment after operations. The ophthalmoscope you must know how to use, as it is required by many of the public services. It is not now merely a spy-glass for the oculist, but is of the greatest use in the diagnosis of diseases of other organs. Dr. Allbutt says—"It is with great anticipations, not only of direct increase of knowledge, but also a great purification of method and of speech, that I now see the ophthalmoscope another arm of precision—an instrument requiring minute accuracy in the use and revealing modes of nervous change during life, which before could be known only after death and in their results." Again, he says—"Whatever may prove to be the practical value of the ophthalmoscope in detecting disease of the brain or spinal cord, it has this great charm, that its use must favour a spirit of industrious and accurate observation, and must favour, also, that wholesome disposition of mind which welcomes any facts, however far away they may seem to be from traditional doctrines and dignified theories. The laryngoscope and rhinoscope are also of the greatest importance. As the stethoscope has survived the reproach of being a penny whistle, the laryngoscope is no longer called a German toy; and I am proud to say that a great number of our country practitioners are well skilled in the use of these instruments. Diseases giving rise to very considerable suffering can now be easily cured, which formerly were not thought of by the doctor, and passed over with contempt, or at most a dab of nitrate of silver, and, with few exceptions, attributed to "that fountain of evils, the stomach." It is now well ascertained that the stomach constantly suffers from the condition of the throat, and no treatment will cure the stomach until the disease is cured in the throat. The action of the epiglottis has also been ascertained, and Czermak has proved physiologically that the leaf of the epiglottis does not close the larynx in swallowing, but, on the contrary, retires into the base of the tongue, so as to make its tubercle prominent; the two arytenoids are drawn forward to meet the tubercle, and so the closed larynx has the appearance of a leech bite. This observation was confirmed by Semeleder and other observers, by a number of cases of total absence of the epiglottis without any difficulty of swallowing existing. The endoscope and sphygmograph you will be shown, and a great variety of new and improved surgical instruments; various new methods of treatment, such as skin-grafting, sub-periosteal operations, &c. Let me urge you to take advantage of all these means of learning, not all on one day, or even on successive days. One case well learned is worth more than a great number hurried over. Medical men are now trying the physiological action of many remedies, and the science of therapeutics is certainly advancing, and advancing rapidly. But Mr. J. W. Black says—"The fire of criticism has been ruthlessly assailing the hoary dogmas of the Medical art, and bids fair to consume all in them that is false. We hail it as our best friend next to the faculty of construction, and we want to see it blaze yet more fiercely and widely among the remaining rubbish of therapeutics."

I would urge you to be thoughtful what you say, and how you say it. In the wards of the hospital you will be brought in contact with your suffering fellow-creatures; a thoughtless word or the inconsiderate laugh often leaves a wound in the sick man's heart no after-kindness can atone for. As Hood says—

"The wounds I might have heal'd,
The human sorrows and smart!
And yet it never was in my soul
To play so ill a part.
But evil is wrought by want of thought,
As well as want of heart."

To the senior student I would say, you have a grand future before you if you only take advantage of it. Even country practice, so much decried by some, has its charms in spite of the rose-coloured tickets. The country practitioners of Ireland are a credit to any country, and the only fault I have with them is, that they are too clever and well educated now, and do not send up their operation cases to Dublin, as they used to do. The services open a fine career to a young man, though promotion may be slow. It is a very good thing to get the liberal pay of 10s. a-day at once after passing an examination, but it is always well to look to the future, and calculate whether it would not be better to run the risks of private practice than the certainty of fifteen shillings a-day after fifteen years' service, and most likely a big liver, and too often a broken heart to boot. If he survives for 20 to 25 years he may become a full surgeon, and inspectors-general do exist. In the navy and Indian services I understand that promotion is more rapid. But, to return to general practices, hard work and small pay must always follow an oversupply, and when there are twenty to thirty applicants for a dispensary of £70 a-year, you can hardly expect rate-payers and guardians to give more. Dr. Stokes long ago warned the profession what the result would be—first, the educated gentleman would be ground down by the ignorant Poor-law guardian, and, in time, the demand for men who could submit to the grinding process would be supplied, and the Profession gradually be reduced to be anything but a learned profession. Happily, the last part has not come true as yet. In your daily intercourse with the public do not be too vain of your newly-acquired knowledge. Alison, in his history of the first French Revolution, says:—"If we trace these frightful disorders to their source, we shall find them all springing from the pride of a little knowledge." And again, "But unfortunately the knowledge of the difficulty of the subject, and of the extensive information which it requires, is one of the last acquisitions of the human mind: none are so rash as those who are the worse qualified." Though this is said of politics it is equally true of medicine.

In conclusion, gentlemen, whatever changes may be made from time to time in the Profession from within or from without, the educated Medical man who is really in earnest will always have plenty to do in this suffering world. And though wealth and riches may not be his portion, he has the happiness of knowing in his own heart that he is following in the steps of Him who went about doing good.

MR. TRAVERS' INTRODUCTORY LECTURE AT THE LEDWICH SCHOOL OF MEDICINE

THE Introductory Lecture of the Winter Medical Session was delivered in the Theatre of the School on Saturday, November 2nd, at 12 o'clock noon, by ROBERT TRAVERS, A.M., M.B., Lecturer on Forensic Medicine and Hygiene.

Amongst the audience were Dr. Wharton, President of the College of Surgeons, Drs. Ledwich, Mason, O'Leary, M'Dowell, Eames, Little, &c., &c.

MR. TRAVERS observed that a custom, as imperative as a law, having required that the commencement of the period for Medical studies should be prefaced by an introductory lecture, the too-indulgent judgment of his colleagues had conferred on him the distinction of delivering that of the session now commencing. It would be vain for him to emulate his predecessors in the task, some of whom had surprised and instructed by their learning, others had fascinated by their eloquence, or charmed by their wit and humour. He would only strive to be intelligible, and, if it might be, also to be useful. The remarks he should address to them would refer to the purposes to which their studies would be applicable, the requisite preliminary education, and the motives which, no less than the expectation of reward,

might impell them to the acquisition of professional knowledge. The objects of Medical study might be considered under a ternary division:—1st. The relief of pain, the treatment of disease, the management of injuries, and the operations incidental thereto—in fact, all that usually is held to constitute the Practice of Medicine and Surgery in all their branches. 2nd. The preservation of health, the guarding against disease, all that is comprehended in the science, commonly called Hygiene, after the French, but more correctly by the German writers designated Hygiene, the word being Greek, and being exactly reproduced in the Germanic form. 3rd. The application of Medical science to the service of the law or the administration of justice, termed Forensic Medicine, which with Hygiene together form what the Germans call *Staatsarzneikunde*, but is known to us by the term Medical Jurisprudence, or by an attempt to adopt the German name under an English form, is known to us of late years as State Medicine.

The desire of possessing the power of relieving pain was the chief motive with many for adopting medicine as a profession. To obtain an honourable means of support was another, but which could scarcely be admitted as having a superior influence to the other. Hippocrates, when a plague raged in both Europe and Asia, refused the splendid offers of honours and rewards by which the king of Persia sought to allure the great physician out of Greece.

The preliminary education ought to include the knowledge of some other language than the student's own, and by preference the Latin is indicated as recommended by its universality in the literature of former times, and by its abundance of inflections, the study of which, in any language, exercises the mind beneficially in that discrimination of minute differences which is essential in every branch of natural history, as well as in the diagnosis of disease, and is indispensable in all exact knowledge acquirable by human study or observation. In some universities and colleges the study of the Latin language and literature is still termed the study of "Humanity," and the professor by whom it is publicly taught is styled the "Professor of Humanity," as if it were necessarily incidental to human culture and refinement. Anatomy, as the very basis of a Medical education, should be the student's first object. In it he would everywhere meet with admirable adaptations of means to ends in organised structure, and as the poet had said, "an undevout astronomer is mad," it might with no less truth be said that the student of physic, who could contemplate the wonders of organic tissues, without looking up to the supreme wisdom of the Omnipotent Creator of the Universe, would deserve to be ranked with the maddest of the mad. Nearly two thousand years ago, the great Roman orator and philosopher, Cicero, had argued that even the most ignorant of barbarians on seeing the machine by which the planetary motions were represented would conclude that it was a work of art and not of a chance combination of its several parts; much more must we admit that in animal and vegetable structure we see the proof everywhere of intelligent design.

Anatomy had been successfully studied in all the Medical schools of Dublin, and it was a subject of just pride that some additions had here been made to our knowledge of that science, long and diligently as it had been previously cultivated in this and other cities through many successive centuries. Perhaps nothing of this kind was more remarkable than Dr. Arthur Jacob's discovery within the eye-ball of a tissue, previously unobserved, although the globe of the eye and its appendages had been most diligently and repeatedly dissected by Zinn and Wisberg, by Scarpa and by Soemmerring, yet without any of them detecting that peculiar membrane—"membrana Jacobæ" with which the name of its discoverer is now deservedly associated. To Dr. Jacob we are also indebted for the impulse given to comparative anatomy, zoology, and Ophthalmology, which has led these sciences onwards to their present stages of advancement among us. It was

necessary to warn the student against over-estimating the extent or character of the knowledge that it was possible by any natural means to acquire. There were limits beyond which his efforts could not pass, however his senses might be aided by instruments of research. Chemistry, which was taught very successfully in that school, might afford an instance. The dominion of the chemist over matter appeared to be complete, yet his art consisted only in combination and decomposition. He could neither create nor annihilate a single atom of matter. He might seem to do so, as when bringing two transparent invisible gases into contact an opaque white solid results, which the application of heat causes to disappear. But a very slight knowledge of chemical science suffices to show that neither is any matter created nor any destroyed in either of these or any similar instances, nor even by the most laboured exertions of the chemist's art. The lecturer proceeded to remark on the much-abused Irish Parliament, having, in the middle of the last century, passed an Act restricting the sale of poisons, and forbidding the dangerous use of abbreviated words in writing Medical prescriptions; he adverted to the condition of the Army Medical Service, its advantages of pay, rank, and uniform; and alluded also to the loudly expressed complaints of slowness of promotion made regarding it, concerning which he offered no opinion; and then, having spoken briefly of the inadequate payment made to Medical dispensary officers for vaccination, and observed, on the subject of anæsthetics, that the most valuable contribution made to our knowledge of that subject was the recent essay by Dr. John Morgan (Professor in the Royal College of Surgeons), concluded by wishing the students of his audience all success in the progress of their studies.

Special Report

ON

DISEASES OF THE THROAT.

Edited for the "MEDICAL PRESS AND CIRCULAR."

By PROSSER JAMES, M.D., M.R.C.P.,

Physician to the Hospital for Diseases of the Throat and to the North London Consumption Hospital; Lecturer on Materia Medica and Therapeutics at the London Hospital.

DISEASES OF THE ŒSOPHAGUS.

(Continuation of Dr. Clinton Wagner's translation of Dr. Stofella's abstract of Oppolzer's views.)

ŒSOPHAGITIS: ITS ETIOLOGY, PATHOLOGICAL ANATOMY, DIAGNOSIS, AND VARIETIES.

(Continued from page 395.)

DIAGNOSIS.

a. Œsophagitis Diffusa.—The diagnosis of diffuse œsophagitis is rendered easy by a little attention to the considerations discussed in the preceding paragraphs. Difficulties in the matter can only so far present themselves, as it becomes the question in a given case to determine the form of the particular affection of the œsophagus. We shall succeed, however, generally in answering this question correctly if we attentively consider the following points:—

The diagnosis of a catarrh of the œsophagus is to be made when the general symptoms existing, together with the local symptoms which are to be referred to, in the affection of the œsophagus, do not attain any high degree; when the persons affected have at the same time a catarrh of the pharynx or the stomach, or a gastro-intestinal catarrh—the latter of which affections occurs especially often in children at the breast, and, certainly,

indeed, far oftener than is believed, in connection with a catarrhal affection of the mucous membrane of the œsophagus. The diagnosis will point, moreover, to catarrh of the œsophagus of patients who are affected with constitutional syphilis, or with a disease which we know to run its course with a catarrh of the mucous membrane of the intestinal tract, as, for instance, typhus and dysentery; and when, of course, symptoms are present which suggest that the œsophagus is sympathetically affected. The diagnosis receives a further confirmation if the microscope demonstrates the presence of tessellated epithelium in any portions of mucus that may be vomited up. The diagnosis in question is, however, not reduced to absolute certainty by a discovery of this kind, inasmuch, as is well known, tessellated epithelium is found not only in the œsophagus but also in the cavity of the mouth and the fauces, and it may accordingly very easily happen that the epithelial cells which are found do not come from the mucous membrane of the œsophagus, but from that of the mouth and fauces. Only when the cavity of the mouth and pharynx are found free from catarrh, and, in addition, a considerable quantity of such epithelium is contained in the mucus vomited—only in such circumstances can any great diagnostic significance be given to the demonstration of which we have spoken. As is evident, however, the diagnosis of an œsophageal catarrh becomes perfectly certain and not to be shaken as soon as we succeed, by means of the œsophagoscope, in demonstrating it *ad oculos*, so to speak. Such an examination can, however, only be made if the inflammatory symptoms have already subsided, or if, in the particular case we have before us, the œsophagitis is not acute, but chronic; since in acute œsophageal affections, at least as long as the inflammatory stage lasts, the application of the œsophagoscope is usually too painful for the patient. Just as little is the application of the œsophageal sound adapted as a means of diagnosis in acute catarrhs and the remaining "affections of the mucous membrane" of the œsophagus. It would, evidently, also cause the patient to whom it was applied extreme pain, and, besides, a rupture of the œsophagus is to be feared, especially when the sound is not applied with great care, in consequence of the fragility of the walls of the œsophagus, which is always present in such cases to a greater or less degree.

We must conjecture the presence of a croup of the œsophagus if, in the course of scarlet fever, or measles, or pharyngeal or laryngeal croup, &c.,—in short, a disease in which we know that croupous exudations easily occur—"œsophageal symptoms" make their appearance. In such circumstances, however, the diagnosis is only one of probability; even if the most extensive croupous membranes are found in the back of the pharynx, and ever so considerable dysphagia is present, the diagnosis of "croup of the œsophagus" is ever a doubtful one, inasmuch as experience shows that, even in those cases where apparently all the symptoms testify to the presence of a croup of the œsophagus in the most convincing manner, it can happen that the mucous membrane of the œsophagus is merely affected with a catarrh, or even not at all.

The diagnosis of œsophageal croup does not attain complete certainty until scraps of croupous membrane are found in the regurgitated or vomited portions, and until we have gained the conviction by inspecting the fauces, that these croupous membranes do not come at all (or at least only partially) from the pharynx, and that likewise they are not to be considered as coming from the larynx. Among the symptoms noticed in auscultation of the œsophagus, the sound which is described by Hamburger as "rustling" is the one whose demonstration will probably prove itself of not inconsiderable value for the diagnosis of croup of the œsophagus.

A pustular inflammation of the mucous membrane of the œsophagus is to be assumed as present if, during the course of an attack of variola or a short time after internal use of tartar emetic, swallowing becomes painful or appears interfered with in any other way, and, moreover,

by auscultation the existence of an œsophageal affection is proved.

Finally, as far as the diagnosis of a phlegmonous œsophagitis is concerned, the diagnosis is to be made in those cases in which the general as well as the local symptoms distinguish themselves by special intensity, and in which, moreover, the disease came on idiopathically, and, besides, its cause is such an one as could, in conformity with experience, easily induce such an inflammation. In this respect are to be first mentioned as the causes which may lay the foundation of a phlegmonous inflammation, cauterisation of the œsophagus with concentrated acids or alkalis; less frequent are scalding from swallowing very hot food or drink, injuries of the œsophagus from swallowing bodies with corners or sharp edges, or injuries from rough manipulation on the part of the physician in attempting to extract such bodies. Taking cold, rheumatic affections, and metastases, which are alleged as causes of the affection by many authors, are, as Hamburger rightly remarks, totally unproved, and these assertions probably originate in a confusion of phlegmonous œsophagitis with simple œsophagismus (spasm of the œsophagus).

Auscultation is superfluous in making a diagnosis of phlegmonous œsophagitis, since this affection assures us of its presence by other symptoms, namely, the intensity of the general local symptoms, the cause of the disease, and its spontaneous appearance. But auscultation becomes of so much the greater importance as soon as it is a question of determining the location of the affection, "since the point from which the regurgitation is heard to begin, or where abnormal deglutitory noises are heard, designates the beginning of the lesion."

The œsophageal sound has no diagnostic value in phlegmonous œsophagitis, as long as the latter is not regressive.

We have already pronounced the introduction of this instrument unsuitable in cases of simple affections of the mucous membrane of the œsophagus, inasmuch as it would cause too great pain on the one hand, and on the other, because the greater fragility of the œsophageal walls which exists in such cases might easily lead to a rupture of this organ. This applies, evidently, in a still higher degree in the case of a phlegmonous œsophagitis, i.e., an affection in which not only the mucous membrane, but also the deeper layers of the œsophageal tissues, are included in the process. If, however, in the course of a phlegmonous œsophagitis, we discover that the disease threatens to terminate in adhesion of the walls of the organ, then there is nothing left for it, in spite of the possibly still existent sensibility and fragility of the œsophagus—*provided only that the fever has diminished*—but to have recourse to a proper sound, to introduce this into the œsophagus, and to move it hither and thither in the interior of this organ, since solely and simply in this way it is possible to obviate the danger above mentioned, and thus preserve the patient from a horrible death.

Differential Diagnosis of Phlegmonous Œsophagitis.—If phlegmonous œsophagitis comes on, as happens in severe cases with clonic spasms, it is certainly possible to confound it, on superficial examination, with myelitis. It may thus occur, on the one hand, that these spasms are referred to an affection of the spinal cord, and it is possible, on the other hand, that dysphagia may appear in myelitis also, and accordingly the pains along the course of the spinal column in the latter be referred to the œsophagus. If we reflect, however, that the examination of the spinal column can very easily give us certainty as to the seat of these pains, inasmuch as in myelitis the vertebrae are sensitive to pressure, contrary to what we find in œsophagitis; further, that in myelitis, again opposed to œsophagitis, disturbances of the sense of touch show themselves (anæsthesia, less often hyperæsthesia), as well as that, after a shorter or longer time, symptoms of paralysis appear, especially of the extremities, and of the bladder and rectum; and, finally, that the dysphagia caused by an affection of the spinal marrow never reaches so high a degree as in phlegmonous œsophagitis,

it will not be difficult to make a correct diagnosis. A confusion with an affection of the heart or lungs might be possible, as soon as dyspnoea and attacks of suffocation appear in the course of a phlegmonous oesophagitis; but the simple examination of these organs would prevent us from committing so great a diagnostic mistake.

Transactions of Societies.

THE MEDICAL SOCIETY OF LONDON.

MONDAY, OCTOBER 28th, 1872.

THOMAS BRYANT, F.R.C.S., Esq., President, in the chair.

Mr. SPENCER WATSON showed a foreign body removed from the eyeball, sight had been lost; there was a cicatrix on the sclerotic, the cornea and lens were clear. The iris contracted and immovable. The sight of the other eye was also impaired and as it appeared to be likely to suffer, the injured eye was removed.

Mr. DE MERIC asked whether when a shot dropped out after the incision, the eye left a stump of a character satisfactory for applying an artificial eye. He also asked whether much scooping of the eye for removal of foreign bodies did not do more harm than the foreign body.

Mr. BRUDENELL CARTER said that Mr. de Méric's question raised a point of great importance. He described what was the best method of removing an eye, and stated that complete was preferable to partial removal. He mentioned a case he had lately seen in the north of England, where two shots had entered by one aperture, and in which he advised removal. This course was justified by the result. He thought removal was called for where the injury was more than very slight, and that if we erred at all in removal, it was on the side of safety.

Mr. WATSON briefly replied and said that he concurred generally with Mr. Brudenell Carter's remarks. He mentioned a case where a cup of bone was found at the end of twenty years, in a case where a shot remained in the eye during that period.

Dr. EDWARDS CRISP brought forward three cases of hæmorrhagic small-pox, which he had at first thought were examples of cerebro-spinal meningitis. Models were shown. Hæmorrhage occurred into the skin, and from the mucous membranes. He advocated re-vaccination of children when small-pox was epidemic.

Dr. BAUNTON had lately had eight cases of hæmorrhagic small-pox, only one of which recovered; he had noticed remarkable clearness of mind in the hæmorrhagic cases, and quite concurred in Dr. Crisp's remarks on this point. The case that recovered was treated by one minim of the tincture of aconite, every half hour.

Dr. THUDICHUM hoped he had not heard Dr. Crisp aright when he said the recommendation of Mr. Simon, that re-vaccination was not needed under puberty, and that this advice had largely contributed to the great mortality in the late epidemic. This was quite contrary to facts.

Dr. ROUTH wished to know the treatment adopted? As the cases had been fatal, we should seek for something else. He thought the omission of taking temperature was serious, and advocated the use of all remedies lessening the temperature.

Dr. CRISP re-asserted that the course of action recommended by the authorities, was answerable for a great deal of the mortality which occurred in the late epidemic.

Dr. COCKLE then read a paper

ON THE CONNECTION BETWEEN OCCLUSION OF THE LEFT CAROTID ARTERY, AND THE EXISTENCE OF LAMINATED CLOT IN THE SAC OF AORTIC ANEURISM.

The author pointed out that the mere pathology of aortic aneurism was, as it were exhausted, and that the chief interest would henceforth centre in the treatment of the disease. Of late a marked impulse had been given in such direction in Italy, Russia, and this country. In Italy, Cinielli has achieved satisfactory results from the employment of galvano-puncture, but still, as it seemed to the author, there were

certain drawbacks to the employment of this agent. He had ventured to bring forward a series of cases to show that there existed a connection between occlusion of the carotid artery, and the formation of clot in the aortic sac. In the first category were cases in which Nature had thus filled the aneurism, and in a second category were cases in which the result had been artificially induced, either with indirect or direct intent. The case in which the artery was tied by Mr. Heath with the direct intent of checking the aortic aneurism, is published in the *Transactions* of the Clinical Society, 1872. Remarks were then made as to the proximate causation of the formation of clot in the aneurism, and hinting at the difficulties of explanation, the author concluded by briefly alluding to the possible accidents attendant on such, contending that in no wise did they contra-indicate the operation.

Dr. CRISP said that twenty-eight years ago, in his Jacksonian Prize Essay, he suggested the principle of pressure on ligature advocated by Dr. Cockle. He also foretold in that essay that many of the lesions of the eye and ear would be found to be due to disease of the smaller vessels.

Dr. ANSTIE ventured to put in a word for galvano-puncture which promised well even when the aneurism was in the aorta, as shown by De Cristoforis as well as Cinielli. In their cases the cessation of movement of the needles showed coagulation. He wished to remove from the minds of the Fellows the notion that the operation of galvano-puncture was serious or dangerous. De Cristoforis has shown it was not at all so. He did not dispute the value of Dr. Cockle's argument, but thought galvano-puncture should be resorted to first.

Mr. BRUDENELL CARTER mentioned a case which occurred in St. George's Hospital; when, after failure of ligature, galvano-puncture was resorted to, but the patient died shortly after. He also mentioned a second case where galvano-puncture failed.

The PRESIDENT asked Dr. Cockle why he selected the left carotid for ligature in cases of aneurism of aorta.

Mr. CHRISTOPHER HEATH, as the original operator, wished to say that recession of the sac was marked in aortal ligature. The difficulty of diagnosis between aneurism of aorta and innominate, was very great. The left carotid was selected because it was the branch next beyond the aneurism. The operation in a recent case succeeded without the formation of a single drop of pus. He used the catgut ligature, but did not attribute success and non-formation of pus to the use of carbolic acid which had been absurdly lauded.

Dr. COCKLE in reply, said that he hoped Dr. Crisp would not think he depreciated his work which he regarded as classical. He was also indebted to Dr. Anstie for his remarks. The reason why the left carotid was tied, was simply because it was the most expedient.

DERBYSHIRE INFIRMARY.

WE observe from the *Derby Reporter* that the report of this institution shows an increase in the expense. But we have it on the best authority—that of Dr. W. Ogle—that the benefits to the patients have been great. He writes in the *Reporter*,—

"For twelve years I have devoted the best part of my time and strength to the cause of the sick poor in the infirmary; I have even made this business take precedence of my private practice; and no one now alive can be as well acquainted as I am with the internal condition of that institution during that period. I have seen the patients suffer under the old system of parsimonious routine and discreditable inefficiency. I have watched the trying time of transition from the old to the more enlightened system of nursing, and now that it is established, I have for the first time the satisfaction of knowing that my patients are properly cared for.

"I fear few outside the building will appreciate, until too late, the devotion and self-sacrifice of the Lady Superintendent under whom these changes have been effected. I know the difference to the patients. The wards are well ordered; the food is carefully prepared; the sufferers are treated with gentleness, and nursed with skill, which I have never seen equalled."

We think that the tone of the report might well have been, under these circumstances, that of rejoicing. A tone of despondency can only be used by those who put the question of money in the foreground.

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The Medical Press and Circular.

“SALUS POPULI SUPREMA LEX.”

WEDNESDAY, NOVEMBER 13, 1872.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

THE position of this College has been again brought before the Profession by Dr. C. J. B. Williams, and we are glad to observe a disposition on the part of all, to regard what they believe the interests of the Profession as well as their own corporation. It is, however, thirty years since Dr. Williams, according to his own account, made an effort to increase the influence of the College. That some change has taken place since then is well illustrated by the fact that, one of our contemporaries has published a report of the late discussion, prefacing it with the remark that there was no desire for it to be considered among the *secreta collegii*.

We suspect, however, that many Fellows will disapprove this departure from the old custom, and some will resent the intrusion of the journalist. For our part we much doubt the value of a report thus drawn up by some individual in the interests of one journal, and fancy that real publicity would be less objectionable. At the same time, we may as well confess that most of the secrets of the College are usually known to us, although we do not employ them for the purpose of giving spice to our leaders.

We desire to see the welfare of the whole Profession promoted by all the bodies connected with it, and although we have often urged the reform of various corporations, and insisted on the need for various changes in this the most ancient of all, we have ever been ready to aid its reform from within rather than from without.

We rejoice over the success that has attended the creation of the new order of licentiates, and heartily wish that the College had followed up their conquest when they got it recognised as a surgical as well as a Medical qualifi-

cation. They were then very nearly attaining the one faculty system, and if the College would carefully arrange a scheme with that object in view, we do not see why it should not, so far as England is concerned, become the most extensive of all the licensing bodies. We feel sure a grand future lies there, and should be delighted to see the College embrace it.

But our present concern is with the physicians of this country. It was in reference to them that the discussion introduced by Dr. Williams's resolution took place. The fact that the College does not contain in its ranks all the physicians in the country was lamented by all, and it is possible even yet to do much towards accomplishing this object.

What keeps men out of the College? That has at length become an important question to the College, and Dr. Williams treated it in a manner that will find an echo in the Profession. It seems that a quarter of a century ago he was willing to abolish the distinction between members and fellows. Dr. Latham and Sir T. Watson, were of the same mind. Now the proposal is far milder, but will probably attract more attention and secure more support; on scrutinising the present state of the College, Dr. Williams found that the old body, as it might be termed, to consist of 843 individuals, of whom 254 were fellows, 535 members, and 54 “old” licentiates. In addition, there were 131 extra-licentiates forming the “new” body, making a total of 974 as the constituency of the College. Besides these there are a large number of gentlemen in the country practising as physicians who have no connection with the College. Dr. Williams estimates from the provincial Medical Directory, and excluding all those who by title of appointment appear to be engaged in general practice, them at 682. They include such men as Aitken, Allbutt, Budd, Jago, Charlton, and many others. Having communicated with some with the view of finding out the reason of their not joining the College, Dr. Williams read extracts from their letters, which were couched in by no means complimentary terms as regards the College and its management, and argued from this that the College should consider carefully whether it could not make itself more acceptable to the body of physicians who are not connected with it. The one great objection to the College is the position of its members. The title of member in reality confers no real privilege, and no status of moment. It admits to certain lectures, but it gives no voice in the College, and in reality the members and licentiates are on a par in this respect. They have, it is true, the prospect of becoming fellows, but what is the prospect? They have to go through a very invidious species of scrutiny and criticism. Dr. Williams confessed that the admission to the fellowship should be made more liberal and placed on a different footing; and admission to the fellowship should not be made conditional upon the possession of transcendental qualities, but every man who had gained an honourable position should be advanced.

This is no more than we have often said, and we are glad the sentiment has been expressed within the College walls. There is another thought that may well be expressed, as it is constantly stated. The fellows have not all evinced “transcendental qualities.” On the contrary, many men have waited long years holding a highly honourable position, maintaining a blameless walk before all men, and their juniors have been promoted over their heads to the fellowship. Not for “transcendental qualities,” for some

have been pushed on before they had given any indication of their qualities, but for causes that remain "secreta collegii."

It is current talk in the Profession, that some have openly canvassed the authorities, that others have had the luck to have fathers, uncles, or others to canvass for them, and that others have been elected during the term of office of relatives or friends, or those whom they had served. We turned a deaf ear to these suggestions, and others that are just as often mentioned in Professional circles. We have much confidence in the wish of the authorities to do right, but we cannot conceal our regret, that they do not seem to give satisfaction, and our feeling that some change in the mode of procedure is called for to put the College in harmony with the times.

Among those who partly opposed Dr. Williams, was Sir W. Gull, and yet his opposition seemed half-hearted, and he professed most liberal feelings. So also did others, and with such sentiments prevailing, may we not hope that an era is approaching when more satisfaction will be felt. The general desire to do right, the carelessness about publicity, and other signs of the times, tend to revive hope.

We trust the publicity will be beneficial. It seems, indeed, as if it must tend to remove misconceptions. Thus, the exception taken to the calculation of the number of physicians outside the College, may tend to bring out the facts in the matter. We fancy Dr. Williams's estimate may be high, but assuredly it is nearer the mark than that of the gentlemen who would divide by ten.

THE MANAGEMENT OF LUNATIC ASYLUMS IN IRELAND.

THE ordeal of death by bath—which appears likely to become the fashionable mode of punishing capitally an unhappy lunatic—as practised in the Limerick District Lunatic Asylum, the keeping quiet of this and other sudden deaths in the same institution by the exclusion of the inconvenient Coroner, the diplomatic art of cold-shouldering inquisitive Governors as evinced by the Inspector to whom the investigation was entrusted, and the paternal sympathy and indulgent tolerance extended by Dublin Castle to the persons responsible for such little errors,—these were the subjects of comment in our pages last week, and since then, we regret to say, nothing has occurred to mitigate in the minutest degree the enormity of the facts which have come to light, to respite from condign condemnation the Resident Medical Superintendent responsible for them, or to alter the unpleasant impression that the investigation has been cooked to save that gentleman harmless, and that the official report will administer an unavailing coating of whitewash to the administration of this institution and to the lately created system of semi-responsible rule, which tends to bring all asylums into the enviable condition of that at Limerick. We promised our readers to show them the causes of such a state of things, and we have not far to seek for them.

Under the former régime the whole system of asylum management was carefully constructed with the object of securing a continuous daily surveillance of these institutions *ab extra*. Wise legislators felt that in dealing with lunatics, in whose treatment restraint and seclusion were essential elements, the constant interference of independent and unattached guardians was necessary to protect the

inmates from the over-exercise of authority to which there must be a constant temptation. It was felt that, so surely as it were given to men to exercise without check their tempers on patients who could not remonstrate, and would not be believed if they did, so surely the power would be abused; and it was obvious that nothing could keep within bounds this abuse except the hourly watchfulness of some one who had no incentive either to maintain a system of terror or to conceal the commission of crimes. Such a caretaker was provided in the person of the Visiting Physician, who was entrusted with and responsible for all Medical matters and for a general supervision of the administration of the establishment, and for many years the original system continued to work with a smoothness which the new system might emulate. Of late years all this is changed. The Visiting Physician is reduced to a thoroughly subordinate position—his watchfulness is regarded with jealousy, and his presence looked on as an intrusion, and he is made to feel that his remaining on the staff of the institution at all is a concession to old ideas, and that he is expected to make things pleasant and register the decrees of the infallible Resident Medical Superintendent. In favour of this latter official even the authority of the Board of Governors is, to a great extent, repealed, and he is responsible only to "the Castle," which—it would appear from the Limerick case—sees only a venial fault in the drowning of a lunatic or the malversation of the asylum property.

From year to year since 1862 this policy of concentrating the whole authority in the hands of the Medical manager has been steadily and perseveringly pursued. Word by word and phrase by phrase, the Privy Council have been talked into a reversal of the original regulations, until the present day finds the Resident Superintendent almost owner of the asylum and of those it contains. The latest expansion of this principle is a circular from "the Castle," which orders that the Visiting Physician shall apply, in all cases, for leave of absence through the Medical manager, who is thus invested with plenary power to "pay off" any undesirable curiosity or uncomfortable conscientiousness which the Visiting Physician may have evinced.

The result of this fatuous policy on the part of the Castle authorities could not be other than occurrences such as have been brought to light at Limerick; and as we, ten years ago, anticipated the effect of making one man an almost despotic master of much money and many lives, so we now prophecy the repetition of many such scandals in other places. With pain we observe that Dr. Nugent, the Inspector who conducted the Limerick investigation, and the principal author of this policy, has learned no good lesson from it. It is to be hoped that the Government or, its master, the House of Commons will take to heart the great responsibility of entrusting hundreds of helpless lives to semi-restrained authority, and will effect such modification of the present dangerous system as will ensure that these scandals—by no means the first—shall not be followed by greater.

FRATERNISATION WITH HETERODOXY.

THE murmurs which the subject has given rise to within the Profession in Dublin remind us that it is not at our discretion to leave unnoticed this week the subject of consultation with homoeopaths, which has been so

warmly debated elsewhere. In Ireland the fraternisation of members of our Profession with illegitimate practitioners excites usually little interest, the numbers of patrons of heterodoxy being few, and the calibre of those who act with homœopaths being insignificant; and the interest of the Profession on the present occasion is derived from the fact that the surgeon who appears publicly in alliance with illegitimate practice is truly a representative man, whose example—for good or ill—might serve for authorisation to others to adopt the same course. We most earnestly wish that it were not necessary for us to connect the name of Robert Adams, for whom it has been a pleasure to us to claim the highest official honours, with a practice which all high-class members of the Profession condemn; but as we would not hesitate to censure publicly the most obscure of his brethren, so we must not flinch from protesting as publicly against an alliance so subversive of the dignity of the Profession.

It is stated in a leading article in the *Freeman's Journal* of the 26th ult., that Mr. John Francis Maguire, M.P., was brought to town under the advice of Dr. Scriven, that, "on the recommendation" of that gentleman, Mr. Adams was "summoned to aid" in the crisis, and that, subsequently, an examination took place by "both the physicians in attendance." It is hardly necessary now to discuss the merits of homœopathy or its professors, because, we imagine, Mr. Adams will hardly profess a belief either that it is true in theory, or that the advice which he, as consultant, gave could be carried into effect by its means. It should, we think, be sufficient for Mr. Adams to be aware that any association with homœopaths is universally regarded as a grave scandal—that it has been more than once officially condemned by the Council of the College of which he has been President and is a Councillor, and that his own public appearance in fraternisation with illegitimate practice cannot fail to be interpreted by the public in a sense very unfavourable to the Profession.

The Cæsar of Irish Surgery should not be named in such a connexion, and we earnestly trust that Mr. Adams's long-tried sense of professional honour and dignity will relieve us for ever from assuming a censorship which, towards a surgeon of his name, should be out of place, and is most repugnant to our feeling.

LUNACY IN THE THREE KINGDOMS (a).

No. II.

In this report we have looked in vain for any table giving the cost of the maintenance of the various asylums. We have the average weekly cost per head, as already stated, but when we reflect upon the vast sums spent in these asylums we are of opinion that the details should be published; the clerks to the asylums are compelled by Act of Parliament to send balance sheets to the Commissioners—what becomes of them, where are they entombed? From a report, "Judicial Statistics for 1871," No [c. 600] page xlviiii, recently issued, we get the cost of criminal lunatics in the following table—the number being 862;—there is no mention of any in goals or convict prisons.

(a) "Twenty-sixth Report of the Commissioners in Lunacy to the Lord Chancellor." Ordered by the House of Commons to be printed, 4th July, 1872.

CHARGE 1870-71.

	£	s.	d.
County Rates	3,275	7	5
Borough Rates	793	12	10
Parish Rates	5,585	7	0
Public Revenues	27,611	1	6
Private Funds	1,338	8	3
	£38,653	17	0

	£	s.	d.
The average cost at Broadmoor	65	5	9
At 36 County Asylums	24	12	6
„ 7 City and Borough Asylums	31	6	2
In the Counties—			
The lowest, in Dorset	18	5	0
The highest, in Berkshire	36	0	0
In the City and Borough Asylums—			
Lowest, Birmingham	19	17	4
Highest, Ipswich	39	10	0
At Fisherton, where expenses are paid by County Rates (except one case from private funds)	28	19	2

At Bethlehem Hospital the average weekly cost per head is £1 9s. 2½d.; £1,530 7s. 2d. being spent in wines, spirits, and malt liquors; the average number of patients being 242. At St. Luke's Hospital the average weekly cost per head is £1 4s. 9½d.; £1,016 5s. 3d. being spent in wines, &c.; the average number of patients, 144. At the Cheadle Hospital nearly a thousand pounds is spent upon wines, &c., with a lunatic population of 135. At Coton Hill, near Stafford, nearly fourteen hundred pounds is spent in a similar way, with a population of 135.

Turning to the Report of the Royal Hospitals of Bridewell and Bethlehem for 1870, printed for the use of the Governors, we find the general account of receipt and expenditure of Bethlehem Hospital for the year 1870, gives an income of £20,953 6s. 11½d. for curable patients, and £7,469 3s. 8d. for incurables; a total of £28,422 10s. 7½d. It would seem that Bethlehem Hospital is in a flourishing condition—an insane population of 242, with a convalescent establishment at Witley, with a yearly revenue of twenty-four thousand pounds.

From the Report of the Visitors at Colney Hatch for 1870 we find the income for the year to have been £64,648 1s. 4d.; at Hanwell, from a similar return, the income was £14,973 12s. 7d.; at the Surrey—the old asylum—at Wandsworth, the income was £35,230 0s. 1d.; at the new asylum, at Brookwood, the income was £23,946 14s. 11d. We might multiply these figures by others, all accessible to the Commissioners, but not one word to be found in their Report.

In conclusion we congratulate the country on the existence of such an efficient institution as that of the Government Lunacy Board. It must be very hard worked—its numbers fixed in 1845—the same chairman as then, Lord Shaftesbury, and still among the Commissioners the secretary of that date. If we consider for a moment the great increase in the number of the insane of the asylums (not licensed houses), and of the other multifarious duties of the Commissioners, it would seem to us that the Board have enough, and more than enough to do; take this with the previous report for 1871, and compare them with the early reports published before the Amending Act of 1862, and it will be seen what the work of the Commissioner really is. The Report, apart from some defects, is admirably clear and well drawn up; and, although we rise from the perusal of this blue-book with a profound sigh for the human misery it narrates, we can sincerely say that this publication does much to point out to us how many evils may be remedied.

We turn now to the Irish Report for 1871 (a).

(a) "The Twenty-first Report of the District, Criminal, and Private Lunatic Asylums, in Ireland."

It is well written, ably put together, and worthy of perusal.

The Commissioners report an increase on the previous year of 1,134. Twenty-five years ago the total number of persons ascertained to be insane in Ireland was 12,397—on December 31, 1871, the number of insane was 18,327. The asylum accommodation has been increased threefold within that period; the known proportion of the insane to the sane has likewise increased, the ratio being in 1846 as 1 to 661, and in 1871 a fraction below 1 to 300. These numbers will indeed appear extraordinary, to use the Commissioners' own words, when we consider that in—

1846 the population was 8,175,124,
1871 " " " 5,402,759;

an increase of 5,930 with a diminution of population of 2,772,365.

The Commissioners notice a difference between the general insane in this country and in England; the marked disparity between the mentally afflicted in respect to celibacy and marriage: "We have much less of lunacy among the married—at Dundrum, out of 172 patients, 123 were single, 89 males and 39 females."

The asylum appears to be well managed—no instance of harsh treatment is adduced, neither are the board aware of a single unwarrantable admissions.

Two cases of feigned insanity are reported. After consultation they determine a sham attempt at suicide by cutting their throats, believing that it would ensure a short residence in the asylum and then a free discharge. N fully carried out his part of the drama. He forcibly pinched up a large fold of loose skin over the windpipe, and then drew a razor across it, inflicting a bloody but harmless incision. M states that the blood frightened him, and he then resorted to mock strangulation. They were both irreclaimable drunkards, M having been convicted 47 times. After a residence of a month the Medical superintendent got rid of two of the most accomplished schemer he ever met with. Their cases would not be unique if they ended fatally, as there are cases on record of sham suicides being unintentionally carried a little too far, and terminating in death.

The Report has several appendices of a kind not found in the English Report; among them a valuable table, showing the original and present asylum accommodation; a table showing the supposed cause of mental disease of patients in asylums on December 31, 1871; a list of officers of asylums, with their salaries; a table showing the wages of attendants; and one giving the receipts and expenditure of the district asylums. Indeed, in this and the Scotch Report now to be mentioned, the statistics seem to be better cared for than in the one for England and Wales.

We now come to the "Fourteenth Annual Report of the General Board of Commissioners in Scotland."

It would appear from this Report that there were in Scotland on January 1, 1872, 8,729 insane persons of whom the Commissioners have official cognisance; of these 318 were supported by parochial rates, 1,360 from private sources, and 51 by the State. In addition to these the Commissioners estimate the unreported insane as near two thousand, of whom the larger proportion belong to the class little removed from pauperism. Since the 1st January, 1858, the numbers—excluding inmates of idiot schools—have increased from 5,794 to 7,606. The Commissioners are careful to say these are the numbers officially known."

It is a curious fact that the rate of increase of pauperism in all Scotland in the ten years, 1861-71, is almost exactly double the rate of increase of the population, and is remark apphes equally to males and females; but in individual counties great differences occur.

Referring to single patients, the Commissioners remark that, in January, 1859, 3,764 persons regarded as lunatics were living in ordinary dwelling-houses; of this number 87 were maintained at their own expense or that of their own relatives, while 1,877 received some kind of

assistance from their parishes; hence the divisions into private and pauper patients. Over the former the Commissioners exercise no jurisdiction, except in a few special cases, but have no reason to think that there has been any falling off in their number; the latter class, however, over which the Commissioners do exercise supervision, have fallen to 1,463.

The Report contains many useful tables, and records the present condition of asylums, royal, district, private, and parochial, of lunatic wards of poor-houses, of training schools for imbecile children, criminal lunatics, &c., winding up with a remarkable case of the cost of an alien lunatic. The appendices contain, among others too numerous to mention, tables showing the number of pauper lunatics chargeable to each parish in Scotland; the expenditure, &c., and the entries by the Commissioners in the books of every asylum in Scotland.

Altogether this is a very valuable Report, and reflects infinite credit on the compiler; it has a cohesion not to be found in that of the English Commissioners'; it is clear and readable throughout, and is thoroughly exhaustive.

Notes on Current Topics.

Oxygen as a Disinfectant.

In the French journal *Les Mondes* it was lately said that oxygen has been tried with excellent results in purifying the air of the wards, in a great number of diseases, in the military hospital of Versailles.

Mention is also made of the discovery of M. Kopp, a German chemist, of the faculty which titanium has to absorb oxygen; also that the azotized titanium, when heated to 300° in a current of hydrogen, will evolve ammonia.

M. Kirkpatrick gives the following method for producing oxygen in the cold. He makes a mixture of commercial chloride of lime with four times its weight of water, and treats it with a hydrate or compound hydrate of nickel or cobalt in solution or in suspension in water. The reaction takes place immediately, the chloride is decomposed, and oxygen is disengaged with effervescence.

Eucalyptus.

Last week we printed a summary of some investigations that took place in Austria. As the subject is attracting attention, we may observe that the *MEDICAL PRESS* spoke of this drug several years ago, and some of those who have lately boasted of their early writing about it may be reminded that our Vienna correspondent wrote of it as of use in intermittents, in April, 1869, and as likely to take the place of quinine. He thought it was first used in Spain, and said that in Australia the tree grew 300 or 400 feet high, and in Southern Europe, where it is often cultivated, it will reach 100 feet.

The Chair of Practical Medicine in the Royal College of Surgeons in Ireland.

We have authority for stating that Dr. Henry Kennedy intends to offer himself as a candidate for the Professorship vacated by Dr. Benson. Dr. Kennedy is highly distinguished for his intimate acquaintance with the literature of medicine, his erudition respecting the views of the most trusted authorities as to the practice of medicine.

Medical Inspection of Emigrants.

THE Board of Trade are about to appoint a third Medical Inspector of emigrants at Liverpool. The salary is fixed at £300 a year; and testimonials, &c., must be sent in on or before the 15th of December.

Vaccination in Australia.

THE Assembly of South Australia has passed a resolution in favour of making all Medical practitioners public vaccinators, and awarding them three shillings and sixpence for each successful case.

Surgical Society of Ireland.

THE Council of the Surgical Society of Ireland received at its first meeting for the present Session, held last week, the resignation of Dr. Benson of the office of Honorary Secretary, which he has held for thirty-five years, first in conjunction with Dr. Bellingham, and more recently with Dr. B. W. Richardson. The Council, in accepting Dr. Benson's resignation, voted to him unanimously a warm vote of thanks. Mr. Jolliffe Tufnell was chosen Secretary in Dr. Benson's place, and the following Council and officers were re-elected:—

President:—Frederick Kirkpatrick.

Vice-President:—John Denham.

Council:—

William Hargrave.
Charles Benson.
Christopher Fleming.
M. Harry Stapleton.
William Jameson.
Richard G. H. Butcher.
Jolliffe Tufnell.
Hans Irvine.
Robert Adams.
George H. Porter.
Thomas Byrne.

Philip Bevan.
B. Wills Richardson.
Rawdon Macnamara.
James S. Hughes.
Edward D. Mapother.
William Colles.
Edward Hamilton.
Humphrey Minchin.
Archibald Jacob.
Henry Gray Croly.

Sanitation in Bethnal Green.

LAST week we gave space to a letter of complaint as to the nuisances which are permitted at the East End of London in the shape of chemical and other manufactories which evolve their noxious gases, to the perpetual danger and annoyance of the public. This week we have to add another sad proof of the sanitary degradation of this district—one which unfortunately the Medical officer is powerless to avert.

About a fortnight ago a poor woman died of dropsy, and was left by her husband upon a table, untended and uncoffined. On the ninth day the body was removed by one of the sanitary inspectors of the parish to the mortuary at the workhouse, being at that time in a very advanced state of decomposition. Deceased and her husband had only occupied one small room, and the nuisance to the other occupants of the house became intolerable, and was highly dangerous to health.

Well might the inhabitants express their indignation at the abominable conduct of the husband. But a blow must be struck at the root of the evil. Bethnal Green is but a glaring example of districts in almost every large city, where the population is so utterly devoid of decency as to be callous of everything except eating and drinking. We must grapple boldly with the monster, as we have with education; we must appoint a sufficient number of deputy

inspectors for a house to house and factory visitation, and compel landlords to do something more than receive their rents, and occupants to have respect, at least, for the health of their neighbours.

Medical Officers of Health.

THE Vestry of St. George's, Hanover Square, have elected Professor Corfield Medical Officer of Health. A vacancy is thus created in the same post for Islington. It will be remembered that Dr. Corfield only obtained his post a short time ago, and then only by a very narrow majority, his opponents being Mr. Haviland and Professor Meymott Tidy. We hear that both these gentlemen will again offer themselves to Islington. Mr. Haviland met with a good deal of support last time. A contemporary says he was second at the poll; but this, we have heard, is a mistake. At any rate, the contest was a close one, and may be again. Dr. Tidy is Professor of Medical Jurisprudence and Joint Professor of Chemistry at the London Hospital, and, in conjunction with Dr. Letheby, has had extensive experience in the duties of the office, and besides the ordinary Medical diplomas, is a Master of Arts, Bachelor of Medicine, and Master of Surgery.

Society of Arts Lectures.

It is announced that the Cantor Lectures will begin on 25th proximo; subject, the Practical Applications of Optics to Medicine, the Arts and Manufactures. They will be delivered this year by Prof. Meymott Tidy, M.B., M.A., F.C.S., &c., of the London Hospital.

Medical Men in the Canadian House of Commons.

THE Medical Profession will be represented in the next House of Commons by the following members:—Dr. Bergin, Brouse, Grant, and Landerkin, of Ontario; Fortin, Fiset, Lacerte, Paquet, Robitaille, and St. George, of Quebec; Almon, Forbes, and Tupper, of Nova Scotia; and Schaltz, of Manitoba.

Death of Professor Edward Parrish.

EDWARD PARRISH, late Professor of Materia Medica in the Philadelphia College of Pharmacy, died on the 9th September, at Fort Sill, whither he had gone on a friendly mission to the Indians. He was the son of the late Dr. Joseph Parrish, of Philadelphia, and author of the excellent treatise on Pharmacy which bears his name. At the time of his death he was fifty years of age.

An Antidote to Mosquito and Gnat Bites.

A CORRESPONDENT mentions a very simple remedy for the bites of these insects, which, he thinks, cannot be too widely known. "During the summer," he says, "I discovered a new quality in mustard-leaves—that of acting as a counter-irritant in gnat bites and the bite of the harvest bug. Wishing to try the effect in mosquito bite, I sent a leaf to a friend at Corunna, which is reported to have quite relieved the sufferer in from two to three minutes." He adds,—“I have suffered much both in Spain and the West Indies, and feel accordingly for others.” The application is simple enough. Take a mustard-leaf—the ordinary size Rigollot will cut up for half-a-dozen—

wet, and lay it upon the part affected; in from two to three minutes the pain will have vanished, and the leaf can be removed.

Substitute for Wall Paper.

We learn from an exchange that considerable progress has been made in the production of a substitute for paper that would be a boon to hospitals as well as private houses.

The new wall decorations to supersede paper-hangings and paint are thin sheets of metal painted over by a patented process. They are artistic in appearance like most French products, and said to be durable.

Tin-foil in sheets, the thickness of ordinary writing-paper, is the material on which this new style of mural decoration, including gilding, is executed. Tin-foil is pliable and supple, sufficiently tough not to be easily torn, and offers a smooth and uniform surface. It forms an excellent base for the work executed upon it. It also possesses the advantage of being waterproof, a property well known to architects and builders, who frequently use it to cover damp walls, on which, without that covering, any decorative work would soon perish.

The process of executing the painting on tin offers no difficulty. The sheets are manufactured of a width and in lengths suitable to their application on the surfaces to be covered. At the manufactory in Paris the ordinary widths made use of are from thirty to forty inches, and the length five metres, or rather more than five yards.

The application of the painted metallic hangings to either wood, stone, plaster, or iron surfaces, offers no difficulty. The operation is somewhat similar to putting up paper hangings, with this difference—that with the latter the paper is pasted over at the back before being hung, and with the former the surface to be decorated is covered with a thin coat of adhesive varnish, on which, after it has been left to dry partially, the painted tin is affixed with great ease. So little is the difficulty, that any skilled paper-hanger can, after a few hours' practice, do the work successfully. From the extreme flexibility of tin-foil, mouldings and cornices are covered with the metallic hangings in the most perfect manner, and with a smoothness of surface and sharpness of outline at the edges and mitres which the painter's brush cannot rival.

The varnish used for fixing the material is of the nature of gold size, but more adhesive. Being of itself "hydrofuge," it adds to the protection of the paint against damp. If all this be true we may well wish the patentees success.

The Paris Faculty of Medicine.

ON Friday last the winter session of the Medical Schools of Paris was commenced at the Institute with an address by Professor M. Robin, who has an European reputation for his great work on the microscope, and for various scientific papers to the *Académie de Médecine*. Unlike the addresses at our schools, the political element was strongly introduced. He spoke of their conquerors with great scorn, and reminded his hearers that France was not stricken with intellectual paralysis, as was asserted. That could not be said when France had shaken off the ignoble imperial Government, while Germany had saddled herself with an empire. He concluded by saying—"Let us not regret Alsace and Lorraine, and let us remember what Italy did for Rome." The lecturer was much cheered.

Homœopathy and Vaccination.

At the National Meeting of the Homœopaths in Washington in May last, a delegate from San Francisco argued against vaccination in any shape, and called it a "monster."

The Irish Baronetries.

PROMOTIONS and honours to lawyers or Government favourites are apparently so plentiful that we are reminded to ask once again how long the Medical and surgical baronetcies which the Profession in Ireland have been awaiting are to be delayed. Rumour has it that it has long since been decided that such distinctions are to be conferred, and that the only difficulty arises as to the selection. Some months ago the *Dublin Freeman's Journal* and the *British Medical Journal* conferred the Medical baronetcy on Dr. Stokes, whose commanding claims to such an honour certainly gave probability to the statement. There was never, however, any reason for supposing that the choice of the Crown had been made.

It is now considered very probable that Dr. Evory Kennedy,—a Liberal in politics, of high social and professional rank, who has done something to earn the gratitude of the Government in making room for the Attorney-General in the contest for Derry, will be the Medical baronet.

As to the Surgical baronetcy, the verdict of the great majority of the Profession gives it certainly—in the absence of Mr. Adams—to Mr. Porter.

We have reason for the impression that the selection of the recipients of the two titles will not be much longer delayed, and that the event will justify the accuracy of our forecast.

It would appear that the sham investigation held recently respecting the murder of the unfortunate lunatic Danford in the cells of the Limerick District Asylum—the cooking of the books by the Medical Superintendent's erasure of the requisition of the visiting physician for an inquest, and the abstraction of 331 glasses of whisky from the Asylum stores while the key was supposed to be in safe keeping in the Medical Superintendent's office, has not brought to a close the disclosures of the system which Dr. Nugent and "the Castle" have spent the last ten years in creating. On last Tuesday week a report from a committee of the Governors was read, in which they described the state of the refractory cells as follows:—

"In one wing of the building on the basement floor there are at present, and have been for years, fourteen female patients sleeping in flagged cells. Those cells looked dreary, damp, and miserable. They were not provided with any means whatever of being heated. They had neither fire-places, stoves, nor hot air or hot water pipes. In four of these flagged cells the patients sleep on the flags with a little straw under them, but there is no attempt at a bedstead."

This is the state of things which has grown up under the policy of concentrating sole authority and responsibility in the Medical Superintendent, under the official inspection of Dr. Nugent, under the operation of that gentleman's theory that any official who is not blind to such abuses is a "spy," and, lastly, under the administration of Dr. Fitzgerald, who "never reads newspapers."

Perhaps that official may have occasion to learn that his masters in the House of Commons read newspapers, and are not likely to take for gospel the verdict of a white-washing pretence of inquiry.

IN the past twelve months over 80,000 persons have perished from cholera in Russia.

THE evacuation of Epernay by the German troops was accelerated by a severe outbreak of typhus fever in the town.

WE regret to hear that the state of his health has induced Mr. John Adams to resign his post as Examiner at the College of Surgeons.

DR. COOKSON has been elected Vice-Chancellor of Cambridge University by forty votes, his opponent, Dr. Atkinson, polling twenty-six.

By a telegram received in Plymouth on Wednesday, it appears that the dengue fever, which has for some time prevailed so largely in India, has attacked the Governor-General.

THE office of examiner at the Royal College of Surgeons of England has become vacant by the resignation of Mr. John Adams, F.R.C.S., Consulting Surgeon to the London Hospital.

A new fever hospital, contiguous to and in connection with the Sheffield General Infirmary, has been opened. The Duke of Norfolk has given magnificently towards the cost, which is about £16,000.

THE Commissioners for Rathmines and Rathgar, suburban districts of Dublin, have appointed Dr. Emerson Reynolds, the Professor of Analytical Chemistry to the Royal Dublin Society, to be Public Analyst to the township.

INFORMATION has reached us that Dr. Samuel T. Knaggs, of Newcastle, Australia, a Fellow of the College of Surgeons in Ireland, has met with a serious accident, which has resulted in a Pott's dislocation.

MRS. THOMAS TENNANT, of Leeds, has left £47,300 to various charitable institutions in the town and neighbourhood. The General Infirmary is to receive £10,000, the Wilberforce School for the Blind at York, and the Shipwrecked Mariners' Society, each £5,000, and the Yorkshire Deaf and Dumb Institution £3,000.

LONDON continues healthy. The death rate for the last week was only 21; all the other large towns in the kingdom, except Bristol 17, Norwich 19, and Portsmouth 20, ranging from 22 to 29 per 1,000. Scarlet fever and whooping cough are the most serious epidemic diseases. There were six fatal street accidents.

ON the 31st ult. the Board of Governors appointed Dr. William Thomson as House-Surgeon to the Richmond, Whitworth, and Hardwicke Hospitals, Dublin, for two years, at a salary of £50 a year, with furnished apartments, light, and fuel.

ON last Wednesday, at the Richmond Surgical Hospital, Mr. Stokes removed an enormous sarcomatous tumour of eighteen years' growth, springing from the base of the skull, passing forwards, and causing extensive absorption of the right superior maxillary bone. This was removed along with the tumour. The patient, since this formidable operation was performed, has progressed most favourably.

THE *Bombay Gazette* understands that Dr. Hunter has been appointed Physician and Superintendent of Colaba Lunatic Asylum. Dr. Weir has had temporary Medical charge of the institution. His length of service, however, does not warrant the local government in nominating him to this highly important charge. The *Gazette* mentions that it is the *on dit* that he will receive an appointment commensurate with his claims and ability. The chair in the School of Anatomy has recently become vacant, and Dr. Sylvester, we learn, has recommended Dr. Weir as a candidate of great promise, and one that is likely to be able and popular in the lecture hall. The nomination of Dr. Weir by Dr. Sylvester is a tribute of praise to the Royal College of Surgeons in Ireland, where Dr. Weir graduated. The *Gazette* thinks the selection a judicious one.

At a meeting of the Metropolitan branch, held last Friday, it was resolved that it was desirable for the British Medical Association to hold its annual meeting for 1873 in London. Sir Wm. Fergusson, Bart., F.R.S., was nominated President for the occasion. Of course we may consider the resolution will take effect, although its form recommends the Council of the Association to adopt this course. But then the meeting was called by the regular officials for this express purpose. It was suggested that the meeting should be held earlier than usual, as London is rather dreary in August.

THE approach of the close of the year is indicated by the activity of the trade in almanacks and diaries. Already we have received the *Chemists and Druggists' Diary* for 1873—a very handy quarto, interleaved with blotting paper, and containing a number of formulæ and other interesting items. Its predecessor has been put to practical use by ourselves, and we are therefore entitled to vouch for its usefulness to others than those for whom it is prepared, and who must find it almost indispensable. Some very judicious improvements have been introduced.

It is reported from Waterford that scarlatina has broken out in the city to an alarming extent. Drs. Jackmann and Brown reported to the Waterford Guardians to-day that the disease first made its appearance about three days since, but that within the last few days it has increased so alarmingly that a perfect epidemic prevailed at present.

STUDENTS' COLUMN.

SYNOPTICAL REVIEW OF THE OFFICIAL PREPARATIONS OF THE BRITISH PHARMACOPEIA.

By W. HANDSEL GRIFFITHS, Ph.D., L.R.C.P.,
L.R.C.S. Edin.,

Assistant-Librarian Royal College of Surgeons in Ireland.

SUCCI (JUICES).

Of these there are but three—viz. :—

- Succus Conii.
- " Scoparii.
- " Taraxaci.

They are directed to be prepared by pressing out the juice from 7 lbs. of the fresh bruised plants, and to every three measures of juice so expressed add 1 of rectified spirit to preserve it from decomposition ; the product is then to be set aside for 7 days, filtered, and kept in a cool place.

Succus Limonis, *Succus Mori*, and *Succus Rhamni* are merely the fresh expressed juices of the ripe fruits. These last three will be more fully considered under the *Materia Medica*.

SUPPOSITORIA (SUPPOSITORIES).

These are solid bodies for introduction into the rectum. There are four of them in the Pharmacopœia :—

- Suppositorium Acidi Tannici.
- " Hydrargyri.
- " Morphiæ.
- " Plumbi Compositum.

The following table gives their composition and strength :—

	EACH CONTAINS	ACTIVE INGREDIENTS.	OIL OF THEOBROMA.		
			REFINED LARD.	WHITE WAX.	GRAINS.
S. ACID TANNIC	3 grs. of Tannic Acid	Tannic Acid, 31 grs.	44 grs.	10 grs.	90
S. HYDRARGYRI	5 grs. of Mercurial Ointment	Mercurial Ointment 60 grs.	20	20	80
S. MORPHIÆ	½ gr. of Hydrochlorate of Morphia	Hydrochlorate of Morphia, 6 grs.	64	20	90
S. PLUMBI Co.	3 grs. of Acetate of Lead, and 1 gr. of Opium	Acetate of Lead, 36 grs. Opium, 12 grs.	42	10	80

They are made by melting the wax and oil of theobroma by a gentle heat ; the active principle and the benzoyated lard having been rubbed together in a mortar are then added, and the ingredients thoroughly mixed ; the mixture is then poured, while it is fluid, into suitable moulds of the capacity of 15 grains.

SYRUPI (SYRUPS).

Aqueous solutions of substances saturated with sugar. The following are the seventeen official syrups with the strength of each :—

- Syrupus Aurantii (Tincture), 1 in 8.
- " Aurantii Floris, 1 in 6½.
- " Ferri Phosphatis, 1 gr. in each drachm.
- " Ferri Iodidi, ¼ grs. in each drachm.
- " Hemidesmi, 1 in 8.
- " Limonis (Juice), 1 in 2.
- " Mori (Juice), 1 in 2.
- " Papaveris (Capsules), 1 in 2½.

- Syrupus Rhamni.
- " Rhei (Root), 1 in 14.
- " Rhodos (Petals), 1 in 3½.
- " Rosæ Gallicæ (Petals) 1 in 17½.
- " Scilla, 1 in 17.
- " Sennæ, 1 in 2.
- " Tolutanus.
- " Zingiberis (Strong Tincture), 1 in 28.

The following table gives the ingredients, product, and specific gravity of the syrups :—

	INGREDIENTS.	PRODUCT.	Sp. Gr.
<i>Syrupus</i>	Refined Sugar, 5 lbs. Distilled Water, 2 pints	7½ lbs.	1.330
<i>S. Scilla</i>	Refined Sugar, 2½ lbs. Vinegar of Squill, 1 pint		
<i>S. Limonis</i>	Refined Sugar, 2½ lbs. Fresh Lemon Peel, 2 oz. Lemon Juice, 1 pint	3½ lbs.	1.34
<i>S. Aurantii Flor.</i>	Orange Flower Water, 8oz. Refined Sugar, 3 lbs. Distilled Water, 16 oz.	4½ lbs.	1.330
<i>S. Tolutanus</i>	Balsam of Tolu, 1½ oz. Refined Sugar, 2 lbs. Distilled Water, 1 pint	3 lbs.	1.330
<i>S. Hemidesmi</i>	Hemidesmus Root, 4 oz. Refined Sugar, 28 oz. Boiling Distilled Water, 1 pt.	2 lbs. 10 oz.	1.335
<i>S. Rosæ Gallicæ</i>	Dried Red Rose Petals, 2 oz. Refined Sugar, 30 oz. Boiling Distilled Water, 1 pt.	2 lbs. 14 oz.	1.335
<i>S. Ferri Iodidi</i>	Fine Iron Wire, 1 oz. Iodine, 2 oz. Refined Sugar, 28 oz. Distilled Water, 18 oz.	2 lbs. 11 oz.	1.385
<i>S. Ferri Phosphatis</i>	Granulated Sulphate of Iron, 224 grs. Phosphate of Soda, 200 grs. Acetate of Soda, 74 grs. Dil. Phosphoric Acid, 5½ oz. Refined Sugar, 8 oz. Distilled Water, 8 oz.	12 oz.	
<i>S. Mori</i>	Mulberry Juice, 1 pint Refined Sugar, 2 lbs. Rectified Spirit, 2½ oz.	3 lbs. 6 oz.	1.33
<i>S. Rhamni</i>	Buckthorn Juice, 4 pints Ginger } of each, ¾ oz. Pimento } Refined Sugar, 5 lbs. Rectified Spirit 6 oz.	...	1.32
<i>S. Rhæados</i>	Fresh Red Poppy Petals, 13 oz. Refined Sugar, 2½ lbs. Distilled Water, 1 pint Rectified Spirit, 2½ oz.	3 lbs. 10 oz.	1.330
<i>S. Rhei</i>	Rhubarb Root } each, 2 oz. Coriander Fruit } Refined Sugar, 24 oz. Distilled Water, 24 oz. Rectified Spirit, 8 oz.		

	INGREDIENTS.	PRODUCT.	SP. GR.
<i>S. Sennæ</i>	Senna, 16 oz. Oil of Coriander, 8 mins. Refined Sugar, 24 oz. Distilled Water, 5 pints Rectified Spirit, 2 pints	2 lbs. 10 oz.	1.310
<i>S. Papaveris</i>	Poppy Capsules (dried and freed from seeds), 36 oz. Refined Sugar, 4 lbs. Boiling Distilled Water, q. s. Rectified Spirit, 16 oz.	6½ lbs.	1.320
<i>S. Aurantii</i>	Tincture of Orange Peel, 1 oz. Syrup, 7 oz.		
<i>S. Zingiberis</i>	Strong Tincture of Ginger, 6 drms. Syrup, 19 oz.		

For the directions for the preparation of the syrups reference must be made to the Pharmacopœia. We have not here given the processes, for the details are, in the majority of instances, complicated, and we do not think that a student under examination should be required to know these, except, indeed, the *modus operandi* in the case of *Syrupus Ferri Iodidi* and *Syrupus Ferri Phosphatis*; to these we direct the special attention of the student.

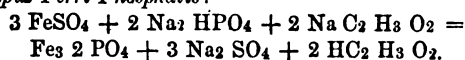
Syrups are best kept in full bottles otherwise the sugar is apt to crystallise from concentration of the syrup. Syrups containing too little sugar are apt to undergo vinous fermentation. This condition may be known by the formation of a froth on the surface, a vinous odour, and diminished consistence. The froth is due to the disengagement of carbonic acid gas, the odour is due to the presence of alcohol and the diminished consistence to the loss of the sugar. According to Macculloch the presence of chlorate of potash will prevent fermentation in syrups.

Syrupus Papaveris made by the present process is not so liable to ferment as formerly, rectified spirit being now employed to remove the matter which caused the fermentation. The *Syrupus Sennæ* is also no longer liable to ferment.

Syrupus Limonis when kept too long is apt to deposit grape-sugar.

In *Syrupus Ferri Iodidi* the sugar does not effectually prevent decomposition. The best means of preserving the iodide of iron in its integrity is that proposed by Mr. Squire—viz., suspending a coil of iron-wire in the bottle containing it.

The following reaction occurs in the preparation of *Syrupus Ferri Phosphatis*—



Syrupus enters into the composition of *Mistura Cretæ*, *Mistura Creasoti*, *Pilula Cambogiæ Composita*, *Syrupus Aurantii*, and *Syrupus Zingiberis*.

Syrupus Aurantii is an ingredient of *Confectio Sulphuris*.

NAVAL DISPENSERS.

A ROYAL warrant has been issued containing new regulations for the appointment of dispensers at Her Majesty's Naval Establishments, which promulgates new regulations. It provides that "candidates for the office of dispenser must be not less than 20, or more than 25 years of age, and must possess certificates of either the Major or the Minor qualifications of the Pharmaceutical Society. Those who are entered, possessing only certificates of the Minor qualification, will not be permitted to receive the allowance for the charge of stores. They are required to serve in any of Her Majesty's

Naval Hospitals, either at home or abroad, and will be included in the list of salaried officers with all the advantages pertaining thereto, and will be entitled to superannuation. Dispensers will be paid at the following rates—Under five years' service, 5s. daily, and 6d. per day extra for every three years' service, up to twenty; and for each additional year of service after 20 years, 6d. a day extra, until the maximum is reached, namely, 10s. Dispensers will be provided with quarters, and will be granted an allowance of 6d. per day in lieu of fuel and lights. When in charge of stores they will be granted the following additional allowances, viz. :—

Daily Rate.

At Haslar, and at Plymouth Hospitals	- - 2 0
At any other hospital at home or abroad	- - 1 0

Dispensers now serving, who entered the Naval Service before the Superannuation Act of 1859, shall be entitled to the benefits of these regulations without being required to obtain any qualifications of the Pharmaceutical Society. Those who entered subsequently to the passing of the Act, must qualify themselves in accordance with these regulations, within twelve months from the date thereof, or if serving abroad, within twelve months after their return."

SPECIAL REPORTS ON FOODS,

INCLUDING DIFFERENT KINDS OF

FARINACEOUS PREPARATIONS FOR INFANTS AND INVALIDS,

MEAT EXTRACTS, AUSTRALIAN MEATS, &c.,

Together with reliable Chemical Analyses by Competent Professors.

[PREPARED EXPRESSLY FOR THE "MEDICAL PRESS AND CIRCULAR"]

(Continued from page 395.)

EXTRACT OF MEAT (EXTRACTUM CARNIS)

Prepared by the process of Baron Liebig from the best English Beef.

"Prepared by Harvey and Reynolds, 13 Briggate, Leeds."

"Many years ago Baron Liebig obtained a pure essence of meat, which contains its principal nutritive elements. It has a most agreeable flavour, and is greatly liked, even after recovery, by those who have taken it medicinally. It is not only powerfully nutritive, but aids digestion, possessing, indeed, some of the properties of the gastric juice. The Extract has not the slightest tendency to spoil, even if kept loosely covered.

"One ounce of the Extract of Meat contains the soluble matters of two pounds of fresh meat, free from bone, fat, or tendon. In home-made beef-tea there is always more or less of suspended fat, and of gelatine, which are injurious to an irritable stomach. The Extract supplies the essential nutritive principles, without these objectionable ones.

"This Extract is very carefully prepared in Steam Apparatus, from the best English Beef, according to Baron Liebig's process. Its superior delicacy of flavour, and general qualities, have caused it to be greatly preferred to the extract made in foreign countries. Any advantage in the price of foreign Extract must be of

secondary importance as compared with obtaining the best quality that is possible.

"Caution.—Observe the Makers' Names on the Label, and their Trade Mark on the Cover of each Jar."

This preparation is retailed at two shillings an ounce.

It contains

Moisture	21.34
Ash (containing chlorides)	12.13
Extractives	66.53
viz—	
Gelatinous precipitate, procured by alcohol	8.6
Kreatine and other crystalloids	34.93
Colloids, less gelatine	23.

100.

In appearance this extract is a little lighter in colour and more spongy or full of air bubbles than Liebig's extract, the moisture is light, otherwise it resembles that preparation very nearly; its microscopical appearance is almost identical. But of all the specimens of *Extractum Carnis* we have examined this is the finest as regards flavour (a matter of considerable importance when used by invalids). The best method of determining the flavour is to dissolve the same quantities of the respective extracts in like quantities of cold water, when any appreciable difference will be at once perceived. We do not know whether this superiority of flavour is due to the use of stall-fed oxen or to the process being entirely conducted by steam, but it is very marked. We wish Messrs. Harvey and Reynolds could supply their extract at a price equally low with the foreign articles, but we suppose it is impossible.

This preparation is retailed at from one shilling and eightpence to two shillings per ounce, according to the size of the jars; the 1 lb. jar being 26s.

Our next subject will be the cooked and preserved meats imported from Australia, which are now so largely supplementing the short supplies of our own country.

FLUID MEAT.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Under "The Special Food Report" of last week's journal, in your impartial notice and criticism of "*Fluid Meat*," there are one or two slight points of inaccuracy which, with your permission, I should wish to rectify.

I by no means intended, in my pamphlet "*On Food*," to convey an impression that Dr. Marcet's process, when performed by skilled manipulators, operating with a well-prepared artificial gastric juice, would fail—but stated that if carried out according to the intention of the inventor, by persons unaccustomed to chemical operations, it would, *in such hands* be an almost certain failure.

In the next place, I am not indebted for the idea of my preparation to Dr. Marcet's pamphlet; the publication of this was my first intimation that Dr. M. had been experimenting on the subject, and then the *Fluid Meat* had been for some time prepared, although it was not until later, on my successful removal of the bitter product formed during the process, that much publicity was given to the matter. How the idea was started is detailed by Dr. Parry in his "*Treatise on the Function of Digestion*."

I will not trespass on your space to discuss the probable nutrient value of creatine, &c., on which I believe physiologists are pretty well agreed, but as regards the qualities of "*Fluid Meat*," which is steadily making its way, we constantly have brought to our knowledge instances of its great power as a nutritive agent, and fully bearing out the opinion of *Baron Liebig* published in 1865—than which one would wish no better testimony—when he says

—"Were it possible to furnish the market at a reasonable price with a preparation of meat combining in itself the albuminous together with the extractive principles, such a preparation would have to be preferred to the *Extractum Carnis*, for it would contain the nutrient constituents of meat."

I am, Sir,

Yours obediently,

London, 140 Leadenhall St.

STEPHEN DARBY,

SOLID ESSENCE OF BEEF.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In reference to the analysis of our solid essence of beef in cakes, published in your issue of the 6th November, can you in your next number say that the printed account of the article expressly stated that fine arrowroot is used in the manipulation of the cakes, as your analysis conveys the idea that the essence is adulterated with potato starch, without any mention being made to the public of the circumstance?

Your obedient servant,

H. M. WHITEHEAD & Co.

Lime Street Square, London.

Literature.

ERICHSEN'S SURGERY (a).

We cannot regard the appearance of the sixth edition of Professor Erichsen's *magnum opus* without keen interest, and if this work has for us long since passed into a sphere in which criticism is scarcely expected, we cannot help looking through its familiar chapters and noticing some of the changes it has undergone. We must state at the outset that the author has carefully revised the volumes throughout, and that they, therefore, come before us now as the embodiment of his ripe experience as a teacher and a surgeon; and right well do they represent British surgery before the world.

It is not much more than three years since the last edition of "*The Science and Art of Surgery*" was published, and yet the author tells us that it has been necessary to make many changes and not a few additions; and these, we learn from the same source, are not confined to a few chapters, but extend throughout the two volumes.

A good illustration of this is that it has been found necessary to re-draw several of the engravings, of which more than 700 now illustrate the work. Moreover, the volumes have been increased in size, although the author has been able to omit some obsolete matter in order to make room for new. But they are not at all unwieldy now; indeed, they are perhaps a couple of the handsomest volumes which Messrs. Longmans have turned out for a long time; good paper, clear type, excellent engravings, all do justice to Mr. Erichsen's able exposition of the science and practice of surgery. We can only find one fault, and that is the binder has not cut the edges. We do hope the publishers will see to this in respect to any unbound copies. Erichsen is not a book to be read and put aside. It is a work for both students and practitioners, and one to which they want frequently to refer, and both for convenience and because dust cannot so much disfigure it, the edges ought to be cut. All text books worth working with should have smooth edges, and surely one of the princes among this class of works is worthy of this attention. Having thus relieved ourselves by this complaint against the uncut edges—one that we have practically felt during the fifteen years we have used the successive editions of Erichsen, we pass to a few observations as to the author's work.

The first part is devoted to general principles, and con-

(a) "*The Science and Art of Surgery, being a Treatise on Surgical Injuries, Diseases, and Operations.*" By John Eric Erichsen, Sen. Surg. Univ. Coll. Hospital, and Holme Professor of Clinical Surgery in Univ. Coll. Sixth Edition, Illustrated. 2 Vols., royal 8vo. Longmans, 1872.

tains observations on operative surgery, particularly amputations, and an account of inflammation from a surgical point of view. After this come surgical injuries, which are followed by surgical diseases. In regard to both injuries and diseases a threefold division again appears. Thus, first we have those common to all parts of the body; next those affecting spinal tissues; and thirdly, those affecting different regions (as head, chest, abdomen).

In every part of each of these divisions the descriptions are clear, faithful, and sufficient.

One of Mr. Erichsen's merits is that he bears in mind the wants of his readers and really teaches them their art. Thus his treatise is practical, is stamped with clinical authority throughout, and enshrines the experience of both teacher and surgeon. There is quite enough pathology to give a clear and definite idea of the most approved views, but it is obvious this must be made subservient to practice, for Mr. Erichsen teaches the art of surgery as well as the science, and thus it is that his work is such a favourite, not only with students but with practitioners, who constantly refer to it in cases of difficulty or anxiety. We have for long years used it thus, and the author has made the new edition as worthy as its predecessors to occupy such a place in every surgeon's library.

We hope to return to these volumes at an early opportunity.

Medical News.

Apothecaries' Hall of England.—At a Court of Examiners held on the 7th inst., the following gentlemen, having passed the necessary examinations, received the L.S.A. diploma, viz.:—Messrs. John Charles Brady, of Kentish Town; Thomas Comfield, of Chigwell, Essex; David Duke, of Kennington Park Road; John Burdsall Lyth, of Sheffield; and Joseph Henry Townend, of Hackney Road; and at the same court Mr. William Bevan Walker, of St. Thomas's Hospital, passed the primary professional examination.

Sanitary Condition of Leamington.—A large meeting of influential residents of Leamington was held at the Pump Rooms, on Friday, respecting the character of the water supply and the sanitary condition of the town. An analysis of the town water by Dr. Letheby was read. After giving details of the analysis, it stated that the Leamington water is perfectly wholesome, well suited for the supply of a town where manufacturing operations do not require a soft water, and that there was no ground for assuming that the Leamington water had had anything to do with the causation of typhoid fever or any other disease. The leading Medical men stated they had never traced any disease whatever to the town water supply, and some of those stated to have signed a condemnation of the present supply explained that all they had done was in effect to suggest that all causes of contamination above the source of the water supply should be remedied. Resolutions were adopted declaring the Leamington water supply to be perfectly wholesome, and condemning the Paddington jury for their gratuitous censure.

Suggestions for the Effective Working of the Adulteration of Food, Drugs, &c., Act, 1872.—At a large meeting of the Association of Medical Officers of Health, held October 28th, 1872, it was resolved that the following report of the Association should be printed and circulated:—1st. That, in their opinion, the Adulteration of Food Act, 1872, notwithstanding its imperfections, is capable, with proper management, of being made an important and valuable public measure; but to this end it will be necessary to carry out its several provisions in the fullest and fairest manner, having proper regard for the interests of commerce and trade, as well as for those of the public.—2nd. That if the Act be put in force in this metropolis, it will be most desirable and expedient that the several analysts appointed by the vestries and district boards should work conjointly, and in accordance with some pre-arranged system. This will not only be the means of securing uniformity of results and agreement of opinions, but it will also serve to check the conflict of scientific testimony, and will afford the best guarantee for the full, fair, and effective work-

ing of the Act.—3rd. That to this end, as well as for the sake of economy, it is advisable that all the work of analysis throughout the metropolis should be performed in as few laboratories as possible, say two; and that skilled assistants should be constantly engaged therein to conduct the analyses, under the superintendence and in the presence of the appointed analysts.—4th. That as this will entail a large expense, it will be necessary for each of the food analysts appointed by the vestries and district boards of the metropolis to contribute, *pro rata*, according to the amount of work done, towards the maintenance of the said laboratories, &c.—5th. That, guided by the practical experience of two of the members of the committee, namely, Dr. Letheby, the Professor of Chemistry in the College of the London Hospital, and Dr. Stevenson, the Lecturer on Chemistry at Guy's Hospital, the committee are of opinion that the work of analysis, &c., under the Act, cannot be fully and effectually performed at a less charge to the vestries and district boards of the metropolis than from one to two hundred pounds per annum to each of the appointed analysts; for, in considering the question of salary, the committee have had regard, not merely to the great expenses of the laboratory, but also to the time and attention required from each of the analysts, in the supervision and conduct of his laboratory work, and in the proceedings which must arise out of it.—6th. The committee are strongly of opinion that if a too strict economy is exercised by the local authorities who are appointed to carry out the provisions of the Act, whether in this metropolis or in the country, the objects of the Act will not be attained, and the interests of the public will not be served; for the Act will either become a dead letter, as in the case of the Act of 1860, or it will be made the medium of persecution, and perhaps also of the most offensive quackery. Already there is evidence of this, and we submit, for the earnest consideration of local authorities, that those who are appointed analysts under the Act, should be strictly debarred from giving any certificate or testimonial as to the purity of impurity of any article of food, or drink, or drug, other than for the purposes of the Act, and every certificate should be so worded as to prevent its use for advertising trade purposes.—7th. That as the success of this Act will largely depend on the manner in which the duties cast on the inspector are carried out, it is considered advisable that he should be under the direct control of the local authority or of the analyst in purchasing or procuring samples of food, drink, or drug, for analytical examination.—Hy. Letheby, M.B., President.

Gleanings.

Chloral.

DR. LAWRENCE TURNBULL, of Philadelphia, has published in the *Med. and S. Reporter* a series of experiments on chloral hydrate. The following are his conclusions, as drawn from experiments, observations, and the most recent literature upon this interesting subject.

1. The action of chloral hydrate differs from that of chloroform.
2. That the action is the result of the conjoined use of chloroform and formic acids upon the blood.
3. A part of the chloroform formed by the action of the alkali of the blood is eliminated by the pulmonary mucous membrane; a part of the formic acid is eliminated by the urine as formiate of soda, as shown by experiments of "Byrson" (French Academy, June 12, 1871).
4. There are three degrees of the operation of chloral on animals and man, as shown by our own experiments. The first degree is feebly soporific, and slightly nervous sedative action.

The second degree is an intense soporific action, with diminution of sensibility; at this period there is a deep sleep of variable duration, without apparent trouble of the principal functions of life.

The third degree, complete anæsthesia, with total loss of general sensibility and muscular power, cataleptic state. Death almost always follows this degree of action, as was seen in our experiments on animals.

5. Under the microscope the blood was seen moving, with some bright red, or dark red particles. According to "Ralph," starchy bodies are also met with in both urine and blood.

6. Death takes place last at the heart, which is kept in action long after all signs of death in the animal were present, as shown by removing the sternum, &c.

7. Sleep, with diminished heat of the surface one or two degrees below the natural standard.

8. Small doses do not produce anæsthetic results, these requiring from forty to fifty grains. In typhoid and typhus fevers one must commence and continue in small doses; five grains is the average quantity required.

9. It increases the flow of the menstrual fluid.

10. Seventy grains of the hydrate of chloral is equal to half grain of morphine employed hypodermically, and is not apt to cause so much disturbance of the stomach.

11. Gout and rheumatism must be treated with an excess of alkali, potassa or soda, to obtain the best results from its use.

12. Males require a larger dose than females.

13. It is very valuable in diseases of little children, but care must be exercised to commence with small doses, gr. j. for each month, and it should be mixed with nothing but water, as it is so apt to change, and become worthless in contact with organic matter.

14. Hydrate of chloral will be found useful in phthisis, and even some forms of acute affections of the lungs, but not when the heart is involved.

15. It is a most valuable agent in nervous affections.

16. In affections of the eye it requires care to use it, as it is apt to cause swelling and redness and excessive flow of watery secretions with obscuration of vision.

17. In sunstroke or heat toxæmia it is a most valuable aid to produce sleep in that restless state after reaction produced by frictions of ice and ice-water to the head and body.

18. In tetanus it has been found a most pleasant agent in arresting the fearful paroxysms and giving the patient rest, and assisting materially to the cure, causing a relaxation of the affected muscles, and by counteracting the effects of the spasm.

19. In cases of impending death the means are to support the system by heat, food, and artificial respiration, with stimulation and small doses of strychnia.

20. It has been found a most valuable agent in acute mania and in the paralysis of the insane, delirium tremens, dysmenorrhœa, and tinnitus aurium.

21. Comparatively, trials prove it more valuable, in maniacal cases, in producing sleep, than tincture of hyoscyamus or bromide of potassium.

22. Chloral is very useful in the convulsions of children (when there is no severe affection of the bronchi, heart or lungs), but care must be employed not to administer it if the infant or child is very anæmic or in an exhausted condition, as in the case of a wasting disease.

23. The necropsy in case of death from hydrate of chloral shows anæmia of the brain, acute œdema of the lungs, hyperæmia of the abdominal organs, and dark fluid blood in the vessels.

Pacific Medical and Surgical Journal.

The Editor having some time back stated that a law ought to be introduced to save doctors from the troublesome actions at law, to which they are subjected by patients unwilling to pay their bills, is chaffed by the editor of the *Nashville Journal of Medicine*, who says that the best the Profession in America can ask from the law is to "let them alone," and relates the following anecdote of how a surgeon obtained payment from a patient unwilling to pay:—

"Dr. Maxey, of this neighbourhood, who died two years ago, at nearly ninety years of age, was among the earlier practitioners of this State. In a professional visit we paid him a little while before his death, he told us many anecdotes of early times here, and among them one in relation to a man who never would pay a doctor's bill, and who, from an accident, had to submit to an amputation of a leg. The greatest surgeon in all this primitive land was Dr. White, who was summoned from a distance to perform the operation. Upon the doctor's arrival, a crowd of curious people welcomed him, and one very conscientious gentleman took him aside and told him that he must make up his mind to lose his fee, as he patient held it a cardinal doctrine in his creed never, under any circumstances, to pay a doctor. 'Pooh-pooh, mon,' replied the doctor, in gude, broad Scotch, 'it is a poor bird that canna feather his ain nest!' With but little ceremony he took off the poor man's leg, and standing, saw in hand, beside the raw stump, the terrible appearance of which

horrified the by-standers, the doctor said 'Gentleman, if I had not cut off this poor man's limb, every mother's son of you would have thought me a brute—so I have cut it off; and now, unless among you I get a hundred silver dollars, in thirty minutes, I shall go off and leave it just as it is.' In twenty minutes the patient's family put the hundred dollars in the hands of the doctor who leisurely commenced ligating arteries and putting the stump in order."

NOTICES TO CORRESPONDENTS.

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

All communications intended for insertion must bear the name and address of the writer; not necessarily for publication, but as a voucher of good faith.

Rejected MS. will always be returned, if a request be received from the author, within one week after the article or letter has been declined.

SUBSCRIPTIONS IN THE UNITED STATES.—A correspondent has drawn our attention to the fact, that some of the houses in the United States are charging the enormous figure of 15 dollars per annum (more than £3) for supplying this Journal to different parts of the States. We beg, therefore, to state that we shall be happy to supply the same regularly post free per annum, if paid in advance, for considerably less than half this amount, viz., six and a-half dollars (about £1 6s. 0d.), either direct from our offices in this country, or through our recognised agents in the United States.

THE CANCER QUACK.

SINCE the publication of our last, the individual styling himself Dr. Von Schmitt has favoured us with two communications. Finding his threat of legal proceedings remains as unheeded by us as does his demand of an apology for "injured innocence" in our columns; he appears before us in two new characters. The first is by a post-card, on which his *chief* secretary hints very plainly at corporeal chastisement, only that he does not know "the width of an editor's berth when he can paddle his own canoe." The second reminds us of his "Cabazazar ointment" so soothing, thus:—"Mr. Holthouse presents his compliments, and being grateful to Dr. Von Schmitt for his professional (*sic*) services, would be glad to know the charge for above advertisement." Our scorn for the threats of such a man, is only equalled by the disgust we feel at being compelled to open an envelope containing the dirty bribe. In one or two previous articles, we have advertised him gratuitously, we do so again this week, and hope like Mr. Holthouse he feels "grateful for professional services."

Several correspondents have sent us papers containing his advertisements, in which he states that his book has been reviewed by over 250 journals. On reading the titles of some of this number, which are chiefly those inserting his advertisements, some even boasting to be leading daily and weekly papers, we shudder at the nonsense which is perpetually preached, about the purity of the press, and sigh for our profession, which of all others—through the inutility of our laws, and the absence of a public prosecutor—permits men, devoid alike of qualification and honour, to dub themselves "Dr." and to prey upon the credulity of the public.

ERRATUM.—In Dr. Trenar's letter on Chloroform, which appeared in our last issue, there is a typographical error—The chloroform should be occasionally "*renewed*"—whereas it is printed "removed."

VACANCIES.

- Her Majesty's Naval Hospitals. Dispensers. (See advt.)
 Bristol General Hospital. Assistant House Surgeon. Salary £50.
 Owen's College, Manchester. Junior Demonstrator in the Chemical Laboratory. Emoluments about £.50 per annum.
 Kildalton, Inlay. Medical Officer to the Parochial Board. Salary £70 per annum.
 Alnwick Infirmary. House-Surgeon. Salary £105, with residence.
 Charing Cross Hospital Medical School. Demonstrator of Anatomy. Salary £160.
 Spike Island Convict Prison, Ireland. Medical Attendant. Salary £300 per annum, with board and residence. (See advt.)
 St. Thomas's Hospital. Medical and Surgical Registrarships. Particulars of each appointment to be obtained of Mr. Whitfield, at the hospital.
 Westminster General Dispensary, Soho. Surgeon.
 City of London Hospital for Diseases of the Chest, Victoria Park. Assistant Physician. Honorary.
 Royal Edinburgh Hospital for Sick Children. Resident House Surgeon. Also, an Assistant to the extra Physicians.
 Northampton General Infirmary. House Surgeon. Salary £125 per annum, with board and residence.
 Hospital for Women, Soho, W. Two Clinical Assistants.
 Northampton Friendly Societies' Medical Attendant. Salary £180 with residence.

Royal College of Surgeons of Ireland. Architect to the College.
 Royal College of Surgeons of England. Examiner to the College.
 Royal College of Surgeons of Ireland. Professor of Physic. (See advt.)

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

Cooper's Dictionary of Practical Surgery. Vols. I. and II. Edited by S. A. Lane, F.R.C.S. London: Longmans, Green, and Co.
 Legal Tests of Insanity. By J. Russell Reynolds, M.D., F.R.S. London: J. and A. Churchill.
 The Causation of Sleep. By James Cappie, M.D. Edinburgh: J. Thin.
 The Hospital Prayer-Book. By E. J. Waring, M.D. London: J. and A. Churchill.
 Notes on the Pathology of the Teeth. By Oakley Coles, L.D.S.R.C.S. London: J. and A. Churchill.
 The Practice of Surgery. By Thomas Bryant, F.R.C.S. London: J. and A. Churchill.
 The Chemists' and Druggists' Diary for 1873.
 Hardwicke's Science Gossip. Nature. Allgemeine Medizinische Zeitung. Monthly Microscopical Journal. British Journal of Dental Science. The Practitioner. The Boston Medical Journal. Le Courier Médical. Lyon Médical. Le Mouvement Médical. Annual Report of the New York State Lunatic Asylum. The Belgravia Annual.

APPOINTMENTS.

ALLAN, J. W., M.B., C.M., Resident Surgeon to the Belford Hospital, Fort William, Invernesshire.
 BARRETT, A. W., M.B. Lond., F.R.C.S.E., a Dental Surgeon to the Metropolitan Free Hospital.
 BIANCHI, R., M.R.C.S.E., Public Analyst for the District of St. Saviour, Southwark.
 BLACK, D. C., M.D. Glas., L.R.C.S. Ed., an Extra-Physician to the Royal Infirmary of Glasgow.
 CLAPHAM, W. C. S., L.R.C.P.L. &c., Resident Clinical Assistant to the West Riding Asylum, Wakefield.
 DAVIS, T., M.D. Univ. Glas., M.R.C.S.E., L.A.H. Dub., Medical Officer, &c., for the Manorhamilton Dispensary District of the Manorhamilton Union, Co. Leitrim.
 GOODSALL, D. H., F.R.C.S.E., a Surgeon to the Metropolitan Free Hospital.
 GREENING, F. J., House-Surgeon to the Infirmary, Kidderminster.
 JEFFERSON, C. S., M.R.C.S.E., L.S.A.L., Hon. Surgeon to the Children's Hospital, and Hon. Assistant-Surgeon to the Newcastle Infirmary, has been appointed Hon. Surgeon to the Newcastle Eye Infirmary.
 LOWE, J., M.B., C.M. Ed., Assistant Medical Officer to the South Yorkshire Asylum, Wadsley, near Sheffield.
 RUSSELL, J. B., B.A., M.D., Medical Officer of Health for Glasgow.
 THOMSON, Dr. W., House-Surgeon to the Richmond Hospital, Dublin.
 WARD, J., M.R.C.S. Resident Surgeon to the Birmingham Dispensary.
 DR. FERRIER and DR. CROCKETT FISH were elected on Nov. 4, Junior Physicians to the West London Hospital, at Hammersmith.

MEETINGS OF THE LONDON SOCIETIES.

WEDNESDAY, November 13.
 EPIDEMIOLOGICAL SOCIETY, 8 P.M.—Opening Meeting.

OPERATION DAYS AT THE LONDON HOSPITALS.

WEDNESDAY, November 13.

MIDDLESEX HOSPITAL.—Operations, 1 P.M.
 ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
 ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
 ST. THOMAS'S HOSPITAL.—Operations, 2 P.M.
 ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
 KING'S COLLEGE HOSPITAL.—Operations, 2 P.M.
 GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
 UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
 ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1½ P.M.
 LONDON HOSPITAL.—Operations, 2 P.M.
 GANER HOSPITAL.—Operations, 3 P.M.

THURSDAY, November 14.

ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
 ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
 UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
 ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
 CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

FRIDAY, November 15.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
 ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
 CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

SATURDAY, November 16.

HOSPITAL FOR WOMEN, Soho square.—Operations, 9½ P.M.
 ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
 ROYAL FREE HOSPITAL.—Operations, 2 P.M.

MONDAY, November 18.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
 ST. MARK'S HOSPITAL.—Operations, 2 P.M.
 METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
 ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
 KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
 CHARGING-CROSS HOSPITAL.—Operations, 2 P.M.

TUESDAY, November 19.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
 GUY'S HOSPITAL.—Operations, 1½ P.M.
 WESTMINSTER HOSPITAL.—Operations, 2 P.M.
 NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
 ROYAL FREE HOSPITAL.—Operations, 2 P.M.
 WEST LONDON HOSPITAL.—Operations, 2 P.M.

Marriages.

COOKE—RUSSELL.—On the 24th ult., at the Abbey Church, Wotton Edw. J. Cooke, B.A., M.D., T.C.D., of King's Lynn, to Mary E. Keane, eldest daughter of the late Rev. John L. F. Russell, M.A. Vicar of Armingham.
 HOLMES—LODGE.—On the 30th ult., at St. Michael's Church, Highgate, Thomas Holman, M.R.C.S., L.S.A., of East Hoathly, Sussex, to Sylvia, third daughter of Robert J. Lodge, The Grove, Highgate.
 RUSSELL—CROLY.—On the 24th ult., at Rathfarnham Church, Co. Dublin, Josiah, third son of the late James Russell, Esq., Wexham, Sussex, to Isabel, eldest daughter of Henry Croly, M.D., M.R.I.A., of Greenfield, Rathfarnham.
 SMITH—TWIGG.—On the 31st ult., at Booterstown Church, Henry & Smith, M.B., Surgeon in H.M. Bengal Army, son of the late Rev. Wm. Smith, M.A. of Belmont, Forkhill, to Lucy Elizabeth, second daughter of the late Rev. Samuel Twigg, Rector of Tumlugh Diocese of Armagh.

Deaths.

DAVIES.—On the 26th Oct., John Davies, M.D., of Hertford, aged 75.
 EVANS.—On the 24th Oct., at Hirwain, Glamorganshire, J. E. M. Evans, M.R.C.S.E., aged 88.
 EVANSON.—On November 6, at Home Hurst, Torquay, Laura, widow of the late R. T. Evanston, M.D., and daughter of the late E. Rowles, Esq., of Stratton Street, Piccadilly.
 HUMPHREYS.—On the 24th ult., John Humphreys, M.R.C.S.E., of Cheltenham.

Advertisements.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

FIRST or PRIMARY PROFESSIONAL EXAMINATION for a LICENCE.—The next Examination will commence on Monday, Dec. 1st. Students are admitted to this Examination after the termination of the Second Winter Session of Professional Study at a recognised Medical School.

SECOND or PASS EXAMINATION for the LICENCE.—The next Examination will commence on Monday, Dec. 9th. Gentlemen who have completed four years of Professional Study according to the College regulations are eligible for admission to this Examination. Registered Medical Practitioners, qualified before January, 1867, are admitted to examination under special by-law.

Candidates are required to give fourteen days' notice in writing to the Registrar of the College, with whom all Certificates and Testimonials required by the by-laws are to be left at the same time. Fall Mall East, 1872. H. A. FITMAN, M.D., Registrar.

DISPENSERS.—WANTED, Dispensers for Service in Her Majesty's Naval Hospitals, possessing the major qualification of the Pharmaceutical Society. Age not less than 20, nor more than 35 years.

Particulars regarding these Appointments, and copies of the New Regulations, may be obtained on application at the Medical Department of the Navy, Admiralty, Somerset House, W.C. November 7th, 1872.

MEDICAL ESTABLISHMENT.—To be DISPOSED OF, the GENERAL MEDICAL ESTABLISHMENT, on the MALL, Waterford, of the late John Mackesy, in full working order; one of the best connections probably in Ireland attached to it. Apply to CHARLES LESLIE, Bride Street, Dublin; or WILLIAM WEBB, Apothecaries' Hall, Mary Street, Dublin; H. V. MACKESY, Waterford.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

The President and Council hereby give Notice, that on TUESDAY, the 3rd of December next, at the hour of Three o'clock, they will proceed, according to the provisions of the Supplemental Charter, to elect a PROFESSOR OF THE THEORY AND PRACTICE OF PHYSIC, a room of Dr. Benson, resigned.

Candidates are requested to lodge their applications with the Registrar, at the College, on or before Tuesday, the 26th November.

By order of the Council,

November 1st, 1872. JAMES STANNUS HUGHES, Secretary of Council.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

The President and Council hereby give Notice, that on THURSDAY, the 21st November, they will proceed to elect an ARCHITECT to the College, in room of the late Frederick Darley, Esq.

Candidates are requested to lodge their applications with the Registrar, at the College, on or before Wednesday, the 20th November.

By order of the Council, JOHN BROMLEY, Registrar.

November 9th, 1872.

Irish Poor-Law Intelligence;

UNDER AUTHORITY OF THE

IRISH MEDICAL ASSOCIATION.

IRISH MEDICAL ASSOCIATION.—ROYAL COLLEGE OF SURGEONS.

A SPECIAL meeting of the Council was held on Monday, the 4th inst., to make arrangements for bringing the grievances of the Medical attendants of the Royal Irish Constabulary under the notice of the Civil Service Commissioners.

DR. EVORY KENNEDY was in the Chair.

The members present, were—Drs. Chapman, Jacob, Seward, Darley, Usher, Mayne, Davys, and Mapother.

Dr. Quinan, secretary, read the following copy of a letter addressed by the president of the Association to the secretary of the Commissioners:—

Seamount, Kinvara, Galway,
October 28, 1872.

SIR,—I desire respectfully to direct the attention of the Civil Service Commissioners to a very serious grievance, from which the Medical attendants of the Royal Irish Constabulary are now suffering.

Up to the year 1859 we were paid a very small pittance for our attendance upon the men of the force, but although the ordinary pay was very low, we invariably received extra remuneration for every serious case occurring amongst the men under their charge.

The smallness of the monthly pay (6d. per man), and its inadequacy to the duties performed, as compared with that given in England, were brought under the notice of the Irish Medical Association, and a deputation from that body (of which I was one) had an interview with Major Sir Hy. Brownrigg, at the time Inspector-general of the Constabulary, to whom we presented a memorial, soliciting his assistance and co-operation to remedy the injustice we complained of.

At that interview Sir H. Brownrigg promised he would forward our representations to the proper authorities and let us know the result.

In our memorial we complained of the smallness of our remuneration, and we offered, if the pay were increased to 2s. 6d. per month for each individual of the force, to attend not only the men, but also their wives and children.

Twelve months all but elapsed before we received any answer, and then our secretary had a communication from the Constabulary authorities to the effect,—

“That the Treasury had consented to allow one shilling per month for each man for the future, instead of sixpence, as hitherto.”

There was a specific agreement or understanding, that for this one shilling per month the Medical attendants of the Royal Irish Constabulary would be obliged to do more than they were wont to do for the sixpence per month; and yet, ever since the Constabulary authorities would fain impose on us the additional and onerous duty of attending the wives and families of the men under our charge, while they refuse to allow anything for those attendances for which extra pay was allowed before the new regulations came into force.

Under these circumstances we feel that we have not been

fairly dealt with, and as president of the Irish Medical Association, I have taken the liberty of addressing you in the hope that you will kindly submit this communication to the Commissioners, and also that they will allow us to tender evidence of the hardships and of the unfairness of the treatment we have received on the presumption of an agreement never entered into or sanctioned by us.

Awaiting your reply, I have the honour to be

Your obedient servant,

D. J. HYNES, L.K. and Q.C.P. Ireland,
President of the Irish Medical Association.

To the Secretary of the Civil Service Commissioners.

Captain Seymour's reply to the effect that the Commissioners would be ready to receive any evidence we had to offer on to-morrow (Tuesday) was also laid on the table when it was resolved,—

“That this Association is of opinion that the present payment of one shilling per month per man, is entirely inadequate as remuneration for the services required of the Medical attendants of the Royal Irish Constabulary, it being remembered that the attendance on the wives and children of the men has been superadded since that rate of remuneration was fixed and that the stations at which attendance is required, are frequently separated by considerable distances.”

It was determined that Dr. Kennedy, chairman of the Council should hand the above resolution to the chairman of the Commissioners.

The secretary also read communications he had received from Drs. Smith, Donoghannon, Whistler, Bray, Fausset, and Hegarty, all referring to grievances, but regretting that they were unable to attend and give evidence.

The Council then adjourned.

CIVIL SERVICE COMMISSIONERS.

THE following gentlemen attended by appointment on Tuesday, the 5th inst., to give evidence before the Commissioners of the inadequacy of the pay allowed for the Medical attendance of the Royal Irish Constabulary:—Dr. Evory Kennedy, vice-president of the Irish Medical Association, Drs. Usher, Seward, Darley, Davys. Medical attendants of the Constabulary, Dr. David Jacob, of Maryboro', and Dr. Quinan, secretary of the Irish Medical Association. After some little delay, Dr. Evory Kennedy was first called in before the Commissioners; he stated to them the nature of the complaint and handed to the chairman of the Commissioners a resolution passed by the Council of the Association, detailing the grievances the Medical officers suffer under, and then informed the Commissioners that some of the Medical officers were in attendance to give evidence on the matter.

Dr. Davys, of Swords, the first witness called in was fully twenty minutes under examination. The other Medical officers were then called in one after the other, and each underwent a close examination, after which they were permitted to withdraw.

Dr. Quinan having asked the secretary if the Commis-

sions desired to have more evidence, was informed that proof enough had been addressed to show that there were grounds for the grievance complained of. The gentlemen then withdrew, satisfied with the fairness of the enquiry and the opportunity afforded them of making their statements.

LIMERICK LUNATIC ASYLUM.

MR. SYNAN said he felt much surprised at learning that at the recent investigation the Inspector had not a shorthand writer to report the proceedings. He was under the impression that the gentleman who was sitting alongside of Dr. Nugent was a shorthand writer, but it now appeared he was not. If a correct report of the investigation was taken, what necessity was there for inquiring as to the date upon which the patient Copps died?

Mr. M'Donnell asked was it competent for the clerk to send copies of documents to the Castle without an order from the Board.

Mr. Synan said if the Inspector did his duty there would be no necessity to send for these documents. Had he been aware that the gentleman who was taking down the evidence on that occasion was not a shorthand writer he would have had one appointed. He (Mr. Synan) was surprised to see a letter from the Inspectors this morning acknowledging the receipt of the book containing the erasure, and stating that the copy they received from the clerk "was sufficient for their purpose" (laughter).

THE STATE OF THE CELLS.

The following report was read:—We visited and carefully inspected the female side of the Asylum on this day, and with one grave exception we found everything clean, regular, and orderly. In one wing of the building on the basement floor there are at present, and have been for years, fourteen female patients sleeping in flagged cells. Those cells looked dreary, damp, and miserable. They were not provided with any means whatever of being heated. They had neither fire-places, stoves, nor hot air or hot water pipes. In four of these flagged cells the patients sleep on the flags with a little straw under them, but there is no attempt at a bedstead. We were most shocked at this state of things, as we found in another corridor at the same side of the female cells thirteen idle cells comfortably boarded, heated with hot water pipes, and looking dry and cheerful as compared with the damp cheerless apartments on the basement floor. Some of the poor creatures bitterly complained of their sleeping place, and in truth with good reasons they did so. This state of things calls for prompt redress at the hands of the Governors.

WILLIAM SPILLANE.
JOHN M'DONNELL.

P.S.—The Matron stated that a bed was laid over the straw and plenty of covering allowed the patients.

EXPLANATION.

5th November.

With reference to report of October 24, we beg to state that the flagged cells alluded to are in the refractory ward, and that it would be injurious and dangerous for the inmates of those apartments to occupy others which are intended for patients whose madness is of a milder type, and which are situated in a portion of the house less secure, and therefore less adapted for the protection of violent lunatics. It has also been stated that in four of those cells the patients slept on the flags with a little straw under them, and that there is no attempt at a bedstead. In answer to this, the fact is there is always plenty of clean straw first laid down on the floor; that over this is placed a well-filled tick; and that as regards bed-clothes, each patient is given a pair of warm blankets, a pair of sheets, and a coverlet. The bedsteads had to be removed in consequence of the injuries inflicted on them by the occupiers, caused by their striking themselves the iron work, rooting up the bedsteads which were strongly soldered into the flags.

Mr. Synan thought the explanation, though it mitigated the complaint, was not a satisfactory one. It was an extraordinary thing to have fourteen patients lying on flags.

Mr. Spillane said that the refractory patients were shut off by strong doors and bars, and the unfortunate women were lying on wet, damp floors. Hence it was that the poor woman Copps was found dead in her cell in the morning. In the County Gaol the refractory prisoners were immeasurably better treated than the unfortunate refractory patients in this asylum. It was not alone with Dr. Fitzgerald censure lay in the matter. Dr. Nugent, the Inspector, though he was very free in censuring the Governors, never reported upon the fact that there were seven cells in the house in which unfortunate patients were obliged to sleep in wet and damp.

Mr. Synan begged to propose the following resolution, which he considered would terminate the discussion:—"That the report of Mr. Spillane and Mr. M'Donnell be forwarded to the Inspectors, and that the Inspectors be called upon to inform the Board whether the treatment of the lunatics referred to has received the sanction of the Inspectors."

Mr. De Vere seconded the resolution. He stated that he had visited these cells, and he entirely corroborated the statements made respecting their condition, nor could he think it consonant with humanity to put persons in them.

After some further discussion, an order was made to have the refractory patients removed from the flagged cells to the boarded ones. Mr. Synan's resolution was also unanimously adopted.

THE LATE INVESTIGATION.

Mr. De Vere said they were placed in a very painful position as regarded the recent inquiry into the death of James Danford. A heavy responsibility rested upon them as to the life and well-being of every one of the inmates. One of them died under circumstances so painful, that an investigation was called for and held a month ago. They have received no communication from the authorities as to the result of that investigation, and the oppressive responsibility he referred to still rested upon them. It was time that should come to an end, and without further preface he would propose the following resolution:—"That the Clerk be instructed to convey to the Chief Secretary for Ireland the urgent request of the Board of Governors that the determination of the Government with respect to the investigation held as to the death of James Danford, on the 10th October last, shall be communicated to the Board as soon as possible, and that Dr. Nugent's report upon the investigation be communicated to the Board together with the evidence upon which that report is based."

Mr. Spillane said he was sorry he did not send up his own report to the Chief Secretary on the late inquiry, and he was sure he would send down a gentleman who would hold an impartial investigation. The recent inquiry, he would say without hesitation, was a nonentity and sham, and could not give satisfaction when it was conducted in a partisan spirit, as shown when he (Mr. Spillane) was putting a question to a respectable officer regarding a charge which amounted to robbery against another officer, it was said one would act as a spy upon the other.

Mr. De Vere's resolution was unanimously passed. The meeting then adjourned.

BALLINROBE UNION.

ALLEGED DEATH FROM BLEEDING.

A FAMILY named Lyden applied for relief. Four of them were in fever. The head of the family had lately died.

Dr. Hanrahan reported that the man had died from the effects of bleeding. He suspected the party that bled the man, and he was prepared to swear that the bleeding was the cause of death.

The board directed the relieving officer to communicate with the police.

TABLE showing for EIGHT LARGE TOWNS, &c., the AREA, in Statute Acres; the POPULATION in 1871; the ANNUAL RATE OF MORTALITY per 1,000 Inhabitants represented by the Number of Deaths registered during the Week ending Saturday, 2nd November, 1872; the Total Number of BIRTHS AND DEATHS registered during the Week, with the Number of DEATHS at certain Ages, and from SEVERAL CAUSES; &c.

TOWNS, &c.	AREA in Statute Acres.	POPULATION in 1871.	WEEK ENDING SATURDAY, 2ND NOVEMBER, 1872.															
			Annual rate of mortality per 1,000 inhabitants.				Total DEATHS registered				NUMBER OF DEATHS FROM						No. of Inquest Cases.	No. of Deaths in Public Institutions.
			Total Births registered.	Deaths under 1 year of age.	Deaths at 60 years of age and upwards.	Small Pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Fever.	Diarrhoea.	Violence.					
DUBLIN	9,745	310,565	14	123	83	13	12	6	6	...	...	3	4	3	1	...	10
BELFAST	20,687	182,214	20	118	70	14	16	...	...	...	...	1	4	2	2	2	18
CORK	13,816	90,851	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
LIMERICK	8,509	44,547	13	26	11	...	4	...	...	...	...	...	...	...	...	...	5
LONDONDERRY	21,865	30,893	19	24	11	4	3	...	...	...	...	1	...	2	2	...	...
WATERFORD	17,209	30,838	10	14	6	2	2	...	...	...	...	...	...	...	...	...	...
GALWAY	21,358	19,713	24	5	9	1	3	...	...	...	...	...	...	...	...	...	4
SLIGO	30,835	17,175	9	7	3	1	...	...	...	...	...	1	...	...	...	...	...

ENNISCORTHY UNION.

A LETTER was read from the Local Government Board inclosing the evidence touching the charge against Dr. Stock, Medical officer of the Clonroche Dispensary District. The complaint has reference to a man named James Carroll, who was suffering from low fever, and who died on the 25th August last; the complaint made against Dr. Stock was to the effect, that he visited the patient on the 30th July, and stated that he was loaded with fever, but did not attend again until sent for on the 10th August, and had left him unattended up to the 22nd of that month. Dr. Stock asserts that he visited and prescribed for the man on the 30th July, and seven times subsequently within the period named.

The Local Government Board have to observe that two questions arise for consideration in this case—first, whether Dr. Stock attended on the days named in his explanation; and secondly, whether the visits paid by him to the patient were sufficient for the requirements of the case.

The principal point, therefore, on this branch of the inquiry is, whether Dr. Stock visited the patient on the 31st July and the 4th August, which is denied by the witnesses who supported the charge.

Mr. Robinson in his report states that all the dates of the visits named by Dr. Stock in his evidence are entered in his Medical relief register, and Dr. Stock has sworn that these entries were made on the day of, or the day after each visit; he asserts positively that he attended on the 31st July and 4th August, and it will be necessary to consider the nature of the evidence brought forward to prove that he did not do so.

Taking therefore into consideration the unreliable character of the evidence of Mrs. Carroll and Mary Keogh, and the fact that the assertions of the other witnesses, that they did not see Dr. Stock visit Carroll on the days in question, are of no value when opposed to his sworn testimony that he did attend on those days, supported as his version is by the entries in his register,

the Local Government Board think there can be no doubt whatever he did attend the patient on the occasions he has named, and that there are no grounds for the charge that he did not do so between the 30th July and the 10th August.

In regard to the second point—whether the Medical attendance was sufficient there would seem to be no reason to think that up to the 12th August the man did not receive all the necessary treatment, but it is to be regretted that Dr. Stock should not have seen him afterwards until the case was hopeless. It must, however, be borne in mind that on the 16th August he learned from the patient's wife that he was progressing favourably and that he then thought it only necessary to prescribe the nature of the food he should be given during his convalescence, and further, that he afterwards received no intimation from the man's wife, or from any other person that he had a relapse.

The Board think that Dr. Stock cannot be held free from blame in the matter, he ought not to have neglected to visit the sick man from the 12th to the 23rd August, but should have done so, to judge from his own observation whether the patient was making satisfactory progress; and the Board request that the Guardians will communicate their views in the case to Dr. Stock.

The Local Government Board at the same time wish to inform the Guardians that Mr. Robinson has forwarded to them an affidavit made by Mr. James Downes, which is also forwarded for the Guardian's information, but the statements therein do not alter the views expressed in the foregoing letter.

The nature of Mr. Downes's affidavit was to the effect, that he was at the meeting of the Guardians on the 22nd August; that Sarah Carroll, to his knowledge, made no personal application for relief; that he did not see her at Enniscorthy on that day, and that he had strong reason to believe she was not there.

After a lengthened conversation, the following resolution was proposed by Mr. Flynn, seconded by Mr. Rudd

and passed unanimously:—That the Board of Guardians consider that Dr. Stock is not free from blame, in not having attended the deceased (Carroll) between the 12th and the 25th August, and they request that in future he be more careful.

The Board then adjourned.

BALLYFARNON DISPENSARY.

THE GUARDIANS AND THE STOVE, CARRICK-ON-SHANNON UNION.

A LETTER was read from the Local Government Board relating to the application of Dr. Nixon, the Medical officer of the Ballyfarnon dispensary district, to have a stove placed in the waiting-room of the dispensary. With reference to the resolution in which the guardians state that they do not think it necessary to provide a stove, inasmuch as there is a fireplace in the adjoining room in which the medicines are kept, the Local Government Board desire to point out that it appears that the stove is intended for the waiting-room, which receives no heat from the fire in the inside apartment; and the Board request that the guardians will be good enough to take the matter again into consideration, as it is advisable that some means should be adopted to heat an apartment in which dispensary patients have to wait for a considerable time during the winter months.

Captain Ferrall.—It was not the stove the board objected to, but the cost of fuel.

Mr. MacDermot.—It was formerly an earthen floor they had in the waiting-room of Ballyfarnon dispensary, and now it was boarded. I don't think a stove is necessary.

Mr. Martin.—It would only be required one day in each week, and the cost of fuel would not be more than one penny in the week.

Mr. Martin.—I propose that one pound be expended on a stove for Ballyfarnon dispensary.

Mr. Martin's motion was then put to the meeting, when there voted—for it, 3; against, 9.

Mr. Stuart.—It would be a great advantage if there was a table in it and a pack of cards also.

The following order was made on the Local Government Board's letter:—"The board having fully considered this letter, have decided by a vote of 9 to 3 that no stove is necessary."

The subject then dropped.

ABBEYLEIX UNION—OCTOBER 22.

Viscount De Vesci in the chair.

Other guardians present—Messrs. Lodge, Walpole, Fleming, Delahunty, Dooley, Delaney, Byrne, Despard, Cornelius, Corcoran, Lalor, Foster, Leech, Galbraith, and P. Hare, J.P.

INCREASE OF DR. STONEY'S SALARY.

Mr. Lodge brought forward his motion of which he had given notice, to increase the salary of the Medical officer of the Durrow dispensary district from £90 to £100 per annum. He said that the Durrow committee had almost unanimously recommended the increase.

Mr. Dunphy seconded the motion.

Mr. Corcoran handed in the following document:—

"At a meeting of the Medical officers of this union, held on the 17th of October, 1872; Dr. Swan in the chair; the following resolution was unanimously adopted:—

"That our present salaries being inadequate to meet the increased rate of living, we trust that the friendly disposition evinced by the guardians in removing our legitimate grievances on former occasions will be manifested now by so increasing our salaries as to enable us to maintain the position we fill in our Profession. We respectfully submit that owing to the additional expenditure incurred

now a salary of £120 a year would not leave us in as good a position as when we were appointed originally at £80.

"THOMAS SWAN, M.D., Chairman.
W. HANRAHAN, M.D.
THOMAS J. FITZPATRICK, M.D.
H. B. STONEY, M.D.
ROBERT O'KELLY."

Mr. Corcoran said he had intended to ask Mr. Lodge to postpone his resolution till that day fortnight, and then to propose a motion in accordance with the resolution he had handed in.

Mr. Lodge submitted that the document could not be entertained at that board. It should first come through the dispensary committees.

Mr. Lawler said he would support an amendment that the motion be postponed for a fortnight. He objected to an increase of the salary to Dr. Storey, who has a very good district. The salary, of course, could not be expected to support a gentleman, but he has other resources, and is in comparative affluence. He was the other day at Borris-Ossory Sessions, and was amazed at the number of poor tax payers, who, he thought, were in comfortable circumstances, against whom decrees had been obtained. He did not believe until then there was so much distress among them.

Mr. Corcoran moved that Mr. Lodge's resolution be postponed.

Mr. Fleming said it was odd that Mr. Lawler would object to increase Dr. Stoney's salary to the extent of £10 a year, on the ground that it would press hard upon the ratepayers, while he was willing to support Mr. Corcoran's motion to increase the salary of all the officers to the extent of perhaps £20 a year each.

The Chairman having put the amendment, there voted for the postponement—6.

Against—7.

The Chairman then put the original resolution for increasing Dr. Stoney's salary, when there voted:—

For—7.

Against—7.

The Chairman said the numbers being equal, he would give his casting vote in favour of the motion, and it was accordingly declared carried.

LIST OF ENTRIES IN THE REGISTER OF THE BRANCH MEDICAL COUNCIL (IRELAND), FOR THE MONTH OF OCT., 1872.

- Oct. 1st.—Thomas Falkner Fleetwood, 172 Rathgar Road, Co. Dublin, M.B., Univ. of Dub., 1872.
1st.—Terence Benjamin Brodie, 1 Palmyra Terrace, Galway, L.R.C.P. Edin., 1872, L.R.C.S. Edin., 1872.
8th.—Henry Walter Butler Boyd, African Royal Mail Steam Packet Company, Lic., 1872, and Lic. Midwifery, 1872, K. & Q.C.P.I., Lic. R.C.S.I., 1872.
14th.—Charles Edward Ryan, Scarteen, Knocklong Co. Limerick, Lic. 1872, and Lic. Midwifery, 1872, K. & Q.C.P.I., Lic. R.C.S.I., 1872.
15th.—John Joseph Murphy, 18 Charlemount Mall, Dublin, Lic. R.C.P.E., 1872, Lic. R.C.S.E., 1872.
15th.—John Andrew Malcomson, Gransha Dromara, Co. Down, M.D., Q.U.I., 1872.
15th.—Francis Baily Kane, 76 Harcourt Street, Dublin, M.D., 1872, and M.Ch., 1872, Q.U.I., Lic. R.C.S.I., 1872.
15th.—Robert Launcelot Sparrow, 10 N. Frederick Street, Dublin, M.R.C.S.E., 1872, Lic. Apoth. Hall Dub., 1872.
16th.—Pope, 63 Pembroke Road, Dublin, M.B. Univ. Dub., 1872, Lic. R.C.S.I., 1872.
18th.—James Charles Weld, 1 Grosvenor Road, N. Rathgar, Co. Dublin, Lic. 1872, and Lic. Midwifery, 1872, K. & Q.C.P.I., 1872, Lic. R.C.S.I., 1872.
19th.—William Edward Battersby, Carra Lake, Kilmaree, Co. Kerry, M.B., 1869, and M.Ch., 1870, Univ. Dub., M.R.C.S.E., 1870.
30th.—Michael Joseph Malone, 5 Queen's Street, Limerick, M.D., Q.U.I., 1872, Lic. 1872, and Lic. Midwifery, 1872, R.C.S.I.
30th.—Richard Edward Ross, 2 Grosvenor Road, Rathmines, Co. Dublin, Lic. R.C.S.I., 1871, Lic. 1872, and Lic. Midwifery, 1872, K. & Q.C.P.I.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, NOVEMBER 20, 1872.

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Physician to the Metropolitan Free Hospital, London, and to the North London Hospital for Consumption and Diseases of the Chest.

(Continued from page 368.)

TUMOURS OF THE UTERUS.

WHAT are called fibrous tumours are very often found in the uterus. Such tumours grow quite unsymmetrically, either towards the internal aspect of the organ or the outer aspect, and then produce various kinds of symptoms. They are rarely noticed to commence to grow either before puberty, or after the cessation of menstruation. Mucous polypi are often seen attached to the walls of the cervix. These are of a rosy hue, and are made up of mucous membrane or cellular tissue. In rare cases, mucous polypi attain give rise to a good deal of uterine discharge, or to menorrhagia. Polypi, which are the result of hypertrophy of the ovula Nabothi, are always accompanied by profuse menorrhœa. In all cases of prolonged menorrhagia, it is advisable to use the speculum, and if this be not sufficient, we must make use of tents of laminaria in order to see whether bleeding may not be kept up by some polypus. When we wish to remove such little polypi, this may easily be done by grasping them in the blades of a polypus forceps, and employing torsion. According to Kiwisch, in certain conditions of pregnancy, the uterine walls become softened and give way, so as to permit a progressive accumulation of blood in the uterine cavity. This blood may become imperfectly organised. After some months, the uterus becomes irritated by the presence of this clot, and hæmorrhage sets in. The treatment in such a case is to empty the uterus, by taking away the coagulum by the finger, if possible; and by the administration of ergot of rye, to cause contraction of the uterus.

Fibrous tumours of the uterus are rarely single. They are excrescences of the uterus, more or less in connection with its wall, and quite of similar structure. These tumours are very firm in texture. They are made up of a greyish tissue, traversed by numerous bands of a dull white colour. Sometimes the fibres are concentric; at other times, there are various centres throughout the tumour. The smaller ones which are contained in the uterine wall are the densest, other varieties are less dense, and furnished with a less complete capsule. Sometimes the latter class of tumours may attain to a very large size, even to 20, 40, or 50 pounds. In these uterine myomata, the muscular cells present the same character as they do in the physiological condition: they appear grouped in bundles, and in membranes, or isolated, amidst connective tissue. The bundles all tend in the same direction, or cross each other in different directions, and are separated by connective tissue, in which there exist cells and vessels. Sometimes fibrous tumours are seated immediately beneath the peritoneal covering of the uterus, or on the Fallopian tubes, in which case they are often the size of a duck's egg, united to the uterus by a thick pedicle. When they project into the uterine cavity, they are covered by a thin layer of uterine tissue, and tend to have pedicles. When seated in the peritoneal cavity, fibrous tumours may attain to enormous dimensions, and the womb usually becomes elongated and curiously distorted. When situated in the uterine walls, these tumours often cause a great development of the organ, as do excrescences which project into the cavity in some cases, just as happens in pregnancy; and, in a shorter or longer tissue, the uterus contracts on its contents and forces the polypus down into the vagina. It is rare to find more than one polypus in the uterus, whilst it is common to find multiple fibrous tumours in the peritoneum. A case is cited by Walter, in which one of the latter kind weighed no less than 74 pounds. Polypi occasionally undergo degeneration and become eliminated from the cavity of the uterus. At other times, the portion of the polypus in the vagina becomes dead, and divides into lamellæ or bundles of fibres. Sometimes calcareous degeneration, too, of the tumour may take place.

Dr. Charles Mauriac, in his translation of Dr. West's lectures, p. 325, says that when he was physician to the Hospice des Ménages, he found in the body of an aged woman, a large calcified fibroma, the size of an orange, spherical and yellowish in colour, and sprinkled over on the surface by a deepish depression. On section being made, it was found that the tumour was incrustated with calcareous salts throughout. The periphery was white, hard, and resistant, and formed a compact tissue of bone. It is rare that fibrous tumours are found in conjunction with cancer of the uterus. Mr. Pollock, in a communication to the Royal Medical and Chirurgical Society in 1852, mentions that of 583 organs examined by him, 265 were diseased; and 39 of these were cases of fibrous tumours of the uterus, whilst 38 were cases of carcinoma. Probably these fibroids are commoner than cancer of the womb. The age at which it is most common to meet such tumours in women, is from 30 till 50. They do not seem to be more common in unmarried than in married women, contrary to what has been surmised.

With regard to symptoms, at times patients with fibroid tumours are entirely devoid of any. These fibroids, which are seated in the peritoneal cavity, usually excite but little discomfort; whilst, when seated in the uterine wall, they may give rise to grave discomfort. When in the interior of the uterus, they cause excessive flooding in many cases, and, in elderly women, they are frequently innocuous, whilst in younger women, the same tumour may cause grave symptoms. Menstrual disorder, uterine hæmorrhage, dysuria, or painful defecation are the usual symptoms seen in fibrous diseases of the uterus. Abortions are frequent in women who suffer under this complaint. There is, in some cases, as in that of a patient at the time this is written, in the Metropolitan Free Hospital, constant pain, not, however, so acute as is met with in carcinoma. On examination, we often meet in the abdomen with a knotty, irregular tumour, usually in the middle line, but not sufficiently so as to make it easily distinguished from ovarian tumour, on this account. Ovarian tumours are usually of a spherical form, and have a certain degree of elasticity, although this may not amount to fluctuation. Fibrous tumours are most frequently situated in the posterior wall of the uterus, and they often cause a more or less complete retroversion of the uterus. It is very difficult to be certain of the existence of fibrous tumours in the uterine walls when the organ is either anteverted or retroverted. West thinks that a voluminous uterus, heavy and rather hard, with frequent recurrence of hæmorrhage, without appreciable cause, whilst the neck of the womb remains untouched, are circumstances which almost always characterise the presence of fibrous tumours of the organ. There may be no hæmorrhage, however, in fibrous tumours, and they may grow with great rapidity. These facts, and also the presence of ascitic fluid, in company with ovarian and fibrous tumours, makes the diagnosis more difficult. Cruveilhier remarks that peritonitis is extremely rare in uterine fibroids, as also are ascites, and œdema of the lower extremities. When fibrous tumour of the uterus is added to anteverision of the organ very great dysuria may occur. The diagnosis between fibroid tumour and chronic congestion of the uterus sometimes prevents very great difficulties. In both cases, there may exist an increased size of the organ, deviation from its normal position, dilatation of the cavity, hypertrophy or thinning of the uterine walls, and shortening, or lengthening of the neck, accompanied by continuous pains in the pelvis, or alternating with violent uterine contractions, leucorrhœa, menorrhagia, and metrorrhagia. When we discover no difference in the thickness of the anterior and posterior walls, when the sound meets with no obstacle, and the vaginal portion of the organ has undergone an augmentation proportional to that of the body, we may suppose that chronic enlargement is alone present. When, on the other hand, the disease supervenes about the menopause, and the uterus has an irregular form; if the sound meets with obstacles in the cavity of the uterus

and there is a notable difference in the thickness of the organ in various parts, when the vaginal cervix is small in proportion to the body, and acute pain exists in company with menorrhagia, we may be almost certain that an interstitial fibroid tumour exists. Cancer of the uterus is at once, of course, cleared away by examination by the touch, which in this case, discloses the gaping condition of the os uteri, the lips of which are thickened, hard, irregular, and knotty. In the very rare case of cancer of the body of the womb, the more rapid progress of the malignant tumour, the persistence of the menorrhagia, and the immobility of the organ, are the most pathognomonic symptoms of cancer; but in such cases great obscurity must necessarily exist. In some rare cases a uterus affected with fibrous tumour may become impregnated, and in such a case, the diagnosis becomes very difficult.

With regard to the prognosis, in cases of fibrous tumour of the uterus, it may be said not to be frequently very grave; peritonitis may carry off the patients, however, and, occasionally, they sink from the continued losses of blood to which they are exposed. Pregnancy is rare in cases of fibroids; and, when it occurs, is very apt to make the growth increase rapidly, but abortion is very commonly met with in such cases. Fibrous tumours may cause dangerous complications in labour, either by preventing the fœtus from descending into the pelvis, or causing fatal *post-partum* hæmorrhage, or peritonitis. With regard to treatment, it must be remembered that such fibrous tumours are apt to become stationary at the menopause, and that pregnancy is a dangerous complication in such cases. Widows and single women are safer, if they have fibrous tumours, than women living with their husbands. The patient must, if possible, remain on her couch at the menstrual epoch. She should use a non-stimulating diet, and abandon the use of alcoholics almost entirely. There do not appear to be medicaments capable of acting so as to reduce the size of fibroid tumours of the uterus, although the use of mercury and iodine has been extolled by some eminent men. Iodide of potassium, and the syrup of the iodide of iron may be given in small doses, however, without any injury to the patient's condition. Bromide of potassium has been much praised by some German physicians in fibrous tumours of the uterus, and the waters of Kreutznach have acquired a renown in such cases. The author has not found bromide of potassium of any service in these cases when he has used it. Scanzoni, in his work on "Diseases of Women," does not believe that in any case a notable diminution of a fibrous tumour has ever been obtained by means of the Kreutznach waters. M. Catterault has collected (Mauriac's translation of West, p. 261) seventy-six cases of gastrotomy for the removal of uterine fibroids, nearly one-third of which died of hæmorrhage. Kœberle obtained three cures out of six cases of excision of such tumours in the abdomen; and concludes that the operation is admissible. Mr. Spencer Wells seems to be of like opinion, and exhibited a large fibrous tumour at the Medical and Chirurgical Society of London in May, 1871, which he had just removed from the abdominal cavity by gastrotomy. In 1840, Amussat commenced the operation of incising the capsule of interstitial fibroids, but the operation has proved too fatal to be considered legitimate surgery, especially as fibroids are by no means frequently so dangerous as to necessitate such heroic treatment. Peritonitis, phlebitis, and pyæmia constitute the grand dangers of this operation. Mr. Baker Brown (*Obst. Trans.*, vol. iii.) has proposed to gouge out a piece from the centre of the tumour, and appears to have had successful cases; but, even here, the risk of pyæmia is great. When there is great hæmorrhage from fibrous tumours, this may often be arrested by the free incision of the lips of the os uteri, although why this operation should produce such effect seems unknown. The simple fact of pregnancy occurring along with fibroid tumour is not sufficient, of itself, to indicate the necessity of pro-

ducing abortion; but each case must be judged of on its own merits.

What are called *fibrous polypi* are always covered by the mucous membrane of the uterus. They are more vascular than the other fibroids already spoken of; sometimes very much so indeed. When they arise from the lower part of the cervical canal it is not long before the polypus issues from the uterus into the vagina; those which arise high up in the uterus remain in it until they have become as large perhaps as an apple, and then are expelled from the uterus by violent expulsive contractions. Rupture of the uterus may take place in such cases, if the os uteri do not yield (*Arch. Gen. de Med.*, 1867, t. ii.). The uterus, also, may become inverted, on account of the violent expulsive efforts which take place when polypi are present. In certain cases intra-uterine polypi re-enter the uterine cavity, after disclosing themselves at the os uteri, which is apt to occur chiefly at menstrual epochs. Hæmorrhage and leucorrhœa are the two constant symptoms of polypi of the uterus. The diagnosis is easily made by employing digital examination. A tumour projecting from the uterine orifice, surrounded by the lips of the os uteri, can only be a polypus, or an inversion of the uterus. These are intra-uterine polypi, when it becomes urgent to dilate the os uteri. This is best done by means of tents of laminaria digitala, several of which may be packed into the uterus, until the cervix becomes sufficiently dilated to admit of a digital examination of the interior of the uterus being made. The ligature of polypi is now entirely abandoned, as this procedure used often to cause pyæmia and various accidents. The hæmorrhage which follows excision of polypi is rarely great enough to prove dangerous. Dupuytren had only two cases of dangerous bleeding out of 200 cases of polypi, which he excised. Peritonitis, however, sometimes, although rarely, occurs, even when excision is practised. The excision of polypi is rarely difficult. In order to perform the operation, the polypus may either be seized with a pair of forceps and drawn downwards towards the vulvar orifice, when it may be cut off with a strong pair of scissors, or several practitioners have devised curved knives to divide the pedicle. Velpeau used a knife, ten inches in length, curved at its point, which is blunt, and cutting only in the concavity. The polypus is seized, and the pedicle made tense by means of a pair of long forceps. Simpson's and Avenell's polytoms are useful. The use of iron-wire ligature, and the application of the *écraseur* by Dr. Braxton Hicks, is, perhaps, the best of all methods of removing such tumours, as it does so in a few minutes. Torsion is rarely of any use, unless the polypus be very small. Dr. Gooch, in his work on "Diseases of Women," p. 281, mentions a case where a large uterine polypus, weighing 3 lbs. 15 ozs. was expelled from the uterus after delivery. The patient died. In cases of labour complicated by uterine polypus, the infant should be extracted, and hæmorrhage stanchured; but no operation should be attempted for a time. Mr. Hutchinson mentions a case of recurrent fibroid of the uterus (*Path. Soc. Trans.*, vol. viii.), in which a polypus was extirpated, on more than one occasion; but the patient died in two years and ten months. Microscopic examination showed some fusiform cells, round corpuscles, and nuclei in the soft parts.

Fatty tumours have, as a most rare incident, been met with in the uterus. One such tumour weighed no less than 3½ lbs. and was covered by a dense fibrous capsule. Tubercle of the interior of the uterus is occasionally witnessed, according to some authors; and there is a plate exhibiting this condition in the work of Madame Boivin. If it be admitted that in all cases where a more or less thick layer of whitish substance is found on the surface of the mucous membrane of the uterus and tubes after death, there is tubercle, then tubercle of the uterus is not very rare. In the majority of cases tuberculation of the genital organs is found where there is phthisis pulmonalis; but it may exist alone. The genital organs of almost all females who succumb to phthisis are more or

less affected, whether from true tuberculation, or acute inflammation of recent date. In forty-five cases cited by Dr. Brouardel, Paris, 1865, the uterus was alone affected in four times, the uterus and tubes were affected eight times, whilst the peritoneum was affected in twenty-two cases. There were deposits on the surface of the mucous membrane of the uterus of a cheesy matter, or concrete pus—tubercles either in the crude state, softened, or suppurating, in the thickness of the membrane, or destruction of the mucous membrane, or cavities in the walls of the uterus, dilatation of the tubes and, almost constantly, tubercular peritonitis. Finally, interstitial tubercle of the ovary with purulent cysts in the organ was met with. The neck of the womb is rarely attacked by tuberculation, and the same is true of the vagina. There are no diagnostic marks of tuberculation of the generative organs in the female; but in some cases tumours, indicating pelvic peritonitis, may be felt by the touch. Evacuation of pus by the rectum is not uncommon. Uterine catarrh is a common symptom. The diagnosis has to be made between this disease and simple pelvic peritonitis, chronic metritis, cysts of the ovary, or retro-uterine hæmatocele. The prognosis is very grave. The treatment the same as that for phthisis.

MALIGNANT DISEASE OF THE UTERUS.

This is unfortunately comparatively a frequent disease of the uterus in Europe. Before the use of the speculum became spread abroad, cancer of the uterus was often confounded with chronic congestion of the organ; and it was then supposed to be a slowly progressing disease. The definition of cancerous growths is nearly as follows: Tumours which destroy the natural structure of the tissues, which are from the first constitutional, or become so as they progress, and which, when extirpated, almost inevitably return, and destroy the life of the patient. Many uterine cancers are local in the beginning, and remain so during their whole history; but medullary cancer is the most common form of cancer of the organ. Next to these in frequency, come the epithelial cancers of the uterus; and then schirrus. Rokitansky, in his "Pathological Anatomy," vol. iii., p. 550, says that medullary cancer of the uterus is of great frequency. West found in 170 cases of uterine cancer, apparently 137 cases of medullary carcinoma; 28 of epithelial; and only once schirrus. The disease commences generally in the vaginal cervix, and when epithelial in character, a large granular excrescence projects into the vagina. When medullary in character the lip of the uterus becomes much thickened, irregular, and knotty. The uterus then becomes invaded through all its tissues, by a greater or less extent of white, firm, demi-transparent matter, which, in certain places, inserts itself amidst the healthy tissues, or entirely takes their place. This speedily softens, and the mucous membrane ulcerates, the lips of the uterus and its neck then become eaten away, often very rapidly. Fœtid pus is soon formed on the surface of the ulcerations, and hæmorrhages succeed each other with great frequency. Such ulcers once formed never cicatrize. Sometimes the lips of the os become united to the vagina by adhesions, and the vagina is almost always attacked in the course of the disease. The fixity of the organ in the pelvis, which occurs in cancer, partly results from a kind of peritonitis, limited to the pelvic peritoneum, which causes adhesions between the uterus and rectum, or the uterus and the bladder. Sometimes the intestines become implicated in the adhesions, and fœcal fistulæ may occur in such cases. The anterior wall of the vagina is much more frequently attacked by the invading cancer than the posterior wall. Hence the frequency of vesico-vaginal fistulæ in cancer. In very rare cases cancer of the uterus commences in the body of the organ first, and, in such cases, death may supervene, without the existence of cancer being suspected. The uterus in such cases appears to be usually much enlarged and lengthened; but, as a general rule, the disease commences in the lips of the mouth of the womb. During

the progress of uterine cancer it is not very rare to remark polypi of a cancerous material projecting from the mouth of the womb into the vagina. They usually spring from the lower part of the uterine cavity, or from the cervix uteri. Epithelial cancer is met with in the uterus, either in the form of granular excrescences seated on the lips of the os uteri, or as rodent ulcer of the surface. The first species is named cauliflower excrescence. At the outset of the disease the lips of the uterus have the appearance of crimson velvet, in the former case. There seems to be a great disposition in epithelial cancers of the uterus to degenerate into medullary carcinoma. The microscopic elements of epithelial growths of the uterus are the same as those remarked in true carcinoma; but the absence of the solid tumour, noticed in the latter, explains the utility of the extirpation of such tumours. Robin (*Arch. Gen. de Med.*, 1848) describes an ulceration of the os uteri which he compares to canceroid ulcer of the face. And an ulcer, called corroding ulcer of the os uteri, has been described by Dr. John Clark, which, although phagedænic in character, may continue for years without fatal result. This is surely very rarely met with. Is it syphilitic? Carcinoma of the uterus is more frequently limited to this organ, than when the disease occurs in any other organ of the body. This fact gives us a little hope, that the very early extirpation of the tumour may occasionally be followed by the extirpation of the disease. Cancer of the uterus is nearly two and a half times as common as cancer of the breast in women, according to Parisian statistics. Perhaps about one per cent. of deaths among women is from this formidable disease. Walshe, in his able work on "Cancer," has shown that this fatal disease becomes more common as age advances. Between 45 and 50 is the age of cancer of the mamma, and the same remark applies to cancer of the uterus. There seems to be no relation between previous disease of the organ and cancer. "It is not sterility," says West, "but the excess of fecundity, which predisposes to cancer. There was only one sterile marriage to thirteen cases of cancer in his ward at St. Bartholomew's; whilst, amongst the patients there, there was one sterile marriage in every 8.5 marriages." There is no doubt of the hereditary tendency to uterine cancer. It seems that the mother is more likely to hand down the tendency to the daughter than the father.

MARRIAGE IN THE ARMY.

By FRANCIS R. HOGG, M.D., R.H.A.,

Fellow of the Royal Medical-Chirurgical and Obstetrical Societies.

(Continued from page 346.)

It is stated that 68 per million of population destroy themselves. Instances of suicide, however, are comparatively few amongst English women generally, excepting under circumstances associated with shame, uterine derangement, or puerperal mania. Men, on the other hand, resembling the Chinese, sometimes but lightly regard life. Quite recently, a lad made several determined attempts to hang himself simply because too poor to marry. Bertillon calculates that the mortality of very young benedicts is as great as that of men at 65; those married at 20 or 25, may expect to live on to 41 years, while bachelors have only 35, spinsters 36 more years to run; also finding that of criminals, suicides, and lunatics, the majority were single. He urges that marriage is a fortress strong against criminal and foolish suggestions, strong against despair, and strong against death itself. Mr. Acton regarding the sexual instinct as the greatest curse of the human race, strangely enough invokes sympathy for married clergymen forced into continency at certain times; how about priests and the noble army of martyrs condemned by force of circumstances to remain single? Writing impartially, the fact must be recorded that not unfrequently the married officer and soldier, trading on the position, expect the bachelors to go on foreign service to the worst places, as

well as performing many irksome unpleasant duties which may occasionally account for the better health of the former class.

In an interesting work published in 1790, Dr. Hamilton recommended that respectable soldiers' wives be in every way encouraged to improve the tone of a regiment, and to train up their children to military pursuits. He states that puerperal fever, then very fatal amongst this class, was supposed to depend on inflammation of the intestines and omentum, caused by mechanical pressure of the womb in the latter months of gestation, and that repeated gentle emetics were found valuable. Further, he mentions that his regiment at Tynemouth, in 1781, suffered from diarrhoea, caused by the drinking water, hard and curdling soap, the men who took small beer escaping. Dr. De Ring states that now there is no town in the Punjab, where the drinking water containing excess of chlorides in conjunction with nitrates, nitrites, and ammonia, is uncontaminated with sewage, the result being the death-rate of young, strong, sober soldiers' wives, ranges from 25 to 54, that of children from 75 to 145 per thousand. On reference to the report of the sanitary state of the army in India, it appears that during a very hot season at Dum Dum, from April to August, 1858, out of 2,772 women, and 3,853 children, the deaths were 64 and 166. The opinions of Miss Nightingale, Sir John Lawrence, Dr. Maclean, and other, eminent authorities, are that married soldiers are better, healthier, happier, more contented, better behaved, steadier, more economical and amenable to discipline (that is to say, men who had respectable European wives) than bachelors. The wives keep men straight, when a man deserts his wife she goes to the dogs, and he (said Sir John Lawrence), breaking the dearest and holiest tie in the world, becomes reckless, and good for nothing, you cannot make him a better man or a better soldier. Quite recently it was my duty to give evidence in a trial for murder. A soldier, without provocation, cut a little child's throat, and although all the witnesses for the prosecution considered the rational, the wretched man was acquitted on the grounds of insanity; that is to say homicidal impulse. His was a history of a happy little home broken up through the wife's fault; even two years before the crime was committed, it was noted in the hospital diary that the depression entailed might lead to suicide. The reader, however, must not be carried away by sympathy to forget the frightful expense a married man involves, the insuperable difficulties connected with barrack accommodation, and sea transport. Women and children in barracks are bad enough, but on board ship constitute not merely the *fons et origo*, but also the carriers of pestilence; for instance, when a child with scarlet fever, variola, measles, typhus, erysipelas, or whooping-cough, has been smuggled on board during the early incubation of disease. On the march in old times, Sir J. Turner divided soldiers' wives into three classes, first, those of commanders, who travelled in coaches strictly according to rank; secondly, those of officers, on horse-back, who, inclined to gad about and be extravagant, were under the discipline of one lady who carried a banner. The third class included the wives of private soldiers on foot, who had to provide and dress food, to procure fuel, besides washing linen. The "Fornosa" were expelled, had their arms broken, and the men fined a month's pay. The Duke of Wellington decided that although ladies had no right to be lodged in billets, it would be cruel to turn them out. Several rugged commanders appear to have been very matter-of-fact, ignoring the idea that the source of valour depended on the smiles and praises of the fair sex, as in the old days of chivalry they would not care for that little incident in Thackeray when the lady pins the ribbon on the soldier's arm. At this point the temptation is to run away a little from the text of the paper and on the nothing like leather principle, to exalt the profession of the soldier from a Medical point of view—namely, to quote from a former note in the MEDICAL PRESS, comparing his healthy out-door employment with the trades of the civilian: Workmen amidst blazing furnaces, firemen exposed to heat and daily danger, shopmen in badly ventilated stores,

clerks in banks and offices inclined to dyspepsia and scrivener's palsy, colliers working in pits exposed to risk of fire-damp explosions, miners who seek for tin, lead, and copper, in the bowels of the earth, the sailor out on the stormy ocean, the patient, starving fishermen. True, the soldier sometimes dies, frequently is invalided; yet, does he not as frequently metaphorically dig his own grave? Listen to the *unavoidable* diseases of trade. Lead smelters, plumbers, painters, suffer from palsy, cerebral disease and gout; miners, potters, masons, steel grinders, pin makers, wool-spinners, snuff makers, colliers (again), inhaling fine irritating dust, suffer from bronchitis, asthma, and fibroid phthisis; butchers incline to erysipelas; lucifer-match makers to caries of the jaws; brass smelters to dumb ague; tailors to ophthalmia, dyspepsia, and typhus; bakers and printers terrible victims to phthisis; shoe makers and weavers have disease of the stomach owing to pressure; cabmen, coachmen, engine drivers, policemen, postmen, exposed to wet, incline to rheumatism; signal men at bewildering junctions, porters in the stifling atmosphere of the underground railway, should not be forgotten, nor the cancer of the chimney sweep, or the fuddling of the undertaker, and the theatrical supernumerary.

Before entering into statistics, just one more word about soldiers married without leave. The majority are good honest fellows, who marry for love, hoping things will come straight. Some marry without any particular object, simply a passing fancy, others hope their wives will keep them. Under either condition the health of the husband or wife must suffer, one or other must be half starved. None but Medical officers and chaplains can form accurate conception of the heart-rending condition of people who commit this offence. A pretty scrofulous dressmaker or nursery-maid, dazzled with the uniform, the pleasant manner, in short, the alluring attractions of the soldier knows nothing about rules and regulations, when she gives her hand and heart. Her eyes soon opened; making the best of it, unable to find other employment, or to perform given work, such as washing, she taking to sewing, gradually pawning her clothes, realises the song of the shirt bitterly. Next comes the cough, the wasting, loss of hair, dimness of sight, numbness of the arms, inability to see the work or ply the needle; then she comes to the doctor, who can *only* prescribe for her. She may be stricken with typhus, no infrequent result, her husband may be suddenly ordered abroad, of course alone, or just as dark clouds are passing off expenses are doubled by parturition. At such times women, if recommended, can be admitted into hospital on payment of a shilling a day; the bill, which on the average amounts to fifteen shillings, not infrequently defrayed by some officer or lady. Hamilton's suggestion that the regimental fund for sick women be kept up by fining officers, specially the doctors, who get drunk at mess, would scarcely answer in the present age, for during fifteen years' experience but two Medical officers of artillery were intemperate; in both instances with histories of long tropical service. The worst drunkards are old bachelors without a mess, leading solitary lives, drinking water in public, nipping in private. A large proportion of the sums raised by fines for drunkenness amongst the men could not be better spent than in providing comforts for the soldiers' families when ill. At Woolwich, in addition to such private liberality, there are regimental and local charities admirably worked, constantly in demand. Also the Patriotic Fund, the Cambridge Asylum, the Royal Military Asylum, Chelsea, Royal Caledonian Asylum, Falloway, the Royal British Female Orphan at Devonport, the Soldiers' Daughters Home at Hampstead, the Libermanian School at Dublin. All these institutions are open to the deserving widows and orphans of soldiers. Further, there are hospitals for their wives at Aldershot, Atham, Colchester, Curragh, Plymouth, Portsmouth, Horncliff, and Woolwich; the first named, where they had 58 deliveries last year, well worth a visit.

Netley Hospital, Southampton. *

(To be continued.)

Hospital Reports.

LONDON HOSPITAL.

Cases of Hernia.—(Continued from page 370.)

(Under the care of MR. RIVINGTON.)

CASE XX.—*Right Inguinal Hernia.—Stricture at External Ring.—Sac not opened.—Recovery.*

A. B., æt. 36, was admitted into the London Hospital in January, 1865, with a strangulated scrotal hernia on the right side. There were the usual symptoms, and they had lasted for thirteen hours. Taxis having failed, an incision was made by Mr. Rivington over the neck of the tumour, the external rings exposed, and the intercolumnar bands divided, with the effect of reducing the contents of the hernial sac. Progress was uninterrupted, and the patient was discharged in twenty-one days with a well-fitting truss.

Caries of Right Os Calcis.—Left Hip-Joint Diseased.—Successful Removal of Carious Bone from Os Calcis.

J. T. BLACKLEY, æt. 15.—The patient was in the hospital in May, June, and July, 1871, for disease of the left hip-joint. Whilst in the hospital the right foot began to swell on the inner side below the malleolus, and over the os calcis. An abscess formed, and was opened, but careful examination could not detect any dead bone. He was sent to Margate, and returned with four or five sinuses in the heel leading down to carious and necrosed bone. The ankle-joint was sound, and apparently the os calcis was the only bone involved. His general health was not good. The appetite was not hearty, and the tongue was red and flabby. The bowels were regularly relieved. There was no enlargement of lymphatic glands, liver, or spleen. The left buttock was flattened. Severe pain was felt on moving the limb, which he much dreaded and avoided, nor could pressure on the great trochanter or striking the foot with the limb extended, or any action which brought the head of the femur in contact with the acetabulum be supported. There was pain in the knee and around it, as well as pain running down the outside of the thigh and calf. The limb did not start in his sleep. Owing to the disease of the left hip-joint and the right os calcis, the patient was quite unable to stand. When in the hospital before, he was kept in bed and treated with a weight applied to the leg, and the same treatment was carried on at Margate. The disease of the hip-joint began two years previously with severe pain seated in the joint itself, and extending down the thigh. He lived at Grantham, and was under a doctor there at Christmas, 1870. At first he could limp about, but soon had to take to a crutch and a stick. Five weeks before admission he was obliged to keep to his bed. At one time a swelling formed on the right foot, but it yielded to warm fomentations.

On the 28th of December the patient was put under chloroform, and Mr. Rivington having enlarged the opening of a sinus on the inside of the foot, was able to extract several portions of carious bone from the os calcis. The wound was dressed from the bottom with lint dipped in a solution of chloride of zinc (gr. i., ad. ʒj.).

On the 4th of January, 1872, a small portion of the dead bone was taken away with forceps, and on the 13th a large piece was removed. The wound now gradually granulated and contracted, the swelling of the soft tissues round subsided. At the beginning of February a Sayre's splint was ordered for the hip-joint, and in a few days he was able to get up and bear his weight on either leg. Cod-liver oil and steel, with generous diet, had greatly improved his condition. Some of the sinuses on the right foot, however, still remained open, and discharged matter. Injections of chloride of lime were ordered. This treatment having been pursued for some weeks the Sayre's

splint was removed, as the pressure of the crutch-pad had caused swelling of the thigh immediately below it.

Subsequently an abscess formed in the thigh, and was opened. And, unfortunately, about three weeks later, a severe attack of erysipelas supervened, due it was thought probable, to some further mischief in the hip-joint, such as the separation of the head of the bone. He was then not in a fit state for excision, and when he recovered from the attack of erysipelas he became very anxious to return home. The transition from the plump and excellent condition which he had attained after his return unrelieved from Margate, and after the removal of carious bone from the os calcis, to the thin, wan, and reduced state in which he ultimately left the hospital, was very rapid and disappointing. His foot, however, continued sound, and the result of the gougings sufficiently disproved the alleged necessity for entire excision in all cases of caries and necrosis of the os calcis. Had he remained in the hospital excision of the hip-joint would have been a very proper procedure.

Necrosis of the Metatarsus.

Job Stephens, æt. 36; admitted on Nov. 23rd, 1871.—He had been in the habit of wearing tight boots, and seven or eight years ago a painful corn, such as was described by Sir Benjamin Brodie, formed under the surface of the foot, and discharged matter. An ulcer formed, and one of the metatarsal bones necrosed. A year ago he had been under the care of Mr. Turner, of Brighton, who removed some dead bone. The wound made healed up, but seven or eight weeks before he came in it broke out again, and on admission there was a small circular ulcer the size of sixpence in the sole of the foot, an inch or so behind the junction of the toes with the sole, and nearly midway between the inner and outer border. The probe passed deeply, but did not detect dead bone. Around the ulcer were laminae of dried skin. He was treated by rest, careful removal of all thickened skin around the (and by application of nitrate of silver to the) sinus and ulcer. By the 4th of January, 1872, the ulcer had healed, with the exception of a small aperture in the centre, through which the probe could be passed for a short distance. On the 18th the aperture had closed, a small corn only being left. Some leather plaster was cut for him with a hole in it corresponding to the corn, and he was discharged on the 29th.

Dislocation of the Patella.

Henry Yeo, æt. 20, was admitted on March 17, 1872.—As he was walking in the garden he made a sudden movement forward, and his foot slipping outwards he fell to the ground. He experienced severe pain in his right knee, and he felt something slip outwards.

On admission, the patient was unable to walk. The right patella was partially displaced to the outer side of the joint, and in such a manner as to be obliquely to the axis of the femur with the inner edge resting in the groove between the condyles, and the outer edge tilted forwards and outwards. The inner articular surface of the patella rested on the outer condyle of the femur. There was no swelling, but much pain. The joint could be flexed to about half the usual normal extent. The patient was put under chloroform, and manipulation was tried by Mr. Beech for the reduction of the dislocation, a plaster cast having been previously taken. Forcible flexion of the joint was made while the patella was pressed upon. After several unsuccessful attempts Mr. Gill effected the reduction. While he was handling the patella a loud crushing noise was heard, and the bone slipped into its place. Ice and a back splint were applied.

March 18.—The temperature was 100·4, and there was slight swelling of the joint. On the 19th the swelling had increased, with some heat and shooting pain. During the next two days the swelling increased from effusion into the joint, but the patient took his food well, and slept well. By the 25th the swelling had begun to subside. Ice was discontinued on the 30th.

There was some difference of opinion among the house

surgeons as to the exact nature of the dislocation. One opinion was that the patella was turned halfway round, the patella resting on its edge and lying quite vertically to the axis of the femur. Another, that it was quite outside the outer condyle. Having regard, however, to the mobility of the limb, and to the appearance of the plaster cast, Mr. Rivington came to the conclusion, on hearing the history, that the dislocation was partial dislocation outwards.

Transactions of Societies.

THE MEDICAL SOCIETY OF LONDON.

MONDAY, NOVEMBER 4th, 1872.

THOMAS BRYANT, F.R.C.S., Esq., President, in the chair.

Mr. DAVY brought forward some new retentive drainage wires. After a fine puncture a piece of wire having Holt's India rubber wings attached was introduced, which answered admirably.

The PRESIDENT asked if the wire caused much irritation.

Mr. DAVY said the size of the body introduced was material.

The PRESIDENT thought it was an important matter. He had used a roll of gutta percha tissue with much success.

Dr. ROUGH asked whether Mr. Davy had used his plan on cases of sinuses of the female genital organs, where pus was offensive.

Mr. DAVY had used it successfully in anal abscesses, but without any lessening of fœtor.

Dr. MACKNIGHT, of the United States, exhibited a new artificial limb. The material was raw ox hide and was very light. The specimen exhibited had been worn for six months. No shoulder strap was required; a linen cap was put on the limb and drawn down into a bucket, which was a model of a stump with a little allowance for the circulation of air. The limb could be made for very young children, and was in use by children over three years old. The price for a full-sized limb was about £20.

Dr. WILTSHIRE had under his care a lady who had frequently aborted, as she asserted from wearing an artificial leg. She had sought a lighter limb, and had a leg made by a Polish mechanic, with ox hide weighing about three pounds, and which appeared to be of a like description with that shown by Dr. MacKnight.

Mr. ROYES BELL thought the subject of importance, as he had lately seen a case where the stump required to be removed, because of the irritation of bone from wearing too heavy a limb.

Mr. DAVY thought that good artificial legs should be washable and noiseless.

Dr. MACKNIGHT said that one advantage of the leg was, that perspiration rather hardened than softened the limb, and that it was perfectly impermeable to water. It was applicable even where there was no stump.

Dr. GODSON mentioned a case of

HEMATOMA OF THE VAGINA.

The patient, a young woman, æt. 23, was admitted into St. Bartholomew's Hospital, complaining of enlargement of the abdomen and uterine hemorrhage. Ten days after admission a vesicular mole was discharged, and in a few days she left the hospital. She, however, was again admitted on the 14th September last, and upon a careful examination, the entrance to the vagina was found impeded by a peculiar-looking swelling about the size of a walnut situated on the anterior wall immediately below the meatus urethra. This was opened, and appeared to consist of firm blood clot with a covering of mucous membrane very much congested. A further swelling occupying the greater part of the roof of the vagina was afterwards discovered. The removal of the sound was followed by the discharge of a quantity of very fetid purulent matter. There was no hemorrhage. She gradually became worse and was removed into a Medical ward. The whole of the anterior wall of the vagina subsequently became involved, and she died on the 3rd of October. At the autopsy the peritoneal cavity and the right pleural cavity were full of

pus; pyæmic nodules were found in the right lung, the liver and kidneys were in a state of great degeneration, the heart and stomach natural. The uterus was four times its natural size, tissues pale and soft. Lower surface covered with black detritus, deeply ulcerated, the whole surface containing a quantity of pus; no retro-uterine hæmatocele. Mr. Godson thought the case rare. Dr. McClintock, in his work "On the Diseases of Women," says—"I am not aware of any case where a thrombus formed spontaneously at the vulva in the non-gravid state, the spontaneous occurrence even during pregnancy is of extreme infrequency." He relates a case occurring in the seventh month of pregnancy, in which "suddenly there appeared a tumour the size of a large walnut of a deep purple colour protruding from the labia. It was sensitive to the touch, tolerably firm, and took its origin from the anterior wall of the vagina, a very short distance from the meatus urinaria." The situation and the size exactly correspond with the present case.

Dr. C. T. WILLIAMS said one interesting point was the connection between the pyæmia and miliary tubercles; were the tubercles secondary to the pyæmia? If so, the case resembled the experiments of Dr. Sanderson on tubercularisation.

Dr. GODSON said the patient had had several attacks of hæmoptysis in previous years.

Dr. WILTSHIRE thought the case afforded a good text wherefrom a sermon might be preached on the dangers following abortion and the like. He concurred in Dr. Williams' remarks, similar thoughts had passed through his own mind. The case appeared to be one of plugging of pelvic veins and secondary thrombosis, after which probably pyæmic symptoms set in.

Dr. BERKART thought it would be difficult to prove that plugging of veins caused pyæmia. The fact that hæmoptysis was first, looked as if formation of tubercle was of old date.

Dr. ROUTH said the question opened several points of discussion. If thrombosis was common after delivery at full term, why should it not be so in earlier months? He thought pyæmia was secondary to thrombosis. He thought the treatment had not been sufficiently energetic, and doubted the value of Condyl's fluid. Iodine was much better.

Dr. GODSON said the brain was healthy. Pyæmic symptoms set in long after the existence of thrombus. The thrombi were in and around the veins.

Mr. JABEZ HOGG then read a paper

ON THE RELATION OF CATARACT, STRICTURE OF THE URETHRA,
AND ENLARGED PROSTATE.

Stricture of the urethra had not hitherto been noticed as a predisposing cause of cataract, it might arise from a change in the specific gravity of the fluids, and the retention of the urinary salts in disease of the bladder, &c., which was sufficient to cause opacity of the dioptric media and disorganisation of the vitreous. The author's daily experience, confirmed by work in the *post-mortem* room, showed something more than accidental connection between lenticular opacities and stricture; it was no uncommon circumstance for a patient to complain of failing sight, for which glasses afforded no relief, and the general health being good with the exception of the inconvenience occasioned by the remains of an old stricture, it was hard to make him believe that it had anything to do with the loss of vision. Nevertheless, it frequently had; and Mr. Hogg having satisfied himself of this fact, and being particularly anxious to ascertain whether the same circumstances had attracted attention in an institution where so many sea-faring men were constantly under treatment for stricture, and other diseases of the urinary organs, gathered certain facts which seemed to point out a correlation of cataract, stricture of the urethra, and enlarged prostate. The author then related several cases lately under treatment, and stated that the patients were not advanced in life; one in particular was only in his thirty-fifth year. Nevertheless the incipient lenticular affection was certainly coincident with the stricture. The general results of fifty-six *post-mortem* examinations were then given, in seventeen of which opacities were detected. Three were doubtful, but not free from suspicion, as in each instance the patient complained of defective sight, and five were also set down to amblyopia or amaurosis. With regard to the relative frequency of stricture and prostate enlargements, fifty-three patients suffered from the former, and thirty-five from the latter disease. The two diseases frequently, but not always, occurred together, but in three cases only did the existence of stricture admit of doubt. The bladder was diseased in nineteen of the patients, and in two, fatty degeneration of the muscular walls was observed. Mr.

Hogg stated that well-marked indications of premature old age were noted, and might have excited some influence as predisposing cataract, but that too much weight should not be placed upon such a circumstance, and in his judgment did not invalidate his conclusion, and, therefore, quite apart from this he was satisfied that stricture of the urethra, as well as certain morbid states of the prostate gland and bladder, is a frequent predisposing cause of change in the dioptric media of the eye. In conclusion, he stated that with regard to the supposed cure of organic stricture, it was perfectly clear to him, that since the elastic fibres and the mucous membrane were much thickened and often converted into a dense cicatrix, and the inorganic muscular fibres partly or wholly destroyed, it was quite hopeless to expect to restore the canal to a healthy normal condition, or remove a chronic contracted state of the urethra by the ordinary means employed.

The PRESIDENT said the paper Mr. Hogg had just read was suggestive, and that the relation of kidney disease with eye disease was important, and well-known obstructions in the urinary passages gave rise to diseases of the kidneys and, he would ask, were those organs diseased in Mr. Hogg's cases? Was cataract more common in females than in males? If so, how were such cases accounted for? Diabetes had not been mentioned, but there were two cases of carbuncle, which was often coincident with diabetes.

Mr. ROYES BELL thought disease of the prostate was a senile change. He would like to know the number of cases in which albuminuria was present?

Mr. DAVY has not noticed coincidence of opacity of lens with urethral disease. He concurred in the President's remarks. The lens was delicate and soon showed changes in the organisation.

Mr. HOGG thanked the President for his kind observations. In several cases the kidneys were not examined, he regretted to say. The presence of sugar had not the same weight now as used to be thought, as it was normal in certain tissues. Albuminuria might also exist without eye affections. Cataract was more common in females than in males, but was then due to kidney disease.

MONDAY, NOVEMBER 11th, 1872.

Dr. RICHARDSON read a paper

ON THE TREATMENT (IN EXTREMIS) OF ACUTE CASES OF
FIBRINOUS DEPOSITION IN THE HEART.

The author said that when he—twenty-two years ago—revived the subject of the nature, diagnosis, and treatment of fibrinous depositions in the heart during life, he met with two classes of objectors in the course of the debate. One esteemed Fellow, taxing his labours as visionary, had asked the severe question whether had the paper been before the Committee of Reference? Another equally esteemed Fellow had said that if the facts were as had been stated, they served but to raise up a hopeless knowledge for Medical men. Therefore, *cui bono?* In a few years the first of these objectors passed away. By repeated experimental proof, he (Dr. Richardson) had made it a demonstration that fibrine does, in some cases, separate in the heart during life, while from clinical observation he had been able to point out the symptoms indicating the fact of such separation. The second objection had been met with infinitely more difficulty, and he had not, though so many years had passed, ventured to speak of it with hope of removing it. He had been called year after year to see and find cases (*in extremis*) where death was clearly the result of fibrinous separation, and he had discovered no opportunity of affording distinct service. At last this distressing state of doubt was passing away, and he might venture to speak of some method of approach towards success. He next referred to the exceeding mortality of the cases he had seen; they included cases of croup in children, of pneumonia, of peritonitis, of ovarian operation, of parturient cases before and after labour, and with and without phlegmasia, of erysipelas, of scarlet fever, and of some obscure cases in which nothing was proclaimed until the appearance of the fatal symptoms, except what was called cold or febricula, or remittent feverishness. After describing some in detail, he continued by stating that in his experience recoveries after fibrinous deposition had become actually developed, were not more than three per cent. Of all classes of disease croup he believed yielded the largest number of examples; after that diphtheria, and after

that the puerperal condition and peritonitis. He proceeded to place before the Society in a revised form the special points of diagnosis of fibrinous separation as occurring (a) on the right side and (b) on the left side of the heart. Then he noticed anew the condition favouring deposition. Under this head especially he named increased local heat of parts involving large veins, as of the extremest importance. For example, erysipelas involving the skin over the lower extremities was exceedingly dangerous. He was of opinion that the local increment of heat was in such cases sometimes the only just cause of danger. The increased temperature of blood in the veins produced the pectous condition in minute portions of fibrine, and the semi-solid little masses of fibrine formed were carried into the heart to become nuclei or centres for the larger separations. More speedily or sudden, general or systemic increment of heat, as in certain cases of apoplexy, led to separation in the larger vessels, and in the heart itself. The greater portion of the paper was devoted to the subject of treatment in cases of fibrinous deposit, and specially in cases *in extremis*. The author here first dwelt on what was bad treatment. He said so soon as the symptoms of deposition had become developed, all influences that had a depressing effect upon the heart ought to be instantly withdrawn; mental influences telling upon the emotions should be avoided. Sometimes the great distress exhibited by the sufferers—the distress of the dyspnoea particularly—tempted the practitioner to give opium. The practice was fatal, and could only be defended on the doubtful ground that all treatment was useless, except to secure euthanasia. In cases of croup it was often a question whether tracheotomy ought to be performed to relieve dyspnoea, it being uncertain wherco the dyspnoea proceeded, whether from obstructed respiration or obstructed circulation. In such instances the diagnosis was simple, and when it was clear that the dyspnoea was cardiac the operation was useless, and was better avoided; but in mixed cases or in cases of doubt, Dr. Richardson was inclined to give the patient the benefit of the operation. In purely defined instances of fibrinous separation the practitioner having determined what should not be done, has to settle the question—What shall be done? The first element of treatment, especially where the separation is on the right side, is to give absolute rest of the body in the recumbent position, for the heart working under embarrassment can bear no undue fatigue, and at the same time every active motion increases the danger of loosening the fibrinous mass, and of allowing it to float into the pulmonary artery. Rest secured, there should be given as much food as the stomach will bear, without distension from flatus, milk rendered slightly alkaline by lime water, and charged with a little Liebig's extract of meat, being on the whole the best food. The body, if it be cooling, should be kept warm by external dry applications. Sand bags are the best when they can be easily procured, and the temperature of the air should be sustained at 60° F., or even 70°, the air also being kept dry. As to internal remedies the author had first inclined to the free exhibition of alkaline solutions, especially ammonia; but in a case in which several years ago he carried out this treatment, using the bicarbonate of ammonia, and which terminated fatally after several days, although the concretion was found to have greatly softened and broken up, the blood was reduced to such an extreme solubility, the corpuscles so extensively destroyed, he had found the remedy was as serious as the malady. He had suggested the injection of ammonia by the veins in these cases, but had held back for the reason stated above from following out the idea. He had tried inhalation of ammonia, but without sufficient success to warrant enforcing the plan. Lately seeing the all but invariable fatality that followed the fact of depression, he returned again to the use of ammonia as a remedy, by administering it in large and repeated doses in combination with iodide of potassium, using not as before a salt of ammonia, but the liquor ammoniac of the Pharmacopoeia. To an adult he had administered 10 minim doses of the liq. am. in iced water every hour, with from three to five grain doses of the potassium iodide every alternate hour. This treatment has been followed by a degree of success he had never anticipated. Nothing could be more remarkable than the fact of the quantity of ammonia that could thus be administered without danger, except the fact of the degree of fluidity of blood, and of blood corpuscles that could be recovered from. In proof of this he detailed two cases in which this treatment had been followed out with the effect of entirely relieving the heart when death seemed all but certain; one of these cases

had ended in slow but entire recovery, and the other had now progressed favourably for nine weeks. The addition of alcohol to the treatment in the management of these cases was then discussed. The direct effect of alcohol in these cases was unfavourable when taken alone, but with ammonia it might be given with advantage whenever the heart was commencing to fail in action; the solution of ammonia in alcohol might then be substituted for the aqueous solution, or brandy might be given in half oz. dozes every hour; alcohol, however, was only to be held in reserve as an adjunct rather than a remedy. The course of the symptoms during recovery, the dangers that appeared, the changes of blood, and the risk of secondary pathological modifications in remote organs, and especially in the spleen, were described and subjected to practical comment. In conclusion, the author stated that prognosis was much more favourable when fibrine had separated on the left than on the right side of the heart, the breaking away of the fibrinous mass on the left side being followed sometimes by immediate relief to the heart and by ultimate recovery. He mentioned a case where he had been summoned from town to attend, and he left the patient apparently "in articulo mortis," and he was only able to comfort the friends with the hope that the concretion might possibly break away, and the heart become relieved. Shortly after he had gone, the event thus hoped for actually occurred; the semi-conscious patient was almost immediately relieved, and except for some temporary numbness of the lower extremities, for the concretion was carried in the abdominal aorta, recovery was completed without an unfavourable symptom. Although a much larger experience was demanded to improve the work he had set forth, Dr. Richardson felt, nevertheless, that a distinct advance had been fore-shadowed for a class of cases hitherto considered hopeless; he thus felt it his simple duty to lay the comminutive instalment, as it was, and nothing more, before his fellow practitioners of the healing art.

The PRESIDENT proposed a vote of thanks to Dr. Richardson for his able and suggestive paper; this was unanimously accorded.

The PRESIDENT felt that the ammonia treatment held out great hopes of relief. He would ask—Did opium tend to produce clotting? He thought it did, especially in ovarians and other abdominal operations.

Dr. SANSOM mentioned a case of what at first appeared to be hysteria; afterwards phlebitis in popliteal vein declared itself, which was followed by symptoms of plugging in the right side of heart, and impending death. Ammonia was freely given with marked benefit. Phlebitis of other leg came on with typhoid symptoms, when sulphite of soda was given, and ultimately the patient recovered.

Dr. FAYRE said he had been fortunate in gaining information he wished to glean, and that from the most competent authority. Clotting in the right side of the heart was a frequent cause of death after operations in India. He regarded it as a result not only of excessive heat, but of change in blood, which he thought was blood poisoning. The change was, he believed, an *ante-mortem* one. It might follow even slight operations. The profession owed much to Dr. Richardson.

Dr. HABERSON agreed in the remark that we owed much to Dr. Richardson, not only for this, but for all his previous valuable work. He would ask Dr. Richardson if he recognised classes of the affections originating with diseases of the lungs or heart, accompanied by retention of blood on right side of heart; such cases should be distinguished from those originating in loosened clot from phlebotic veins. He mentioned a case in which this was pneumonia accompanied by gonorrhoea and inflammation and plugging of the prostatic veins. He bore testimony to the value of ammonia, and related instances in point.

Dr. ROUTH said the paper was of the greatest value to the profession generally. In uterine surgery this cause of death was common. He asked why ammonia should not be injected directly into the blood.

Mr. W. ADAMS mentioned cases in support of Dr. Richardson's statements. They were cases of erysipelas of legs, where the period of danger was the period of the subsidence of inflammation.

Dr. ROGERS asked to what extent ammonia might be pushed in cases of inflammation after abdominal operations.

Mr. BOND asked how far these cases might be treated by Turkish baths.

Dr. R. J. LEE mentioned a case which occurred in Westminster Hospital after erysipelas, in which a portion of clot

was washed off the external iliac vein and caused death. He has made some remarks upon the pathology of phlegmasia dolens.

Dr. RICHARDSON, in reply, said that the effect of opium was that giving it when clot was about to form was a most fatal practice in the lower animals. It killed carnivora when given in poisonous doses by causing clotting. The terms embolism and thrombosis were barbarous, and had clouded and thrown back knowledge for a long time. He was glad to hear Dr. Fayer's experience. Heat and a suppressed function had a great deal to do with clotting; perchance, too, in malarial regions something might be carried into the blood which caused clotting; but he did not know what was meant by blood poisoning. Replying to Dr. Habershon, he would say that before his papers something had been done, but only in a fragmentary manner. He gave some historical details, and especially praised the work of Gould. He thought he had made a classification of the kind suggested by Dr. Habershon, and mentioned a case of sudden death after gonorrhœa in a boy. He preferred liq. am. to carbonate of am. because it was a more flexible agent—it would escape from the body through every channel, while carbonate would only escape by the kidneys. As regards injecting ammonia, there was some danger in the process, which required to be very frequently repeated. If he used it in that way at all, he would do so by means of a thread passed through a vein, one end of which was dipped in a solution of ammonia like the end of a wick. As much as three oz. of ammonia liq. might be given in the course of a day. The dissolution of blood corpuscles would be the best guide as to the extent it might be carried; Turkish bath would be useful if practicable. Dr. Richardson complimented Dr. Lee on his observations, and made some extremely valuable remarks upon the properties of colloidal bodies. As regarded stimulants, it was a bad practice to give them indiscriminately, they should be stopped when the heart answered to the stimulation.

Special Report

ON

DISEASES OF THE THROAT.

Edited for the "MEDICAL PRESS AND CIRCULAR."

By PROSSER JAMES, M.D., M.R.C.P.,

Physician to the Hospital for Diseases of the Throat and to the North London Consumption Hospital; Lecturer on Materia Medica and Therapeutics at the London Hospital.

DISEASES OF THE ŒSOPHAGUS.

(Continuation of Dr. Clinton Wagner's translation of Dr. Stoffella's abstract of Oppolzer's views.)

ŒSOPHAGITIS: ITS ÆTIOLGY, PATHOLOGICAL ANATOMY, DIAGNOSIS, PROGNOSIS, AND TREATMENT.

(Continued from page 415.)

DIAGNOSIS—continued.

(b). *Œsophagitis Circumscripta*.—The diagnosis of a circumscribed is far more difficult than that of a diffuse Œsophagitis. The most important points in the diagnosis of a circumscribed Œsophagitis are to be considered the difficulty of swallowing and the above described symptoms elicited by auscultation. The latter have, however,

higher diagnostic significance, since, as we have seen, the dysphagia is very often highly uncertain in character, it may even be wanting. More valuable diagnostic conclusions are to be drawn from catheterization of the Œsophagus; far less at the commencement of the affection, however, than later on, when a contraction of the canal of the Œsophagus has arisen. Whilst at the beginning of the disease we can only conclude as to the *locus affectionis* from the place at which the patients assert that they feel pain on the introduction of the sound; so later on when the circumscribed Œsophagitis has already subsisted some

time, we have a far more certain point for the determination of the precise seat of the affection, in the hindrance which is opposed to the further progress of the sound, as soon as it reaches the affected, or contracted, or swollen spot. Nevertheless, there are cases enough in which the circumscribed Œsophagitis has already lasted a considerable time, and yet, notwithstanding, special attention and skill are needed to discover the affected spot by means of the sound. To these belong especially those cases in which the disease lies far down in the Œsophagus, and, moreover, is not annular, but affects only the anterior, the posterior, or one of the lateral walls, and where, besides, the irritability of the Œsophagus is only slight. In such circumstances, it is intelligible that we may glide past the seat of the complaint with the instrument without noticing it, and hence fail to discover it. We are particularly to be on our guard against such an occurrence, if we have neglected to determine—at least approximately—the seat of the disease by auscultation, before introducing the Œsophageal sound. If the sound appears, on withdrawal, covered with pus, or blood and pus, it is an argument for the presence of ulceration, or an abscess of the Œsophagus. We should be inclined to assume the former alternative if the dysphagia and possible dyspnœa are only slight, while in the latter case we should, *ceteris paribus*, rather decide in favour of the assumption of an abscess of the Œsophagus.—*Allg. Wiener Med. Zeitung*, No. 18.

Abscessus Œsophagi.—It remains for us to discuss the diagnosis of an abscess of the Œsophagus. This is, as we have seen, the termination either of a diffuse, or of a circumscribed Œsophagitis. As symptoms of an Œsophageal abscess, we have learned to consider the appearance of dysphagia and dyspnœa, and adhesion of pus to the Œsophageal sound, when catheterization of the Œsophagus has been performed. This last circumstance, however, as is intelligible, is only noticed when the abscess has already burst; and it is just as intelligible that the intensity of the dysphagia and dyspnœa is especially dependent upon the size of the particular abscess, or upon the pressure which it exerts upon the larynx or the trachea. Further, we have mentioned above, on the occasion of the description of the appearances observed on inspection, that if an abscess is seated in the cervical portion of the Œsophagus, the larynx may be pushed forward, and an œdema of the cervical cellular tissue result. All these appearances are not sufficient, however, to pronounce with certainty as to the presence of an Œsophageal abscess. *The diagnosis in question becomes certain only* when, on the patient's vomiting or retching, a greater or smaller quantity of pus (generally mingled with blood) is expelled, immediately after which evacuation, all difficulties usually disappear at once, either entirely or at least suffer a very essential diminution. This amelioration of the condition of the patient is now—according as to whether the abscess fills up again or not—either merely temporary or permanent.

From what has been said we may conclude that the diagnosis of Œsophageal abscess can, as a rule, be made with safety only under the following conditions: (a) The abscess must have been already opened; (b) the evacuation must have taken place inwards, *i.e.*, into the Œsophagus; and (c) the pus must not pass downwards into the stomach, but upwards into the mouth, and in this way be expelled.

PROGNOSIS.

Prognosis.—The prognosis takes its character from the form of the Œsophagitis—and so far as this latter depends upon the cause—from the cause in the particular case; further, from the intensity and extent of the affection as well as from the circumstance whether this exists alone or is complicated with another disease, or, it may be, arises as a secondary metastatic affection. Finally, we have to consider whether the particular affection of the Œsophagus leaves a stricture, or whether it terminates in the formation of an abscess, in which cases the prognosis

may often become doubtful or—especially when the abscess bursts outwards—even absolutely unfavourable.

TREATMENT.

(a). *Acute Œsophagitis*.—Light cases need no therapeutic interference at all, inasmuch as they get well of themselves in a few days, and, moreover, as a rule, are even not suspected.

If the *œsophagitis*, however, is more severe—no matter what form of the disease is present,—it is the duty of the physician on the one hand to protect the *œsophagus* from all other irritation, and on the other, to alleviate the inflammatory symptoms as much as possible. In the first respect, it is accordingly necessary to forbid the patient to speak as well as to make any energetic deglutitory movements, or to allow him to take only fluid or soft nourishment; while in the latter respect we can answer our purpose by the administration of olio-mucilaginous or emollient remedies, to which some opium or belladonna may be added. If there is great thirst, we may give the patient small lumps of ice, or ice cream, or a slice of orange, or let him often rinse his mouth with water and a little vinegar. Taking blood in the neighbourhood of the affected spot appears to be indicated only in those cases in which the pain reaches a very high degree, and neither the internal nor the external application of narcotics—the latter especially in the form of subcutaneous injections—brings any relief. If there is no fever, or if it is only moderate, warm baths have often a highly beneficial effect.

Besides this, in a particular case, in regard to the treatment, the particular cause of the *œsophagitis* must be fully considered. Thus, for instance, foreign bodies must be removed as quickly as possible, according to the rules of surgery. If this, however, is impossible without using force, it is advisable rather to wait "some hours and even longer, provided that suffocation does not impend, since the afflux of the secretions at the commencement of the inflammation softens the membranes, and thus renders the removal of the bodies, which have been wedged in, more easy" (Hamburger). If, on the contrary, the *œsophagitis* has been caused by swallowing concentrated acids, we may administer—provided that several hours, or even a longer time, have elapsed since the acid was swallowed—lime water or calcined magnesia in water; while carbonate of magnesia and the carbonates of the alkalies are far less adapted as antidotes in such cases; since their administration, as Hamburger justly remarks, might cause rupture of the corroded and softened places of the *œsophagus*, from the excessive and violent development of free carbonic acid. Or it may be that the ingestion of caustic alkalies—caustic lye, for instance, as happens so often now-a-days—is the cause of the *œsophagitis*, in which case we must seek to neutralize their action with acid drink, for which purpose vinegar mixed with water is, according to Orfila, best adapted. In addition to this, let the patient be ordered to drink water industriously, both in cases of poisoning with acids and in those with caustic alkalies, and in case they are unable to swallow, let it be injected into the *œsophagus*.

What course, finally, we are to take in those cases in which a complete or partial adhesion of the walls of the *œsophagus* threatens to occur, we have already discussed in a previous part of this article.

(b). *Chronic Œsophagitis*.—If we have to deal with chronic *œsophagitis*, we must consider the causal indication as far as possible, just as in acute inflammation of the *œsophagitis*. Accordingly, in those cases in which chronic *œsophagitis* is caused by syphilis, we shall have, first of all, to commence a suitable anti-syphilitic treatment; or in those cases in which a disturbance of the circulation is the cause of the *œsophageal* affection, digitalis, and in addition any resolvent mineral water will be in place, &c. The physician must also be not less attentive to the diet of his patient, and the employ-

ment of all sorts of food which irritate chemically or mechanically. Alcoholic liquors must be either restricted or else totally forbidden, according to the degree of dysphagia, and the degree of irritation of the *œsophageal* mucous membrane.

As far as the local treatment is concerned, painting the affected spot with a solution of tannic acid, or alum, or with tincture of iodine, or with a weak solution of nitrate of silver is the principal treatment to be employed. Superficial cauterization of the affected place, with a solution of nitrate of silver (a), is likewise to be recommended, as soon as there is reason to believe that chronic ulceration subsists in the *œsophagus*. Hamburger has described an extremely instructive and interesting case of this kind in the Transactions of the Imperial Royal Academy of Vienna (vol. xv., part 2, p. 153), and we will once more allude to the great advantage, in the performance of such operations, of combining catheterization with auscultation of the *œsophagus*. For the rest, a further support of the cure of chronic inflammation of the *œsophagus* is sought, moreover, in the application of irritation to the skin of the neck in the middle portions of the spinal column (sinapisms, blisters, inunction with croton oil and the like), and through vapor baths and warm baths, and in drinking water containing carbonic acid. The internal employment of iodide of potassium is likewise of use in many cases of chronic *œsophagitis*, particularly though, when the inflammation is circumscribed.

If a *stenosis* arises in consequence of acute or chronic *œsophagitis*, it requires suitable surgical treatment.

In conclusion we will impress upon the attention that if a patient has recovered from a somewhat violent attack of *œsophagitis*, we should never neglect to advise him earnestly, to present himself occasionally for at least the first two years in order to allow of catheterization if necessary. On the one hand, as we have seen, strictures of the *œsophagus* are very often a sequela of inflammation of this organ, and on the other hand experience teaches, that they often develop themselves so slowly and latently, that they do not cause distinct symptoms and suffering until months or even a year have elapsed, and the degree of contraction is already considerable. If, hence, we are prudent enough to sound the *œsophagus* from time to time, in such cases a stricture may be recognized at its commencement, and we shall thus be in a position to obviate it betimes in a suitable way.

Connection Between Pulmonary Hæmorrhage and Phthisis.

In a paper contributed by Dr. Julius Sommerbrodt, of Breslau, to the June number of *Virchow's Archives*, the question whether the extravasation of blood into the air-cells of the lungs is ever the cause of consumption is very fully discussed. Numerous experiments were made by injecting blood taken from their own bodies into the tracheæ of dogs; the animals being killed at periods of time varying from one hour to twelve days after the operation. In those soonest killed the blood was found to have penetrated into different parts of the lungs, but was accumulated in greatest quantity near the roots. At the end of the first day the injected patch could be readily distinguished from the other portions of the lung by a well-defined difference in colour, which, however, became fainter on the third day, and generally ceased to exist on the eighth day. In no case were fibrinous coagula found obstructing the bronchial tubes. In dogs killed in from two to three hours after the experiment, the microscope showed the presence in the alveoli, containing blood, of some pale cells, two or three times as large as the blood-corpuscles, and having a nucleus and somewhat opaque granular contents. Twenty-four hours later, these cells, which varied in size from 0.006 to 0.015 mm., had become more numerous; their nucleus was less distinct, and their contents were more opaque. The cells continued to increase in number until the fifth day, when they also attained their maximum size (0.021 to 0.024 mm.). Occasionally, Dr. Sommerbrodt has discovered within them

(a) More intense cauterization may easily give rise to stenosis, which may, in their turn, cause a stricture of the *œsophagus*.

corpuseular elements, which he has no doubt are blood-corpules, not only because they resemble the corpules, lying free in the alveoli, but also because they are not stained by carmine as are the nucleus and nucleolus. He thinks, therefore, that they have penetrated into these cells. In animals killed after the seventh day, the cells were found to have become less round, to have a tendency to become crenated and more opaque, and to decrease in numbers. Dr. Sommerbrodt has no doubt that these cells take their origin from the walls of the alveoli, and has been able not only to trace the gradations from the healthy cell to those just described, but also to detect the points from which they have been thrown off. These appearances he attributes to catarrhal pneumonia, and he therefore asserts that blood is capable of exciting this form of inflammation; but, having never been able to discover thrombi in the minute bronchial tubes, he rejects the explanation of Niemeyer, believing that blood exercises a directly irritating effect upon the alveoli.—*Med. and S. R.p.*

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The Medical Press and Circular.

“SALUS POPULI SUPREMA LEX.”

WEDNESDAY, NOVEMBER 20, 1872.

MEDICAL OFFICERS OF HEALTH.

A VERY important official paper, signed by the President of the Local Government Board, has just been issued. It is addressed to the several urban sanitary authorities created under the new Public Health Act, and embodies the regulations of the Board as to the appointment, qualifications, remuneration, and duties of Medical officers of health.

It will be remembered that under the Act the Local Government Board possesses powers in reference to these officers similar to those it exercises in regard to district union Medical officers.

The first section of the regulations relates to the qualifications of Medical officers of health. The Act requires the holder to be a legally qualified Medical man, and the Board lays down the simple rule that he must be registered under the Act of 1858. But the Board goes on to

add that he shall possess both a Medical and a surgical qualification. This rule is no doubt a good one, but it suggests that some of the first men in the Profession would be thereby disqualified. It is a common thing for hospital physicians to have no surgical, and for hospital surgeons to have no Medical diploma. The President of the Royal College of Surgeons requires and usually has no Medical, and the President of the Royal College of Physicians no surgical, qualification. The Medical officer of the Local Government Board—Mr. Simon himself—under whose advice the regulation is made, has, according to the Medical Register, no Medical diploma. So Dr. Rumsey, of Cheltenham, who may be regarded as perhaps the father of State Medicine in this country, is only registered as F.R.C.S., and would by this rule be ineligible, unless—which is doubtful—the honorary degree which Trinity College, Dublin, conferred (and never more worthily) would be counted as against an inferior Medical diploma obtained in the usual way. We do not cite these examples in order to object to the rule, which is a very proper one, but to show in what a muddle the Profession is.

We should add that the Local Government reserves the right of dispensing with the double qualification on the application of the sanitary authority. This could, of course, be made to meet exceptional cases, but it is, we presume, rather intended to enable an appointment to be made where no one with a double qualification resided in the district or would accept the appointment.

With regard to the method of appointment, a statement is first to be submitted by the sanitary authority to the Board, and, after this has been approved, an advertisement must appear in a paper circulating in the district seven days before the appointment is made, and the appointment when made is also to be reported to the Board within seven days.

The salary will be such as the sanitary authority may propose, and the Board approve. It will be paid quarterly.

The officer must agree to give at least a month's notice of resignation, and the appointments first made under these regulations must be for a period not exceeding five years.

The duties of Medical officers of health appointed in this manner are so carefully laid down that we cite the regulations textually:—

1. He shall inform himself as far as practicable respecting all influences affecting or threatening to affect injuriously the public health within the district.

2. He shall inquire into and ascertain by such means as are at his disposal the causes, origin, and distribution, of diseases within the district, and ascertain to what extent the same have depended on conditions capable of removal or mitigation.

3. He shall, by inspection of the district, both systematically at certain periods, and at intervals as occasion may require, keep himself informed of the conditions injurious to health existing therein.

4. He shall be prepared to advise the sanitary authority on all matters affecting the health of the district, and on all sanitary points involved in the action of the sanitary authority or authorities; and, in cases requiring it, he shall certify, for the guidance of the sanitary authority or of the justices, as to any matter in respect of which the certificate of a Medical officer of health or a Medical practitioner is required as the basis or in aid of sanitary action.

5. He shall advise the sanitary authority on any question relating to health involved in the framing and subsequent working of such bye-laws and regulations as they may have power to make.

6. On receiving information of the outbreak of any contagious, infectious, or epidemic disease of a dangerous character within the district, he shall visit the spot without delay and

inquire into the causes and circumstances of such outbreak, and advise the persons competent to act as to the measures which may appear to him to be required to prevent the extension of the disease, and, so far as he may be lawfully authorised, assist in the execution of the same.

7. On receiving information from the inspector of nuisances that his intervention is required in consequence of the existence of any nuisance injurious to health, or of any overcrowding in a house, he shall, as early as practicable, take such steps authorised by the statutes in that behalf as the circumstances of the case may justify and require.

8. In any case in which it may appear to him to be necessary or advisable, or in which he shall be so directed by the sanitary authority, he shall himself inspect and examine any animal, carcase, meat, poultry, game, flesh, fish, fruit, vegetables, corn, bread, or flour, exposed for sale, or deposited for the purpose of sale, or of preparation for sale, and intended for the food of man, which is deemed to be diseased, or unsound, or unwholesome, or unfit for the food of man; and if he find that such animal or article is diseased, or unsound, or unwholesome, or unfit for the food of man, he shall give such directions as may be necessary for causing the same to be seized, taken, and carried away, in order to be dealt with by a justice according to the provisions of the statutes applicable to the case.

9. He shall perform all the duties imposed upon him by any bye-laws and regulations of the sanitary authority, duly confirmed, in respect of any matter affecting the public health, and touching which they are authorised to frame bye-laws and regulations.

10. He shall inquire into any offensive process of trade carried on within the district, and report on the appropriate means for the prevention of any nuisance or injury to health therefrom.

11. He shall attend at the office of the sanitary authority or at some other appointed place, at such stated times as they may direct.

12. He shall from time to time report, in writing, to the sanitary authority, his proceedings and the measures which may require to be adopted for the improvement or protection of the public health in the district. He shall in like manner report with respect to the sickness and mortality within the district, so far as he has been enabled to ascertain the same.

13. He shall keep a book or books, to be provided by the sanitary authority, in which he shall make an entry of his visits, and notes of his observations and instructions thereon, and also the date and nature of applications made to him, the date and result of the action taken thereon and of any action taken on previous reports, and shall produce such book or books, whenever required, to the sanitary authority.

14. He shall also prepare an annual report, to be made at the end of December in each year, comprising tabular statements of the sickness and mortality within the district, classified according to diseases, ages, and localities, and a summary of the action taken during the year for the preventing the spread of disease. The report shall also contain an account of the proceedings in which he has taken part or advised under the Sanitary Acts, so far as such proceedings relate to conditions dangerous or injurious to health, and also an account of the supervision exercised by him, or on his advice, for sanitary purposes over places and houses that the sanitary authority has power to regulate, with the nature and results of any proceedings which may have been so required and taken in respect of the same during the year. It shall also record the action taken by him, or on his advice, during the year, in regard to offensive trades, bakehouses, and workshops.

15. He shall give immediate information to the Local Government Board of any outbreak of dangerous epidemic disease within the district, and shall transmit to the board, on forms to be provided by them, a quarterly return of the sickness and deaths within the district, and also a copy of each annual and of any special report.

16. In matters not specifically provided for in this order, he shall observe and execute the instructions of the Local Government Board on the duties of Medical Officers of Health, and all the lawful orders and directions of the sanitary authority applicable to his office.

17. Whenever the Diseases Prevention Act of 1855 is in force within the district, he shall observe the directions and regulations issued under that Act by the Local Government Board, so far as the same relate to or concern his office.

THE PRE-EMINENCE OF ETHER OVER CHLOROFORM.

We observe that this question, which has been the subject of debate in our columns, and which Dr. Morgan first introduced to the notice of our readers in August last, has received much consideration at the hands of the various London editors. In some of our contemporaries this week the discussion is fully opened. It cannot be doubted from the tenor of the remarks made that ether has long since been recognised as the safest anæsthetic; but that, as one of the Journals states, "though it is not very clear on what grounds chloroform took the place which ether had already almost attained, it may be that the experience already gained with ether was applied to chloroform, and that it acted as the pioneer on the invasion of chloroform generalised and urged on by so able an advocate as Sir J. Simpson." However it may have been, evidently ether has claims which cannot be set aside, and which, based as they are on safety to life, cannot fail to commend themselves. It is hardly possible that Medical men, nay, even skilled chloroformists, at times forget the precautions which have constantly been urged as essential to the safe administration of chloroform, and hardly to be supposed that its purity should have been constantly overlooked, or that due care in the examination of the patient's physical condition can have been disregarded either.

Cases of death undoubtedly occur under the most guarded circumstances, "like ships which have gone down at sea, when heaven was all tranquility." In the *Lancet* of this week we have such evidence as will convince the sceptical: the report by Mr. Keeth of 100 ovariotomy cases where pure dry ether was used. In these 100 cases only thirteen deaths took place, none of them having any reference to the etherization.

The arguments that have been brought against its use amount, we think, almost to prejudice, and are based more on the inconveniences of its administration than on any ill-effect. We know that the early exhibitions of ether were conducted on very loose principles; air was admitted—large quantities of ether were used—it was exhibited to the patient in lavish quantities, yet its safety was unquestioned.

In America, and in Boston more particularly, such is the confidence in the anæsthetic that the hospital porter has a supply on hand, and administers the ether himself while awaiting the surgeon, and that with no sparing hand; yet by the statistics which have been collected in America, and also in England, it appears that but one death in 23,204 inhalations of ether can be presumed to have occurred, while from chloroform they have been 1 in 2,573—a mortality eight times greater from chloroform.

The question seems to narrow itself into one of convenience, and of applicability. We have ourselves witnessed the application of ether by Dr. Morgan with the most satisfactory results, and for operations about the eye it leaves nothing to be desired.

In this week's *Lancet* the report given by the Dublin correspondent is most assuring. He states that he witnessed six etherizations—

In one case anæsthesia took place in less than one minute.

In another it took place in about one minute.

In two cases it took place in about two minutes.

In two cases it took place in between two and three minutes.

Chloroform, it appears to us, could not have acted more quickly, even if it were desirable. These cases were etherised by means of the Inhaler.

Dr. Morgan removed this week the entire foot on one side (Syme's operation), and portion of another in a boy of 13, while under ether. The influence was maintained till the boy was dressed and put to bed. We have already reported cases of eye operation where the results were most successful.

COMPULSORY MEDICAL ATTENDANCE.

In the latest Quarterly Return of the Irish Registrar-General we find the following remarks put forward by Dr. Davison, of Dromara, in forwarding his official report of the state of his district:—

"It is a fact greatly to be regretted that the lives of many persons in comfortable circumstances, as far as this world's goods are concerned, are sacrificed to their own penuriousness by not calling in in proper time professional advice. In my return for the quarter ending 31st March there stand registered the deaths of four persons of the same family and household from typhus fever, one of whom only had been visited by a doctor, and that but once. In my present return the death of another of the family is registered, making in all five deaths, viz., that of the father, mother, two sons, and one daughter, whose lives by proper Medical care, hygienic arrangements, and skilful nursing, might, probably have been saved. The four who succumbed last to the disease refused, as I have been informed, the expenditure of any money towards their own recovery. The Legislature has made a very successful attempt in the shape of the 'Compulsory Vaccination Act' to save the lives of helpless children from the ravages of small-pox, and I am of opinion that another compulsory Act, somewhat analogous, and with the same humane intentions, should be passed, with the view of saving the lives of such of Her Majesty's lieges as prefer filth, pestilence, and even grim death itself to opening their purse-strings to procure for themselves Medical and other relief. The working out of such an Act would require but slender machinery. An inspector of health in each dispensary or baronial district, vested with sufficient powers under the Act, would be sufficient. Persons such as I have alluded to are lost prematurely, not only to their families and friends, but to the State; and the houses of such persons, the furniture, wearing apparel, bedding, &c., have become so highly impregnated with morbid and pestilential effluvia that for a long period they prove fatal sources of disease, and are eminently calculated to spread contagion throughout the neighbourhood."

The evil which Dr. Davison writes about is—as every one who is engaged in country practice knows—not only substantial, but it is one for which—if the proposal be not too revolutionary—it would be for the real benefit of the commonwealth if some remedy could be devised. Perhaps in these days when people's minds are "educated up" in the period of a short Parliamentary Session to measures which would have taken the breath from us a few years ago, we may yet see some means by which human centres of infection shall be controlled from spreading disease. Perhaps, also, it may not be easy to try why a man shall be—to use an Irish bull—hanged or committing suicide by cutting his throat, while he is not even remonstrated with for dealing destruction to himself and others by allowing his disease to run an unchecked course.

IRISH LUNATIC ASYLUM MANAGEMENT.

WE last week exposed to our readers the rational cause of the existing state of disgraceful disorganisation in the Limerick Lunatic Asylum, the "fons et origo" of the pan-

demonic state of that institution being obviously the concentration by "the Castle" (under Dr. Nugent's prompting) of semi-despotic authority in the person of the resident Medical superintendent. This centralisation of irresponsible power began, as we have said, in 1862, and has been developed from that day to this by a series of alterations in the Privy Council rules until the condition is now arrived at under which the resident superintendent is, practically, master of the lives of the inmates as well as of the funds of the institution. At the time when these changes were first initiated, the MEDICAL PRESS evinced a warm interest in opposing a movement, of which—without much astuteness—it saw the inevitable issue. The object of Dr. Nugent and the Castle authorities was, in fact, to Anglicise the Irish asylums by getting rid of the supervision of a visiting physician, a functionary not existing but much wanted in the English system.

In the year 1858 a Commission was appointed to report on the working of the lunatic asylums in Ireland. Of the five Commissioners, two were Medical men; one an Englishman, whose precise Medical status was not referred to, but at all events was sufficient to qualify him for an Inspector of Lunatic Asylums. The second Medical Commissioner was no less a man than Sir Dominic Corrigan. It appeared that the English Commissioner advocated his own system as best suited for the Irish Asylums, by dispensing with the visiting physicians. To such a proposition Sir Dominic raised some very sound and solid objections, with a request that they should be appended to the Report, but the majority overruled him, and the first step in the establishment of irresponsibility was taken by the promulgation of the new regulations.

The most important feature in these proposed alterations was the reduction to a subordinate position of the visiting physicians of these institutions, and the consequent removal of the inconvenient and too stringent surveillance exercised by them over the treatment of the lunatics and the internal economy of the asylums. The mode in which this object is secured is by appointing them consulting-physicians, without power to enter the gates of the asylum except when sent for by the resident manager, who may call for their attendance as seldom as he likes. The desire of these gentlemen is to be installed in the whole and sole management of the institutions, unfettered by the supervision of any competent person, and promoted thereby to the style and title of resident "physician."

Speaking of these rules at the time the MEDICAL PRESS said—

"The legislation by means of which these alterations of the law, which has hitherto been in force for the regulation of the Irish Lunatic Asylums, is not carried on publicly in the Imperial Parliament, but privately in official quarters, and under dictation of a most stringent description; so much so that a sight of the printed code proposed for enactment is peremptorily denied even to Members of Parliament and the conductors of public journals. By the merest chance and a lucky accident, the Bill (for so it may be called) for repealing the rules prepared and ratified by the Privy Council, under the advice of Lord St. Leonards in 1843, and now in force for the government of these institutions, has fallen within the sphere of our observation, and we should betray the trust inherent in us as public journalists if we failed to give publicity to its provisions. The centralisation of authority which the document contemplates,

the patronage which it provides for, and the protection which it extends to subordinates who may neglect their duties or betray their trusts, amply proves that the object in view is anything but the protection and welfare of the inmates of Asylums. We may with safety state, and without exaggeration assert, that it hands over these unfortunate persons tied hand and foot to the tender mercies of those, who, from negligence or duty or violence of temper, may at their leisure and pleasure make them the victims of this proposed system. If under the existing rules, abuses, cruelties, and malpractices could not be prevented by the vigilance and determination of a resolute visiting-physician, what may be expected from alterations of them carefully contrived to protect managers for the future against such untoward interference?

"By the former rules a Board of Governors is provided to meet every month 'for the discharge of the ordinary business of the asylum, to see to the actual execution of their orders, to regularly inspect the asylum and its inmates, and keep a watchful eye over the accounts.'"

By the new laws a new rule was adopted, limiting the duty of the Board to "the discharge of the ordinary business of the institution, the examination of all fiscal details, and the general management of the Asylum." The Board is no longer "to see to the actual execution of their orders," neither are they "to regularly inspect the Asylum and its inmates, or to keep a watchful eye over the accounts," that is found to be a superfluous and inconvenient control of the Manager, now that he is to be the physician of the establishment; no such prying into the conduct of such an elevated authority is to be longer tolerated.

In the light of the late proceedings at the Limerick Asylum, the drowning of the poor lunatic Danford, the hushing up of his and other sudden deaths in the institution, and the wholesale robbery of the Asylum supplies, the MEDICAL PRESS may, we think, claim credit for a prophetic forecast. When visiting physicians were permitted to see and speak, and when governors were supervisors and not mere marionettes to be dangled by the resident superintendent, such *fascos* were impossible, and we most earnestly trust that, with a valuable experience of ten years to teach them the authorities, whoever they may be, in Irish Lunacy matters, will not adhere to the fashionable official motto—*Nulla Vestigia retrorsum*.

Notes on Current Topics.

The Baby Farming Act.

THE Metropolitan Board of Works have issued a public notice to "persons having charge of infants." They, being the local authority for the metropolis (except the City of London and its liberties) constituted by the "Act for the Better Protection of Infant Life," persons requiring to be registered may obtain forms of certificates as to character and ability to maintain children, at their office. The certificates, which must be produced pursuant to the statute before registration, are to be signed, according to the directions on them, by "a minister of the Established Church, or of a registered place of worship," and also by "two rated householders." The form of certificate is, that the applicant "is a person of good character, and able to maintain infants received for hire or reward, for

the purpose of nursing or maintaining such infants apart from their parents in a registered house, pursuant to the Infant Life Protection Act, 1872." When the good character and ability to maintain infants of the applicants are ascertained, then the Board of Works will send one or more of their inspectors to the houses of the applicants, to see if their sanitary condition is all that could be desired for the health of the infants at nurse.

The Professorship of Surgery in the Royal College of Surgeons in Ireland.

WE have reason to believe that the resignation of Dr. William Hargrave, of the Professorship of Surgery in the Royal College of Surgeons in Ireland, will be shortly presented to the Council of the College. We have confidence in the source of our information which relieves us of any hesitation in making this statement, but we refrain from referring to the matter at greater length until the official communication has been made to the Council by Dr. Hargrave.

West Ward Union.

A CORRESPONDENT of the *Penrith Observer* suggests in reference to the dead-lock of the West Ward Union that there is still one other course open, viz., to erect a suitable and sufficiently large (but not too large) building at or near to Bolton, with all recent necessary requirements and improvements, for the due and proper administration of, and carrying out, the Poor-law system throughout the East and West Wards, Westmoreland. Bolton is easily accessible by railway from Kirkby Stephen, Mugrave, Warcop, Appleby, Kirkbythore, Templesowerby, Criburn, Clifton, Shap, Penrith, &c., &c., and when the Carlisle and Settle Railway (which is fast progressing towards completion) is completed, Longmarton and other places in the Wards will also be provided with railway accommodation. Bolton is also within easy distance of Crobyravensworth, Maulds Meaburn, Kings Meaburn, Morland, Newby, Great and Little Strickland, Brampton, &c.

Army Hospital Administration.

ON reference to the work of M. Lefort (a), to which allusion has already been made, we learn that in the army hospitals of the great continental powers, three systems of administration are in force. According to the first, authority is divided, the surgeon is charged with direction in all that concerns hygiene and medicine, the steward with matters involving finance; in the second, the administrative chief superintends the whole, alike professional and financial, the duties of the Medical department being restricted to the mere *treatment* of individual patients, but without authority even to enforce the carrying out of the measures he deems necessary for recovery or suitable management of the case; in the third, the entire management and administration are directly confided to the Medical officer in charge. The first of these is followed by Russia and Austria, and by Prussia during peace, the second by France, and the third, by Prussia during war, but unfortunately, during war only. On the outbreak of the Franco-German war, however, a new element in connection with war hospitals came into operation, namely, those acting under the various

(a) "La Chirurgie Militaire et les Sociétés des Secours." Gravier, Baillière, Paris, 1873.

societies in favour of the wounded. Different systems of the administration were applied in respect to them as in the case of the purely military, and of these, that adopted by M. Lefort himself deserve particular attention. The general direction was conducted by him, but acting under his orders there was a steward, whose duty it was to make the purchases and conduct other matters connected with finance; thus the surgeon was responsible as regards the necessity for particular articles, but the only way of obtaining them of the best quality and in the cheapest market rested with the *economé*, an arrangement almost precisely similar to that according to which our military hospitals in India are conducted. Punishments, such as deduction of pay, dismissal, &c., were inflicted by the steward, but subject to the approval of the principal surgeon. In practice, however, it has been found that in many respects the civil surgeon is unsuited for dealing with soldiers, being deficient on the one hand of that kind of knowledge of their special characteristics that is necessary to enable them to deal with the men, and on the other with the requirements of discipline not only among themselves, but towards their patients. There is also another difficulty. It can never be an easy matter to render a civil surgeon, perhaps of eminence, and who gives his services voluntarily to an ambulance during war, subordinate, it may be to a military surgeon, actually his inferior in professional knowledge, although occupying what, for the time being, is the superior position, and, undoubtedly, how to solve this difficulty becomes a fitting subject for consideration in relation to future cases. In active practice, the first help to wounded under fire will continue to be given, as it has always been, by the permanent army Medical staff; that if the second line may be given partly by the military and partly by the civil element, although there the service should always be directed by a senior Medical officer of the former; and a similar principle should be carried out in regard to the temporary hospitals further in the rear.

Health of Dublin and the Suburban Districts.

THE births registered during the week in the Dublin Registration District amounted to 150. The average number was 154.

The deaths were 144; the average being 149.

Thirty deaths from zymotic diseases were registered, including 7 from fever—viz., 1 from typhus, 4 from typhoid, and 2 from simple continued fever; 5 from croup; 3 from small-pox (none of which occurred within the week); 2 each from measles, scarlet fever, diphtheria, whooping-cough, and diarrhoea; and 1 each from quinsy, erysipelas, and influenza.

Bronchitis caused 15 deaths, and pneumonia 2.

Eight deaths were ascribed to convulsions.

Three deaths were caused by paralysis, and 1 by epilepsy.

Seven deaths resulted from heart disease, 2 from liver disease, 1 from Bright's disease, and 1 from kidney disease specified.

Fourteen persons died from phthisis, 3 from mesenteric disease, 1 from scrofula, and 1 from hydrocephalus.

St. Thomas's Hospital.

A DISCUSSION has been raised before the magistrate at a *debate* on a summons for a distress warrant to be levied

on the property of St. Thomas's Hospital, to recover £1,930 6s. 2d. for poor and other rates. It was stated that, in view of the heavy amount of rates levied on the hospital, the directors had been compelled to reduce the number of beds by 140. One-half the out-patients of the institution, and one-third of the in-patients, come from the parish which levies the rates. What if the hospital were to refuse all patients from that parish unless the guardians paid for their board? The case was adjourned *sine die*.

Old Soldiers and Young.

THE *Revue Militaire de l'Etranger* (a) makes a remark in relation to the social condition of the German forces during the late war that deserves attention. It observes that in place of filling the ranks with young un instructed lads included in the "contingent" of the year, the authorities preferred to have none at all of these, but rather to possess in larger numbers soldiers already made and ready to enter their battalions. It further adds, what is very striking is that, during the late war, the Germans preferred to place under the standard *married men* of thirty-five years of age and upwards, rather than to send under fire young lads who had not completely undergone their military training; the latter remaining at drill while *fathers* of families fought in France. Prussia in effect sought for quality rather than quantity. Like Cromwell, they selected their "Ironsides," and with a similar result as opposed to the gay young cavaliers of France.

Medical Inspections in the Navy.

THE *United Service Gazette* says that loud complaints have arisen among the Petty Officers of the Navy against the Medical inspections they are subjected to on being drafted to and from the receiving ships at home ports, but more particularly at Devonport. The *Gazette* thinks that when it is remembered that to become a petty officer a man must be steady and well behaved, the Admiralty might certainly exempt the class from an examination which they all feel to be degrading to men in their position, however necessary such Medical precautionary measures may be deemed for the younger and more thoughtless seamen. Our Naval Petty Officers are the examples of a ship's company, and, as a rule, are married men and the fathers of families, and these alone are reasonable grounds for their exemption from such an ordeal.

Surgical Society of Ireland.

THE question of the relative merits of Ether and Chloroform will be brought under discussion on the 29th inst. at the Surgical Society of Ireland, by Mr. Morgan, Professor of Surgical Anatomy of the College of Surgeons, Ireland.

German Losses during the late War.

FROM the outbreak of the war till the 1st of September, 1870, 74,000 German soldiers were put *hors de combat*, and of these 14,000 were killed or died. The loss among officers amounted to 2,997, of whom 961 were dead either on the field of battle or by wounds. If to these numbers are added the losses experienced during the investment

of Metz, we arrive at the total sacrifices which the almost total destruction of the French has cost, namely, 3,083 officers, 7,111 sous officers, 66,571 men, or a total of 76,765 lives; that is more than half the total loss experienced during the whole seven months of the campaign.

During the organisation of the Republican army in September and October, the losses in the German armies were few except in that part which besieged Metz; in the former month they amounted to 2,600 men, and in the latter to 4,800. In November, when the offensive was again taken by the French, the losses were 8,700, and in December, the battles on the south-west of Paris, those of Orleans, Beaugency, and Vendome brought the losses up to 20,000. In January the decisive actions in the north-east and west with the German armies 14,000 men, and in the early part of February the affairs in the east and siege of Belfort cost the lives of 600 men. The total loss during the siege of Paris from 19th September, 1870, to 28th January, 1871, amounted to 11,563 men, including 480 officers. Of them there were killed in the field or died of wounds 140 officers and 1,860 soldier.—From the *Nord Deutsche Allgemeine Zeitung*.

MR. E. FOSTER, chemist, Preston, was convicted for the fifteenth time for neglecting to vaccinate his child. He has already paid £14 in fines and costs, but is still obdurate.

NOTICE is given in our advertising columns that an examination of candidates for sixteen appointments as assistant-surgeons in Her Majesty's Indian Service will be held in London in February next.

ADVERTISEMENTS have been issued for Dispensers for Service in Her Majesty's Naval Hospitals, possessing the major qualifications of the Pharmaceutical Society. The age must be not less than 20, nor more than 25 years, and the pay and privileges are fixed by the new regulations which we gave last week.

THE Council of the Apothecaries' Hall of Ireland has selected the following subject for the Annual Prize of Five Guineas, to be competed for by Apprentices, upon the first Monday and Tuesday in May, 1873:—"The British Pharmacopœia." The examination will be holden in the Hall at the hour of Two o'clock, p.m., and will be conducted partly by *written* and *oral* questions, and partly by experiments.

HOSPITAL SUNDAY produced in Liverpool this year £8,090 2s. 5d. After paying necessary expenses, the sum of £7,800 was distributed, and a balance of £74 10s. 6d. carried forward. The total at Birmingham has not been published yet, but it is stated that £4,778 is certainly ascertained. The date fixed for Manchester's annual collection is February 9th.

THE Surgeon of the Sappers and Miners in Bangalore has obtained some novel results in Vaccination. In 108 vaccinations of sepoys who had marks of previous small-pox, 84 were successful; in 98 who had *good* marks of previous vaccination, 77 proved successful; and of 67

men who had marks both of small-pox and previous vaccination 44 were successfully re-vaccinated. The *Madras Medical Journal* observes that these results are contrary to ordinary belief, to say the least of it, and is glad to know that the Inspector-General has ordered a repetition by others of the experiment.

THE Dublin Obstetrical Society opens its twenty-fifth annual session on the evening of Saturday next, the 23rd, at 8 p.m., at the College of Physicians, and its Council has issued cards of invitation for the occasion. Dr. Kidd will deliver the Inaugural Address. That gentleman, as President, entertained the members of the Society, and the chief members of the Profession in Dublin, at a *conversazione* at his residence in Merrion Square, on this day-week. A very large assembly of the leading Medical men of Ireland responded to Dr. Kidd's invitation.

Correspondence.

FRATERNISATION WITH HETERODOXY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—As I have been much occupied in preparing for the press the last pages of a second edition of a work I am anxious to put forward at this season, you need not be surprised to learn that I was not at all aware of some observations in your number of the MEDICAL PRESS of the 13th of Nov. until this very day. I can only say that the facts I have here to mention relative to Mr. Maguire, M.P., do not justify your severe, although flattering comments, nor implicate me.

Mrs. Sullivan, whom I have had the pleasure of knowing (having attended in her family), called upon me on Wednesday, the 30th of October, and told me she wished to have my opinion relative to the health of her brother-in-law, Mr. Maguire, who had come to town seriously ill. I told her I would call on him at his lodgings, Stephen's Green, South, as soon as I could, but did not mention the hour. I found Mrs. Sullivan, Mrs. Maguire, the patient attended by his clergyman. They having given me the history of the case, I examined him, and gave a very unpromising opinion as to it. I advised that the vertex of the head should be shaved and a blister to be applied without loss of time, and certain medicines to be taken. I told Mrs. Maguire any further directions I should put down on paper for her. I did all this, and I doubt not Mrs. Maguire may remember the circumstances, and very likely has the written directions I gave to her, without my having had any previous consultation with any Medical man of any denomination whatsoever. The history of the case of Mr. Maguire was given to me, on my first and only visit I made to him, by his wife, his sister-in-law, and by himself. I had no consultation with any one but with the immediate relatives of the lamented gentleman.

Yours faithfully,

ROBERT ADAMS.

November 17, 1872.

[We regret the statements in the *Freeman's Journal*, which were perfectly explicit as to the consultation of Mr. Adams and Dr. Scriven, remaining without notice or contradiction, conveyed an erroneous impression to ourselves as well as to a large number of our brethren, and that thus an injustice has been done Mr. Adams, which we have pleasure in remedying, so far as is possible, by the publication of his letter.—Ed. M. P. & C.]

STUDENTS' COLUMN.

SYNOPTICAL REVIEW OF THE OFFICINAL PREPARATIONS OF THE BRITISH PHARMACOPEIA.

By W. HANDSEL GRIFFITHS, Ph.D., L.R.C.P.,
L.R.C.S. Edin.,

Assistant-Librarian Royal College of Surgeons in Ireland.

TINCTURA (TINCTURES).

THESE are spirituous solutions of substances, the active principles of which are imperfectly soluble in water, or whose aqueous solutions are not stable. There are no less than sixty-five tinctures, these are named and classified according to their strength in the following table:—

	1 in 2	
	<i>Tinctura Zingiberis Fortior.</i>	
	1 in 4	
	<i>Tinctura Ergotæ.</i>	
	„ <i>Ferri Perchloridi. (Liquor.)</i>	
	1 in 8.	
<i>Tinctura Aconiti.</i>		<i>Tinctura Lobeliæ.</i>
„ <i>Assafetidæ.</i>		„ <i>Lobeliæ Ætherea.</i>
„ <i>Buchu.</i>		„ <i>Lupuli.</i>
„ <i>Calumbæ.</i>		„ <i>Myrrhæ.</i>
„ <i>Cascarillæ.</i>		„ <i>Sabine.</i>
„ <i>Catechu.</i>		„ <i>Scillæ.</i>
„ <i>Cocci.</i>		„ <i>Senegæ.</i>
„ <i>Colchici Seminum.</i>		„ <i>Sennæ.</i>
„ <i>Conii.</i>		„ <i>Serpentariæ.</i>
„ <i>Cubebæ.</i>		„ <i>Stramonii.</i>
„ <i>Digitalis.</i>		„ <i>Sumbuli.</i>
„ <i>Galls.</i>		„ <i>Tolutani.</i>
„ <i>Hyocyami.</i>		„ <i>Valerianæ.</i>
„ <i>Jalapæ.</i>		„ <i>Valerianæ Ammoniatæ.</i>
„ <i>Kramerisæ.</i>		„ <i>Zingiberis.</i>
„ <i>Limonis.</i>		
	1 in 5.	
	<i>Tinctura Cinchonæ Flavæ.</i>	
	„ <i>Guaiaci Ammoniatæ.</i>	
	„ <i>Pyrethri.</i>	
	„ <i>Veratri Viridis.</i>	
	1 in 10.	
	<i>Tinctura Aurantii.</i>	
	„ <i>Benzoini Composita.</i>	
	„ <i>Chloroformi Composita.</i>	
	„ <i>Cinchonæ Composita.</i>	
	„ <i>Kino.</i>	
	„ <i>Nucis Vomiceæ.</i>	
	„ <i>Rhei.</i>	
	1 in 20.	
	<i>Tinctura Arnicæ.</i>	
	„ <i>Belladonnæ.</i>	
	„ <i>Cannabis Indicæ. (Extract.)</i>	
	„ <i>Castorei.</i>	
	„ <i>Croci.</i>	
	1 in 40.	
	<i>Tinctura Aloes.</i>	
	„ <i>Iodi.</i>	
	1 in 60.	
	<i>Tinctura Quiniæ.</i>	
	1 in 80.	
	<i>Tinctura Cantharidis.</i>	
	„ <i>Cardamomi Composita.</i>	
	1 in 13½.	
	<i>Tinctura Gentianæ Composita.</i>	
	„ <i>Opii.</i>	
	1 in 27.	
	<i>Tinctura Capsici.</i>	
	„ <i>Castorei.</i>	
	„ <i>Quassisæ.</i>	

1 in 96.
Tinctura Opii Ammoniatæ.
1 in 213
Tinctura Lavandulæ Compositæ.

Tinctura Camphoræ Composita has 1 of opium, 1 of benzoic acid, and ½ of camphor in 240.

Rectified Spirit is used in preparing tinctures of those substances which contain much resin or volatile oil, as in *Tinctura Aconiti, Arnicæ, Assafetidæ, Benzoini Composita, Cannabis Indicæ, Capsici, Castorei, Chloroformi Composita, Cubebæ, Ferri Acetatis, Ferri Perchloridi, Iodi, Kino, Lavandulæ Composita, Myrrhæ, Nucis Vomiceæ, Opii Ammoniatæ, Pyrethri, Tolutana, Veratri Viridis, Zingiberis Fortior.*

Proof Spirit is used in the preparation of all the remaining tinctures, except two so-called "*Ammoniated Tinctures*"—viz., *Tinctura Opii Ammoniatæ* and *Tinctura Valerianæ Ammoniatæ*, in which Aromatic Spirit of Ammonia is employed; one "*Ethereal Tincture*," *Tinctura Lobeliæ Ætherea*, in which Spirit of Ether is used; and one in which tincture of orange is used—viz., *Tinctura Quiniæ.*

Proof spirit is adapted to making tinctures of such substances as are partly soluble in water and partly in spirit.

The following are the processes according to one or other of which, with the exception of *Tinctura Ferri Acetatis*, all the tinctures are made:—

1st. SIMPLE SOLUTION OR MIXTURE.—*Tinctura Cannabis Indicæ, Chloroformi Composita, Ferri Perchloridi, Iodi.*

2nd. MACERATION.—Macerate (in all or 15 ounces) of the spirit for 7 days in a closed vessel, occasionally agitating, filter (in many cases press and strain), and add sufficient spirit to make 1 pint. *Tinctura Aloes, Assafetidæ, Aurantii, Benzoini Composita, Camphoræ Composita, Cantharidis, Castorei, Catechu, Cocci, Guaiaci Ammoniatæ, Kino, Limonis, Lobeliæ Ætherea, Opii, Opii Ammoniatæ, Quassisæ, Tolutana, Valerianæ Ammoniatæ.*

The preparation of *Tinctura Lavandulæ Composita* is somewhat exceptional; after macerating the solid ingredients in the spirit, straining and pressing as above, dissolve the oils in the strained tincture, filter and add sufficient spirit to make up to 2 pints. In *Tinctura Tolutana* the balsam of tolu is to be macerated in 15 ounces of the spirit for 6 hours only, or until the balsam is dissolved. In *Tinctura Quiniæ* the sulphate of quinia is to be dissolved in the tincture of orange-peel by aid of a gentle heat. The solution is to remain for 3 days in a closed vessel, occasionally agitating it, and is finally filtered.

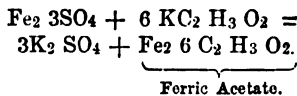
3rd. PERCOLATION.—Pack in a percolator, pour on half-a-pint of the spirit, two hours after add more spirit, and percolate slowly until 1 pint is collected. *Tinctura Zingiberis Fortior.*

4th. MACERATION AND PERCOLATION.—Macerate the drug for 48 hours in 15 ounces of the spirit in a closed vessel, occasionally agitating; transfer to a percolator, and when the fluid no longer passes, continue the percolation with 5 ounces more of the spirit. Then press the contents of the percolator, filter the products, mix the liquids, and lastly, add sufficient spirit to make 1 pint. All the remaining 38 tinctures are made according to this process. It should be mentioned that in *Tinctura Nucis Vomiceæ* the drug before being subjected to the above treatment is directed to be steamed until it is well softened, then rapidly dried and reduced to a fine powder.

The preparation of *Tinctura Ferri Acetatis* differs from all the foregoing; 2 ounces of acetate of potash is dissolved in 10 ounces of rectified spirit, and 2½ ounces of solution of persulphate of iron is mixed with 8 ounces of rectified spirit; the solutions are then mixed in a bottle

and shaken occasionally during an hour; the mixture is then filtered, and when the liquid has ceased to pass, as much rectified spirit is put on the filter as will make the filtered product measure 1 pint.

The following equation expresses the reaction:—



In the preparation of most tinctures the drugs are directed to be cut small or bruised, or coarsely powdered, &c.

All the tinctures are simple except those enumerated in the following table and *Tinctura Aloes*, which has 1½ ounces of extract of liquorice added, the object of which is to hide the taste and to suspend the aloes in the spirit, *Tinctura Catechu* in the preparation of which 1 ounce of cinnamon bark is used, and *Tinctura Iodi* which contains ¼ ounce of iodide of potassium, the use of which is to aid in the solution of the iodine.

Tinctura Opii Ammoniata, *Tinctura Rhei*, and *Tinctura Sennæ* are compound in every sense, and as such are included in the following table:—

TABLE OF INGREDIENTS OF COMPOUND TINCTURES.

Tinctura Opii Ammoniata.

Opium	100 grs.
Saffron	} each
Benzoic Acid . . . . .		180 grs.
Oil of Anise	1 drm.
Strong solution of Ammonia	4 oz.
Rectified Spirit	16 oz.
Contains 1 gr. of opium in 96 mins.	

Tinctura Rhei.

Rhubarb	2 oz.
Cardamon Seeds (freed from pericarps)	} each
Coriander fruit . . . . .		¼ oz.
Saffron	} each
Proof Spirit . . . . .		1 pint.

Tinctura Sennæ.

Senna	2½ oz.
Raisins	2 oz.
Caraway fruit } each	½ oz.
Coriander fruit }	
Proof Spirit	1 pint.

Tinctura Benzoini Composita.

Benzoin	2 oz.
Prepared Storax	1½ oz.
Balsam of Tolu	½ oz.
Socotrine Aloes	160 grs.
Rectified Spirit	1 pint.

Tinctura Camphoræ Composita.

Opium	} each
Benzoic Acid . . . . .		40 grs.
Camphor	30 grs.
Oil of Anise	½ drm.
Proof Spirit	1 pint.
One gr. of opium is contained in ¼ oz.	

Tinctura Cardamomi Composita.

Cardamon Seeds (freed from carps)	¼ oz.
Caraway fruit	½ oz.
Raisins	2 oz.
Cinnamon Bark	½ oz.
Cochineal	60 grs.
Proof Spirit	1 pint.

Tinctura Cinchonæ Composita.

Pale Cinchona Bark	2 oz.
Bitter Orange Peel	1 oz.
Serpentary Root	½ oz.
Saffron	60 gra.
Cochineal	30 gra.
Proof Spirit	1 pint.

Tinctura Chloroformi Composita.

Chloroform	2 oz.
Compound Tincture of Cardamoms	10 oz.
Rectified Spirit	8 oz.

Tinctura Gentianæ Composita.

Gentian Root	1½ oz.
Bitter Orange Peel	¼ oz.
Cardamon Seeds (freed from peri- carps)	¼ oz.
Proof Spirit	1 pint.

Tinctura Lavandulæ Composita.

Oil of Lavender	1½ drm.
Oil of Rosemary	10 mins.
Cinnamon Bark } each	150 gra.
Nutmeg	
Red Sandal-wood	300 gra.
Rectified Spirit	2 pints.

Several tinctures become milky when added to aqueous fluids owing to the precipitation of resinous or oily matters as *Tinctura Assafetidæ*, *Benzoini Composita*, *Cannabis Indicæ*, *Guaiaci Ammoniata*, *Jalapæ*, and *Tolutana*. If mucilage of gum acacia be rubbed up with the tincture before adding water the insoluble matters will be suspended.

A few of the tinctures spoil by keeping, thus, *Tinctura Kino* and *Tinctura Catechu* gelatinise when kept for a long time; *Tinctura Ferri Acetatis* also gelatinises on keeping, owing to the separation of the insoluble basic acetate, and *Tinctura Gallæ* when long kept becomes useless as a test for gelatine and the vegetable alkaloids, owing to the change of its tannic acid into gallic acid.

Tinctura Colchici made from the seeds is less liable to purge or nauseate than if made from the corm.

Tinctura Assafetida is used only in the form of enema. *Tinctura Digitalis* if well made, has a greenish colour by transmitted light. *Tinctura Conii* is known to be good if the odour of conia is evolved on adding to it solution of potash.

Several of the tinctures have received popular names thus, *Tinctura Aconiti* is sometimes called "Fleming's Tincture;" it must be remembered, however, that Fleming's tincture is much stronger than the Pharmacopœial one. *Tinctura Benzoini Composita* is termed "Friar's Balsam;" *Tinctura Camphoræ Composita* is known as "Paregoric Elixir;" while *Tinctura Opii Ammoniata* is sometimes called "Scotch Paregoric." *Tinctura Cinchonæ Composita* is occasionally sold as "Huxham's Tincture of Bark;" it contains only half as much pale bark as the *Tinctura Cinchonæ Flavæ* does of yellow bark. Lastly, *Tinctura Opii* is known as "Laudanum."

The following are the preparations into the composition of which the tinctures enter:—

Tinctura Aurantii in *Mistura Ferri Aromatica*, *Syrupus Aurantii*, and *Tinctura Quiniæ*.

Tinctura Cardamomi Composita in *Decoctum Aloes Compositum*, *Mistura Ferri Aromatica*, *Mistura Sennæ Composita*, and *Tinctura Chloroformi Composita*.

Tinctura Iodi in *Vapor Iodi*.

Tinctura Lavandulæ Composita in *Liquor Arsenicalis*.

Tinctura Opii in *Enema* and *Linimentum Opii*.

Tinctura Sennæ in *Mistura Sennæ Composita*.

Tinctura Tolutana in *Trochisci Acidi Tannici*, *Trochisci Morphicæ*, *Trochisci Morphicæ* et *Ipecacuanhæ*, and *Trochisci Opii*.

Tinctura Zingiberis Fortior in *Syrupus Zingiberis*.

Literature.

ON THE PATHOLOGY AND TREATMENT OF GONORRHOEA (a).

THE work before us contains in an abridged form the first and second editions of Mr. Milton's work, with papers on scalding, chordee, and gonorrhœa, printed in the *Medical Times* and elsewhere. Lectures on treatment of inveterate gleet by blistering and on gonorrhœal rheumatism have been revised and amplified.

On page 13 the author surmises that gonorrhœa has been introduced by the introduction of artificial forms of life.

Chapter II. gives the treatment of the affection, and the author examines the treatment in vogue at many of the hospitals in London. He mentions that Mr. Miles, an army surgeon, is in the habit of blistering the thighs or penis with rapid results, a cure taking place in from four to seven days. As to the "expectant treatment" Mr. Johnson justly observes: "the surgeon who calculates in a sanguine way on the natural cure of gonorrhœa will probably be more remarkable for patience than success."

In Chapter III. Mr. Milton says it is time that men banished copaba from the therapeutics of gonorrhœa. Cubebs occasionally cures with marvellous rapidity. Turpentine was once a reputed remedy in gonorrhœa. Oil of sandal-wood is coming into very general use in gonorrhœa, and is given in doses of twenty to thirty drops. Purgatives don't seem of much use. Diuretics are used by the author, such as the acetate of potash. Neither hot baths nor cold baths are recommended. Very hot water to the penis is useful, so as to make the organ quite red.

The "right arm of the service" is injection. "Without them internal remedies and external applications are alike slow and unsatisfactory in their working, and, notwithstanding that the abuse of these has sometimes led to mischief, and that the most unexceptional employment of them is now and then of no avail, the man who discovered them merits our common gratitude." Quite true. Injections can induce neither stricture nor chordee nor orchitis. When nitrate of silver, which Mr. Milton likes best of all injections, is used at first, it will often cure gonorrhœa, he says, with magical rapidity. Ten grains to the ounce sometimes, it appears, cures at once.

Chloride of zinc is not a better injection, according to Mr. Milton, than nitrate of silver or sulphate of zinc. He prefers the sulphate when there is much pain. He does not know how injections act. In cases which are recent the author recommends injection of a five grain to ounce solution of nitrate of silver, followed by a purge and then injections of a solution of sulphate of zinc (five grains to ounce), the penis being bathed with hot water. The treatment advised is to continue the injection after micturition, gradually raising its strength from ten grains to an ounce.

The ordinary treatment of gonorrhœa, says our author, equires salts of potash with slight aperients. Hot water is to be used to the organ and injections used, such as half a grain of nitrate of silver to the ounce of distilled water is used by the practitioner, whilst the patient is to see himself an injection of two grains of sulphate, with half a grain of chloride of zinc in the ounce of water. In women one drachm of the sulphate to the ounce may be used. It is quite unnecessary to compress the urethra behind the scrotum, for the injection cannot enter the adder, and would do no harm if it did.

We have given a few of the most important parts of Mr. Milton's most valuable work, to show how much there is to learn from it. We advise all persons who have to treat gonorrhœa—and few can be so placed as never to have to do this—to read this excellent and most practical treatise.

REMARKABLE SUICIDE BY RIFLE SHOT.

A YOUNG soldier belonging to one of the regiments in the Northern Division of England absented himself on the night of the 2nd of November from off Guard, carrying with him, unobserved, his rifle and ten rounds of ammunition. Search was made for him but without success, and it was accordingly supposed that he had deserted. On the following morning, when the men responsible for the cleanliness of the barracks came to a detached latrine that was used only in connection with the schoolrooms they found him sitting dead in the corner of the place. He sat in a perfectly life-like attitude upon the ground, his back resting in the angle of the wall, his left leg extended, the right upon its outer side, half flexed, across it was the rifle, the muzzle pointing towards his body, a belt and piece of string passed from the trigger round the butt, upwards to his right hand; with this he fired the shot, while the left directed the rifle barrel to the chest.

When stiffened by *rigor mortis* his hands remained in the same position in which they had been when the last movement was performed. His elbows touched his sides, but the hands were raised unsupported towards each other, fixed in the half closed grasp, from which the rifle and the trigger string had been withdrawn by the recoil on firing. The face was calm and peaceful, its colour scarcely changed. The head had not dropped forwards, but rested naturally against the right-hand wall.

Although the body was not discovered for seven hours after death, and was then cold and rigid, there is every probability, from the position of the hands, that there must have been a "perpetuation of attitude and facial expression" without any intermission from life to death, as has been described by Inspector-General Longmore, C.B., in the last Army Medical Report. The *post-mortem* proved the suddenness of death to have been complete. The bullet entered, making a small aperture, immediately behind the ensiform cartilage, but with it rushed in also the unexpended force of the explosion, bursting the diaphragm from its attachment here, and literally blowing away the heart from its connection with the arteries. The anterior cardiac wall appeared untouched, but on raising that the ventricles and auricles were seen to be not only rent asunder from behind, but torn from all union with their vessels except where the right ventricle joined the wall of the pulmonary artery in front. The root of the left lung was but a shred, and a tear continued backwards till it had almost divided the upper lobe from the lower lobe. The ball had struck the left side of the spine, broken the transverse processes of three vertebra, pulverised the articulating portions of the fourth, fifth, and sixth ribs, and finally lodged itself in shapeless splinters among the muscles of the back.

Medical News.

University of London.—Second M.B. Examination.—The following is the Pass List at the last examination:—*First Division*—Alfred Ashby, Guy's Hospital; George Harry Barfoot, University College; George Birt, Birm. Gen. Hosp. and Univ. Coll.; Arthur Mudge Branfoot, Guy's Hospital; Leonard Cane, University College; Benjamin Neale Dalton, Guy's Hospital; Robert Eardley-Wilmot, King's College; Rickman John Godlee, William Smith Greenfield, University College; Michael Harris, Robert Harris, Thomas Jones, Guy's Hospital; Thos. Anthony Aloysius McCann, Charles Atkinson Nankivell, Walter Ottley, University College; Charles Edward Steele Perkins, Guy's Hospital; Joseph Henry Philpot, King's College; Ebenezer Geer Russell, Guy's and R. Vict. Hosp., Netley; Henry William Saunders, St. Thomas's Hospital; Francis Warner, King's College. *Second Division*—Charles Edward Hoar, King's College; Edmund Blacket Owen, St. Mary's Hospital; Herbert Taylor, St. Bartholomew's Hospital; William Williams, Guy's Hospital; Edward Yate, St. Bartholomew's Hospital.

(a) "On the Pathology and Treatment of Gonorrhœa." By J. L. Milton. Surgeon to St. John's Hospital for Diseases of the Skin. London: Hardwicke, 1872. Pp. 220.

Royal College of Surgeons of England.—The following gentlemen having passed the required examinations for the diploma were duly admitted members of the college at a meeting of the Court of Examiners on Tuesday and Wednesday, the 12th and 13th November :—

Anderson, Richard John, M.D. Queen's Univ. Irel., Newry.
 Bailey, Frederick W., Highbury.
 Benham, Henry J., Wigmore Street, Cavendish Square.
 Biggs, Henry Grave, L.R.C.P. Ed., Southsea, Hants.
 Branfoot, Henry Seymour, Kinz's Lynn.
 Brown, Joseph L'Oste, L.R.C.P.L., Grantham.
 Coates, William H., L.S.A., Henley-on-Thames.
 Davis, Arthur Percy, Fowey, Cornwall.
 Duke, David, L.S.A., Kennington Park Road.
 Evans, John, L.S.A., Dowlais.
 Fenn, Ernest Harold, Grafton Street.
 Fletcher, George, Bromsgrove.
 Goodchild, John A., South Eaton Place.
 Grey, Frederick A., Stonehouse, Devon.
 Greaves, Edward, L.R.C.P. Ed., Great Easton, Leicester.
 Hall, Frank Algernon, Newmarket.
 Hands, Arthur, L.R.C.P.L., Inkberrow, Redditch.
 Haslam, William Doidge, Little Missenden, Bucks.
 Hewett, Frederick C. C., L.S.A., Twickenham.
 Hopkins, Rees, L.R.C.P. Ed., Pontypridd, South Wales.
 Hopper, Arthur R., Liverpool.
 Horton, Walter, L.R.C.P. Ed., Wednesbury, Staffordshire.
 Hudson, John, Horsforth, near Leeds.
 Humphreys, Henry, L.S.A., Hackney.
 Jacobson, Walter H. A., Chester.
 Jenkinson, Harold, L.S.A., Ranskill, Notts.
 Jepson, Edward, Durham.
 Jewsbury, Charles Frederick, Gloucester.
 Le Mottée, George H., L.S.A., Guernsey.
 Liddbetter, Thomas George, L.S.A., Framfield, Sussex.
 Lidderdale, James, Great Badwyn, Wilts.
 M'Monagle, Joseph, M.D., St. John's, New Brunswick.
 Molyneux, Harold J., Wigan.
 Morgan, George, Pontypool, Monmouth.
 Odell, William, L.S.A., Hertford.
 Parker, George W., L.R.C.P.L., Newcross Road, S.E.
 Piers, Charles Edward, Cape of Good Hope.
 Robey, Ralph P., Newcastle, Staffordshire.
 Robey, Samuel H., Newcastle, Staffordshire.
 Runcorn, Henry, L.S.A., Manchester.
 Snell, Simeon, Leeds.
 Steele, Henry F. A., Liverpool.
 Turnell, Arthur P., Brixworth, Northampton.
 Vaughan, D. W. Jones, Narbeth.
 Vowell, Charles M., Cheltenham.
 Webster, Joseph H., L.R.C.P. Ed., Nottingham.
 White, Ernest W., Norwich.
 Whiteford, Adam J., L.R.C.P. Ed., St. John's Wood.
 Winterbottom, Augustus, Sloane Street.
 Wright, Frederick Wade, Leeds.
 Wright, John F., L.S.A., Seymour Street.

Royal College of Physicians of London.—Professor Rolleston, of Oxford, has been appointed to deliver the Harveian Oration next year. The Gulstonian lectures will be given by Dr. R. Liveing, the Croonian by Dr. Radcliffe, and the Lumleian by Dr. Barnes.

Royal Medical Benevolent College.—At a general meeting of the Governors, held at the office, 37 Soho Square, on November 13th, Henry Hancock, Esq., President of the Royal College of Surgeons, was appointed Treasurer of the Royal Medical Benevolent College, in the place of Henry Sterry, Esq., who has resigned on account of ill-health.

Cholera.—Cases of cholera have occurred in Vienna. Some cases of gastro-intestinal catarrh, connected in one instance with psoas abscess, have been reported as cholera. In view of the danger, it has been decided to provide a number of cholera hospitals. The *Allgemeine Wien. Med. Zeitung* states that, from Oct. 18th to Nov. 3rd, there were 129 cases of cholera in Buda, with 29 deaths; during the same period one case occurred in the adjoining city of Pesth. The Hungarian Minister of the Interior, Herr Tóth, has personally visited the hospitals, prisons, schools, barracks, hotels, and other public buildings in Pesth, in order to see that disinfection is carried out. The cholera patients have been removed from the hospital at Buda into private houses and barracks.

Cholera has appeared in Dresden. Six cases, of which three were fatal, were reported to the police in two or three days. The first case came from Pesth.

The Cholera in India.—A telegram, dated Calcutta, N.v. 5th, 1 2 p.m., in the *Times*, says :—“Since the first outbreak of cholera this year to October 25th, there have been 823 cases and 529 deaths among European soldiers, their wives and children, in Bengal. From the first outbreak at Peshawar to October 29th, the cases of European soldiers were 57, women 8, and children 19; deaths, soldiers 45, women 6, children 15. The disease still lingers, but its intensity has decreased.”

Mr. T. L. Gentles, public vaccinator of the South District Derby Union, has had awarded to him a Privy Council grant of £79 5s. for efficient vaccination. Satisfactory.

Gleanings.

Beneficial Effect of an Over-dose of Lye in Membranous Croup.

THE following singular incident is reported in the *Medical Archives* by Dr. J. B. Walker :—

I was in attendance on a patient, *æt.* 6, labouring under a severe attack of membranous croup. He was stout, and previous to the present sickness in robust health. The disease had commenced two days previous, and had resisted the ordinary treatment instituted against it. The application of caustic to the larynx, cold applications externally, emetics, and nauseants exhibited liberally and attended with copious discharge of fibrinous exudations, had all failed to arrest its onward march; and as I left the little sufferer late in the evening of the second day of his attack my hopes of his recovery were not of the most brilliant character. Some two years before I had attended a child of the same parents with the same disease, and with a fatal result, and I considered this one as destined to go the same way. His stridulous respiration, the blueness of the surface, with the drowsiness fast deepening into stupor, all attested the approaching end.

Towards midnight I was hurriedly sent for, and found on my arrival that, by mistake, a quantity (they said a teacupful) of lye, diluted to some extent, had been given him by one of the neighbour women, who supposed it was water which had been left standing in the room. He must have got a rather heavy dose, for I found him with mouth and tongue and lips very much swollen, and a steady flow of mucus from his mouth and throat—in fact, a steady stream with a burning in the line of the *œsophagus* and stomach. As an antidote I gave him frequently small doses of sweet oil, and to my surprise his croupy symptoms began to pass away, and with the exception of a diarrhoea that was a little troublesome, he recovered without a bad symptom. I am confident he owed his life to the stimulating effect of the potash, causing an excessive secretion from the mucous surfaces and overcoming the inflammatory congestion.

Dry Gangrene following the Use of Carbolic Acid.

M. PONCET, an *interne* of the Lyons Hospitals, records in the *Lyon Méd.*, a case which he considers rightly to convey a caution against the rash use of carbolic acid by non-professional persons. A girl, *æt.* 13, had her fore-finger injured by a splinter of wood, which penetrated under the nail. The end of the finger was dipped in a bottle of solution of carbolic acid, and a compress soaked in the acid was applied. The next day the part had a greyish colour, and was insensible; and when M. Ollier first saw her, a week afterwards, mortification had extended as far as the upper third of the second phalanx, and a line of demarcation was being formed. The finger assumed a mummified appearance, and separated on the thirty-fifth day. This occurrence suggested to M. Ollier the possibility of amputating fingers and toes by means of the application of carbolic acid; and experiments were accordingly made by M. Viennois on rabbits and fowls. The results showed that the application of carbolic acid was liable to be followed by toxic symptoms; but that these might be prevented by the application of a ligature. M. Ollier endeavoured to put the plan into execution in a case of disease of the great toe, by plunging it

for some minutes in a concentrated solution of carbolic acid; the thickness of the epidermis, however, prevented mortification from being produced. M. Poncet records also the case of a man, *æt.* 23, who, having wounded the end of one of his fingers, applied for ten days charpie impregnated with carbolic acid, and afterwards poultices. When he applied to M. Ollier, two months after the accident, the terminal phalanx was in a state of dry gangrene, and was removed a few days afterwards.

NOTICES TO CORRESPONDENTS.

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

All communications intended for insertion must bear the name and address of the writer; not necessarily for publication, but as a voucher of good faith.

Rejected MS. will always be returned, if a request be received from the author, within one week after the article or letter has been declined.

SUBSCRIPTIONS IN THE UNITED STATES.—A correspondent has drawn our attention to the fact, that some of the houses in the United States are charging the enormous figure of 15 dollars per annum (more than £3) for supplying this Journal to different parts of the States. We beg, therefore, to state that we shall be happy to supply the same regularly post free per annum, if paid in advance, for considerably less than half this amount, viz., six and-a-half dollars (about £1 6s. 0d.), either direct from our offices in this country, or through our recognised agents in the United States.

DR. W. B. JOHNSTON.—The proposal is perfectly satisfactory.

DR. T., London.—The position was a mistake.

THE ALBERT MEDICAL ASSURANCE.—We hope there is at last a prospect of policy-holders in this unfortunate Company getting at least some of their money back. Last week, an advertising account due to this Journal was paid the publisher 20s. in the pound; and we believe there are anticipations of the liquidators being able to meet most other claims in full. Of course, the greater part of the money will be drawn out of the pockets of shareholders, for whom we have the heartiest sympathy.

MAD LITERATURE.—Several correspondents have written asking us where the little magazine of the Church Stretton Lunatic Asylum, noticed in this Journal and the *Lancet*, is to be obtained. The railway bookstalls will probably have it, or it might be obtained through local booksellers. The publishers of "Loose Leaves" are Messrs. Baillière, Tindall, and Cox, and the price, we believe, is twopence.

THE MEDICAL OFFICERS' SUPERANNUATION ACT.

To the Editor of the "Medical Press and Circular."

SIR,—You were so obliging in your last year's *Medical Press and Circular* to state the law on the wording of the Medical Officers' Superannuation Act.

It appears about forty unions petitioned in favour of it, whereas a great many opposed. Now there are but two words in the Act which the Guardians can take hold of. The word *discretion* gives them power either for or against the applicant. Then again, the word *some union*, or *parish*, means as they say, one *district union*, not one or more unions as the case may be.

I applied, being about seventy-two years of age, for superannuation, having served for twenty-three years, or thereabouts, in *two unions*, in one eight years, the other fifteen years. This, they say, is not according to the Act.

Yours, &c,

A SUBSCRIBER.

November 12th, 1872.

(Copy of a letter from the Poor-law Board.)

May, 1871.

SIR,—I am directed by the Poor-law Board to acknowledge the receipt of your letter of the 22nd inst., in which you enquire whether, under the circumstances therein mentioned, you are entitled to a superannuation allowance in respect of the office of Medical Officer. In reply I am directed to inform you that, in the opinion of the Board, the terms of the statute 27 and 28 Vict., cap. 42, under which the guardians are empowered to grant an annual allowance to an officer on his resignation, do not admit of the periods of service in *different unions* being added together, so as to make up the full period of twenty years.

Section 3 expressly provides that no officer shall be entitled on the ground of age, who shall not have completed the full age of sixty years, and who shall not have served in some *union or parish* for twenty years at least.

If, however, by reason of permanent infirmity of body you have be-

come incapable of discharging, with efficiency, the duties of your office, as provided by Section 1 of the above-mentioned statute, it is competent to the Guardians, on your resignation, to vote you an annuity under the provisions of the 33rd and 34th Vict., cap. 91.

I am, &c,

ASSISTANT-SECRETARY.

COMMUNICATIONS, enclosures, &c., received from:—The Director-General of the Naval Medical Department. Dr. Horace Swete, Leamington. Dr. Kraus. Dr. Nathan Allen, Lowell, United States. Dr. F. E. Clarke, Drogheda. The Registrar-General. Dr. C. Booth, Chesterfield. Dr. Langley. Dr. Carey, Taunton. Mr. Gurnell, Old Ford. Dr. Handeel Griffiths, Dublin. Dr. Howell, Llanelli. Mr. Allott, Sheffield. Dr. J. W. Harris, Exeter. Dr. P. M. Kely, Walsall. Dr. Bissell, New York. Dr. Goedisk, Romford. Dr. J. Smith, Bishops Lydeard. Mr. W. J. Clarke. Mr. J. M. Stanfield, Bristol. The Secretary of the Medical Society of London. Mr. Tichborne, Dublin. Mr. Warnock, Newry. Dr. Murphy, Bowness. Dr. W. B. Johnstone, Rotherhithe. Mr. Phillips, Finsbury. Dr. Carpenter, London. Mr. Wilson, Westminster Hospital. Mrs. Baines, London. Mr. Green, Dr. Tilt, London. Dr. Cousins, Newport. Mr. Davenport. Dr. Allen. Mr. Balfour Brown. Mr. Guenin. Dr. Lane. Dr. Darby, Monasteran. Dr. Aickin, Belfast. Dr. Allen, Garey. Dr. Bryson, Newtownmavady. Dr. Edgeworth, Longford. Dr. Christie, Carrigart. Dr. Waters, Carbury. Dr. O'Brien, Johnstown Bridge. Dr. Ahearne, Cork. Dr. Alton, Tralee. Dr. Davis, Manorbhamton. Dr. Open, Kenmare. Rev. Andrew Carney, P.P., Ballylasy, Monaghan.

VACANCIES.

Her Majesty's Naval Hospital. Dispensers. (See advt.)
Huntingdon General Hospital. House-Surgeon. Salary £50, with board.

Suffolk General Hospital. Physician. Honorary.

Bristol General Hospital. Assistant House Surgeon. Salary £50, with board and residence.

Owen's College, Manchester. Junior Demonstrator in the Chemical Laboratory. Emoluments about £250 per annum.

Kildilton, Islay. Medical Officer to the Parochial Board. Salary £70 per annum.

Alnwick Infirmary. House-Surgeon. Salary £105, with residence.

Charing Cross Hospital Medical School. Demonstrator of Anatomy. Salary £150.

Spike Island Convict Prison, Ireland. Medical Attendant. Salary £300 per annum, with board and residence. (See advt.)

St. Thomas's Hospital. Medical and Surgical Registrarships. Particulars of each appointment to be obtained of Mr. Whitfield, at the hospital.

Westminster General Dispensary, Soho. Surgeon.

City of London Hospital for Diseases of the Chest, Victoria Park. Assistant Physician. Honorary.

Royal Edinburgh Hospital for Sick Children. Resident House Surgeon. Also, an Assistant to the extra Physicians.

Northampton General Infirmary. House Surgeon. Salary £125 per annum, with board and residence.

Hospital for Women, Soho, W. Two Clinical Assistants.

Northampton Friendly Societies' Medical Attendant. Salary £180, with residence.

Royal College of Surgeons of Ireland. Architect to the College. (See advt.)

Royal College of Surgeons of England. Examiner to the College.

Royal College of Surgeons of Ireland. Professor of Physic. (See advt.)

London Fever Hospitals. Resident Medical Officer. Salary £200 per annum, with residence.

Parish of St. Giles, Cambridge. Dispenser. Salary £90, with residence.

Cheltenham General Hospital. House-Surgeon's Assistant and Dispenser.

MEETINGS OF THE LONDON SOCIETIES.

THURSDAY, November 21.

HARVEIAN SOCIETY OF LONDON, 8 P.M.—Dr. W. H. Broadbent, "On Meningitis in Children."

HUNTERIAN SOCIETY, 8 P.M.—Mr. Rivington, "On Cases of Ruptured Bladder."

FRIDAY, November 22.

CLINICAL SOCIETY OF LONDON, 8½ P.M.—Dr. Schliep, "On the Stomach-pump in the Treatment of Chronic Gastric Catarrh and Dilatation."
—Mr. T. Nunn, "On Two Cases of Cancer of the Breast, illustrating the Chronic and Acute forms of the Disease."
—Mr. Hulke, "On a Case of Oesophageal Spasm in a Child."
—Dr. C. Theodore Williams, "On Cases of the Pyrexia of Phthisis treated by Cool Baths."

MONDAY, November 25.

MEDICAL SOCIETY, 8 P.M.—Ordinary Meeting.

TUESDAY, November 26.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY, 8½ P.M.—Ordinary Meeting.

APPOINTMENTS.

ALDRIDGE, J. H., M.D., Assistant Visiting Surgeon at Southampton, under the Contagious Diseases Acts (Women).

BUTLER, Dr. F. T., Assistant Medical Officer to the Borough Lunatic Asylum, Newcastle-on-Tyne.

COLDEN, E., M.R.C.S., Apothecary to the Hanwell Lunatic Asylum.

- HAGER, T. C., M.R.C.S.E., L.R.C.P.,** Hon. Assistant-Surgeon, Royal Surrey County Hospital.
- EDWARDS, H. NELSON, M.R.C.S.,** Surgeon to the Salop Infirmary, Shrewsbury.
- FLETCHER, R. V., L.R.C.P. Ed.,** Resident Medical Superintendent to the Waterford District Lunatic Asylum.
- FLOYER, B. B., M.R.C.S.E.,** House-Surgeon to the Warneford Hospital.
- HAYDON, N. T. J., L.R.C.P.L., M.R.C.S.,** Medical Officer for the Newton or No. 4 District and the Workhouse of the Newton Abbot Union.
- WES, T. C., M.R.C.P.,** Assistant-Physician for the Diseases of Women and Children at King's College Hospital, London.
- WETHERINGTON, C. E., M.B. Trin. Coll. Dub., L.R.C.S.I.,** Assistant Medical Officer to the Downpatrick District Lunatic Asylum.
- PHILPOT, J. H., M.B., M.R.C.S.,** House-Physician to King's College Hospital, London.
- REYNOLDS, E. J., L.R.C.P. Ed.,** Public Analyst for Rathmines and Rathgar.
- SPENCER, L. W., M.R.C.S.,** Resident Accoucheur to King's College Hospital, London.
- THORWOOD, J. C., M.D. Univ. Lond., M.R.C.P.L.,** Physician to the West London Hospital.
- WITHERS, R. W. O., L.R.C.P.L.,** a Physician to the Salop Infirmary, Shrewsbury.

OPERATION DAYS AT THE LONDON HOSPITALS.

WEDNESDAY, November 20.

- MIDDLESEX HOSPITAL.—Operations, 1 P.M.**
- ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.**
- St. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.**
- St. THOMAS'S HOSPITAL.—Operations, 2 P.M.**
- St. MARY'S HOSPITAL.—Operations, 1½ P.M.**
- KING'S COLLEGE HOSPITAL.—Operations, 2 P.M.**
- GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.**
- UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.**
- St. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1½ P.M.**
- LONDON HOSPITAL.—Operations, 2 P.M.**
- CANCER HOSPITAL.—Operations, 3 P.M.**

THURSDAY, November 21.

- St. GEORGE'S HOSPITAL.—Operations, 1 P.M.**
- ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.**
- UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.**
- ROYAL ORTHOPEDIC HOSPITAL.—Operations, 2 P.M.**
- CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.**

FRIDAY, November 12.

- ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.**
- ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.**
- CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.**

SATURDAY, November 23.

- HOSPITAL FOR WOMEN, Soho square.—Operations, 9½ P.M.**
- ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.**
- ROYAL FREE HOSPITAL.—Operations, 2 P.M.**

MONDAY, November 25.

- ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.**
- St. MARY'S HOSPITAL.—Operations, 2 P.M.**
- METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.**
- St. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.**
- KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.**
- CHARGING-CROSS HOSPITAL.—Operations, 2 P.M.**

TUESDAY, November 26.

- ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.**
- GUY'S HOSPITAL.—Operations, 1½ P.M.**
- WESTMINSTER HOSPITAL.—Operations, 2 P.M.**
- NATIONAL ORTHOPEDIC HOSPITAL.—Operations, 2 P.M.**
- ROYAL FREE HOSPITAL.—Operations, 2 P.M.**
- WEST LONDON HOSPITAL.—Operations, 2 P.M.**

Marriages.

- DAVIES—HUMPHREYS.**—On the 7th inst., at St. James's, Holloway, W. B. Davies, L.R.C.P.L., of Llandrindod Wells, Radnorshire, to Louisa Jane, youngest daughter of G. Humphreys, of Chelmsford.
- HEATHER—HOFFE.**—On the 31st ult., at Rathfarnham Church, D. C. W. Heather, L.K.Q.C.P.L., Staff Assistant-Surgeon, Army, to Sophia, daughter of the late J. Hoffs, Esq.

Deaths.

- CARTWRIGHT.**—On the 26th of October, J. T. Cartwright, M.R.C.S.E., of Shiffnall, formerly of Wolverhampton, aged 61.
- HICKMAN.**—On the 26th of October, R. M. Hickman, M.R.C.S.E., of Newport, Salop, aged 29.
- HUNTER.**—On the 1st of November, W. E. Hunter, M.D., M.R.C.S., of King's Lynn, aged 63.
- LESSON.**—On the 8th of November, H. B. Lesson, M.D. Oxon, F.R.C.P.L., F.R.S., of Bonchurch, I. W., aged 69.
- McLEITCH.**—On the 11th of November, at East Claremont Street, Edinburgh, M. T. McLeitch, youngest daughter of R. Mungie, Surgeon R.N.
- ROBERTS.**—On the 7th of November, J. G. Roberts, M.R.C.S.E., of Kidwelly, Carmarthenshire, aged 82.
- SIMPSON.**—On the 11th of November, A. Simpson, M.D., L.R.C.S., of Canonbury Park, aged 42.

Advertisements.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

FIRST or PRIMARY PROFESSIONAL EXAMINATION for the LICENCE.—The next Examination will commence on Monday, Dec. 2nd. Students are admitted to this Examination after the termination of the Second Winter Session of Professional Study at a recognised Medical School.

SECOND or PASS EXAMINATION for the LICENCE.—The next Examination will commence on Monday, Dec. 9th. Gentlemen who have completed four years of Professional Study according to the College regulations are eligible for admission to this Examination.

Registered Medical Practitioners, qualified before January, 1861, are admitted to examination under special by-law.

Candidates are required to give fourteen days' notice in writing to the Registrar of the College, with whom all Certificates and Testimonials required by the by-laws are to be left at the same time.

Fall Mall East, 1872. H. A. PITMAN, M.D., Registrar.

INDIAN MEDICAL SERVICE.

NOTICE IS HEREBY GIVEN, that an Examination of Candidates for Sixteen Appointments as ASSISTANT SURGEONS in Her Majesty's Indian Medical Service, will be held in London, in February, 1873.

Copies of Regulations for the Examination of Candidates together with information regarding pay and retiring allowances of Indian Medical Officers, may be obtained on application at the Military Department, India Office, Westminster, S.W.

(Signed) T. T. PEARS, Major-General.

Military Secretary.

Military Department, India Office,
11th November, 1872.

TO PHYSICIANS AND OTHERS.—Finsbury Square. To be Let, well furnished, Two Rooms on the ground floor of a commanding residence in the above Square. Rent moderate. Apply to J., care of PHILLIPS and SON, 2 City Road, Finsbury Square.

SLIGO UNION—SLIGO DISPENSARY.

AN APOTHECARY WANTED.—A Vacancy for an Apothecary to the Sligo Dispensary having been created by the voluntary resignation of Dr. O'Reilly, the Dispensary Committee will proceed to elect a qualified Apothecary, at 12 o'clock, on the 27th instant, at a salary of £100 per annum.

Candidates are requested to forward copies of Testimonials, together with a statement of ages, which must not exceed forty years, to the Hon. Secretary, on or before the 26th instant.

Personal attendance will be required on the day of Election, and Midwifery Certificate required.

DANIEL MACGILL, Hon. Sec.

MEDICAL ESTABLISHMENT.—To be DISPOSED OF, the GENERAL MEDICAL ESTABLISHMENT, on the Mall, Waterford, of the late John Mackesy, in full working order; one of the best connections probably in Ireland attached to it. Apply to CHARLES LESLIE, Bride Street, Dublin; or WILLIAM WEBB, Royal Exchange Hall, Mary Street, Dublin; H. V. MACKESY, Waterford.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

The President and Council hereby give Notice, that on TUESDAY, the 3rd of December next, at the hour of Three o'clock, they will proceed, according to the provisions of the Supplemental Charter, to elect a PROFESSOR OF THE THEORY AND PRACTICE OF PHYSIC, in room of Dr. Benson, resigned.

Candidates are requested to lodge their applications with the Registrar, at the College, on or before Tuesday, the 26th November.

By order of the Council,

JAMES STANNUS HUGHES,
Secretary of Council.

November 1st, 1872.

THE STEWART INSTITUTION FOR IMBECILES AND LUNATIC ASYLUM, LUCAN.

PATRON:—H.R.H. THE PRINCE OF WALES.

This Institution was founded in 1869, and has already attained a large measure of success. It is situated in a healthy locality, and is under the superintendence of a Resident Physician, with trained teachers, who endeavour by the most improved methods to develop the powers, mental and physical, of imbeciles.

To the pupils who can receive such instruction useful trades are taught. In that of mat making, particularly, excellent progress has been made, and an inspection of the work is invited either at the Institution or at the office.

The Institution is the only one of its kind in Ireland, and is mainly supported by voluntary contributions.

Pupils are admitted free by election, or by payment of £35 per annum. A higher rate is payable for separate accommodation.

Contributions to the fund for the erection of the proposed external buildings at Palmerston are earnestly solicited.

Each donation of Five Guineas gives the donor a life vote. Annual Subscribers are entitled to one vote for each half guinea paid.

An Asylum for Lunatic Patients of the middle class, under a well-organised administration, also forms part of the establishment.

Full particulars as to the working of both Institutions, terms, &c. can be had at the office,

40 MOLESWORTH STREET, DUBLIN,

W. O'NEILL, Secretary.

Irish Poor-Law Intelligence;

UNDER AUTHORITY OF THE

IRISH MEDICAL ASSOCIATION.

A LONG INCUBATION OF METRIA.

By an incredible stretch of imagination and pliability of conscience, a man was last week committed to gaol on a charge of wilful murder of a woman who admittedly, had died of puerperal fever. The prisoner, a druggist named Eastwood, living near Stockport, had, according to the deposition of the deceased, given her a bottle *in June last* for the purpose of bringing about a miscarriage. It was sworn that while the woman was taking the bottle she was frequently sick in her stomach, but it had been taken from her *five months* before her death, and for that interval she had been apparently in perfect health. Nevertheless, after her death from puerperal peritonitis, a surgeon named Moore swore without hesitation or reserve, that in his opinion, such a mixture taken in June last might have produced the state of body which would have rendered the person susceptible of puerperal fever.

The magistrates decided upon committing the prisoner for trial at the next Chester assizes on the charge of wilful murder.

At the coroner's inquest held upon the body, the jury also returned a verdict of wilful murder.

It is inconceivable how any Medical man could have persuaded himself to swear such palpable nonsense, considering that, from the time the medicine was taken until she died, the woman was in perfect health, and it is equally wonderful that a conclave of magistrates could bring the law into ridicule by so grossly unjust a decision. From a Coroner's Jury nothing better was to be expected; but the occurrence is worthy of attention, because it proves that an Englishman may be condemned on a capital charge by two legal tribunals on the faith of evidence which any Medical man knows to be unalloyed nonsense.

CASTLEBAR BOARD OF GUARDIANS.

CORRESPONDENCE.

THE following letter from the Local Government Board was read:—

Local Government Board, Dublin.
November 1st, 1872.

SIR,—The Local Government Board for Ireland acknowledge the receipt of your letter of the 26th ult., forwarding a copy of a letter from Dr. Kisby, the Medical Officer of the Castlebar (North) Dispensary District, complaining of certain proceedings on the part of Mr. Flynn, Relieving Officer, together with a copy of the Relieving Officer's explanation. The Board have also had before them the Guardians' minutes of the above date on the subject; and with reference to the Guardians request that an inquiry may be instituted into the matter, I am to state that the board do not exactly perceive from the information before

them the points which the Guardians consider should be the subject of an inquiry by the Inspector. As regards the difference of opinion with the correspondence discloses as existing between the Medical Officer and the Relieving Officer as to whether certain parties were in fever or not, the Board apprehend that there can be no doubt that the opinion of the Medical Officer (who is responsible to afford the needed medical advice and assistance in cases in which he is required by ticket to attend), must be accepted. It would appear that the parties are already in receipt of relief through the Relieving Officer. I am, at the same time, to state that the Local Government Board will be prepared to institute an inquiry into the matter, if, on receiving further information, it should appear that the circumstances are such as to render that course desirable.

By order of the Board.

B. BANKS.

Chairman—It would be a great satisfaction to the people in the neighbourhood if there was an investigation; it would satisfy their minds. There is no question but the Doctor's opinion must be taken before anyone else's; that is what he received his education for, and takes out his diplomas.

Dr. Kisby—I got five visiting tickets for those people. They had not fever. I saw them eat fish (gurnet), drink tea, and eat bread and potatoes.

Chairman—Then you are satisfied it was a matter of destitution?

Dr. Kisby—Yes, sir. All through, from my first visit, they told me that they were destitute—that they had nothing to eat.

Chairman—I am informed that they have potatoes, meal, bread, and herrings; so they cannot be suffering from destitution. Our believing the Doctor will not satisfy the people of the district. When there is an investigation they will be satisfied.

It was then agreed that the Local Government Board be again requested to send down an Inspector to investigate the case.

CARRICK-ON-SUIR GUARDIANS.

A MEETING of the committee of Garrangibbon dispensary was held. The question before the meeting was the consideration of a letter received from the relieving officer, relative to Dr. Keating's illness. It was resolved that the committee approve of the action of the relieving officer in appointing Dr. Fitzgerald to do duty during Dr. Keating's illness, and they furthermore approve of the amount of salary asked for per week, from the 4th of November. Mr. Lalor said that the rate of salary approved of was exorbitant. The board never paid more than two guineas a week for Medical services in cases of the kind, and he disapproved entirely of allowing three guineas a week as asked for. Mr. Richardson did not see why they should pay more now than formerly. Were not the services the same? The Chairman said the committee merely approved of it; they should, of course, abide by the decision of the board. The former sum was then agreed to.

TABLE showing for EIGHT LARGE TOWNS, &c., the AREA, in Statute Acres; the POPULATION in 1871; the ANNUAL RATE OF MORTALITY per 1,000 Inhabitants represented by the Number of Deaths registered during the Week ending Saturday, 9th November, 1872; the Total Number of BIRTHS AND DEATHS registered during the Week, with the Number of DEATHS at certain Ages, and from SEVERAL CAUSES; &c.

TOWNS, &c.	AREA in Statute Acres.	POPULATION in 1871.	WEEK ENDING SATURDAY, 9TH NOVEMBER, 1872.														
			Annual rate of mortality per 1,000 inhabitants.	Total BIRTHS registered.	Total DEATHS registered	Deaths under 1 year of age.	Deaths at 60 years of age and upwards.	NUMBER OF DEATHS FROM								No. of Inquest Cases.	No. of Deaths in Public Institutions.
								Small Pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Fever.	Diarrhoea.	Violence.		
DUBLIN	9,745	310,565	24	150	144	19	45	3	2	2	2	2	7	2	5	6	46
BELFAST	20,687	182,214	17	146	58	9	12	...	...	...	1	1	3	3	1	...	7
CORK	13,816	90,851	27	46	47	3	14	1	5	...	...	...	...	...	1	2	14
LIMERICK	8,509	44,547	15	17	13	2	5	...	1	...	...	...	...	...	...	...	7
LONDONDERRY	21,865	30,893	24	17	14	3	1	...	...	3	...	1	...	...	...	...	4
WATERFORD	17,209	30,838	8	6	5	1	...	...	...	2	...	...	...	...	...	...	...
GALWAY	21,358	19,713	11	7	4	...	3	...	...	...	...	...	...	...	...	...	2
SLIGO	30,835	17,175	3	5	1	...	...	...	...	...	...	...	...	...	1	...	...

IRISH POOR-LAW VACANCIES.

Union	Dispensary District	Salary	Vaccination and Registration Fees	Annual Number of Dispensary Tickets	Annual Number of Visiting Tickets	Acreege of District 640 Acres to the square Mile	Population of District	Date of election	Distance of Union from Railway Station.
Mitchelstown	Galbally and Ballylanders	£100		878	218	35,592	6,967	Nov. 26	Knocklong, &c.

CORK UNION.

The following letter was read :—

Local Government Board, Dublin,
30th October, 1872.

SIR,—The Local Government Board for Ireland have had before them the minutes of proceedings of the Board of Guardians of the Cork Union on the 24th instant, containing a report from relieving officer Morrissey to the effect that, having been requested by Dr. Budd, medical officer of No. 3 sub-district of the Cork Dispensary District, to provide him medical assistance in a difficult midwifery case, he (the relieving officer) called in several of the other medical officers of the Cork Dispensary District, offering to each the fee of 10s. 6d., but they refused to render assistance for so small a fee. It appears that the guardians adopted a resolution that in future when any medical officer in the district requires assistance, the aid of the other medical officers in the district must be obtained without additional expense to the union. In reference thereto and to the guardians' resolution drawing the Board's attention to the matter, and requesting their observations thereon, I am directed to state that, under the Dispensary Regulations, article 21, paragraph 2, "the medical officer is requested to attend every poor person in the district or division of a district under his charge," when he shall be required to attend as medical officer by a ticket signed in the

manner therein mentioned, and the Board are of opinion that when a dispensary district is divided into sub-districts, and a medical officer is appointed for each sub-district, each medical officer's responsibility is limited to the division or district for which he is appointed, and that there is no authority to require him, by any ordinary medical relief ticket, to visit a case outside the limits of the sub-district for which he is appointed. If, therefore, a medical officer of one sub-district be called upon in a case of emergency and danger to assist the medical officer of another district, it can only be in his capacity as a private practitioner, and in that capacity he is entitled to remuneration for his services.—By order,
B. BANKS.

Writing on this subject, a local paper says :—

"The paltry peddling spirit which has left the Cork Board of Guardians fourteen thousand pounds in debt, and necessitated now the levy of an enormous rate, exhibits itself in the insistance of the dispensary doctors' accepting a fee of ten-and-sixpence when called in to assist at midwifery cases. It is open to question whether they possess this right. The doctors are appointed to special districts, and it is to be doubted whether their refusal to go outside these districts could be construed by the Local Government Board into a neglect of duty. When, however, they

are asked to do this, it is quite clear that they are going beyond what they have contracted to do, and are entitled to special payment. Now, the measurement of that payment at half-a-guinea shows a reckless disregard of the nature of the service which the doctor is called upon to perform. The mere fact of a second medical man being asked for is a proof that the case in which it is required is one of difficulty; and a more anxious, laborious, and disagreeable task could not be offered to a doctor. The notion which was suggested that if a suitable fee were allowed the doctors would be all calling in one another is just that sort of vulgar suspicion which shows itself so abundantly in the discussions of the board. There is probably no more disagreeable way in which a medical man could earn a guinea, and we think the watchful guardians of the public purse may make themselves quite easy on that score. Even a medical man who had to depend on the emoluments derived from the Cork Board of Guardians would hardly, for the sake of a guinea, unnecessarily pass a night in a cabin or in the dingy tenement of some foul lane. In this affair, as in so many others, the spirit of shabby parsimony—which is a totally different thing from true economy—has overreached itself, and we fancy will be defeated. It would be of far more profit to the union if the economists would endeavour to put order into the finances which they have so recklessly disorganised than to try to pinch a something off the legitimate payment of the doctors. They load the union with debt, they injure its credit, and then they fancy themselves excellent guardians of the interests of the ratepayers when they have refused to pay some trifle justly earned.

“While taking this view of the case, we by no means say that we approve of the refusal of the dispensary doctors. No doubt, the refusal was more formal than real, inasmuch as one of them was actually in attendance. But it was not the right way to raise the issue. It would have been more proper in the first instance to have attended under protest, and then declared, in a body, as they do now, that they would not attend for the shabby remuneration prescribed by the board.”

Mr. C. M. O’Keeffe, Q.C.C., addressed a letter to the board expressing his willingness to become analyst to the board if a fair salary were fixed.

It was agreed to confer the appointment on Mr. O’Keeffe, fixing a fee at five shillings for each analysis made.

Dr. Holmes addressed a letter to the board complaining of the state of the North Dispensary House. During the small-pox epidemic it had been the cause of contagion, because the people affected with the disease were packed close with the healing people.

The matter dropped, no action being taken, Dr. Wall observing that the only remedy was for the doctors to attend at their dispensary at 10 o’clock, when there would be no accumulation of people there. Adjourned.

SLIGO UNION.

THE APPOINTMENT OF APOTHECARY.

THE minutes of the Sligo dispensary committee were read. It appeared that Dr. O’Reilly, the dispensary apothecary, had resigned, and that his resignation had been accepted.

The Chairman stated that Dr. O’Reilly had announced that he had been appointed dispensary doctor to a union in the county Cavan, and he preferred it to his present appointment.

Mr. Sidley suggested that the salary should be fixed.

Mr. Doherty reminded the board that Dr. Loughheed’s salary was only £50, and they gave an advance of £25, which was not a bad rise. If they got a local gentleman to discharge the duties, he would do so as well as any stranger.

Mr. Phibbs referred to the fact that in Boyle a local gentleman was got, and Sligo was much larger than Boyle.

Mr. Jones—Neither Dr. Johnston or Dr. Denning will accept the post, although both are eligible.

Chairman—Allow me to say that our last advertisement was £75, and we got no response from a local man, and you will get no stranger to come here under £75 a year.

Mr. Jones proposed that £90 a year should be the salary fixed on, inasmuch as the board had, after much discussion, decided on a former occasion that all the doctors deserved an increase—some being for £10 and others for £20 but all for an increase.

Mr. Phibbs (having consulted the blue book) said that in the five provinces of Connaught the amount paid was £189, which gave £37 odd to each apothecary. They had hitherto paid £50 to an apothecary, but as things had got dear, he would agree to a rise of £10—£60 per annum.

Chairman—That is taking off £15 from what we at present pay. If you advertise at £60 you will have no applicants.

Mr. Doherty said he believed Dr. O’Reilly resigned from insufficiency of salary.

The Chairman said he had been speaking to Dr. Tucker as he came down, who told him that he wrote to the Apothecaries’ Hall to see if there was a person there who would take the post, and the secretary wrote back, stating the last person on the books had accepted £150 and his board to take charge of a Medical hall in Waterford. With that fact staring them in the face, it was not likely they would get a man for £60.

Mr. Cogan said their apothecary would not be tied down to what he would earn from the guardians. He could have a shop.

Some of the guardians thought there were apothecaries’ shops enough in Sligo.

Some further discussion followed, after which it was proposed and seconded, that the salary of apothecary should be £90 a year. And also proposed that it should remain at £75; and that it should be only £60.

Mr. Henry proposed, and Captain Wynne seconded, £100 a year.

The Chairman put the different propositions to the meeting, and there voted:—

For £100 a-year—3; for £90—2; for £75—3; for £60—2.

On the second poll being taken, for £100 a year—6; for £75 a year—4. Mr. Phibbs declined to vote.

The Chairman declared £100 a year carried, and ordered the clerk to advertise, the election to take place on that day fortnight.

THE DOCTORS’ SALARIES.

Mr. Jones next said that as the board had now ratified what a former board had done, he thought it right to bring forward a matter which had reference to the late proposal to increase the doctors’ salary. He referred to the letter of the Local Government Board on the subject, refusing to sanction the increase, which letter Mr. Jones styled as being ridiculous and absurd. The real reason why the guardians proposed an increase of from £100 to £120 in the salaries of the doctors, was because of the ratio between money and money’s worth. They were all aware that there was a rise of thirty per cent. in the necessaries for man and horse. £100 of former days only represented £70 of the present time. Instead of referring to this, the board above wrote in reference to the population of a district, and the issuing of red tickets. He considered the doctors not only got a stone in place of a loaf, but they got a slap in the face from the Local Government Board, for it told them (the doctors) that after getting their districts into such a healthy state, and preventing any great increase of red tickets, that was to be the cause for denying them a just increase.

Mr. Jones concluded by asking the board to adopt the following representation to the Local Government Board:—

The Poor-law Commissioners’ letter of the 23rd September, purports to refer to arguments assumed to be those on which were based the resolution of the Sligo Board of Guardians of the 17th ult., and it does not even indirectly allude to the sole and convincing argument brought before

the board, and which, when clearly understood by them, resulted in each member voting for an increase—the minority for £10 per cent., and the majority for £20. The Sligo Board of Guardians believe that it is a fact—now universally admitted—that money has fallen £30 per cent., as regards the necessities of life—therefore, their Medical officers' salaries now stand virtually at £70, instead of £100 per annum. The board's resolution of the 17th ult., was intended to remedy, in part, this grievance, very sorely felt, and not unreasonably complained of by our Medical officers. The resolution leaves the salaries of our Medical officers virtually at £90 per annum, still leaving them £19 per cent. worse than they were five years ago. When the time comes for raising generally the payments and salaries under the Medical Charities Act, this board will then be glad to take into their consideration the population and area of the several districts; but, in the meantime, they fail to see why an act of justice to their Medical officers should now be postponed, to await an act for the public health not yet passed. It is, therefore, resolved—That the Local Government Board be requested to sanction the increase of twenty per cent. to the salaries of our Medical officers, as passed by this board on the 17th September.

The Chairman said that before this was put, he should look upon it as a resolution to increase the salaries, which could not be put.

Mr. Olpherts proposed that no increase of officers' salaries should be considered until the entire board got notice.

Mr. Doherty—The Government Board say very plainly that we have not made out a case for increase. Mr. Jones did not show that the issue of the dispensary tickets had increased; and, I believe, if we went into these matters we could not show any increase. It was with a good deal of common sense the Commissioners said that when, by the Public Health Act, the doctors got more to do, the principle of increasing their salaries for increased work would be acknowledged.

Mr. Jones—Our Medical officers are at present living on the minimum. If they had only two red tickets in the year we could not reduce their salaries; but here after some of them have worked hard over thirty years, got their district into a good state, it is no argument that now because their work has not increased they are to get no increase of salary. It is for work done.

Mr. Doherty—Not to say in excess.

Mr. Jones—These are not the grounds on which we are bound to give it. We gave them £100 a-year when the cost of living was thirty per cent. less than it is.

Chairman—Your argument is this, that twenty or twenty-five years ago you would get as much for £70 as you would now for £100, and it is a fair one.

Mr. Henry referred to the fact that in every public department, as well as in private employment, salaries had to be increased.

Mr. Sidley considered the construction to be put on the letter from the Government Board was, that they only wanted a new application to be made to them. The Dublin board left it open to the guardians, and it was nothing new in the board asking the Commissioners to reconsider a matter. Therefore the chairman could not say he could not put it.

Chairman—I wish to keep myself straight, and keep the board straight, and I think that in a matter of this sort a guardian is bound to give fourteen days' notice, so that every individual guardian may have an opportunity of knowing about it.

Mr. Jones referred to the fact that a majority of the guardians had already decided on increasing the salaries of the doctors.

The Chairman put it to the meeting whether or not Mr. Jones's letter should be forwarded.

There voted for doing so, 5; against it, 5.

Chairman—The votes are even and the matter falls to the ground.

Subsequently Mr. Jones and Captain Wynne gave a fourteen days' notice to consider the matter on that day fortnight.

AN IRISH DISPENSARY DOCTOR'S WOES.

WE quote from the *Ballina Herald* the following letter addressed by Dr. Kisby, Medical Officer of the Castlebar Dispensary, to his Board of Guardians:—

“Lahardane, October 15th, 1872.

“GENTLEMEN,—I feel obliged to acquaint you again of the very unpleasant and unbearable position in which I am trying to exist since my appointment as Medical officer to the Castlebar North Dispensary District since last March; and I now make this appeal to your honourable board in hopes that some means may be at once adopted to remedy my case. I am in a miserable abode, not much better than a cabin, with the rain water pouring down into the very beds of my family; the floor is of clay, which is, in consequence of the rain, quite damp, and boards are required to keep my boxes, beds, and other articles off the wet clay floor. As to my clothes, they are destroyed, being attached to damp walls. Most of my furniture is obliged to be stored in a farmer's house, and it would be utterly impossible to make even a faint description of the despicable hovel in which the Medical man of the Castlebar North is expected to reside with a large family. Up to a few days past it was only through the kindness of a neighbouring farmer, that turned out his own cattle in order to provide me with a place for my horse—as, no matter how I am situated, there will be no allowance given if I for a moment happened to delay the attendance of a patient. In reference to a letter which I sent to your office some days past regarding the hardship of my being obliged to attend at Castlebar Dispensary once weekly, I must state that in my opinion it would be a great boon should the divisions of Addergoole and Ballynagorrahur be put into the Ballina Union, as it is a most unreasonable thing that should I get a visiting ticket to the end of my district, an unfortunate person should be obliged to walk a distance of nearly 40 miles going and coming for such medicines as I might think fit to order; and I am often told by persons that it is a most grievous hardship. I have also to state that I have not received a single pound since I entered the district, as red tickets are given without the least distinction. I have applied to the committee, but am told to bring in persons to prove my statements, as they refuse otherwise to cancel them. I wanted them to fix some limit, either as regards their valuation or otherwise, but do not expect any redress; and I venture to say my position is at present the most pitiable of any dispensary doctor under the Poor-law service. I apply to you in hopes of some redress.—I have, &c.,

“WILLIAM J. KISBY.

“The only remedy proposed by the Board of Guardians for this painful and disgraceful state of things is the resignation of Dr. Kisby.”

RAPHOE DISPENSARY.

AN election of a Medical officer for this district took place recently, when Robert Little, Esq., M.D., was elected in the room of Dr. Ross McClintock.

NOVEMBER 13th, at Gowran, County Kilkenny, William Preston Leech, Esq., M.D., second son of the late W. P. Leech, Esq., of Larchfield House, County Kilkenny.

TERENCE BENJAMIN BRODIE, Esq., M.D., was, on Tuesday week, unanimously elected Medical officer of the Letterfrack Dispensary.

ERRATUM.—In Dr. Denis Hynes's letter on “Constitutional Medical Attendance,” published last week, he is made to say—“There was a specific agreement or understanding, &c., &c.” The phrase should have stood, “There was no specific agreement, &c.”

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, NOVEMBER 27, 1872.

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DISEASES OF WOMEN.

BY CHAS. R. DRYSDALE, M.D., M.R.C.P.L., F.R.C.S.E., Physician to the Metropolitan Free Hospital, London, and to the North London Hospital for Consumption and Diseases of the Chest.
(Continued from page 432.)

PAIN, flooding, and leucorrhœa are the three invariable accompaniments of cancer of the uterus. There is no pain that can be looked on as peculiar to cancer of the uterus. Pain is not generally severe at the commencement of the disease, nor is the organ painful to the touch. As the disease progresses the pain becomes greater, but often leaves off just before the fatal termination. Sometimes, in the author's experience, it is wanting all through the case. Sometimes there is a burning sensation, at others a lancinating pain, especially at night. The urethra becomes swollen in many cases, and there is frequent desire to pass water, with dysuria. M. Cornil, in a "Mémoire sur la production des tumeurs epithéliales sur les nerfs," says that, whenever, in cancer of the uterus, a woman had during life suffered continuously and violently in the thighs, &c., he almost always found after death hypergenesis of the neurilemma of the crural or sciatic nerves. It should be remembered that foetid leucorrhœa is occasionally absent in cases of uterine cancer. Hemorrhage occurs very frequently before ulceration takes place, just as hæmoptysis in cases of phthisis pulmonalis, simply from congestion. Sometimes bleeding is continuous, and not very abundant, but lasting long; at other times there are gushes of blood, more or less intermittent. This blood comes from the whole surface of the uterine mucous membrane. The leucorrhœa generally gradually becomes very foetid in cancer of the uterus; but, if frequent injections be used into the vagina to remove the secretions, such foetor may be greatly diminished. In epithelial cancer the leucorrhœa is serous, and nearly without odour, until ulceration takes place. It must be remembered, however, that polypus, or fibrous tumour, or the presence

of coagula in the uterus, may all cause foetor of the discharges. The cachexia of cancer of the uterus is often well-marked. Nausea and vomiting are frequent; there is constipation, alternating with diarrhœa. Sleeplessness is frequent, and the opiates which are useful here aggravate the intestinal sufferings. Sometimes cerebral symptoms ensue; but generally the patients die from exhaustion. Dr. Alfred Fournier (in the *Bull. et Mem. de la Soc. M. des H.*, 1864), mentions a case of cancer of the uterus, where three days before death there was almost complete suppression of urine. The left kidney was found after death enormously distended, and the right ureter obliterated. Cancer of the uterus often proves fatal, when patients have the misfortune to become pregnant, from the flooding which accompanies labour in such cases. Induration and hypertrophy of the uterine neck, which have remained for a long time without thickening of the tissues and immobility, are not cancerous. In such cases there is only slight abrasion, whereas the cancerous ulcer is always either a vegetation or a rough excrescence with everted edges, or an excavated ulcer, and its pus is foetid and sanious. Digital examination suffices in general to make this diagnosis, as also to distinguish cancer from fibrous tumour. From sixteen months to two years seems to be the average time of life accorded to patients with uterine cancer; but, as there exists much uncertainty as to the precise date when such cancer commences, it is difficult to be very precise in this matter. M. Courtz, in his work "Maladies Uterines," p. 864, says that he has positively seen women survive for as long as seven or eight years after the epoch, when the disease probably commenced. Dr. Cornil, of Paris, in his memoir entitled "Des tumeurs épithéliales du col utérin," 1864, does not use the word cancer or carcinoma, in speaking of cancer of the uterus; since all these tumours, he says, progress as rapidly, one as the other; and no clear microscopic diagnosis of them is possible. Of 55 cases, Cornil found none of schirrhous or colloid, and the neck was always first attacked. Of these, 18 were *hétéradénic*, 3 *epithelial*, with visible alveoli; 34 were *epithelial*, with cells of prismatic form, and very varied form of cells (medullary cancer).

"On the uterine neck (says Cornil) more than on any other region, the distinction between cancer and canceroid is impossible to the naked eye. All tumours, whether canceroid or cancerous, are as rapidly fatal, and the microscopic distinction is so difficult to judge of, that those authors who have given most time to this subject call some of them cancer, that which others call canceroid. Besides which (he adds) in the present condition of the question, it would be necessary to call only canceroid those epithelial tumours, of glandular form, which we prefer to call *hétéradénic*, which word has a determinate sense, and does not imply that the growths are benign, as to the other tumours of epithelial nature, usually designated cancer, we shall describe them by their tissue and epithelium." In *hétéradénic* tumours, Dr. Cornil's eighteen cases showed that the serous membranes and distant organs, in no case presented secondary deposits; and that the pelvic organs alone were attacked; and Förster ("Handb. Path. Anat.," 1863) of forty-two autopsies of glandular epithelioma of the uterus, only once found generalisation of in the lung, pleura, &c. Nor was there any generalisation in the second variety of epithelial tumours, with alveoli visible to the naked eye, and with cylindrical cells. In the most common variety, *i.e.*, Medullary cancer, is distinguished microscopically from the two others by the formation of its connective tissue, which sustains vessels, and forms alveolar cavities generally microscopic in size, filled with epithelial cells, and of thirty-one cases of this form there were granulations in the peritoneum, liver, pleura, or lungs, observed five times.

Tubercular deposits in the lungs were noticed in six out of thirty-two cases of this latter variety. *Hétéradénic* tumours present to the naked eye the lips of the os uteri swollen, covered with buds, and everted, irregular, of a whitish colour, like white wax, and rather easily broken down by the finger. The surface of a section is dry, unlike what it is in encephaloid cases. In the latter tumours, the most common variety, the tissue is whitish, sprouting, soft containing an abundant juice, lactescent and miscible in water. They are very vascular.

TREATMENT OF CARCINOMA UTERI.

The amputation of the cervix uteri was formerly considered nearly an infallible remedy for cancer of the womb; and at present no internal medication is believed to possess any power over this frightful malady; so that the duty of the practitioner consists almost entirely in calming the agony and soothing the mind of the patient. This requires much kind attention and care. When cancer of the uterus has commenced by hæmorrhage, all sexual excitement must be sedulously avoided; aperients used, to prevent the accumulation of fæces, and rest should, if possible, be maintained. Gallic acid, in doses of ten grains, is an excellent hæmostatic, taken thrice daily. The tincture of the perchloride of iron may be used locally, to staunch bleeding, when this is excessive. The author has often found this practice useful. Confection of senna, or castor oil, are the best purgatives, and succeed better, in most cases, than enemata. Pills, composed of five grains of camphor, and five of hyoscyamus, are recommended by West, to commence with, as anodynes. These, added to twenty drops of chloric ether and twenty of compound spirits of ether, will often solace the pain. Indian hemp and chlorodyne are useful. Laudanum is the best tolerated of all the preparations of opium. Suppositories and subcutaneous injections of morphia are very useful in some cases. The use of inhalations of chloroform is not to be much recommended in such cases, as in the great majority it causes such depression afterwards as not to be, on the whole, useful. In 1868, Dr. Greenhalgh said that the use of iodoform internally was sometimes successful in calming the pain in carcinoma uteri (*Br. M. Journal*, 1866). Démarquay, in 1867, used iodoform as a suppository with cocoa butter, in the dose of seven grains. To destroy the fœtus West recommended an injection composed of half a drachm of nitrate of silver

to the ounce, into the tissues. A weak solution of chloride of lime, or Condry's solution is useful injected into the vagina several times daily. In advanced cases a drachm of creasote, in a pint of water, may be used. As to internal remedies, iron is the most useful. Five grains of the ammonia-citrate may be given. Vomiting may be attacked by giving the patient small pieces of ice to suck, or small quantities of effervescent liquids, or putting a mustard poultice on the epigastrium. Hydrocyanic acid is sometimes useful. In cases of cancer uteri abortion is advisable at an early period of pregnancy, or premature labour may be brought on, otherwise incisions of the os uteri or Cæsarian section may be required, as in Dr. Edmund's case.

With regard to extirpation of the whole uterus in cancer, the cases in which this has been tried make it out of the question to have recourse to it again. But amputation of the cervix, which dates from the year 1802, when it was performed by Professor Oscander (who amputated the cervix in twenty-three cases) may occasionally be advisable. This was also performed by Dupuytren, at Paris, and Lisfranc, who asserted that he had performed the operation ninety-nine times, although this has been denied. In some cases of cauliflower excrescence, the operation has proved quite successful; but it must be confessed that even in such cases the tumour is likely to return at no very distant date, although this is not quite *always* the case. The dangers from hæmorrhage during the operation are not so great as they used to be, when the *écraseur* was unknown; but they are still formidable, and peritonitis and phlebitis frequently put an end to the patient. Mayer, of Heidelberg, objects to the *écraseur*, as it implicates parts as the operation goes on, which were not thought of when it was commenced; and Marion Sims relates a case where the peritoneum was opened up by the *écraseur* in amputating a cauliflower excrescence. Dr. Braxton Hicks' wire *écraseur* is a great improvement on the chain of Chassaignac in this operation, and galvanocautery is likely to be had recourse to for it in future. Dr. Gallard, of the Pitié hôpital, of Paris, injects perchloride of iron into the thickness of the tissues in uterine cancer by means of a syringe of Pravaz; Dr. Broadbent, of London, at one time advised recourse to injections of very dilute acetic acid, but this practice was soon abandoned, as fatal peritonitis may arise in some cases. Probably actual cautery, whilst it is a good palliative in cancer, might prove successful in cases of the *hétéradénic* tumours of Cornil, or instead of using excision.

PELVIC PERITONITIS.

Inflammation of the cellular tissue around the uterus comes on as a consequence of abortion, or labour, more commonly than from any other cause. Primiparæ seem most subject to attacks of pelvic cellulitis after labour. Some say (Grisolle) that non-lactation of the child predisposes to this disease. This practice is common in France. All parts of the cellular tissue around the uterus may be affected; the broad ligaments, however, are especially liable to be affected. The inflammation extends from the ovaries, or broad ligaments, to the pelvic peritoneum, and often causes adhesions between the viscera therein contained. Dr. Bernutz, of Paris, has written an inestimable monograph on these affections of the pelvic peritoneum, but he seems to be too absolute in denying the existence of pelvic cellulitis. Abscesses sometimes form in the pelvis, and are evacuated by the rectum, vagina, or bladder. Such affections need not be confounded with ovaritis, since the termination of the latter kind of inflammation by suppuration is quite an exceptional occurrence, and when it does occur there is complete disorganisation of the ovary affected. Acute purulent œdema is the characteristic of the inflammation of the ligaments now under consideration. Sometimes pelvic abscess commences by pyrexia and shivering fits; at other times it comes on insidiously. Not unfrequently the discovery of a tumour in one or other iliac region is the first symptom of the disease remarked. Few affections

are more easily diagnosed, if the touch be carefully employed; an unwonted fulness is noticed in either iliac fossa, which is dull on percussion. Pus is rapidly formed; but it makes its way slowly outwards. Sometimes very large quantities of pus require to be drawn off by means of a trocar. When the pus is evacuated, as it sometimes is, by the rectum, it may continue to come away for years. If the inflammation be situated in the broad ligament we notice, from the very commencement, a fulness in the iliac region with pain on pressure. In cases where the cellular tissue of the pelvis is attacked, the pus pretty frequently proceeds between the pelvic muscles and the surface of the peritoneum, and points either at, or a little below, Poupert's ligament. In such cases, as it is the cellular tissue of the broad ligament which is most frequently attacked, it is towards the cul-de-sac of the vagina that the characters of the swelling are most marked to the touch. If the tumour is very large, it pushes the uterus over to the opposite side of the pelvis. When the abscess is situated behind the uterus the suppuration gives rise to a well-defined pelvic tumour, since the cellular tissue of the rectum is very lax in this part. The form of the tumour, in such cases, may resemble an ovarian tumour; but it is more elongated, less globular, and, although tense throughout, it gives generally at a point perceptible through the vagina, a sensation of softness. Besides which, the tumour is nearer the orifice of the vulva; this is the case with ordinary ovarian cysts. The only tumour with which it may easily be confounded is hæmatocele; and, even here, the diagnosis is not very important. The constitutional symptoms in the acute stage may be irritative fever; whilst, in the chronic stage, hectic may supervene. Dull pain and sensation of weight may be constantly present. The evacuation of pus does not always produce much solace, since it is rarely abundant. When the broad ligament is affected the pus generally makes its way through the rectum, and much more rarely through the vagina. The opening thus made into the rectum may be very small, and scarcely discoverable to the touch. Convalescence is sometimes painful and lengthened, at other times it is very rapid. Those familiar with the various treatises recently written by French practitioners will be disposed to question the frequency of abscess in the broad ligament. In 1857 Bernutz and Goupil showed by *post-mortem* examinations that peri-uterine inflammation is really only a partial peritonitis seated in the neighbourhood of the uterus. Dr. C. Mauriac, in his translation of "West's lectures," p. 668, gives a succinct account of the varieties of pelvic-peritonitis observed. Three-fourths of the cases are due to the puerperal condition, and, in this variety, suppuration often takes place. Inflammatory, or common pelvic-peritonitis, comes on after slight causes, such as the use of the uterine sound, or cold-water applications to the genitals at monthly times. Gonorrhœal pelvic-peritonitis occurred in nearly one-third of the cases noticed by Bernutz in his classic treatise. It generally supervenes about the end of the first month after contamination. In some cases of dysentery we find pelvic-peritonitis, and Dr. Chauvoff has alleged that rheumatism is a frequent cause of the disease. Tuberculosis, or scrofula, are both causes of pelvic-peritonitis. Of forty-five cases of tubercularisation of the female genital organs, Mauriac observed twenty-two times that the peritoneum was inflamed. Cancer sometimes, although rarely, causes pelvic-peritonitis. Bernutz denies the occurrence of abscess around the uterus, but admits the existence of abscess in the broad ligament; and this almost always is caused by the puerperal condition. The affections of the uterus and its surroundings are most seen in their influence upon the pelvic peritoneum. Trousseau attaches great importance to phlebitis, or abscess among the veins, as origin of abscess in the broad ligament. Abortions very rarely use it. Dr. Farier, a pupil of Bernutz, published in 1866 a monograph on pelvic-peritonitis, in which he distinguishes between two kinds of abscess of the broad ligaments. 1st. That in which the inflammation is pro-

pagated into the cellular tissue of the anterior abdominal wall, the most common form. 2nd. That in which the inflammation extends towards the internal iliac fossa, and thus becomes the origin of that variety of iliac abscess described by Grisolle. An induration, of greater or less extent, is felt in the thickness of the abdominal wall, or a deeper tumour, which may be limited to the pelvis, or the internal iliac fossa. Dr. Noël Guéneau de Mussy, in the *Arch. Gen. de Med.*, 1867, says that the constitutional condition of the patient is the most important element in recovery from abscess of the broad ligament. In persons, originally weak or enfeebled by accidental circumstances, we have to fear for the occurrence of suppuration and chronicity.

When pelvic-peritonitis occurs, it is sometimes difficult to be certain of the causes which have occasioned it. There is no marked history of fever; and, yet, we find the uterus solidly fixed in the pelvic cavity. The inflammation in such cases sometimes only attacks the peritoneal surface of the pelvic viscera, which it binds together by solid adhesions. So long as there is chronic pain, or malaise in the lower part of the abdomen, or neighbourhood of the uterus, we may suspect the existence of either circumscribed peritonitis or pelvic abscess. As to treatment, hot linseed-meal poultices on the iliac region affected, for two or three days, joined to the use of slight purges, and opiates, to calm the pain at night-time, are all that we can do to alleviate the more urgent symptoms. Sometimes the application of a few leeches to the os uteri gives relief. Slight vesication is useful in chronic cases. The patient, above all, should remain on her bed or sofa, until inflammation is over. Five grains of camphor may be given in company with some opiate, when the pain and sleeplessness are well-marked. When there is abscess, which can be diagnosed by the touch, it becomes a question whether we should evacuate it or not. As a general rule, it seems better not to puncture such abscesses, except when they point in the abdomen.

The affection alluded to under the name of retro-uterine or peri-uterine hæmatocele, has been used to designate those effusions of blood which take place usually in the recto-uterine space, in some cases of disorders of the menstrual functions, especially in suppression. Most authors hold that the blood in this affection usually occupies the cavity of the peritoneum. This blood seems to come usually from rupture of a congested ovary, or from the fringes of the Fallopian tube. The tumour pushes the uterus before it and upwards. The loss of blood in rare cases proves sometimes instantaneously fatal; but, generally, the quantity of blood is coagulated, and becomes surrounded by a kind of capsule caused by the peritonitis produced by its presence in the pelvis. Pus may become mingled with the blood, and the abscess then may open into the rectum or bladder. Occasionally a manifest rupture of the ovary has been observed. The disease has not much to do either with labour or abortion; but is alleged to be produced sometimes by sexual excesses. Trousseau speaks of a hæmatocele caused by cachexia, which is met with in purpura, measles, and variola diseases, where the blood has the tendency to escape from the vessels into the surrounding tissues. Uterine hæmatocele comes on after some temporary disorder of menstruation, sometimes after it is suppressed by cold or violent emotion, with a sharp pain in one of the iliac regions, which is before long followed by a swelling in that part. The patient feels pain in micturition and defæcation, or when the thigh of the side affected is moved. The pelvic tumour does not always exist to the touch, but it generally does, and there are two or three affections which must be carefully distinguished from peri-uterine hæmatocele, such as extra-uterine foetation, retroversion of the grand uterus, the inflammation of the cellular tissue, and fibrous or ovarian tumours. The suppression and pain in the abdomen are points common to that affection and the rare event of extra-uterine foetation, and excessive effusion of blood may cause retroversion of the uterus. Pelvic abscess greatly resembles peri-uterine hæmatocele, but the history of labour or abortion may help

us to clear up this point. Ovarian cysts, when small, resemble to the touch cases of hæmatocele, but they do not appear so rapidly, and the same may be said for fibrous tumours of the uterus, although, doubtless, errors may arise in the diagnosis of such cases easily enough, if the practitioner be in a hurry. With regard to treatment when the affair is imminent, and the patient suffering greatly from pain and loss of blood, stimulants, opium, and ice to the part are indicated. The patient must be very careful at each return of her menstrual periods not to let any emotion surprise her, and to remain as quiet as she can. Dr. Aran recommended the placing of twenty to thirty leeches on the abdomen when the bleeding is recent, whilst the patient is kept up by a nourishing diet. Most French authors condemn the interference of surgery in such cases of hæmatocele. Dr. West, however, in his work on "Diseases of Women," advises puncturing of the sac, where the old effusion shows little or no tendency to become absorbed, or when shivering and hectic point to abscess have taken place.

Dr. Charles Mauriac, in a note to his translation of "West's Lectures," p. 532, gives a *résumé* of Bernutz's work, which is well worthy of being consulted. Bernutz remarks that some hæmatoceles in women have their analogy in the male. Such are those where there is rupture of a tubo-ovarian varicocele. In other cases there is no analogy. Such are those where there is rupture of the tube or ovary. One instance of this is mentioned by Dr. Luton, where metrorrhagia took place and cautery was used. A fortnight after the cauterisations a peritonitis ensued, when it was discovered at the autopsy that there was a rupture of the right ovary. Hæmatocele may occur after measles or other fevers, and also may arise in cases of extra-uterine foetation. According to Bernutz, the following symptoms permit us by their union, to suspect the existence of extra-uterine foetation:—1st. The rational signs of pregnancy, and especially the suppression of menstruation; 2nd. Metrorrhagia of long duration; 3rd. Augmented volume of the uterus; and 4th. Presence of a uterine tumour.

ON THE TREATMENT OF FACIAL NEURALGIA.

BY FRANCIS E. CLARKE, B.A., M.B. T.C.D., &c.

OF all the ills to which suffering humanity is heir I don't think there is one which causes more physical anguish while an attack lasts than bad facial neuralgia. In everyday life it is looked upon as a mere nothing, an affection readily giving way to so-called household remedies, and an inconvenience that has to be made the best of, though, of course, painful; but when the physician comes to think of the subject, he looks at it in quite a different light, and recollects how frequently he has been consulted by those who have found household physic anything but effectually remedial. He forgets not the intensity of the pain he has seen endured, the torturing agony, the almost insurmountable difficulty experienced sometimes in alleviating it, and the frequency of its recurrence in those who are more especially wont to be the subjects of it. He often finds it a most formidable foe, and one most difficult to abate. For these reasons my readers may perhaps pardon a very brief consideration of a subject apparently trivial but, nevertheless, unmistakably important. The essential causes of the affection are so diverse it becomes self-evident that any one mode of procedure could never be expected to succeed equally well in every case which, though apparently similar, widely differ in their respective etiological bearings; it is, therefore, necessary that the different forms of the disease should be clearly discriminated in order to lead us to the correct application of those agents

which we determine as reliable. The most common neuralgia is that of the dental nerve fibres alone, arising from the exposure of the pulp of one or more teeth, and consequent radiation of abnormal sensation along the terminal filaments of the same nerve—neuralgic toothache in fact. For this, extraction of the diseased tooth or teeth will generally alone prove effectual towards its relief, although, when practicable, well-adapted stuffing, after destroying the sensibility of the dental filament, very frequently stops the neuralgic pain consequent upon the toothache; warm sedative fomentations and the like give temporary relief. Such cases are of every-day occurrence, and lie more in the province of the dentist than the physician; but there is another class of case to which so-called neuralgic patients are most liable, some much more so than others, which is the true uncomplicated facial neuralgia. It is that form of general neuralgia caused by exposure to cold, particularly to a draught. The draught of a railway carriage, sitting sideways next a window or between a window and open door, coming out of a warm room to a lower temperature, damp, sudden meteorological or thermal vicissitudes—any such influence may give rise to it. Just as a cold draught with some brings on that unilateral paralysis of the portio-dura, wholly temporary and functional, quite independent of any inter-cranial disease, commonly called the paralysis of Sir Charles Bell, so may it in the case of others give rise to a highly exalted sensibility of the numerous branches of the ganglionic portion of the trigeminal nerve, alike temporary and functional; and as some are more particularly subject to the former so are others to the latter. This neuralgia is almost always unilateral, certainly most generally so if not always, and, as it is most frequently met with in those who have carious teeth, it must carefully be distinguished from that simple neuralgic pain confined to the branches of the dental nerves, and caused by toothache. That is, when this true form of neuralgia occurs, as, indeed, it most frequently does, in the subjects of carious teeth, although it may be aggravated by that extra irritation along the course of the dental nerve, yet it is not common dental neuralgia, and its *prima facie* origin is otherwise. This neuralgia comes on more suddenly, without premonitory pangs of toothache, and is more diffused, nearly all the divisions of the ganglionic portion of the fifth nerve being more or less involved; more especially the superior maxillary, both as it exit through the infra-orbital foramen, between the muscles which elevate the upper lip and angle of the mouth respectively and along its branches. The various filaments of the superior dental are the seats of extreme torture, and generally the infra-orbital and course of the small temporary filament as well. The Vidian from Meckel's ganglion transmitting the pain along the chorda tympani, tympanic and petrosal branches of the seventh, with which it anastomoses to the palate and ear. The sensory branches of the inferior maxillary are likewise affected, the filaments of the inferior dental, chiefly along its whole course, and the temporo-auricular, which runs between the internal lateral ligament and inferior maxilla, giving rise to intense pain towards the prominence at the angle of the lower jaw. The frontal branch of the ophthalmic division, which escapes through the supra-orbital foramen, is also the seat of pain, but not by any means so frequently in this form of neuralgia, of which the immediate exciting cause is exposure to chill. This general unilateral neuralgia when the attack once supervenes in the neuralgic subject, produces, I suppose, for the time the most acute pain that can well be experienced, and when at its height the poor sufferer ready almost to dash his aching head against the wall, having borne the excruciating torture almost past endurance, while he assiduously tries every imaginable household remedy, the suggestions of every friend, sends madly off for Medical advice. We presume fomentations and inhalations have all been used (and *en passant* we may observe the great relief obtained by stuffing the ear with a plug of cotton steeped in laudanum, and at the same time rubbing plain laudanum assiduously over the face), but, the pain continuing, the practitioner arrives, it is at this

junction I have found the sulphate of beberia (a) (the official alkaloid of the *Nectandra rodiei*) an efficacious resource, and I don't think I have ever employed it in this form of neuralgia without success. I prescribe it thus with almost certainty, ordering at the same time a full dose of brandy or whiskey if hot water.

R. Beberia Sulphatis, gr. xxiv.;
Morphia Hydrochloratis, gr. j. (b).

Tere bene atque fiat massula ope mucilaginis, in pilulas sex dividenda.

I give one of these every ten minutes for the first two or three doses, afterwards every quarter of an hour or twenty minutes, and find the pain subsiding considerably after three or four have been taken. The six are almost certain to give the much required ease. An anodyne (chloral hydrate in combination with bromide of potassium the best) procures sleep, so essential to the exhausted frame, and calms nervous irritability. Finally, galvanism should be had recourse to for some days, a most valuable therapeutic agent in the neuralgic subject. Failures experienced with the use of sulphate of beberia I alone attribute to its being administered in unsuitable cases, for instance, dental, intermittent, or hysterical neuralgias. Many different remedies are being daily tried. The plain pulvis ferri or carbonate of iron has been recommended me, but I have never found it necessary to adopt it. Intermittent neuralgia is very common too, and, of course, at all times successfully combated by quinine, that inestimable blessing to mankind, but let the dose be large, as large as can consistently be administered, having regard to individual circumstances. Hysterical neuralgia appears to yield with most facility to the valerianates, of which the valerianate of quinine is preferable, possessing as it does both anti-periodic and anti-spasmodic properties. The application of magneto-electricity or galvanism is also advantageous. Tic doloureux, a name (c) so frequently confounded as to be considered synonymous with all facial neuralgias, really differs essentially, in that true tic doloureux is localised over one of the three several foramina through which the frontal, superior maxillary, and inferior dental nerves respectively emerge. This is generally described as being identical with facial neuralgia, but is more chronic; a constant dull, heavy, racking pain, at times acute, and absolutely intolerable, compared by Sir Astley Cooper to "the horrid sensations created by electric shocks." Indeed, the description given by that eminent authority of this fearful affection is graphic in the extreme—"The pain," he writes, "experienced by those afflicted with tic doloureux is, I believe, indescribable—it is of the most acute and distressing kind—I have seen it cause the tears to trickle down the cheeks of a fine old weather-beaten naval officer—a man who had fearlessly faced the cannon's mouth." He also speaks of the exhibition of carbonate of iron as having been first suggested by the late Mr. Hutchins, of Nottingham, and appears to think highly of it. Indeed, it seems to be in this form of neuralgia that all constitutional measures are so strongly indicated; hence we may infer its efficacy. Abernethy (who seems to have discussed all neuralgias under the head of tic doloureux) says "I am convinced that the treatment of tic doloureux should be constitutional treatment, and such as is calculated to allay the irritability of the nervous system." Gastric or intestinal irritation seems to give rise to it, as also gout and many other sources of disordered functions. Pressure, I have

(a) Its exhibition in neuralgia was first suggested to me by Mr. Pencer, a most intelligent inquirer and successful practitioner, but I subsequently found it was not applicable in every case; hence have tried to show here that class of neuralgia in which it is immediately obtainable.

(b) I have found beberia quite as active without this addition, but the morphia tends to soothe while the alkaloid is acting on the system.

(c) It seems originally the word neuralgia was applied by Chaussier, it was first described by André, and by him denominated tic doloureux, called "neuralgia faciei" by Good, also "dolor crucians faciei," "prolalgia," &c., by different authorities. They all appear to refer to the same affection, and fail to discriminate any difference between general facial neuralgia and tic doloureux, which they describe apparently as identical. Indeed, the term "tic doloureux" is, in general, applied to all facial neuralgias, be their origin as they may.

little doubt, however, in those bad instances of tic which we occasionally meet is the true origin, otherwise it should be strange for the pain to be so persistently localised over the spot whence the nerve emerges from the osseous canal. *Post-mortem* examinations appear to have disclosed but little, if any, alteration in the nerve substance, but, as Mr. Erichsen suggests, the osseous canal itself may be the seat of periosteal inflammation, or other disease. In the celebrated case of Dr. Pemberton, a projecting piece of bone was found to be the exciting cause. Sir Henry Hallford, indeed, adduces five cases illustrative of such an hypothesis, and considers the disease due to "a preternatural growth of bone," "a deposition of bone," or "a diseased bone." Subcutaneous section of the nerve has long been tried, and occasionally with success. Anæsthetics have been advocated as palliative, and, indeed, sometimes may be required. I have found the local application of ether spray, or a small current of icy-cold water poured from a height, of much benefit in procuring the temporary alleviation. Internally, opium comes better to the rescue than chloral, or any other narcotic sedative—that time-honoured drug, than which none other has ever conferred the like æsthetic benefits on the human race since first the guests of Menelaus drank *nepenthe* at the hands of the Argive Helen; it not only calms the extreme nervous hyper-irritation, but supports the exhausted system generally. In the other form of facial neuralgia I have seen chloral most useful, but then it is subsequent to the abatement of pain by means of the sulphate of beberia; in this case the opium (or other drug, according to the discretion of the practitioner) has to be exhibited during its continuance, when I do not believe an ordinary dose of chloral to be efficient, or an extraordinary one safe. Various hypodermic injections, counter-irritants, liniments, and internal remedies, have each and all their advocates. Of course, any source of irritation that can be treated must be treated as indicated, and removed as far as possible. I have seen strychnine and iron of use, and should have little hesitation in cases of doubtful origin to try a combination of arsenic, strychnine, and iron; say a mixture containing liquor strychnis, liquor arsenicalis, and tartrate of iron, or pills with arseniate of iron, sulphate of iron, and extract of nuxvomica, in combination. The field is wide; judgment, experience, and discretion must dictate. The great question seems to be in every case—Is the neuralgia caused by intercranial, osteal, or periosteal disease or not? in fact—Is its origin organic or functional? The origin, if possible, being once established, everything can be brought into requisition likely to prove beneficial, either directly or contingently. Facial neuralgia may be also caused by the pressure of enchondromatous, malignant, or other tumours (a), pressing on the peripheral extremities of the branches of the trigeminal nerve. Such, of course, unless the pressure be removable by the operative interference of surgery, can alone be temporised with in the hope of alleviating immediate suffering. In conclusion, I may observe that, although by some the subject of facial neuralgia may be deemed insignificant, it thoroughly deserves scientific consideration.

Drogheda, November, 1872.

SURGICAL MEMORANDUM.

TAPPING IN HOUSEMAID'S KNEE.

By R. HANSLIP SERS, M.R.C.S.

Case.—Mrs. G., æt 60, dressmaker, resident at Hoveringham village, near Nottingham, consulted me early in October, 1872, suffering from inflammation of bursa over the left patella. The swelling had existed ten weeks or thereabouts; was not the result either of violence or

(a) Sir Benjamin Brodie records an instance of severe neuralgia being caused by the pressure of an aneurismal tumour.

kneeling, though aggravated by the latter; believes that it arose from exposure to cold and damp; had a marked chill prior to attack; never had rheumatism.

State of part at this period.—Painful under pressure; no integumentary blush; joint stiff from mechanical cause; skin cool.

Treatment.—Knee affected to be daily brushed over with tinct. iodt., B.P., and swathed in flannel. General health being good, no internal medicaments required. Pain persevered with until October 9th.

Condition of bursa at this time.—Swelling decidedly more prominent and tense; appeared likely to rupture.

Treatment.—Punctured with trocar and canula (those in ordinary use in hydrocele); drew off about an ounce of serum, and forthwith applied firm pad and bandage.

Oct. 12 and 13.—Out, engaged at usual occupation.

Oct. 15 and 16.—At home. Quite well, apparently beyond danger of relapse.

Remarks.—The artificial removal of the fluid in this common affection of the bursa alleviated pain, and admitted immediate application of efficient pressure. The system of rest, leeches, fomentations, and purgatives is tedious, inconvenient, and unsatisfactory. One may recall cases promptly cured by blisters, followed up by strong mercurial dressings; however, this is an ugly method, and confines the patient to the house.

The exhausting needle trocar might be tried; yet the proposition urged by a critic, in the pages of *The Doctor*, concerning its use in thoracentesis is a somewhat subtle one,—viz., that it possesses the great advantage of drawing off fluid "without the admission of the least particle of air." One might ask—What is exactly meant by air? or—Is it possible to insert a hollow needle into the human body without the flowing in of "the least particle of air?" Given the additional precaution to puncture under water—What fills the void produced by the evacuated fluid?

Epperstone, Southwell, Notts.

Hospital Reports.

GUY'S HOSPITAL

CATARACT.

ON the 18th inst. a case of cataract, under the care of Mr. Bader, was operated upon by Dr. Rodolfo del Castillo, who is on a visit to London. He operated by the new method of Dr. Cayetano del Toro Y. Quartiellers, the able professor of ophthalmology of Cadiz. This method was first described by its author in the *Cronica Oftalmologica* for last March. This operation is a modification of the method of Von Græfe. The modification is this: instead of rupturing the capsule, as practised by the great German operator, Professor del Toro extracts the lens with the capsule. The incision made is precisely similar to that of Von Græfe.

The results of this plan are reported to be excellent, and Dr. del Castillo, a worthy pupil of the Cadiz professor, demonstrated his skill in the operation, and reflected thereby credit on his master.

LONDON HOSPITAL.

(Under the care of MR. RIVINGTON.)

Two Cases of Enlarged Prostate and Atony of the Bladder.

William Elliott, æt. 63, was admitted into the London Hospital on the 23rd of December, 1863. The patient first had trouble with his water three years ago, when he experienced pain in the perineum and scalding. About thirty years ago he had discharge from his urethra, which lasted about twelve months, but he found no inconvenience

till three years ago. On examination per rectum his prostate appeared to be much enlarged, the finger only just reaching its posterior border and being able to traverse transversely at least three inches of the surface of the organ. The patient was unable to hold his water; it was constantly dribbling away. A large catheter passed easily.

On the 25th of December Mr. Rivington drew off water tolerably clear at the outset, but at the finish thick, with a few drops of blood. For an hour or two after his water was removed, the patient was easy, but as soon as it had again collected sufficiently to run out of the bladder he experienced pain at the end of his penis—pain continuous and severe—more severe at night and preventing rest. A sound was passed to explore the bladder, but no stone or tumour was discovered. The water first pained him in August, 1871. At the end of October he went to a Doctor who gave him some medicine to relieve retention. Ever since then his water had dripped from him, and it felt very hot as it passed. His fundament often burnt and tingled, and all his clothes got wet.

Examination of his water showed that it was alkaline and albuminous, with deposit of pus and phosphates (Rhombic Prisms). Specific gravity, 1·009.

He was ordered infusion of buchu, to which gallic acid was subsequently added to diminish the quantity of blood in his water. It was intended also that an Indian Rubber tube should be inserted and kept in the bladder, for the purpose of avoiding the constant use of a catheter. The meatus, however, was found too small to admit the passage of the catheter through which it is introduced, and before a smaller one could be made, the patient, thinking he was going to die, requested that he might go home to Gravesend. He did so, and came under the care of Dr. Armstrong. He died in a few weeks, but a *post-mortem* examination was refused, although Dr. Armstrong did all that he could to obtain one, for the purpose of ascertaining the exact condition of the urinary organs. Probably they presented the marked changes which accompany obstruction to the passage of urine from enlarged prostate, hypertrophied bladder, dilated ureters, and surgical kidneys. The following case, which presented similar symptoms, illustrates the pathology of the affection:—

Robert Johnson, æt. 72, was admitted into the London Hospital on the 2nd of January, 1872, and died on the 3rd of February, 1872. His water was constantly dribbling away from him, was alkaline, ropy, and deposited phosphates and pus. Examination per rectum easily detected a considerable enlargement of the prostate, especially of the left lobe. Blood was drawn off with the catheter when all the water had passed. The patient died comatose.

At the *post-mortem* it was found that the prostate was irregularly enlarged. Both lateral lobes were much increased in size, the right lobe projecting, especially under the vesical mucous membrane, and the left to a greater extent towards the rectum. There was commencing enlargement of the middle lobe. The prostatic urethra took the form of a deep narrow groove overlapped by the right lobe, and making a bend upwards to reach the bladder. The coats of the bladder were thickened, the mucous membrane was thick and dark-coloured, and presented a fasciculated surface. A section of the right kidney displayed distinct abscesses, with a suppurative state of the cortex. The pelvis was dilated, and contained a collection of muco-purulent matter in the interior. Portions of the right kidney were quite healthy; in the left kidneys the morbid changes were incipient; the liver was fatty and soft.

METROPOLITAN FREE HOSPITAL

(Under the care of DR. C. DRYSDALE; reported by WM. KIPLING.)

Hereditary Syphilis.

TIMOTHY COLLINS, æt. 5 weeks; came first on March 15th, 1872.

Mother's History.—When married, fifteen years ago, had sores on her privates, followed by a rash and sore throat; she has had eight children, four of whom only are now living. The first was still-born.

Ellen C., æt. 12, second child, was here to-day (5th April) and appeared in good health, but the central permanent incisors of the upper jaw were stumpy, discoloured, convergent, and with a large notch in them, and rounded at the edges.

The third child is alive, fourth and fifth still-born, sixth is alive, the seventh lived six months and had snuffles and rash; the eighth is the child Timothy now attending here. Mother noticed an eruption on child's feet and thighs, and a few spots on the face on the 12th.

March (i. e., in the fifth week).—It has a very severe cough, and also snuffles.

Ordered Potass. Iodidi, gr. j.;

Aqua, ℥j., *ter. die. sumendus.*

April 12th.—The eruption is gradually fading away and is now of a pale copper colour; has snuffles and a bad cough still; continue with the mixture.

19th.—Profuse copper-coloured eruption on face and nates, nostrils closed by crusts; snuffles still.

Ung. Hyd. Nit. dil. to eruption.

CASE II.—Catherine Lyons, æt. 5 months; came here December 29th, 1872, with snuffles and an eruption on the buttocks, dry in character; the eruption appeared the day she was brought, it appeared on other parts of body afterwards.

Ordered Potass. Iodidi, gr. j.;

Aqua, ℥j., *t. d. s.*

Mother's History (a)—After the birth of the first child, which is alive and in good health, she had an eruption on her body like that of the child attending here; her second and third children died, and the third had snuffles and rash, and was treated for two months by Mr. R. by some form of mercury; the fourth is the child under observation.

Sores on privates after birth of first child, followed by rash in six weeks.

March 8th.—Child doing remarkably well; no snuffles and very few spots on it.

April 12th.—Eruption disappearing, only a few dirty yellow spots on legs and body.

May 3rd.—Child is almost quite free from eruption, and seems otherwise in very good health.

May 25th.—Child here to-day and seems in perfect health.

June 7th.—Nearly quite well.

Oct. 4th.—This last week a red diffused rash has appeared on left arm.

R. Pot. Iodidi, gr. j.;

Aqua, ℥j., *t. d. s.*

11th.—Rash disappearing.

SPECIAL REPORTS ON FOODS,

INCLUDING DIFFERENT KINDS OF

FARINACEOUS PREPARATIONS FOR INFANTS

AND INVALIDS,

MEAT EXTRACTS, AUSTRALIAN MEATS, &c.,

Together with reliable Chemical Analyses by

Competent Professors.

[PREPARED EXPRESSLY FOR THE "MEDICAL PRESS AND CIRCULAR."]

(Continued from page 425.)

WE have now to consider the important preparations which are consigned to the English market from Aus-

(a) To be asked for.

tralia. The greater part of the information as regards the present state of the market and the imports in these meats is obtained from Mr. Tallerman, the well-known manager of the Australian Meat Agency, and we take this opportunity of acknowledging our indebtedness—we shall quote frequently from his published circulars. The specimens examined, however, were procured directly from the different sources. In detailing the present position of this trade we cannot do better than quote largely from a speech delivered at an Australian meat banquet at which Mr. Thomas Hughes, M.P., the Hon. George Verdon, agent-general for Victoria, and others took part. At this banquet given at the Lambeth Baths, 1,400 working men and women dined at the expense of the colonists, but at a cost of about 2d. per head:—

"Mr. Tallerman commenced by describing the different modes by which meats were preserved in the colonies for exportation. It was the more necessary to do this, because there seemed to be a great want of information on this subject, not only in England but in the colonies, and he might further add that very little was known in one colony what another might be doing in relation to the exportation of food. The modes of exporting meat, as at present existing, might be divided into four classes, each class being as separate and distinct from the other as it was possible to be. The first class was that known as the 'freezing process;' the second the 'tinning process;' the third the 'concentrating process;' and the fourth the 'antiseptic or curing process.' Each of these were subdivided again into minuter details, but it would only be necessary for the purpose he had in view to call the attention of the audience to each process as a whole, instead of going into them minutely. It would also be necessary to tell them that he did not appear before them as a patentee or inventor of any one of the systems to which he had referred, for about four or five years ago he knew nothing more of Australian meat than the knowledge he gained in eating it. He knew that England was consuming annually £2,500,000 worth of cured meats, which came from America and from the Continent. He was also satisfied that, though the knowledge of curing meat in colonies was very small, yet when once the thing was known, they would go on improving until they could command as good a market as either America or the Continent. So far his calculations had proved correct. Mr. Tallerman then proceeded to refer to the processes he had mentioned. Commencing with the one denominated 'freezing,' he said that thus far this process had been merely tried experimentally. Beyond keeping or preserving meat in ice this process had not been tried, but it was sufficient to demonstrate that meat could be thus preserved. That plan might come more into vogue if ice could be obtained cheap enough and capital could be raised to carry the thing on. On a small scale, he believed that meat, by this process, might be brought from Australia to this country, and be as fresh as English joints, but the time had not yet arrived when this could be done thoroughly and well. He was not inclined to think that this process would ultimately become the most popular."

Mr. Tallerman looks the matter in the face rather from a commercial point, and is not an advocate for the tinned meats so far, because the process of enclosing them in tins does not leave a sufficient margin of profit to sell the meat very cheaply in England. He has been successful in instituting wholesome meat dinners in London for 1d. per head, but he can only do this by using cured meats. He says, "It is entirely with this meat and with no other whatever that my success in this country was achieved." Mr. Tallerman's own directions to the colonists we will give *verbatim*, because besides being excellent as regards

the formation of salt meat they describe the nature and character of this class of food :—

1. No animal should be killed while in a fevered or excited state from driving; fourteen days at least should be allowed to elapse from the end of their journey till they are slaughtered.

2. They should be kept without food several hours before being killed, eight or ten at least; undigested food, which has only recently become absorbed into the circulation, is very liable to decomposition, and will cause the meat to putrefy.

3. The meat should be allowed to set thoroughly before it is subjected to any preservative process, and should be exposed freely to the air while it is setting.

4. Care must be taken that the meat is perfectly good. It must be borne in mind that if fermentation has commenced, in however small a degree, before the meat is cured, it will continue.

5. It is absolutely necessary that the atmosphere should be clear while the preserving operations are being carried on.

6. The best parts only of the beast should be cut up.

7. All meat should be cured with a sweet pickle, one-third part sugar and two-thirds salt; these proportions may be altered according to taste. Herbs and bay leaves, &c., may be added with advantage.

8. All meat should be packed in tallow which has been twice boiled; the boiling tends to clarify it, and will prevent it turning rancid or melting in the tropics. Tallow, after being melted, should be well stirred, occasionally while cooling, to prevent it becoming seedy or porous.

9. In packing meat in casks or cases, tallow should be run in first to the thickness of about an inch, and allowed to set; the meat should then be placed inside, and tallow run in till the meat is covered; when cool another tier of meat, &c., until the package is full.

10. All kernels should be taken out of the meat before it is cured—any that may be left in are certain to turn bad.

11. All meats cured with the bone, should have an incision made down the bone, so that the pickle may have free access to it.

As to the "tinning process," he might say that it simply involved the cutting up of the meat and the placing it in tins, which were then soldered up, with a small open hole left at the top, from whence the oxygen was driven out. At a meeting held last year in the room of the Society of Arts, some meat thus preserved was brought forward, which was 45 years old, and was still perfectly fit for eating. The process of "tinning" meat had been largely in use for several years in this country, and no doubt would be very successful in the colonies. The great objection he had to urge against "tinning" meat was the expense incurred in preparing it, and not only that, but the fact that it came here cooked, and too much so for English tastes generally. When he considered that "tinned" meat cost relatively nearly as much as English meat, the difference was not so striking as would be likely to induce the people here to buy it. Sixpence a pound was the wholesale price of the "tinned" meat, and could not be sold under 7½d. Again, he thought that the fact that "tinned" meat could not be well packed except in packages of 6 lbs. each, would prevent its finding much acceptance to poor people, who were not

usually disposed to speculate so largely in this commodity. The meat must be brought to the poor in such a way, and at such a price, as would induce them to see the advantage of purchasing it. Therefore, although the "tinned" meat was admirably adapted for marine uses, and in certain cases for land purposes as well, yet, on the whole, he was not sanguine that it would ever enter largely into the dietary scale of this country, and he believed it would utterly fail as a commercial speculation. Nothing, however, could be urged against it on the ground of quality. A person buying 6 lbs. of "tinned" meat bought it already cooked, and, moreover, all the juice and the gravy in it were preserved. In that way 6 lbs. were equal to 9 lbs. of ordinary meat, for every one could testify from experience gained in the cooking of the regular butcher's meat, that if 6 lbs. of meat were wanted from 8½ lbs. to 9 lbs. would have to be put into the pot to obtain it. But whilst pointing out the disadvantages of "tinned" meat, he would do it an injustice were he to omit to mention that in summer it could be eaten cold, but in winter, when the bulk of food was cooked, it would be, as he had said before, too much done for English tastes.

Now as regards the important object of bringing over cured meat, we look upon that part of the question as a fact consummated, and it is really a matter of how far such meat will replace ham, bacon, and other cured meats; it is, in fact, more a matter for commercial speculation. But the great question to be solved is the importation of fresh meat. On scientific grounds salt meat can never entirely replace fresh meat in dietary without the production of certain classes of disease which even the extensive use of vegetable food will only partially remedy. The poorer classes are also even more prone to constitutional deterioration from the exclusive use of salt meat than others would be. Mr. Tallerman's 1d. dinners are really wonderful things in their way, but we want him to give us 1d. dinners from fresh meat. As it is not our intention to discuss this part of the subject further, we are inclined to think that the most feasible process for bringing over raw fresh meat would be the bisulphate of lime process as patented by Messrs. Medlock and Bailey, or the steaming process to be described further on.

Mr. Tallerman thus proceeds; "However, the processes he had thus briefly described were all capable of improvement. It afforded him great pleasure on the present occasion to be able to introduce, he believed for the first time, meat that had come from the colonies perfectly fresh and uncooked. By a ship which had just arrived from Queensland he had placed in his hands some meat that had been prepared by an entirely new process. It was perfectly raw and perfectly fresh. This fact, he considered, did great credit to the enterprise and perseverance of a native colonist, who had thus been the first to import fresh raw meat into this country. That meat was also 'tinned,' and the fact of its being uncooked did away with one of his objections to this process, and when the other, and, perhaps, more important one of price was made satisfactory he doubted not that it would be successful. He anticipated that soon large shipments of it would arrive, when the price it would be sold at would be about 6½d. or 7d. a lb.; that is, for a meat without bone, and 'tinned.' The third plan, called the 'concentrated process,' was one by which the whole of the nutritious portion was condensed and reduced to a fractional space. Two inventors were in the field supplying the country with this meat, Whitehead and Liebig. The way these inventors arrived at their conclusion was slightly different, though the result in each case was the same.

They reduced a bulk of 30 lbs. of beef to 1 lb. His hearers would all have heard of essence of meat. The great advantage of this essence was the facility by which beef-tea and soup could be made from it. He could only draw their attention to the very high importance that was to be attached to this process, from the fact of its immense sale at the present time. Hardly a chemist or grocer could be found who did not sell this essence; and when they came to consider that every pound which entered into the consumption of the people represented 30 lbs. of ordinary fresh meat they could form some idea of the immense indirect value of the process on the food resources of the country."

WHITEHEAD'S SOLID ESSENCE OF BEEF.

If we understand Messrs. Whitehead and Co's. letter correctly (vide *MEDICAL PRESS*, Nov. 13th), they wish to convey that they have already published that starch is used in manufacturing the meat cakes sold under their name. If so, we have not seen this published statement. We have carefully re-examined the original packet from which the sample was taken, and there is not one word in connection with this subject either on the printed label or the embossed part of the tin. Had there been anything to this effect we should have certainly printed it.

If Messrs. Whitehead and Co. will read our report again they will find that the probability of the starch being used for the purpose of forming the cake is suggested, and also at the same time that our real objection to the preparation is from the large quantity of gelatinous matter present which deteriorates its nutritive value. In fact, the real and only recommendation to the cakes is their portability. Now, it is impossible to give permanent shape to *extractum carnis* without combining it with an abnormal amount of gelatine, or by some similar means.—ED. "Food Reports."

Transactions of Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, NOVEMBER 12TH, 1872.

Mr. J. A. KINGDON, Vice-President, in the Chair.

ON THE RESPIRATORY MOVEMENTS IN MAN, WITH AN ACCOUNT OF A NEW INSTRUMENT FOR MEASURING THE MOVEMENTS OF THE CHEST.

By ARTHUR RANSOME, M.D.,

Consulting-Surgeon to Lloyd's Hospital, Altrincham.

(Communicated by WILLIAM OGLE, M.D., of Derby).

EXACT numerical records of the movements of the several parts of the chest-wall are needed, both as physiological data and in the study of disease. All the methods of mensuration of these movements hitherto in use, when passed in review, are found to be faulty for many purposes, in that they record either the simple gross enlargement of the circumference of the chest, or merely the resultant of the true dimensions of the motion. Most of the movements on either side of the sternum take place in three planes at right angles to one another; and, owing to the variations in even healthy breathing, it is important to measure all the dimensions of the motion during one act of breathing. An instrument for doing this had been devised by the author. [Its construction and the mode of its application having been demonstrated, the possible sources of error in its use were pointed out, and graphical representations of the several motions were shown.]

The small extent of costal motion in ordinary breathing remarked by Haller, Hutchinson, and Sibson, rendered it necessary to observe chiefly forced respiration. In this action, in points near the ends of the sternal ribs the chief motions were

forward and upward, the forward movement being most equable and starting much more rapidly at first than the upward rise, which took place chiefly at the latter portion of the act of breathing. The ordinary action of the diaphragm seemed first to be increased; then the lower ribs, in most of the cases examined, seemed to have the precedence in rising, and were straightened at the angle between them and the costal cartilages; the spinal column was curved backwards; and finally, there was a forced raising of the whole bony cage. In expiration after this effort the phenomena were reversed in order.

This account differs in some respects from that of several authors, who, however, differ among themselves, probably in consequence of the control which the will can exercise over the several motions. The order of movement of the ribs was examined, both by means of tapes and by Dr. Sanderson's stethograph, and the different types of breathing were observed in males and females by the same method.

The differences in the rates of motion forward and upward were accounted for partly by the mechanical conditions of the action, the ribs being considered as rigid bones, partly by other considerations.

The chief regions examined were the sternum, at its upper, middle, and lower portions, the clavicles, and third and fifth ribs.

Tables showing the extent of motion in these parts in adult males and females, in childhood and old age, and in different positions were drawn up, and a want of perfect parallelism in the sternal movement was shown to exist in some cases.

The sternum moves usually more than the clavicle, and the ratio of the forward to the upward motion is somewhat greater; the lower end moves slightly more than the upper, but there is evidence of some retarding influence from the action of the diaphragm, a conclusion supported by Traube's experiments.

The clavicles move most in the final effort of breathing—they have no outward motion,—and this movement only grows distinct on the second and third ribs, increasing as we descend.

The forward push of the ribs is very remarkable. The fifth and seventh, and sometimes the second and third, have more forward movement than the sternum, and this dimension of the motion often equals the upward rise. There is much evidence of independent movement in the several ribs.

In women and children the ordinarily high ratio of the forward to the upward dimension is still further increased, but in old age it is diminished to the lowest point compatible with any rise of the ribs.

In most of the women examined the motions on the left side exceeded those on the right, in men the contrary was the case.

Position materially influences the movements, and muscular strength is also an important element. In disease the motions are naturally less extensive than in health, but there were several cases of pleurisy and phthisis in which there was evidence of an exaggeration of motion over sound parts to compensate for loss of motion elsewhere. Loss of movement was chiefly conspicuous in emphysema and asthma, but also in chronic bronchitis, although the proportions of the several dimensions of the movement were but little altered.

In phthisis it was remarkable usually, how small was the extent of motion even on the healthy side, and in both males and females one of the earliest indications of disease was, diminution of movement over the part immediately affected. The ratio of the forward to the upward motion was much lessened, except in some very chronic cases, in which large, dry vomices existed, and the disease was for the time quiescent.

Practical deductions may often be made from these records, and they are useful both in tracing the course of disease and in estimating its virulence.

PROGRESSIVE MUSCULAR ATROPHY, ACCOMPANIED BY MUSCULAR RIGIDITY AND CONTRACTION OF JOINTS, WITH EXAMINATION OF THE BRAIN AND SPINAL CORD.

By J. LOCKHART CLARKE, M.D., F.R.S.

(Communicated by Sir WILLIAM GULL, Bart., M.D.)

A man at the age of thirty became affected with frequent vertigo, which lasted for three years. From this period he found that he was obliged to be very slow in all his movements, and that if he attempted to move his limbs quickly they trembled very much. Subsequently he felt weakness in the left leg, so that he would suddenly fall down, without feel-

ing giddy, and the calf of that leg began to waste. Then the muscles of the right leg wasted, and four months later he noticed wasting of the muscles of the left shoulder. He complained of severe dragging pain in the arms and legs. These symptoms gradually increased through a number of years, so that at the age of fifty-eight he was quite unable to stand, or even turn in bed, or feed himself. There was great muscular rigidity. Almost all the muscles of his body were much wasted, especially those of the upper extremities. The respiratory movements were very feeble. There was no trouble with his bladder, nor any noticeable alteration of cutaneous sensibility, but electric sensibility was almost abolished. His speech was indistinct and nasal. Deglutition became difficult, and at last almost impossible, and saliva ran from his mouth. The fibrillar tremors and rigidity of the muscles wholly disappeared during the last week of his life.

Parts of the cerebral convolutions were thickly interspersed with corpora amylacea, and many of the blood-cells of the white substance were enlarged. The cells of the grey substance were not altogether healthy. The pons Varolii was somewhat below the average size; its blood-vessels were much dilated, and in some instances had partially or wholly disappeared at particular spots, leaving empty tubular spaces. The corpora amylacea were thickly interspersed. The medulla oblongata was about one-fifth below the average size in the adult. All its nuclei was decidedly smaller than usual, and their cells were more or less affected by pigmentary degeneration. The diameter of the spinal cord was at least one-fourth less than the average in the adult. The grey substance, from one end to the other, was severely damaged by a variety of lesions and degenerations. In all regions of the cord the nerve-cells of the anterior grey substance had undergone considerable degeneration. Some of them had wholly disappeared by gradual pigmentary wasting, or by falling into heaps of granules. Of those that remained the processes were either lost or reduced considerably in size.

EPIDEMIOLOGICAL SOCIETY.

[Abstract of Introductory Address by the President.]

THE first meeting of the Epidemiological Society this season was held on the 18th inst., when the President, Inspector-General LAWSON, after some preliminary remarks, gave an outline of the epidemics in various parts of the world during the past twelve months.

The great diffusion of small-pox in 1871-72 was noticed, there having been epidemics at various parts—in Africa and Europe, from South of the Equator to the Arctic Ocean, in and from Southern India to Siberia, in America from Chili to Canada.

The hæmorrhagic form had been met with extensively through Europe, in Siberia, and in the Western Hemisphere from Trinidad to Canada. It was suggested as a subject for inquiry whether this might be connected with the influences which, of late years, have led to cerebro-spinal fever. It was shown that the epidemic, which recently passed over this country and North of Europe and Canada, was met with in Southern India in 1868, in Northern India in 1869, in the South of France in 1870, and in London at the end of that year.

The course of measles and scarlatina in this country was traced, and the remarkable frequency of diphtheria in Scotland noticed, where in Edinburgh the ratio of mortality from this disease alone for 1871 amounted to 7.6 in 10,000 living. Its presence in other countries was also referred to. The epidemic of whooping-cough at the end of 1871 and in the early part of 1872 in this country was next considered; and it was mentioned that it had been experienced at Shanghai and Formosa in 1871, at the Cape, Mauritius, and in the West Indies and Nova Scotia early this year.

Fever, with a few local exceptions, had been low since the middle of 1871, in Great Britain and Ireland. The typhus became less frequent, the enteric more common, and within the last five months relapsing had nearly disappeared. Cerebro-spinal fever had attracted considerable attention in New York and Canada since January. Yellow fever had appeared, though nowhere in very great activity, from Monte Video along the Brazilian Coast, in the West India Islands, and Spanish Main. A febrile disorder described as typhus or plague had been very extensively

diffused in Persia since 1871, and dengue had shown itself at Mecca, in many parts of India, in Burmah, and even in China. Cholera resumed its activity at the end of last and early this year, and there have been outbreaks on the East Coast in Western Hindostan, and in the country south of the Himalayas, from the delta of the Ganges, to near Peshawur, and in the districts of Nepal and Cashmere. In the middle of April (1872) it broke out in Turkestan, and by July was in Samarcaud and Bokhara, on the one hand and on the other passed along the Amoor Duria to the sea of Aral and the North East of the Caspian. In Russia, cholera prevailed from the Black Sea to Finland with varying intensity in different localities, it crossed the frontier into the neighbouring districts at various points in the course of the summer, and still remains in Poland, though decreasing greatly in Russia. It has lately appeared at Buda, and single cases or small groups have shown themselves at various points, more to the west, indicating a disposition to occupy fresh ground, but it is not likely to display much activity until the return of warm weather.

The following papers will be read during the Session:—

- DR. F. MONAT, "On Medical Statistics, with especial reference to Cholera and Syphilis."
 DR. G. BUCHANAN, "On the Concurrence of Epidemic Diseases."
 DR. WM. SQUIRE, "On the Periods of Infection in Epidemic Diseases."
 DR. SMART, C.B., "On Cholera in Insular Positions."
 DR. DOMENICETTI, "On Dengue."

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, NOVEMBER 27, 1872.

FEVER.

THE Report of the Medical officer of the Fever Hospital at Homerton which was presented to the Asylums Board and has just been printed contains some statistics and remarks that will interest our readers. It will be remembered that, after thorough disinfection, the hospital previously used for small-pox was opened for fever cases on October 1st, 1871. During the time it has been open 611 patients have been admitted, but of these no less

than 192, nearly one-third, were not cases of fever at all—a circumstance that has given rise to much comment and to which we shall refer further on in this article.

Out of the whole number of cases admitted 434 were discharged recovered, 124 died, and 15 were sent to the Small-pox Hospital. The mortality of the whole was 20 per cent., but, deducting those cases (31 in number) in which death occurred within twelve, twenty-four, and forty-eight hours of admission, and who were, therefore, beyond treatment, the mortality was only 13·5 per cent.

It is encouraging to find that the great epidemic of typhus in London seems at last to have become exhausted. This may be concluded from the fact that the admissions into this hospital from typhus fever have not exceeded 82. In the year ending 31st December, 1871, 411 cases of this fever were admitted into the London Fever Hospital. As the Homerton Hospital has for the last year taken the place of the London Fever Hospital as far as regards the poor, who are almost the only sufferers from typhus, it may be assumed that all the cases of typhus have gone to Homerton, for Stockwell Fever Hospital was only opened in June, and so small a number of typhus cases were admitted there as not materially to affect the results.

The number of cases of the various forms of fever admitted into Homerton Hospital during the year ended 30th September, 1872, was—

Typhus fever	82 cases.
Enteric fever	183 „
Scarlet fever	79 „
Simple continued fever	75 „
Measles	8 „
Small-pox	17 „
	—
	444

If we allow for the three months of the year not included it will be seen that typhus fever will only produce one-fourth of the cases it produced the year before.

Now be it remembered that typhus fever is, *par excellence*, that form of fever which depends on the overcrowding of human beings. Eighty-two cases were admitted, and of these 21 have died, or 25 per cent., but, deducting six cases which died within forty-eight hours of admission, the mortality falls to 18 per cent. The mortality amongst males was 35·13 per cent., amongst females 25·61 per cent. This unusually high mortality the Report before us refers to the absence of an epidemic, which always attacks a considerable number of young persons, in whom the recoveries form a large proportion. It is admitted, however, that some influence on this mortality depends upon the grounds on which a diagnosis is formed. Many cases of illness are put down as typhus fever, enteric fever, or scarlatina, because the temperature of the body is increased, others because one or more members of the same family have one or other of the fevers named in a well-marked form, though neither of these grounds are, *per se*, evidence of the existence of a specific fever. They only constitute a presumption, yet, says Dr. Collie in the admirable Report before us—

“Many patients are sent here, the only evidence of fever being an increase of temperature, or the presence of a specific fever in a near relative. Very frequently it happens that a whole family is sent to the hospital, although but one or two members of it have the real disease. Perhaps the whole family is somewhat feverish,

and the mild feverishness and the real disease may be due to the same poison; but we do not think that mild fever, possibly due to a small dose of typhus poison, or to personal immunity from the more serious consequences of that poison, should be returned as typhus fever, equally with the disease characterised by well-marked signs, delirium, a typical rash, and an average duration of fourteen days. One of our Medical officers suffered from sore throat, shivering, and headache on exposure to typhus poison, and was ill for about forty-eight hours. Had he typhus fever, and if so, would he be protected from a future attack? Many of our nurses and servants, persons well vaccinated, suffered from sore throat and headache on their first exposure to small-pox contagion. It is reasonable to believe that their illness was the result of small-pox poison; but would it be correct to say that they had had small-pox? The principle which we have acted on has been to form a diagnosis only upon the recognition of a group of characteristic symptoms; of symptoms, in short, which are unmistakable. Acting on this principle, the eruption peculiar to typhus has been recognised in all our cases. Typhus, *sine eruption*, is in our opinion not true typhus at all; and the classification of this form of illness as true typhus will go far to account for the low mortality which is sometimes given, especially in epidemic times, when there is a tendency to account for every definite and unknown illness by attributing it to the prevailing disease. A different principle of diagnosis would have considerably reduced our mortality, and also the number of cases of simple continued fever, under which latter head are included all cases of fever without characteristic symptoms, *i.e.*, all cases in which the cause of fever is unknown.”

Let us summarise the results of the other statistical tables of this Report. One hundred and eighty-three cases of enteric fever were admitted; of these 38 died, or 20 per cent., but, deducting eight in which death took place within forty-eight hours, the mortality is reduced to 16 per cent. The mortality from scarlet fever was 13 per cent., but, deducting 3 cases in which death took place within forty-eight hours, it is reduced to 10 per cent. There were 183 cases admitted, and some of those were complicated with other diseases.

Of simple continued fever 75 cases have been admitted, a much larger proportion than is usual in fever hospitals. Some of these cases were no doubt due to the poison of typhus fever, of enteric, or of scarlet fever; but it is maintained, as we think more properly, that there is an important difference between slight constitutional disturbance, due to the action of a specific poison, and severe continued fever of long duration with specific symptoms. It is maintained besides that mild febrile symptoms, arising from the specific poisons of small-pox, typhus, and enteric fevers, and scarlatina, are indistinguishable from mild febrile symptoms arising from many other causes. No deaths occurred from this fever. “The number of deaths referred to this form of fever in the Registrar-General’s reports ought, in all probability,” says Dr. Collie, “to be classified as typhus or enteric.”

The cases of measles, five in number, had better have been treated at home. Three of them died, all being the subject of severe pulmonary complication. They communicated the disease to the night superintendent, and to an assistant nurse. The former was ill for a long period, and nearly died from the sequelæ of the disease; the latter recovered quickly.

A very interesting table is given of the other diseases admitted. They number 167, or about one-fourth of the total admissions. Forty-nine of these died, or 29 per cent., a small mortality when it is considered that the

majority were in a very exhausted state on admission, and that fourteen of them died within forty-eight hours.

Among these diseases no less than 36 were cases of pneumonia, of which 12 died. There were also 14 of pleuro-pneumonia, of which 7 died. These cases were, we presume, mistaken by trusting entirely to the temperature.

Strange to say, 22 cases of "dyspepsia" and 10 of "debility" appear in this same table. All of them recovered and clearly none ought to have been sent to the hospital. Yet, when we remember all the difficulties of those who have to attend the poor in times of epidemics, we need scarcely feel surprise that a proportion of such cases should occur. It is desirable to reduce the number of errors to a minimum, but the matter must be worked at in reference to the position of the parties concerned, and we are glad to find that the writer of this Report, Dr. Collie, has previously referred to it in a judicious manner. He now repeats what he previously said, and his observations are so wise and prudent that we extract them for the benefit of our many readers who are engaged in the treatment of the poor:—

"The Medical officers of the poor are very often called upon to form an opinion under very great difficulties. A dark room and a dirty skin are formidable obstacles to the diagnosis of fever, and in many cases it is in such circumstances that the Poor-law Medical officer is compelled to give a decision. Difference of opinion will no doubt exist as to the grounds which would justify a Medical man in sending a patient to a fever hospital. I will not attempt to state these, but bearing in mind the *great importance of early removal* both to the patient and the public, I would ask, ought a Medical officer to wait until the eruption and other symptoms, peculiar or pathognomonic, for instance, of enteric fever are present and unmistakable, before sending his patient to the fever hospital? Surely not. The specific enteric eruption appears, say, on an average, about the eleventh day, sometimes as early as the sixth, and sometimes its appearance coincides with convalescence. Murchison says 'from the seventh to the twelfth day;' Griesinger, 'in the course of or towards the end of the second week;' Trousseau, 'from the seventh to the tenth day,' but adds, 'It is not rare to see it appear later,' and further adds, 'Sometimes it does not appear during the whole course of the disease.' Now the same may be said of some of the other symptoms, *i. e.*, in short that enteric fever may be present in the absence of one or more important symptoms. In mild enteric fever the abdominal symptoms, for example, are neither marked nor characteristic. If, then, Medical officers are to wait for certainty, or the appearance of symptoms rarely deceptive in this disease, they would frequently wait until the twelfth day, and sometimes until the patient had recovered altogether. This would, in my opinion, be most dangerous practice, for who would advisedly send an enteric patient, on the twelfth day of illness, probably more or less delirious, through the noisy streets of London? But unless we consent to admit many cases not correctly speaking specific fever, although closely resembling it, the dangerous practice referred to must become more common than it is now, and besides, many patients will be kept in their own wretched homes to their own great danger and that of the public.

"We have so frequently occasion to deplore the practice of sending patients to the hospital at a late period of illness that anything like censure upon the Medical officers of the poor would increase this serious evil, would endanger the public health, and contribute to the greater increase of epidemic contagious diseases, through cases being kept at home until the Medical officer had something like a mathematical demonstration of the presence of a contagious fever.

"The fever of which we have been speaking is admittedly, from the great variety of forms which it assumes, often extremely difficult of diagnosis. Dr. Murchison says, 'There is no disease which presents itself under a greater variety;' and, speaking of the difficulty of diagnosis, adds, 'During the first week it is often difficult to form a positive diagnosis. If both the eruption and the abdominal symptoms be absent,

the diagnosis can only be arrived at by a process of exclusion.' Under such circumstances, he continues, 'a diagnosis from many other diseases may sometimes be impossible.' This being the opinion of an experienced physician, and others might be added, I do not think that much fault can be found with the mistakes of the Medical officers of the poor, considering the circumstances under which they are often called upon for an opinion. It is sometimes, in our well-lighted wards, with every facility and convenience for accurate diagnosis, impossible to make one, and I believe this opinion will be subscribed to by most physicians who have had much experience in contagious diseases.

"If it be maintained that no case should be sent here until there be clear and unmistakable evidence of the existence of one of the contagious fevers treated here, then the matter is simplified at once; but if this principle be acted upon, many cases of contagious disease must remain for a dangerously long time in their own homes, spreading contagion to all around them.

"I have taken as my example of the difficulty of diagnosing fevers early, that one which is admittedly the most difficult. But there is frequently great difficulty in distinguishing between quinsey, diphtheria, and scarlet fever. Of course, with time, all difficulty usually disappears; but is a person to be allowed to remain in an overcrowded lodging-house or a populous alley, say, in Whitechapel, whilst the Medical officer is balancing the probabilities of quinsey and scarlet fever? Typhus fever presents less difficulty than the others, but in the majority of cases certainty is not possible until the seventh day of the disease. Now let us suppose that typhus is epidemic in a particular street in Whitechapel, that the Medical officer is called to a patient in a house in that street, hitherto untouched by the disease, and he finds well-marked febrile, but not characteristic, symptoms—should the Medical officer wait for a distinct typhus eruption before ordering removal to a fever hospital? Let us suppose that his practice is to wait, remembering that the disease is equally contagious (at least, it is unquestionably safer to act as if it were so) before as after the characteristic symptoms, would not the epidemic be dangerously helped by this practice? I think we may safely assume that it would, and affirm that such practice is dangerous to the patient and to the public, and that it is safer and better practice to give the public the benefit of the doubt, more particularly since, as in a properly constructed and properly managed hospital, the risk to the patient of catching infection is almost *nil*, whereas the danger of sending a patient in an advanced stage of illness is very great. *It is the danger* we have so frequently to deplore, whilst on the other hand serious results from the opposite course are in my experience of the rarest occurrence."

This much having been admitted, Dr. Collie does not hesitate to say that it ought to be added that careful examination, and particularly careful examination of the chest, would render the list of "Other Diseases" less varied and extensive. It is very satisfactory to learn that, notwithstanding the risks run, no patient admitted from other diseases contracted any contagious disease in the hospital; but the nurses did not all escape, three having died of fever, and one of the Medical assistants had scarlatina, but happily recovered.

VACCINATION AND SMALL-POX STATISTICS.

WE have received from the Metropolitan Asylums Board the report of the Medical officer of the Homerton Fever Hospital, Dr. Alex. Collie, and, inasmuch as it supports and enforces with the irresistible logic of facts, many of the lessons we have so frequently had occasion to inculcate, we at once proceed to give it consideration.

The report commences by saying that the experience obtained affords overwhelming evidence of the protective power of vaccination and re-vaccination against small-pox, and tables are given of the mortality for small-pox in 1,000 vaccinated cases and of the severity, short of death, of 745 re-vaccinated cases.

The first point is that these tables disprove a very common error, viz.,—that more vaccinated than unvaccinated persons are attacked by small-pox. It has been again and again urged, says Dr. Collie, as an argument against vaccination that more vaccinated than unvaccinated persons were attacked by small-pox. Different explanations have been given of this in a certain sense true statement, but the real truth is that vaccinated persons, and by vaccinated persons of course Dr. Collie means only properly vaccinated persons, form but a very small proportion of those attacked by small-pox. The majority of persons attacked by small-pox are either persons not vaccinated at all or persons vaccinated very inefficiently. Tested rigorously, how fares it with the statement that small-pox affects the vaccinated more than the unvaccinated? Out of the 1,000 cases admitted, only 49 had been vaccinated in the way which the National Vaccine Board *fifty years* ago declared to be the best! Mr. Marson, one of the best authorities on this subject, apparently thinks the standard of the Vaccine Institution not sufficiently high; and out of 1,000 cases of small-pox *thirteen* only had been vaccinated in the way Mr. Marson thinks the best.

In these statements, the cases occurring before and after puberty, are included. Turning to the tables in which the cases are divided in those occurring before and after puberty, how does it fare? Of 411 cases of small-pox vaccinated and unvaccinated, only *seventeen* had been vaccinated according to the standard of the Vaccine Institution, and *four* according to Mr. Marson's standard, i.e., that of 411 small-pox patients, but *twenty-one* had been vaccinated *properly*. The proportion of well vaccinated persons attacked by small-pox after puberty is higher than under that age, but it still holds true that well-vaccinated persons form but a small proportion of the small-pox cases. Of 549 cases occurring after fifteen, *thirty-two* only had been vaccinated according to the directions of the Vaccine Institution (directions supported on good authority), and but *thirteen* according to Mr. Marson's. Taking all the cases together, and assuming the two standards referred to to be equally good, it is found that of *one thousand* cases of small-pox, *sixty-five* only had been efficiently vaccinated, the other 935 had been inefficiently vaccinated.

If, now, we turn to the question of quality we find by a glance at the second table the influence of different kinds of vaccination in determining the severity short of death. Of 100 children attacked by small-pox, 68 had not been vaccinated at all, 15 had been badly vaccinated, 10 fairly well vaccinated, and but 7 well vaccinated. Of these children, 26, all unvaccinated, had small-pox in a severe form—not a single *severe attack* having occurred in a vaccinated child; and only *seven* well vaccinated children had the disease, which consisted of slight indisposition accompanied by a few pimples, hardly deserving the name of small-pox. Of 152 cases of severe small-pox, after 12, *fifty-one per cent.* occurred amongst the unvaccinated, *twenty-three per cent.* amongst the badly vaccinated, *four per cent.* amongst the fairly well vaccinated, and amongst the well vaccinated there was but one case, illustrating what has been already stated, that even the best vaccination is not in all cases protective throughout life.

Vaccination, then, being so inefficiently performed, we cannot be surprised that a large proportion of so-called

vaccinated persons fall victims to small-pox. It is very commonly stated that eight, nine, and eleven per cent. of vaccinated persons die of small-pox, but to this Dr. Collie declares it cannot be too frequently repeated, that "those vaccinated persons who die of small-pox have been badly, or inefficiently, vaccinated, and that death from small-pox in properly vaccinated persons is of extremely rare occurrence. Of 1,194 cases treated in this Hospital, not one such death has been observed."

The quality of vaccination is of greater moment after the age of puberty. From the statistics of this hospital in early life, almost any kind of vaccination would appear to be protective, but the difference is very marked after that age. After fifteen, the unvaccinated died at the rate of 47 per cent., the badly vaccinated at the rate of 26 per cent., the tolerably vaccinated at the rate of 8 per cent., the fairly well vaccinated at the rate of 4 per cent., and the well vaccinated not at all. *No cases of small-pox seen after re-vaccination.*

Here is yet another nut for the vaccino-phobiacs to crack. During the five months that small-pox was treated in the hospital, 110 persons in various offices were engaged in attendance upon the sick, directly or indirectly: all these persons, with two exceptions, were re-vaccinated, and they all, with the exceptions referred to, although exposed to the contagion in its most concentrated form, escaped the disease. The exceptions referred to were a kitchen maid, and a stoker. The appointment of these persons had not been reported to the Medical Superintendent, and as a consequence they were not re-vaccinated, and they both contracted small-pox.

THE ETHER QUESTION AND THE ANÆSTHETIC CONTROVERSY.

THE interest in this subject continues unabated, and the attention which has been given to the discussion has been already evidenced by the weekly "Anæsthetic Reports" in the various Medical journals. The revulsion that is taking place in favour of ether, or, at all events, in favour of a safer anæsthetic than chloroform is remarkable; notwithstanding the scrupulous care which has been taken in its administration, and in spite of the precautions used, deaths will occur under the influence of chloroform, which are well calculated to cause distrust and alarm. It is not possible to ignore the remark of a writer (Dr. Jones) in one of last week's journals, where he states, "If I were unfortunately compelled to take an anæsthetic nothing would induce me to take chloroform; experience has taught me that even when most carefully administered it is more dangerous than is generally supposed." And yet the writer has had no mean experience; he has administered chloroform in more than *six thousand* cases, and has used "Snow's and Ellis's inhalers," "Clover's bags," Skinner's apparatus, or "simply a towel or lint." We would ask Medical men in this country to ponder this well. There are not many who can number six thousand cases. But from each one's individual experience we are inclined to believe that not a few would subscribe to the declaration "that nothing would induce them to take chloroform." If a surgeon would not use it himself, is it ethically correct to administer it to others? Would responsibility or blame be rightly ascribed to the administrator in case of a fatal issue from the use of an agent

which selfishly nothing would induce him to use? Though custom has more or less blunted our sensibilities as to the danger of chloroform, is it in the abstract creditable to our Profession that we should enter upon the use of an anæsthetic, supported by a professional chloroformist on the one hand, strengthened, in our undertaking a known risk, by the opinion of a physician as to the condition of the vital organs of the body, and the support already prepared by the armamenta for the restoring suspended animation, in the shape of galvanic machine, enema, apparatus, &c.

Though we inherit the glorious privilege of having a right to differ, is it calculated to create confidence in the public mind that there are actually two different schools in the chloroform contest—one advocating the most careful watching of the pulse, on which it is specially directed a finger should constantly be laid, and that by an intelligent and skilled hand; the other (a), that the safety of the patient will be most promoted by disregarding it altogether? Thus, while the Chloroform Committee of Investigation have recorded that depression of the heart's action is the effect of chloroform, and that in the experiments that were performed the pulse stopped before the respiration, yet its effect in this way is by some considered as not the indication to be guarded against, but that the respiration is the index to be attended to.

If we turn from these differences of opinion as to the effect, we find a similar divergence as to the principle on which chloroform should be administered—one school holding that air must be carefully mixed, and the dilution of the chloroform in certain proportions be effected, and that various complex apparatus on this account recommend themselves; the other believes that such modifications are unnecessary and inefficient *quoad* greater safety.

With such differences of opinion in existence it is evident that the *métier* of chloroform inhalation is eminently unsatisfactory. Deaths occur under every variety of condition; some, that may be termed unavoidable, when the patient (as we have reason to know occurred lately in Dublin) is struck down at once by the first few inhalations, when even a drachm of chloroform has hardly been exposed for diffusion. Some cases die from what must, we suppose, be styled, an idiosyncrasy, or peculiar susceptibility: from the accounts published there has in such cases been no possible defect on the part of the administrator. Some die from what may be styled avoidable causes—which attention to details and great caution seem in other cases to have saved the patient. Others, again, may, it is suspected, die from the depressing influence which, even when the immediate dangers are passed, still impresses the patient. We may ask any practical surgeon whether or not he has but too frequently been startled by these phenomena.

Ether, on the other hand, whatever objections have been made to it, cannot be accredited with such dangers. In a series of papers and observations, and the reports of cases we have published from time to time by Dr. Morgan, of Dublin, we think this certainly has been established; and some observations which have just reached us from America, on a recent death which was attributed to ether (b), at New York, lead us to draw attention to his remarks, and still more strongly to urge upon our professional brethren a calm examination by practical experience into the value of ether, and that we

should not be behindhand in adopting (if it is found practicable) its more general use, possibly with similar results as are quoted by a weekly contemporary: "Three weeks ago the administration of ether was a rare exception; we have reason to believe it is already becoming the rule."

On analysing the case of supposed death from ether inhalation, reported in the MEDICAL PRESS of October 23, 1872, the following facts appear from the inquiries of Dr. Bigelow. The man was 68 years old, and on *post-mortem* examination it was shown that he had at the time the following conditions—the lower lobe of his right lung was œdematous, the lower part in a state of red hepatisation; he had "emphysema and thickening of the large bronchi," and old adhesions over both lungs.

The questions may naturally be asked—Could such a condition have been recognised before any anæsthetic was being used? Was it recognised? Would such a case have been submitted to chloroform inhalation at all?

On calmly reviewing the case, we must credit etherization with wonderful forbearance, and must admire an anæsthetic which, after a patient labouring under such conditions was restored by artificial respiration, left a heart still beating, when the damaged respiratory organs could no longer fulfil their office. The following are Dr. Bigelow's description of the circumstances, and his conclusion; we leave to our readers their own impression as to whether the accident was an accident at all, and as to whether any anæsthetic whatever was judicious under the circumstances:—

"A man of nearly 70 years, reduced by a fracture near the trochanter, of eighteen days' standing, and by pneumonia, was subjected to a somewhat protracted inhalation before coming under the influence of ether. At the end of ten or twelve minutes, his breathing became so feeble and irregular that etherisation was suspended and artificial respiration resorted to. In the course of four or five minutes more, there being some muscular action, the respiration being also stronger, and the pulse better, the ether was again administered, but the same bad symptoms soon supervened. On examination, the pupils were found to be dilated. The heart was still beating (although there was probably no pulse at the wrist), but attempts at resuscitation were this time ineffectual.

"On the other hand, we repeat, no precaution yet devised by human ingenuity will prevent the insidious shock of chloroform, in even a small dose, from occasionally and abruptly killing a healthy subject. This is the peculiar and usual *death from chloroform*, and of its approach, neither pulse nor breathing gives indication.

"Ether is so safe when used liberally, and even prodigally, that after a time, the practitioner may perhaps fail to be quite alive to the possible dangers which are inseparable from every remedy of any power. With a title of the extreme but vain precaution of English practitioners against the shock of chloroform, we hold that ether would be innocuous. In the above case, an exceptional degree of caution, suggested by the symptoms might perhaps have saved the patient."

THE PROFESSORSHIP OF PHYSIC IN THE COLLEGE OF SURGEONS OF IRELAND.

THE Fellows of the College have been summoned to assemble on Tuesday, the 3rd of December, at 3 o'clock, to witness the election of a Professor of the Theory and Practice of Physic, in room of Dr. Benson, resigned. The process of election, as provided by the Charter, is rather peculiar. At the hour named the President takes the chair, and the letters of application and testimonials of

(a) "Holmes's System of Surgery," p. 495.

(b) MEDICAL PRESS AND CIRCULAR, October 23, 1872.

the various candidates are read by the Secretary of the College, Mr. Colles. This being done, twenty-one balls, each bearing a number, are put into the box by the President, and a scrutineer—usually the Junior Fellow present—is appointed to draw them out. The Roll of the Council is then called over, and the drawing of the lot is proceeded with. As each ball is drawn out the number is called out, and the name of the Councillor to whom it refers is read out by the Secretary. If any Councillor be drawn who is not present the ball is laid aside and the next one drawn. When seven Councillors have been thus selected they are sworn to a very stringent oath, and they retire into an adjoining room. Having deliberated they return, and their Chairman presents, in writing, to the President the name of the Professor elect, who—if present—is then sworn in. The effect of this method of election is to make the result proverbially uncertain. In addition to the element of secrecy, both as regards deliberations and voting of the electors, the uncertainty of their choice by lot operates to make all anticipations as to the result very unreliable.

It has frequently happened in the history of the College that the Candidate whose chance was considered immeasurably the best, has been thrown out in consequence of an unfavourable cast of the lot, and no candidate can, therefore, enter the contest in certain hope of success. As regards the succession to the Chair of Practical Medicine the forecast is still more doubtful. Dr. Samuel Gordon and Dr. Henry Kennedy are the senior candidates, while Dr. Little, Dr. Eames, Dr. Foot, and Dr. Walter Smith are likely to offer themselves as more junior competitors, and amongst so many claimants, each with his special claim, to consideration, it would be useless even to hazard a guess.

Notes on Current Topics.

A New Directory.

MESSRS. KELLY & Co. have forwarded to us a copy of the second issue of the "Chemists and Druggists' Directory," a goodly volume that they have just issued. The various directories of this firm have so high a reputation, that accuracy and ease of reference are suggested by their name. We have tested the former by looking for the names of the chemists whom we could call to mind in town and country, and found them all in their proper places. For clearness of type nothing can excel this directory, and it has, moreover, a large amount of useful information suited for the wants of the wholesale and retail trade and of manufacturers.

The Representation of the Irish College of Surgeons in the Medical Council.

THE retirement of Mr. Hargrave from the Professorship of Surgery in the Irish College of Surgeons and his Surgeoncy in the City of Dublin Hospital have given rise to rumours, for which there would appear to be *prima facie* foundation, that he contemplates also resigning the office of Representative of the College in the General Medical Council. Mr. Hargrave's unhappily failing health and the probability of early and important sittings of the Medical Council for the consideration of the Conjoint Examination Schemes before Parliament

meets, gives strength to the anticipation and—in anxiety to see the battle of the College fought in the coming campaign by so sturdy a champion as Mr. Hargrave, before the decline of his health—himself was—we should be glad to see that the unavoidable step of Mr. Hargrave's resignation should not be deferred until the eve of the assembly of the Medical Council. Matters pregnant with interests of the College will have to be decided by the General Medical Council next year, and the selection of a representative should be calmly undertaken and ample time allowed for his instruction.

The West Auckland Poisoning Case.

THE woman who stands accused of the multiple poisoning at West Auckland is pronounced to be "quick with child," and the prosecution has therefore been stopped. She was, we presume, the subject of the "jury of matrons'" farcical inquest, and in her case the effete legal procedure which proved so unreliable the last time it was tried was repeated.

The Vacant Professorship of Surgery in the Royal College of Surgeons, Ireland.

IT seems to be assumed—but, as far as we know, without good grounds—that Mr. Martin will be a candidate for the Professorship of Surgery vacated by Mr. Hargrave. If it should be so it will become necessary for him to resign his seat in the Council within fourteen days of the date of election. In case of his doing so we believe we may state with authority that Dr. Mapother and Dr. Hamilton Labatt, both ex-councillors, will offer themselves to the Fellows as candidates for the seat in the Council. Dr. Jacob, who, it will be remembered, resigned his Councillorship last May in order to compete for the Professorship of Ophthalmic Surgery, does not intend to seek to be reinstated until the next general election, or until some other vacancy than that now in prospect is declared.

Hospital Sunday.

STEPS are being at length taken for the institution of "Hospital Sunday" in London. A meeting of London hospital authorities was held on Thursday last. We wish success to the movement.

Resignation of Dr. Hargrave of the Professorship of Surgery in the Irish College of Surgeons.

AS we anticipated last week Dr. Hargrave laid his resignation of the Chair of Surgery before the Council of the College last Thursday, and it was ordered that advertisements should be issued for the election of his successor.

Mr. Croly, of the City of Dublin Hospital, has already issued his address to the Council as a candidate, and it is thought probable that Mr. Martin will also seek the vacant Chair. Mr. Croly, in putting forward his professional claims to the Professorship states, that he received his professional education in the College School, and became a Licentiate in 1856; two years subsequently he was elected Demonstrator in the School, which office he still holds, and in '63 he was admitted a Fellow.

Having acted as resident-pupil in the City of Dublin

Hospital for six months, he was appointed house-surgeon, the duties of which he performed for two years.

In '63, on the death of Professor John Hatch Power he was chosen as his successor in the hospital, and thereby for the past nine years has had an extensive field for acquiring surgical experience.

Mr. Croly further claims that, as private teacher, the surgical class of the College School has been almost exclusively instructed by him for eleven years, and submits for their consideration a long series of surgical contributions and publications.

As to Mr. Croly's pretensions we cannot—in the absence of the declared candidates—say more than that the Profession is of one mind that he has been indefatigably industrious and persevering both as a surgeon and a teacher, and that any school with which he may be associated may certainly expect the advantage of the services of a man who works his Profession perfectly *con amore*.

Surgical Society of Ireland.

THE question of the use of Ether as an Anæsthetic will be brought before the Surgical Society of Ireland on Friday next by Mr. Morgan.

Fever at Sutton.

ACCORDING to the *Mansfield Advertiser* enteric fever is rife at Sutton. Some sixty cases are reported to have occurred in the town. The local Government Board may think it right to enquire into this for the local paper is of course well informed, and we may observe is conducted with prudence and care.

Changes in the Ledwich School of Medicine, Dublin.

DR. O'LEARY has, we learn, resigned the Lecturership of Physiology in the Ledwich School, and has been succeeded by Dr. Kelly, Surgeon to Jervis Street Hospital. Dr. Kelly has recently made a valuable communication to our columns, and is already known as an intelligent and active hospital surgeon.

Guy's Hospital Gazette.

WE are assured that this little paper is a student's sheet, and that the letter which has called forth the ponderous condemnation of the *Pall Mall* and the silly warning of the Association journal was merely intended to raise a smile.

The Telegraphic Journal.

THIS is a new monthly illustrated review of electrical science, edited by the Rev. W. Higgs, M.A. We cordially wish it success.

SIR DOMINIC CORRIGAN, Bart., M.P., has been nominated as a candidate for the office of Town Councillor for one of the wards of Dublin. The Solicitor-general for Ireland has, however, advised that the notice for all the nominations is—according to the new ballot election law—legally informal, and the present occupants of the town councillors' robes will, therefore, retain their seats for another year. We observe that one of the candidates named has repudiated the honour, and it may be that Sir Dominic Corrigan's name has also been made use of without his consent.

The Conjoint Examination Scheme for Ireland.

THE negotiations for the establishment of a Conjoint Examination between the various Licensing bodies in Ireland have, we learn, been brought to a conclusion which—under all the circumstances—must be considered satisfactory. The Royal College of Surgeons of Ireland, the College of Physicians, and the University of Dublin have agreed together on the scheme for such series of examinations. The Apothecaries' Company are not, we learn, parties to the arrangement, and, as our readers are aware, the Queen's University has, from the first, refused to co-operate in the framing of such scheme. Inasmuch as the function of the Apothecaries' Company in Medical licensing of Irish practitioners has of late years been quite infinitesimal, and as it is not probable that the Government University will be long permitted to obstruct the amalgamation of Medical authorities which has been approved by Parliament, we trust we may look upon the understanding now arrived at between the three leading "Medical authorities" of Ireland, as a near approach to a settlement of the unity of qualification which has so long troubled the Profession.

Food Supplies for the German Armies.

THAT "armies march on their bellies" is an adage, the truth of which seems to have been practically acknowledged and acted upon by the Germans at the outbreak of the war in 1870. In the official report by the Prussian head quarter staff lately published, full accounts are given of the arrangements made, with a view to render ample supplies of food for the troops about to enter France. The first concern was to establish at Cologne, Coblenz, Bingen, Mayence, and Sarrelais, field ovens, twenty of these in each city. Bakeries were also set on foot at Hansen, near Frankfort-on-the-Main, and at Manheim, and those of garrisons were utilised for the double purpose of meeting the requirements of troops being mobilised, and to form reserves of bread and biscuit. Within the district of each *corps d'armée*, the Intendance provided supplies of food for men and horses equal to six weeks' consumption, and troops, in addition to having with them provisions, were followed by waggons of traders, from whom they were able to purchase necessaries. In the magazines of smaller importance, along the lines of railway, reserves of flour and forage equal to fourteen days' consumption were collected; large food reserves were collected at each of the large towns already named; the government of Baden provided similar magazines at Heidelberg and Meckesheim, that of Bavaria, at Germersheim, Ludwigshafen, and Neustadt; that of Wurtemberg, at Bruchsal. The troops proceeding to the front, were regularly fed at stations appointed along the various lines of railroad, until arrangements were completed for each corps to have its own provision train, and within a few days, fifty trains laden with food, were sent to the banks of the Rhine. Each corps was provided with four hundred waggons of two horses, and the *inspection general des etapes* had three thousand at its disposal.

WE are authorised to state that in addition to Mr. Croly, whose candidature we allude to in another part of our issue, Mr. William Stokes, Surgeon to the Richmond Hospital, and formerly Surgeon to the Meath Hospital, intends to offer himself as a candidate for the Professorship of Surgery in the Irish College of Surgeons, vacated by Mr. Hargrave. Mr. Stokes is son of Dr. Stokes, Physician to Her Majesty the Queen, in Ireland.

Literature.

WORKS OF INSTRUCTION IN CHEMISTRY AND PHARMACY.

CHEMISTRY, GENERAL, MEDICAL, AND PHARMACEUTICAL (a).

In the space of five years, a demand has arisen for five editions of this manual on an aggregate of more than ten thousand copies. Two of them have been American editions, arranged so as to meet the requirements of the United States Pharmacopœia. What need is there to point out that such a work is a success, it speaks for itself.

As the sound constitution makes flesh, so each edition creeps on in size, and another fifty pages shows that the industrious author is still hard at work helping on the development of his offspring. Having reviewed this book twice in the pages of this periodical, it is hardly necessary to point out the general character of the work, but we would prefer to make use of the author's preface, which, like the book itself, has grown considerably since we last saw it.

The construction of the work is thus described by the author: "From other chemical text-books it differs in three particulars; first, in the exclusion of matter relating to compounds, which at present are only of interest to the scientific chemist; secondly, in containing more or less of the chemistry of every object recognised officially, or in general practice as a remedial agent; thirdly, in the paragraphs being so cast that the volume may be used as a guide in studying the science experimentally.

The order of subjects is that which, in the author's opinion, best meets the requirements of Medical and pharmaceutical students in Great Britain and America. Introductory pages are devoted to a few leading properties of the elements. A review of the facts thus unfolded, affords opportunity for stating the views of philosophers, respecting the manner in which these elements influence each other.

The consideration in detail of the relations of the elementary and compound radicals follows, synthetical and analytical bearings being pointed out, and attention being frequently directed to connecting or underlying truths or general principles.

The chemistry of substances naturally associated in vegetables and animals is next considered.

Practical toxicology, and the chemical as well as microscopical characters of morbid urine, urinary sediments and calculi are then given. The concluding sections form a laboratory guide to the chemical and physical study of quantitative analysis.

As regards nomenclature, the author has adopted the system so strongly advocated by himself some years since at the Pharmaceutical Society, and which has been almost entirely adopted by the more advanced of the Medical world. Unfortunately, we are rather behind England and Scotland in this respect, owing to the fact that pharmacy does not hold its proper position in the licensing bodies. What so far has been called pharmacy, was a little compounding learnt at a few of the hospitals. Professor Attfield's book is now the recognised chemical text-book in all the schools of pharmacy in England and Scotland, and a perusal of it will at once illustrate how sound and practical a course is being pursued in these countries. In other words, pharmacy has really a vitality and existence, and is something more than an empty name.

A course of study founded upon a practical text-book is more important from the fact of the great value attached to such studies by the more advanced reformers of the Medical Council, and also from the fact the examinations are becoming more practical every day.

The Appendix contains two useful tables. A table for

(a) "Chemistry, General, Medical, and Pharmaceutical." By John Attfield, Ph. D. &c. Fourth English edition, 1872. John Van Voorst, London.

the official test of impurities, and a series of saturating tables, and a really wonderful index closes what may be termed a felicitous work.

Without the slightest hesitation, we will state that for its specific object, Professor Attfield's book has no rival. To specify any trivial oversights or errors in a work, which, as a whole, is thoroughly good, is in our opinion, unworthy of a Reviewer's time, but still we must warn the author against making his work too voluminous; no work can seek to be even in a degree, a book of reference without deteriorating its value as a text-book for a concise course of study.

We think that there are very few Medical schools where this work has not been adopted as the text-book, but if there are such, we recommend them at once to "try it."

SCIENCE PRIMERS (a).

THE attempt to bring science into our elementary teaching, has resulted in the production of a class of literature which may be said to have been unknown until lately. Scientific works are generally written for a calibre of mind above the ordinary run—even a "Rudiments of Chemistry," would in its phraseology, be tuned to a higher pitch than ordinary. Such, however, is not the case with Messrs. Macmillan's publications. They are (as far as they are written), produced by men of acknowledged high standing in their respective professions, and we sincerely hope that if this series be continued, the present writers and promoters of the undertaking will not be seduced by any success that their works may attain to, to go out of their respective spheres, so that by calling in other aid, let them give us a series that will to science teachers in primary schools be invaluable. The two published are excellent. The chemistry for instance is experimental in its teaching, and sound in principle, yet so written, that the individual experiments shall form a connected whole, thus, they are so arranged, as to lead step by step, and by every gradation, until a slight but artistic sketch of the science is unfolded to view.

The physics by Professor Balfour Stewart is exactly modelled upon the same plan, and the Professor proceeds to teach of the "affections, or moods" of the things of this world, just as the chemistry taught of the "kinds" of things. These are the terms made use of by the writers of these Primers to specify the distinction of phenomena known under the terms chemical and physical. It is not quite so easy to condense satisfactorily and with clearness all the important theories connected under the head of physics, and yet in this Primer, "No. 3." some 60 to 70 experiments are strung together excellently as regards their illustrative character, and are quite sufficient to give the young beginner a most useful and practical idea of his science.

In Primer No. 3. (indeed we may say as in the previous one), we must give the author credit for having carefully considered every feature; there is no slipshod writing, and the most meagre part in the whole book will be found to be perfectly sound in its teaching. The Primers, although sold for one shilling, are got up in Messrs. Macmillan's usual excellent style, and are illustrated with very good engravings.

Correspondence.

MR. HOGG "ON THE RELATION OF CATARACT," ETC.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Will you permit me to correct an error which appears

(a) "Science Primers." No 3. Chemistry. By Professor Roscoe. No. 2. Physics. By Professor Balfour Stewart. London: Macmillan and Co.

in your report of the discussion which followed the reading of my paper "On the Relation of Cataract," at the Medical Society of London, on the 4th inst. Page 435 of your last number I am reported to have said, in reply to the President's remarks, that "in several cases the kidneys were not examined." This is not quite correct, for I read the particulars of six cases presenting well marked kidney mischief; and, as I gathered from the President's observations that he thought the relative proportion of kidney disease rather small (a point of much importance to my argument), I intended, therefore, to make a somewhat guarded reply, and as follows:—That, although I had not been able to make an examination of the actual condition of the kidneys myself in the whole of the fifty-six cases, I could nevertheless place implicit confidence upon the statement and notes of the resident Medical officer, whom I felt sure had not in any way neglected this important point.

I am also made to say, that "cataract was more common in females than in males; but was then due to urinary disease." This is incorrect. My reply was to this effect,—that I was quite unable to say whether cataract was more common in females than in males. I made no allusion whatever to the greater frequency of kidney disease among females, because my impression is that the meagre statistics collected on this point can hardly be depended upon.

I was perhaps a little too anxious to exclude kidney disease from the discussion, but I was induced to do so because I thought I had almost exhausted this part of the question in a previous paper presented to the Society about two years ago; and experience has taught me to guard as much as possible against digression from the main point at issue, otherwise the gist of the matter is soon lost sight of, and much valuable time thereby wasted.

I remain, Sir, your obedient servant,
JABEZ HOGG.

1 Bedford Square, Nov. 21, 1872.

THE SUN.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—You published some remarks on the above luminary in one of your late numbers, which, in my opinion, are of very doubtful import. Astronomers and others may tell us what they like about the supposed component parts of the sun, but, if he were a heated body and warmed us by his heat, the intermediate atmosphere, if there was one, should be like a heated furnace, but the reverse is the fact, as the nearer we approach him the colder we become. In my opinion there is not a particle of heat in his composition; he has no atmosphere, as, if he had, I do not think his rays would come direct to us; indeed, I cannot fancy how they could, there is not one of his imaginary components capable of transmitting rays. When they can produce or name any known substance or substances, capable of transmitting rays to such a distance, producing negative combustion with our atmosphere, causing heat and light, then I will believe it, but not till then. Whatever may be his composition he possesses that power.

Geologists and others talk of a Glacial Period. I think it utterly impossible for such a period ever to have existed, our planet bearing the same relative distance and position to the sun as it does at present.

I am, Sir,
Your obedient servant,

ALEXANDER LANE, M.D., R.N.

Ludlow, Salop, Nov. 12, 1872.

[Our correspondent should address his views to astronomical and geological authorities. They are not adapted for further discussion in a Medical journal.—ED.]

IRISH CORONERS' DUTIES AND QUALIFICATIONS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Be good enough to answer me the following queries, or if more convenient, send me the latest Act of Parliament as to the appointment to the office of coroner:—Is a fully qualified Medical man preferred to a solicitor or any other? Is there a property qualification; and how much? In case of a

contest would there be a "hustings" at which a nomination would be given in addition to the voting by ballot? Would you think that a candidate *ceteris paribus* would be preferred who lived in the most central portion of a coroner's district? What is the annual salary. Is it uniform? Or is it according to the number of inquests? Who issues the order for the election of a coroner? And who sanctions the appointment? Is it necessary for a dispensary doctor to give any previous notice of his intention to seek the office of coroner to the "Local Government Board"?

Oblige, yours faithfully,
MEDICUS.

1. In the present day a Medical man, if otherwise qualified, is generally preferred.
2. The qualification is £50 per year freehold, or £100 leasehold.
3. We are not sure that the voting would be by ballot; if so there would be no hustings—the Ballot Act provides for a written nomination.
4. Living in a central position of the district ought to be a recommendation, as it would save travelling expenses.
5. At present there is no salary—the payment is by fees—30s. for each inquest, and 6d. a mile going to hold same. It is expected a Bill will pass next Session, fixing the salary on an average of the last five years.
6. The Lord Chancellor on being apprised by two magistrates that a vacancy exists, issues his writ to the High Sheriff, who appoints a day for holding the election; there is no sanctioning the appointment by any one—if you have a majority of the parliamentary voters you are elected, and on taking the oath required, can act forthwith.
7. There is a doubt if the Local Government Board will sanction a dispensary doctor holding the office of coroner; they refused to sanction Dr. Carter, of Kilkullen, who was coroner, and had been appointed Medical officer of Kilkullen Dispensary, but we think they have sanctioned the reverse, that is, a dispensary doctor, on his being elected coroner—before going to any trouble or expense, it would be well to write and ask the question.

[If our correspondent will look in the Irish Medical Directory he will find all the information he requires under the head of "Office of Coroner."—ED.]

Medico-Legal Intelligence.

PROSECUTION OF THE QUACKS.

A COMMENCEMENT was made last week in the London Police Courts in prosecuting a number of well-known quacks for falsely representing themselves as duly qualified Medical practitioners, and for circulating certain indecent prints and pamphlets. We believe there are eight or ten singled out against whom proceedings will be taken, nominally by the Society for the Suppression of Vice, but actually by some members of the Profession attached to the Lock Hospitals and kindred institutions. The first one taken on Friday last was against the notorious Watson, residing at Berkeley House, 1 South Crescent, Bedford Square, upon two summonses, the first charging him with selling lewd books; and the second demanding his attendance to show cause why about 4,200 of the books seized should not be destroyed.

The defendant was, after some discussion, committed to the Old Bailey for trial, two sureties in £30 each being accepted for his appearance.

Another case was commenced against a person who does not pretend in any way to be connected with the Profession, but as the summons was adjourned until Friday next, we refrain from commenting thereon. We may, however, state that it is one which is likely to cause no small stir if the solicitor for the defence carries out the programme sketched out by him in court—namely, to bring actions for slander against those gentlemen whose names appear as initiators of the Fund for this particular

case, and to subpoena Sir Charles Locock, Sir William Fergusson, Sir Henry Holland, and others as witnesses.

On the same day there was also a prosecution undertaken by the Kensington Board of Guardians at the Hammersmith Police Court, against John Edward Protheroe, of Pembroke Square, Kensington, for wilfully and falsely taking and using a certain description implying that he was a registered Medical practitioner, contrary to the provisions of a certain statute entitled, "The Medical Act, 2nd August, 1858."

It appeared that the defendant vaccinated a child and afterwards signed the certificate which the mother obtained of the registrar of births. The certificate was afterwards transmitted to the vaccination officer as required by law. After the signature of the defendant were the letters "M.D.," and in a printed line underneath the words "Medical practitioner duly registered." For the defence the defendant's solicitor produced a German diploma of doctor of medicine, and said his client omitted to strike out the words on the certificate "Medical practitioner duly registered." On the first hearing of the case Mr. Ingham expressed an opinion that the certificate represented the defendant to be a Medical practitioner duly registered, and was proceeding to impose a reduced fine, when Mr. Draper, for the Board, asked to have the full penalty inflicted, and obtained an adjournment to prove a former conviction.

Mr. Robert Bell, clerk of the General Medical Council, now produced a copy of the conviction of John Edward Protheroe.

Mr. Ingham read the document, which in effect stated that the defendant was indicted in 1859 for a conspiracy with John Evans Reeves, who personated him and passed an examination to be admitted a licentiate of the King and Queen's College, Dublin. Both pleaded guilty, and were bound in their recognisances in the sum of £100 each to appear at any time to receive judgment.

Mr. Clayton, for the defendant, in replying to the terms of the conviction, said the defendant was only liable to be called up again if there was a repetition of the offence. That could not have any bearing upon the present case. The defendant had not falsely described himself as a doctor of medicine, because he held a diploma which entitled him to that description, and all he had done was not to strike out the words in the certificate.

Mr. Ingham said that when he found the defendant had been trying to obtain that very description which had not been struck out in the certificate he thought the conviction had a bearing upon the case. He then fined the defendant £10 and £2 costs, and in default of distress he ordered him to be imprisoned for two months.

Medical News.

Royal College of Surgeons of England.—The following gentlemen were duly admitted members of the College on the 14th inst. :—Reginald Bower, Knowle, near Birmingham; John Ireland Bowes, L.S.A., Elham, Canterbury; William Elgar Buck, M.B. Cantab., Leicester; Walter Bernard Cornelius, Canonbury; Harry M. Crookshank, L.K.Q.C.P.I., Sheppard's Bush; Hugh Walter Davies, Dorset Street, Portman Square; Thomas James Dixon, L.S.A., Graaf-Reinet, Central Africa; Alfred Edwards, L.S.A., Scilly Islands; John Fisher, Little Massingham, Norfolk; William Henderson, M.D. Ed., Exeter; Arthur Claydon Horner, Everton, Leeds; Arthur Culver James, L.S.A., Kennington Park Road; Charles William Marlott, M.B. Toronto, Ontario, Canada; George Town Penny, Bridgefield, Lancashire; Wyndham Randall, Bridgend, Glamorgan; Henry Scobell, Plymton St. Iary, Devon; Edward Richard Spencer, L.R.C.P. Ed., Keystone, Hunts; Thomas F. K. Underwood, Gower Street; Thomas Henry Wagstaff, L.S.A., Ilchester, Somerset; Charles J. A. Warden, Bayswater; Charles R. Watson, Ydneay, New South Wales; William J. C. Whitfield, Bristol;

John Young, Narborough, Leicestershire. Of the eighty candidates examined on the 12th, 13th, and 14th inst., thirteen failed to satisfy the Court of Examiners, and were referred for a period of six months to further professional study.—The following gentlemen passed the first part of the Professional Examination for the Fellowship of the College on the 19th inst. :—T. S. Veale, B. T. Lowne, J. O. Adams, F. B. Jessett, H. S. Howell, P. H. Benson, and James Shuter, St. Bartholomew's Hospital; Henry Morris and Andrew Dodson, Guy's Hospital; W. E. Cant, W. H. Bennett, and E. C. Stirling, St. George's Hospital; T. K. Rogers and S. G. Betty, University College; James R. Harmar, Birmingham; J. W. Greenwood, St. Thomas's Hospital. Eight candidates failed to satisfy the Court of Examiners, and were referred to their anatomical and physiological studies for six months.

College of Physicians, Ireland.—At examinations held on Nov. 11th, 12th, and 13th, the following gentlemen obtained the licences in Medicine and Midwifery :—*Medicine.*—Benjamin Armstrong, Patrick Butler, David John Carleton, Joseph Keane Healy, Charles Alex. Johnstone, Robt. George Loverock, Godfrey Knight Sproule, Robert Sproule. *Midwifery.*—Benjamin Armstrong, Joseph Keane Healy, Charles Alex. Johnstone, Frederic Peard MacLaughlin, Edward Peele, James Sheehy, Godfrey Knight Sproule.

William T. Domville, M.D., Deputy Inspector-General of Hospitals and Fleets, has been gazetted Honorary Surgeon to the Queen in the place of the late Dr. Bernard. Dr. Domville is a graduate of Aberdeen, and has recently been in charge of Malta Hospital.

The troops which left Meerut for the cholera camp have returned to cantonment after having been free from cholera for some ten days.

The honorary office of Chloroformist to the Charing-cross Hospital is vacant. Candidates for it must be duly qualified to practise under the Medical Act.

Sir Wm. Jenner is to be the new President of the Pathological Society.

The Town Council of Birmingham have decided to decline the offer of the local Government Board to pay one-half of the salaries of the Medical officer of health and inspector of nuisances on condition that those officers were appointed in accordance with the provisions of Section 10 of the Public Health Act.

Scarlet fever is prevalent in Oldham. Thirty-seven deaths from this disease alone occurred in the week ending the 9th instant.

Deaths from Stings of Bees.—The papers lately reported the case of a Miss Hough, æt. 55, who died a quarter of an hour after being stung by a bee. The deceased was in her garden inspecting her bees when she suddenly called to the gardener that she had been stung. The gardener, on coming to her, removed a bee from her hair. She became unconscious, and died in a quarter of an hour. The body was examined, but the only lesion was a good deal of discolouration behind the ear around the sting. The Medical man who made the autopsy said there was but one sting, and that he thought death was caused by shock to the nervous system. Her brother stated that the deceased, in 1870, was stung by a bee, and that she became unconscious, and remained so for two hours. The jury returned a verdict of "Death from Syncope, accelerated by the sting of a Bee." Since the above recurrence Dr. J. O. Sanders, of Carrollton, Mississippi, has published the following case :—April 18th I was called to see a patient stung by bees. Mr. S., an intelligent man, gave the following account :—Louis —, a negro, aged about 45, climbed a tree where bees had swarmed on a limb, for the purpose of hiving them, carrying with him a saw. As soon as the limb commenced falling, the bees arose *en masse*, and covered his head and face. He descended immediately, and, as soon as he reached the ground, commenced running as fast as he could; ran around three sides of a yard, some two hundred steps, passed through an open gate, and fell to the ground. Mr. S. ran to him with a bottle of spirits of camphor, and succeeded in forcing him to take one swallow; the patient protesting at the time against assistance, declaring that he would certainly die. After two or three irregular and partial respirations he expired. Mr. S. thinks it could not have been more than five minutes from the time he was attacked by the bees before he breathed his last. When I arrived, about an hour and a quarter after the accident, I could, on careful examination,

find no signs of life. He was a vigorous, muscular man, and in perfect health, so far as I can learn. Was death due in this case to direct nervous shock, or to absorption of virus, or both?

Gleanings.

Post-partum Inflammation and its Treatment.

In the *St. Louis Medical and Surgical Journal* for February, 1872, the following case and remarks by Dr. Edward Montgomery, of St. Louis, is recorded for the purpose of illustrating the treatment followed:—

Mrs. S., æt. 37, a primipara, taken in labour on the evening of the 20th of January, 1869. A midwife was in attendance until 3 p.m. the next day, at which time the membranes ruptured and a large loop of the umbilical cord protruded from the vagina. I was then sent for, and found about fifteen inches of the prolapsed cord in the vagina, the foetal head still high up, and seemingly resting on the superior margin of the pubic bones. The labour pains had been very severe since their commencement, the patient appearing to suffer great torture at the region immediately above the pubis; the pains in this region being sharp and lancinating. Her pulse was quick, hard, and wiry, and there was considerable tenderness and fulness in the lower part of the abdomen, occasioned most likely, in great part, by retention of urine. I caused the patient to get up on her feet in the bed, then to stoop forward with her head down on the bed so that her pelvis was well elevated, when I had little difficulty in returning the cord over the child's head; I kept her in the same position until she had a strong expulsive pain, when the head entered the superior strait so as to prevent the egress of the funis again; she now urinated freely, and I thought I would have little more difficulty with the case, but I was mistaken, for although the pains continued for two hours with great violence, I believed that the child would not be born alive without instrumental assistance; so I administered a warm salt and water injection, which thoroughly emptied the rectum, and applied the forceps and delivered a healthy male child, weighing about nine pounds.

The placenta came away without any trouble, and the sanguine discharge was normal, but the patient seemed feverish and irritable, the pulse still quick and wiry, and the abdomen tender on pressure. I wrote a prescription for five grains of the sulphate of ammonia, half an ounce of gum arabic, and two ounces of spearmint water; of this solution the patient was to get a teaspoonful immediately, to be repeated every two or three hours if pained or very restless. I also prescribed twenty grains of the sulphate of soda in a tablespoonful of sweetened peppermint water to be given every three hours, and a piece of flannel saturated with turpentine and oil placed over the abdomen under the binder. I directed the room to be kept at an even temperature. I visited my patient early next morning and found her still feverish, that same hard, quick, wiry pulse, great thirst, anxious and restless, with much abdominal tenderness. The after-pains would come on very severe if the morphine was omitted for a longer period than two hours. I now ordered three drops of Norwood's tincture of *veratrum viride* to be given every hour and a half until the pulse came down to eighty, or until nausea ensued; the bisulphate of soda to be continued, the morphine also to be given in sufficient quantities to keep the patient easy, and the continual application of the turpentine stupes to the abdomen; and light nourishment. Although the patient had urinated, and the uterine discharge was free and natural, I injected a weak solution of chlorinated soda, warm, per vaginam.

I visited the patient again in the evening, and learned that the medicines had been given regularly all day as directed; she had taken some seven or eight doses of the *veratrum viride*, and was now nauseated, and the pulse had lowered to nearly 80. I directed it to be omitted, but to resume its use if the skin became hot and dry, and the pulse became much accelerated. The skin was now moist, the thirst abated, and the abdominal tenderness not so great. I directed the continuance of the bisulphate of soda, and enough of the solution of morphia to insure repose, and also prescribed five grains of quinine every three hours as long as the fever kept

down. At my visit on the following morning there was still some abdominal tenderness with slight meteorismus, the pulse was eighty-seven, thirst not so great, and countenance more composed and placid. The skin had become dry and the pulse accelerated during the night, when two doses of the *veratrum* reduced the fever. The quinine and the bisulphate of soda, with an occasional dose of morphine, were kept up for the two or three following days, and the patient made a good and permanent recovery.

A Recto-Vaginal Fistula Cured without an Operation.

In the *Transactions of the Wisconsin State Medical Society*, 1871, Dr. G. F. Miller, of Grand Rapids, relates the following case:—

May 16th, was summoned in haste to see the only child (a girl) of J. F. L., æt. seven months. Her pinched features and sallow complexion gave me anything but a favourable impression of the disease, which the parents were pleased to call canker, and which had existed for months previous in the form of aphthæ, and seemed to have travelled the whole length of the primæviæ, evidently involving the structure in its pathway, as had been frequently evinced by muco-purulent evacuations. At this time there had been an evacuation from the rectum into the vaginal passage, which excited no little solicitation and anxiety. It was not until I saw the passage of the evacuations myself, that I was without doubt concerning this new and unnatural passage into the vagina. Upon examination, however, it was found that there had been actual ulceration through both intestinal and vaginal walls. The opening thus formed was quite small, there being *tormina* and *tenesmus* during each evacuation. Urine scanty and highly coloured, together with general prostration of the whole system. There are perhaps few questions in surgery which afford a better test of judgment, experience and decision, than those concerning such cases as I now report. I confess I was much at a loss what course of treatment to adopt in this case. Positive directions were given, however, for a wet nurse to be had, the mother's milk being almost entirely destitute of nutriment, she having suffered for a long time previous with stomatitis, and her general health being quite precarious. The next and by no means least indication was yet to be secured, viz.: to close and keep closed, the unnatural passage into the vagina.

One of the most important elements in the treatment of such cases is to be found in the great principle of rest, as carried out both in medicine and by an apparatus which will perfectly retain the parts in position and at the same time not interfere with the natural exit of urine. To secure the former an enema was ordered to be given once in three hours per *assa*, consisting of one-half ounce of the following preparation:—

℞ Opii pulv., gr. x.;
Gum myrrh, ʒj.;
Ext. glycerhiz, ʒss.;
Venice turpentine, ʒjss.;
Ol. anisi;
Persulph. iron, ʒʒj.;
Aqua fontanæ, Oj.

Mix and boil for one hour.

The vagina was then packed with surgeon's lint, saturated with the following solution:—

℞ Ol. olivæ;
Glycerine, ʒʒʒss.;
Carbolic acid, gtt. x. M.

The lint thus saturated was applied and kept in place by compress, until after passage of urine, when it was removed and new dressings applied.

17th. Evacuations less frequent; *tormina* and *tenesmus* subsided; packing was removed but once during the night; child very languid; no evacuations through the recent passage; continuation of above treatment was ordered.

19th. Symptoms improved; evacuations from the bowels less frequent; urine very scanty; restlessness and some fever. Treatment continued, together with the following:—

℞ Gelseminum;
Tinct. aconite root, ʒʒ gtt. v.;
Spts. nitre, ʒj.;
Syrupus;
Aqua fontanæ, ʒʒʒij. M.

Dose every three hours.

20th. All the symptoms much improved. This same treatment was continued with gradual improvement of the symptoms until the 25th, when the enema was discontinued and

one drachm of castor oil given, which operated quite naturally the same day. On the 26th inst. the packing and all medicine were discontinued. The child continued to improve from the first.—*Med. and S. Rep.*

Character of Pure Musk.

IN the *Vierteljahrsschrift für Pharmacie*, Chr. Kunz states that experienced druggists have changed their view regarding the superiority of the musk in the musk bag, as compared with that sold out of it; he declares himself in favour of that assumption, for the reason that far more numerous modes of adulteration are not only liable, but actually recognised as being practiced in the first instance, than the last would permit without showing more or less the signs of a fraudulent nature. He describes in detail the reactions and the properties of a genuine musk, as regarded by others, as well as his own results. The observations during his comparative investigation induce him to deplore the frequent unreliabilities of statements concerning the exactness of even important drugs like musk; a fact which he ascribes quite properly to the wide-spread practice of copying previous statements for generations without any basis for a judicious selection on the part of the compiler.

NOTICES TO CORRESPONDENTS.

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

All communications intended for insertion must bear the name and address of the writer; not necessarily for publication, but as a voucher of good faith.

Rejected MS. will always be returned, if a request be received from the author, within one week after the article or letter has been declined.

SUBSCRIPTIONS IN THE UNITED STATES.—A correspondent has drawn our attention to the fact, that some of the houses in the United States are charging the enormous figure of 15 dollars per annum (more than £9) for supplying this Journal to different parts of the States. We beg, therefore, to state that we shall be happy to supply the same regularly post free per annum, if paid in advance, for considerably less than half this amount, viz., six and-a-half dollars (about £1 6s. 0d.), either direct from our offices in this country, or through our recognised agents in the United States.

MR. WORTH.—The letter has been received, and shall have attention. Mr. Hogg's paper is in type, and shall appear as soon as possible. The report of the society was the official one.

NAVAL MEDICAL SERVICE.—Notice is given that an examination of candidates for appointments as assistant surgeons in Her Majesty's Navy will be held in London in February next.

DR. KELLY, Walsall, is thanked for his note, and the kindly interest he evinces in the welfare of the Journal.

DR. J. S., Manchester.—We would recommend you to study the work recently published in French by Messrs. Baillière, entitled "*Arsenal de la Chirurgie Contemporaine*," by Professors Gaujot and Spillman. We do not know any work in the English language nearly so complete.

ROYAL MEDICAL BENEVOLENT COLLEGE, ERFORD.—We have been requested to mention that one of the candidates for admission to this college is William Baker Brown, eight years of age, son of Isaac Baker Brown, F.R.C.S. Eng. (Exam.), who has practised upwards of thirty years in London, and is now unable to follow his Profession, being almost helpless from paralysis. He has no income whatever for the support of his wife and three little children, and we are happy to give space to so desirable an object.

"**CURIOSITY**" is quite right, the Pharmaceutical Society of London grant diplomas to those who pass the required examination. Its members are qualified to dispense medicines and compound prescriptions in England, and have the sole right to use the title of "Pharmaceutical Chemist."

SUBSTITUTE FOR WALL PAPER.

SINCE the publication of this article in our issue of the 13th instant, we have received nearly a hundred letters as to the mode of manufacture, the names and addresses of the manufacturers, &c. Each correspondent asks for a reply giving full information, which, we need hardly state, is more than we can possibly spare time to give. By an accident we have mislaid the address of the manufacturers, but we have written to France for it and will give our readers the benefit of the information as soon as we receive it, in this column. Correspondents will please excuse our answering such a number of letters privately.

CAUTIONS.—We are not at all surprised at the information; the individual named having done the same thing two or three times previously. We cannot, however, publish the facts in our columns, as such an act would be decidedly libellous and serve no public good. Besides which we have good reason to believe that he would not at all object to give us trouble in the Law Courts if he could do so on sure grounds. Matters affecting a man's public conduct, we do not hesitate to criticise and expose at the risk of actions for libel; but we decline the censorship of men's private affairs.

"QUACKERY."

To the Editor of the "Medical Press and Circular."

SIR,—I clipped the enclosed slip out of the *Daily Telegraph* of yesterday. Is it another of the "Death's Head Moth" tribe?

Yours faithfully,

J. W. L.

"**SURGICAL and MEDICAL HOME**, Bolton House, 192 Clapham Road, London, for Diseases and Accidents of Women. Physician, DAVID JONES, M.D. Ovarian dropsy, tumours, and cancer most successfully cured. A separate establishment for the cure of stone, hydrocele, and diseases of the prostate and perineum. The most chronic case of irritable bladder cured in a few weeks by a new discovery. Terms from three to ten guineas per week. Dr. Jones attends at his town house, 15 Welbeck Street, Cavendish Square, daily, from ten to one."

*. We cannot find a David Jones, M.D. in the *Medical Register*, and think our correspondent has earthed out another quack, whom we commend to the attention of those gentlemen who have commenced a prosecution against the fraternity.

COMMUNICATIONS, &c., received from:—Dr. W. H. Campbell, Boston, America. Dr. Hogg, Netley Hospital. Dr. Corfield, London. Mr. Alfred Haviland, London. Mr. James Hogg, London. Mr. Turner, The Registrar-general. Mr. Savory, London. Mr. Salmon, Mr. Street. Mr. Saunders, Mr. Morgan, London. Dr. Kirby, Dr. Macadam, Edinburgh. Dr. G. M. Beard, New York. Dr. Collie, Homerton. Mr. Tichborne, F.C.S., Dublin. Dr. Cousins, Newport. Mr. Porter, Dublin. Dr. Lane, Ludlow. Dr. Kelly, Lichfield. Dr. F. R. Clarke, Drogheda, Co. Wick. Mr. Porter, Fleetwood. Mr. Wilson, Dr. W. A. Crossley, Maltby. Dr. Edwards Crisp, Chelsea. Dr. Morgan, Dublin. Dr. J. W. Lane, Bishop's Castle. Mr. Flather, Southport. Mr. W. Harrison, Preston. Dr. Langley, London. Mr. T. Worth, Nottingham. Mr. Hitchins, Braile. Dr. Luther, Cypogouin. Dr. W. H. Robertson, Brixton. Mr. Barker, The Secretary of the Medical Society of London. Mr. D. McGill, Sligo. Dr. Bennett. Dr. Bellis, Wotton. Dr. Martin, Portlao.

VACANCIES.

Charing Cross Hospital Medical School. Demonstrator of Anatomy. Salary £150.

Charing Cross Hospital. Chloroformist. Honorary.

Owen's College, Manchester. Junior Demonstrator in the Chemical Laboratory. Emoluments about £250 per annum.

Addenbrooke's Hospital, Cambridge. House Physician. Board and residence free. No salary.

Worcester General Infirmary. House-Surgeon. Salary £100 with board and residence.

Sheffield General Infirmary. Assistant House-Surgeon. Salary £65 per annum, with board and residence.

Parish of St. Mary, Islington. Medical Officer of Health and Analyst. Salary £270 per annum.

Mitchelstown Union. Gubally Dispensary District. Medical Officer. Salary £100 per annum. (See advt.)

Kilkenny Union. Gowran Dispensary District. Medical Officer. Salary £100.

Scariff Union. Feakle District. Medical Officer. Salary £100.

Sligo Union. Apothecary to the Dispensary. (See advt.)

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

Responsibility and Disease. By J. H. Balfour Browne, Esq., Barrister-at-Law. London: Baillière, Tindall, and Cox.

Transactions of the St. Andrew's Medical Graduates Association, 1-71.

Contributions to the Therapeutics of Diabetes Mellitus. By Balthazar Foster, M.D.

Metropolitan Asylum District Report of the Medical Officer of the Homerton Fever Hospital.

The Chemist and Druggist's Directory for 1873.

A Practical Treatise on Urinary and Renal Diseases. By William Roberts, M.D. London: Smith, Elder, and Co.

APPOINTMENTS.

BLAKE, J. F., L.S.A., Resident Obstetric Officer to the Charing-cross Hospital.

DE LA MOTTE, P., L.R.C.P. Ed., House-Surgeon to the Charing-cross Hospital.

HARRIS, W. J., M.R.C.S.E., Medical Visitor of Houses licensed for the reception of Lunatics within the Western Division of the County of Sussex.

HEATH, CHRISTOPHER, F.R.C.S., Hon. Consulting Surgeon to the Holloway and North London Dispensary.

KNOTT, C., M.R.C.S.E., Medical Officer for the Landport District of the Portsea Island Union.

O'GORMAN, R. P., L.K.Q.C.P.I., L.R.C.S.I., Surgeon to the Ladies' Medical Charity of Pendleton, Manchester.

ORWIN, A. W., M.R.C.S., Resident Medical Officer to the Charing-cross Hospital.

PIKE, W. R., M.R.C.S.E., Medical Officer for the Southsea District of the Portsmouth Island Union.

TOLBERTON, W. R., M.D., C.M., Resident Surgeon and Secretary to the South Charitable Infirmary and County Hospital, Cork.

WALLIS, F., M.R.C.S., House-Surgeon to the General Infirmary, Doncaster.

ARMY MEDICAL DEPARTMENT.—Staff Surgeon Major J. A. W. Thompson, M.D., to be Deputy Inspector-General of Hospitals, vice Thomas Guy, M.D., who retires upon half-pay; Staff Surgeon Major A. D. Home, C.B., V.C., from the Seconded List, to be Staff Surgeon Major, vice Staff Surgeon J. J. Henry, placed upon half-pay; Staff Surgeon W. S. Whylock, M.D., having completed twenty years' full-pay service, to be Staff Surgeon Major, under Article 342 of the Royal Warrant, dated Dec. 27, 1870; Assistant Surgeon J. H. Whittaker, from the 69th Foot, to be Staff Surgeon, vice Staff Surgeon Major J. A. W. Thompson, M.D., promoted; Assistant Surgeon F. H. Dunbar, M.D., from the 67th Foot, to be Staff Assistant Surgeon, vice J. G. Rogers, M.B., appointed to the 67th Foot.

OPERATION DAYS AT THE LONDON HOSPITALS.

WEDNESDAY, November 27.

MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 2 P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 2 P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1½ P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
CANCER HOSPITAL.—Operations, 3 P.M.

THURSDAY, November 28.

ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

FRIDAY, November 29.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

SATURDAY, November 30.

HOSPITAL FOR WOMEN, Soho square.—Operations, 9½ P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.

MONDAY, December 2.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. MARK'S HOSPITAL.—Operations, 2 P.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

TUESDAY, December 3.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.

Marriages.

ATWOOL—LOVELL.—On the 19th inst., at Willesden, the Rev. H. C. Atwool, M.A., M.D., curate of Willesden, to Anna Elisa, daughter of the late Dr. H. Lovell, of Apsley Guise, Beds.

FENN—JULIUS.—On the 12th inst., at West Moulsey Church, Dr. Edward L. Fenn, to Katherine Pauline, daughter of Frederick G. Julius, M.D.

PALMER—CORY.—On the 12th inst., at St. John's, Carlisle, Ambrose M. Palmer, M.R.C.S.E., to Emily Louisa, daughter of John A. Cory, Esq.

WAEICK—ARMSTRONG.—On the 19th inst., at St. Paul, Ball's Pond, J. H. Waeick, of Oakley Road, Islington, solicitor, to Annie, daughter of the late W. Armstrong, M.D., of Egremont, Cumberland.

Deaths.

ALLAN.—On the 15th Nov., F. A. Allan, L.R.C.P.Ed., of Newcastle-on-Tyne, aged 32.

COCHRAN.—On the 16th Nov., at Victoria Buildings, Weston-super-Mare, G. B. Cochran, Esq., M.D., aged 63.

ELLIOTT.—On the 13th Nov., at North Street, Chichester, R. A. Elliott, M.R.C.S.E., Staff Assistant-Surgeon H.P., late 95th Regiment, aged 40.

ELWES.—On the 13th Nov., C. Walter Elwes, M.D., of Lansdowne Place, Brighton, aged 33.

GRIFFITHS.—On the 19th Nov., at Apsley Villa, Cheltenham, Griffith H. Griffiths, M.D., aged 49.

MICHAEL.—On the 4th Nov., W. Michael, M.D., of Plymouth, formerly of Bodmin, aged 78.

RAYNER.—On the 16th Nov., at Eleigh, near Reading, F. Mathew Rayner, M.R.C.S.E., Staff Surgeon R.N.

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Y 560. An old-established PRACTICE in a pleasant TOWN in the West of England, containing about 4,000 inhabitants; receipts, £600 a year; appointments upwards of £200; usual midwifery fee, £1 ls. One hand does the work. The residence is suitable for a family; contains thirteen rooms, and is held at a low rent; patients good middle class. An effective introduction can be given.

Y 588. DEATH VACANCY. In a pleasant town, containing 2,500 inhabitants, there is an excellent opening for the succession to a Medical gentleman just deceased. An effective introduction can be given, and the greater part of the connection can certainly be secured by an active doubly qualified gentleman. The receipts have been upwards of £500 a year, and the practice is well taken care of by a "Locum Tenens." The neighbourhood is agricultural, and opportunities are afforded for field sports. Part of the premium may be paid by instalments.

Y 587. Easily worked COUNTRY PRACTICE about 50 miles from LONDON. Average receipts, £300 a year; appointments, £100. The income has declined in consequence of advancing age and ill health of the vendor. Patients, good families; very little midwifery. The whole connection is believed to be transferable.

Y 586. In the suburbs of LONDON, in a favourite District, an increasing PRACTICE for transfer upon easy terms. Receipts, £400 a year; appointments, £30. The residence is convenient and pleasantly situate with garden, conservatory, &c., rent, £55; usual midwifery, fee £2 2s. The whole is open to the fullest investigation.

Y 585. Unopposed Country PRACTICE suitable for a gentleman commencing professional life, and small capital; receipts about £300 a year; easily worked appointments, £60. The house [contains ten good rooms, with stabling and coach-house, at a very low rent; no opposition within four miles; one pony does the work, and all expenses are very small. Excellent hunting, and shooting, with good society.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, DECEMBER 4, 1872.

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Physician to the Metropolitan Free Hospital, London, and to the North London Hospital for Consumption and Diseases of the Chest.

(Continued from page 454.)

INFLAMMATION OF THE OVARY.

THE ovary in the female, like the testes in the male, is the essential part of the genital apparatus. We should, indeed, speak of the ovary and its appendages, instead of the uterus and its appendages. There can be little doubt that inflammations of the uterus often are but secondary, and that inflammations of the tubes and ovaries are the active cause of disorders in the female pelvis. Anatomically, we may speak of folliculitis, parynchymatous, or peritoneal ovaritis; but in practice this way of speaking is valueless. Authors, and among others Chéreau ("Mem. Mal. d'Ovaires," Paris, 1844) speak of degrees in the anatomical ulcerations found in acute ovaritis. Firstly, there is slight increase in size of the organ, with a vague feeling of fluctuation, the tissue being redder than normal, and softened. Secondly, the organ may be twice, thrice, or four times its ordinary volume, rounded, oval, or flattened, with soft friable tissue, infiltrated with a yellowish or violet-coloured serosity, with small effusion of blood into it. Thirdly, we may have abscess. And, lastly, grey softening or putrid destruction of the organ, which is turned entirely into a bleeding mass, greyish and of various hues, almost diffuent. Acute ovaritis, as well as chronic ovaritis, are very frequently double. The Fallopian tube in such cases contracts adhesions to the ovary very frequently, and pelvic peritonitis is a very common accom-

paniment of it. The ovary in chronic ovaritis becomes lengthened, and has a very short pedicle. The tumour is irregular, and with protuberances on its surface: it is composed of a reddish tissue or of yellowish red hue, containing much cellular tissue, amidst which there are little follicular cavities filled with blood or serosity. In the worst cases the whole ovary is composed of condensed cellular tissue. It is rare that uterine catarrh is absent in such cases. The puerperal condition is one of the commonest causes of ovaritis; and in two-thirds of the cases met with, it occurs after abortion, painful labour, or obstetrical operations. Ovaritis, however, is common enough in women who have not borne children, and Bernutz thinks that ovaritis occurs as frequently in women affected with gonorrhœa as it does in men. Dysentery may cause ovaritis. The symptoms of acute ovaritis are often well marked. There is fever, nausea, and vomiting, with acute pain in the iliac fossa, frequent desire to micturate, constipation, and pain in defæcation. The thigh is flexed on the abdomen. In slighter cases the symptoms are less marked. It is very rare indeed that any tumour can be perceived in the inguinal region; but a small tumour may sometimes be discovered in examination per vaginam. Examination by the rectum, however, gives the most information. Ovaritis may terminate by resolution, but it is apt to recur when the next menstrual epoch appears. It is apt, too, to remain augmented in volume and adherent to other pelvic organs. Suppuration is announced by pain, sweating, and shivering fits, but is sometimes latent, although hectic is frequent. The pus opens sometimes in the vagina, rectum, or peritoneum, and but rarely into the uterus. In chronic ovaritis, diminution of the menstrual flow is common, although amenorrhœa is rare.

The various kinds of ovaritis may be thus spoken of. Common ovaritis, of catarrhal or inflammatory origin; puerperal, or gonorrhœal, rheumatic, tubercular, variolous, and syphilitic. As to rheumatism, this seems a likely enough cause of ovaritis, and the author has recognised it in one or two cases of acute rheumatism. In forty-five cases of tubercularisation of the female genitals it was found that the ovary was attacked four times (Bruardel, cited by Mauriac, West's Lectures, p. 395), and with the tubes

seven times, so that tuberculosis of the ovary rarely occurs alone. The tubercles in such cases soften and become converted into tubercular abscesses. In variola we find ovaritis, as well as orchitis. In cases of fatal variola we find sometimes adhesions of the fringes of the tubes to the ovary, the mucous membrane of the uterus and Fallopian tube red, thickened, and swollen, the ovaries greatly injected on the surface, enlarged, red, friable, and infiltrated with serous liquid, with the peritoneal coat inflamed. Syphilitic ovaritis was admitted by Nélaton ("Anat. Chir."), Lancereaux ("Traité de la Syph.") speaks of two anatomical forms of the latter affection, *diffuse* and *circumscribed*, the first being marked by augmentation of the volume of the ovary, through proliferation of its connective tissues, the second by gummy tumours deposited in its stroma. Anaphrodisia and sterility are spoken of in such cases, but no conclusive cases have been published, although the author is convinced that he has had such cases under notice in private practice. Lancereaux speaks of two tumours in the inguinal region disappearing under iodide of potassium used for twenty days.

Inflammation of the Fallopian tube exists rarely, except when there is ovaritis or pelvic peritonitis along with it; but it occasionally does, in which cases the walls are found thickened and softened, and of a dark red colour. The canal becomes tortuous. The mucous membrane, which lines it, is swollen, and covered with a yellowish white liquid, with false membrane sometimes; it is distended by mucus or pus. The fimbriæ thickened, reddened, and swollen, are almost always glued by morbid adhesions to the neighbouring organs, generally to the ovary or the uterus, and more rarely to the walls of the pelvis. It is very rare that the diseased products contained in the tubes seem to pour into the peritoneal cavity; but the uterine mucous membrane is almost constantly inflamed when the tubes are so. Dropsy of the tubes occurs not unfrequently, not always, however, from inflammation. The same causes that produce ovaritis are here in action. As to tube-ovaritis, this is a conjunction frequently enough noticed. The inflammation of the lining membrane of the uterus is one of the most common causes; but they often arise independently of such uterine inflammation.

With regard to the pain which is said by many authors to be symptomatic of chronic ovaritis, Dr. West (Translation of lectures, p. 548) says he cannot share the opinion of those who believe that almost all the diseases of women are produced by inflammation of the cervix uteri; but he also cannot attribute them to inflammation of the ovaries, and he believes, in nineteen times out of twenty where the ovarian regions are the seat of a deep-seated pain, there exists no actual affection of the ovaries. Dr. Mauriac in a note to this part of Dr. West's work, thinks, however, that the nerves of the ovaries become the conductors of a morbid impression which is elaborated in the grey cells of the cord, under the influence of a primitive impression excited by an organic lesion in the ovaries. The pains here are reflex, and similar to those noticed in orchitis in the male (*Gaz. Med. de Paris*, 69 and 70). Treatment of such pain is simple enough. Hot fomentations or aconite liniment applied on the inguinal regions, together with ethereal draughts, may be prescribed with advantage, and chloral hydrate in syrup of peppermint in ten or twenty-grain doses. Quinine may also be tried. Sometimes the existence of chronic ovaritis makes sexual congress too painful to be persisted in. In such cases rest and the application of leeches to the mouth of the uterus are indicated.

CASES IN PRACTICE.

Reported by JOHN W. MARTIN, M.D., M.Ch. Q.U.I.,
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CASE I.—*Pneumonia, with co-existing Cardiac Compli-*

cation.—Ellen Power, æt. 20 years; factory operative; notes taken August 9th, 1871; seventh day of illness.

Symptoms.—"Pains felt in every bone in her body;" great debility; *pain and weakness felt in the epigastrium; dull pain in the chest in both lungs;* tongue slightly furred, weak, indented, and protruded tremblingly; pulse 112, weak, and giving the idea of its being a slow pulse, though actually a rapid one; *pungent heat of skin;* bowels acting regularly; anorexia and general *malaise;* hard dry cough, attended by a very slight amount of expectoration, the sputa presenting a slightly *rusty* appearance.

Physical examination.—Chest well formed and well nourished; no appearance of anæmia; dullness over both lungs anteriorly and posteriorly, most marked at the inferior angles of the scapulæ, in which position dry râles and tubular respiration are distinctly to be heard. *Præcordiac dullness two and three-quarter inches* in diameter, measuring from the upper border of the fourth rib, at its articulation with the sternum, on its left border, downwards, and in the lateral direction, from mid sternum, opposite the articulation of the fifth rib, over towards the left side under the left mamma. The first sound of the heart was muffled, a well-marked *systemic friction sound*, heard best at point of impulse, one and a half inches below and to the right of left mamma, and a distinctly-marked *præsystolic* bruit, heard in its maximum intensity, at the articulation of the ensiform cartilage with sternum on the left border, the murmur being propagated in the direction of the point of impulse.

History.—Had always been a strong, healthy girl until about eighteen months ago, at which time she was laid up with an attack of sub-acute rheumatism of the joints, in the course of which the endo-cardial murmur and exo-cardial friction sounds developed themselves, showing involvement of the heart. Subsequently she was much troubled with intermitting *headaches, palpitations, fits of vertigo, flushings of the face, and dyspnœa*, the two latter being produced by the slightest exertion. Under treatment she improved greatly, all the above-mentioned symptoms improving, until about a week previous to the taking of these notes, when she thinks she got fresh cold, to which she ascribes her present attack, with the aggravation of all the symptoms alluded to.

Treatment.—Turpentine stupes to the back.

R Potass. nit., ℥ij. ;
Tr. aconiti, ℥i. ;
Syrupi, ℥ss. ;
Aqua, ad ℥viij.

M Two tablespoonfuls to be taken every fourth hour. Placed her upon milk diet.

August 10.—Pneumonic symptoms improved; cardiac symptoms troublesome. Applied a blister 4 by 3 over the heart. Continue the mixture and diet as before.

August 14.—Kept the blistered surface open. The headache and præcordiac pain still continuing, ordered—

R Potass. iodidi, gr. v. ;
Tr. arnica mont., ℥xii. ;
Syrupi, ℥j. ;
Aqua, ad, ℥j.

M Draught to be taken every fourth hour.

August 21.—Much stronger and better; pain in the region of the heart gone; no headache; some tendency to vertigo and dyspnœa remaining; appetite returning, strong nourishment allowed; the cardiac friction sound and murmur greatly diminished. Placed her upon iodide of potash and veratrum viride in mixture and cod-liver oil.

September 20.—At work; convalescent; cardiac symptoms much improved.

In presenting to the readers of the MEDICAL PRESS AND CIRCULAR notes of the symptoms and apparent effects of the treatment, as recorded in the foregoing and subsequent cases, my principal object is to direct attention to the frequency with which feelings of distress are referred to the heart, but whether due to functional or organic

derangement of that organ it is, in many instances, difficult to determine. The greater proportion of dispensary patients are exposed to conditions of life, highly favourable to the development of every variety of diseased conditions. Hard work, often in very unfavourable circumstances, exposure to every variation of weather, with frequently insufficiency of covering, insufficient food, and over-crowded dwellings, are amongst a few of the many predisposing conditions of life in which they are placed. When my attention was first excited and observation directed to the heart as the offending organ, I was greatly struck with the frequency with which the following set of symptoms recurred :—

1st.—*Pain or uneasiness* felt in the *epigastrium* or *cardiac region*, in many instances at the point of impulse under the left breast, and passing thence upwards in the direction of the long axis of the heart.

2nd.—Attacks of *dyspnœa* on making the slightest exertion, such as walking up an incline, stooping to lift weights from off the ground, &c.

3rd.—Frequently recurring fits of *vertigo*, usually following the attacks of *dyspnœa*, and in most instances preceded by—

4th.—*Flushings of the face*, accompanied by arterial excitement in the vessels of the neck, and followed by—

5th.—*Headache*, usually affecting the frontal and temporal regions, relief being often obtained by assuming the recumbent position for a short time.

6th.—*Enlargement of the area of præcordial dulness*, often considerable, in many cases conjoined with increased cardiac action, and probably due in such cases to simple dilatation, the result of constitutional debility, in others to hypertrophy.

Of course, where there is a history of acute disease, muffling of the heart sounds, and enlargement of the area of cardiac dulness, the case, if borne out by the general symptoms, will be one of pericarditic effusion. This point of enlargement of the præcordial dulness is an important one, and to it I would wish to direct especial attention. It occurs so frequently in the many cases that have fallen under my notice, where there was no history of acute disease to account for it, upon the supposition of its having had its origin in pericarditis, and where, in many instances, the patients have been weak, debilitated, and anæmic persons, that I am inclined to think such increase of the area of dulness is due to atony of the cardiac walls, and their dilatation, the result of insufficient nourishment, by impoverished blood.

7th.—The occurrence of *friction* or *murmur sounds*. In many cases there exists little or no difficulty in determining whether a murmur or friction sound is exo- or endo-cardial; but there are other cases in which it is not an easy matter to come to a reliable decision. Where there exists what, from the history of the case, we suppose to be a passive dilatation of the cardiac walls, and a consequent enlargement of the area of dulness, the occurrence of a murmur resembling, on the one hand, the "blowing" character of an endo-cardial bruit, on the other, the rough rubbing sound of a friction murmur, it is no easy task to decide which it really is. When it bears a close resemblance to an exo-cardiac friction sound, I am inclined to think that it may be accounted for by the impulse of the enlarged flabby heart against the layer of the pericardium, apart from supposing any inflammatory changes to have taken place. Where the bruit is evidently endo-cardial, its occurrence, together with its being usually presystolic in point of time, may easily be accounted for as due to the impoverished state of the blood. Other cases occur, however, in which there is no history of debility or preceding disease and no appearance of anæmia. Usually ranging in age from eighteen years and upwards, this class of patients are, and have been up to the time of seeking advice, fairly healthy, never having had fevers, acute rheumatism, or other predisposing diseases to which the primary injury might be ascribed. The various systems,

such as the digestive, genito-urinary, and integumentary being normal, those of respiration and nervous force being secondarily affected, whilst the chief symptoms of distress are altogether referable to the heart and circulatory system, the various symptoms already alluded to being present, namely :—

1. Pain in the epigastrium or cardiac region.
2. *Dyspnœa*.
3. *Vertigo*.
4. Flushings of the face.
5. Headache.
6. Enlargement of the area of cardiac dulness.
7. The occurrence of friction or endocardial bruit.
8. Inability on the part of the patient to undergo much exertion.

In these cases, after careful inquiry, I have uniformly found that the patients were subject to frequent attacks of what they described as "growing pains," often pretty severe, and in many instances closely preceding the onset of the above symptoms; and that such pains were affected by variations in the weather in a precisely similar manner to well-marked cases of rheumatism.

The conditions under which the majority of the patients that have presented themselves to my notice are placed are such as would be favourable in the highest degree to the development of what I would term "the rheumatic dyscrasia;" regarding rheumatic affections as having their origin in an impoverished condition of the blood, the tissues specially affected being the serous membranes. One can well understand such a state of health to be very common amongst those who are engaged as factory operatives, following their various occupations in close, heated rooms, with all the adjuncts of numbers working together, and the necessary odours of machinery, oil, &c., on the one hand; on the other, exposed to all kinds of weather, going to and coming from their work; during wet weather allowing their drenched garments to become dry in the heated atmosphere of their work-rooms.

I would here remark, that during the summer months, when it becomes necessary for the efficient carrying on of work to water freely the flagged floor of the large weaving shed, a number of cases presented themselves to my notice amongst the weavers of both sexes, their ages ranging principally from 15 to 22 years, complaining of the slight rheumatic pains in the various joints, and in the back, which I have described as "growing pains;" but chiefly of distress referred to the cardiac region, accompanied by the various symptoms, such as headache, *dyspnœa*, palpitation, præcordial pain, and friction sound, and in most decided enlargement of the area of cardiac dulness, where there was no reason to suppose hypertrophy or dilatation of the heart; and from the well-formed chest and normal condition of the lungs it was unlikely that there was atalectic condition of those organs to account for the increased area of dulness. In many instances there was not what might be called a friction sound present, but the first sound of the heart gave the idea of a roughened "burring" hum to the ear, a marked contrast to the smooth, quiet action of a heart that is acting normally: with such cases the area over which the cardiac impulse was visible was much increased, and a decided "tremor" was imparted on placing the hand over the heart. In these cases there was not much enlargement of the area of dulness.

I regret to say that by the loss of one of my "case books" I have been deprived of the records of a number of such cases. It may perhaps have been well that I did so, as I resumed my observations upon the subject with even greater care and circumspection than before, cautiously guarding against the wish to "make cases," recording faithfully "facts" alone, as far as my powers of observation were able to establish them. As regards the "symptomatic" aspect of these cases, and the recorded effects of treatment, I can answer for them, and I offer them as a contribution to clinical observations, trusting that they may prove of interest. From them I am in no

haste to draw conclusions, which further experience might prove fallacious. I am deeply impressed with the importance of detecting such mischief in its earliest stage, believing that "prevention is better than cure," and that if early arrested there would be fewer of those advanced and interesting cases which find their way into the various hospitals, and which but too frequently are only serviceable as interesting specimens of the pathological conditions of the heart. I see no reason why these serous membranes should be more exempt from morbid influences than those of the pleuræ and joints; and it especially behoves the dispensary practitioners to bear in mind the possibility of their being affected, and to treat such patients vigorously in the commencement. The free use of the stethoscope and careful observation will prevent many a sad mistake. Better often to err in a diagnosis in favour of the idea of such an affection than against it, and for the establishment of which a series of *post-mortem* examinations would be necessary. Fortunately there would be no possibility of obtaining such, as the majority of cases do well under treatment.

THE RELATION OF CATARACT, STRICTURE OF THE URETHRA, AND ENLARGED PROSTATE GLAND (a).

BY JABEZ HOGG,

Surgeon to the Royal Westminster Ophthalmic Hospital, &c.

THE known remote and predisposing causes of cataract are already numerous; it may be, however, that there are other causes which have escaped notice or attention. In certain parts of this country, as well as on the continent, it is thought, from the quality or contamination of the potable water, more than other causes, stone prevails to a very grave extent. It is also asserted that in countries where wines and spirituous liquors are cheap enough to become the common beverage of all classes, cataract more frequently occurs. Whether this is so I am not able positively to say, but it is a matter of certainty that lenticular opacities are very often and intimately associated with diseases which have their origin in a remote part of the body. Kidney affections are a frequent source of danger to the organ of vision, but stricture of the urethra has not hitherto been noticed as a predisposing cause of cataract. Men, it is said, have a less power of assimilating uric acid than women; but without entering into any physiological speculation, it might have been suspected in certain cases, when from a lengthened retention of a small portion of the daily urinary secretion, in bladder derangements for instance (b), as well as in kidney disease, that the urinary salts were very liable to be conveyed through the general circulation into the tissues of the eye, and when there retained, would quickly bring about an alteration in the specific gravity of its fluids, and produce opacity of the transparent media and disorganisation of the vitreous body, with such appearances as sparkling flakes of cholesterine (the *synchysis scintillans* of Desmarres). I am, however, not about to waste time by theorizing and speculating on this cause or that. I have on the present occasion the more solid groundwork of facts to lay before you; facts gathered from daily experience, and confirmed by work done in the *post-mortem* room; and I believe when you have examined my premises you will agree in

(a) Read before the Medical Society of London, November 4, 1872.

(b) "So intimate is the union of the different organs which constitute the urinary system with each other, that disease can scarcely exist for a great length of time in one of them without extending to the rest."—BRONN. The relation of kidney affections to cataract was fully discussed in a paper by the author read before the Medical Society about two years ago.

the conclusions I have drawn from them, that there is something more than an accidental connexion between lenticular opacities and stricture of the urethra and its complications.

In the course of my every-day practice it is no uncommon circumstance for a patient to present himself complaining of a rapidly decreasing state of vision, and for which glasses afford no relief whatever. He will tell me he has experienced no change of importance in his general health, that he is very well, and so forth, "with the exception of some little trouble and inconvenience occasioned by an old stricture, which necessitates the use of a bougie." The kidneys and other organs being free from disease, it is very difficult to make him believe that "this old stricture" has anything to do with failing sight, and, therefore, he resists, for a time, all attempts to deal with his malady through the urethra. When this difficulty is at length overcome, he is soon able to measure the improvement in vision. Having satisfied myself in a number of cases that stricture was a frequent predisposing cause of weak sight and of opacities of the media, I endeavoured to ascertain whether this had been observed in an institution where a large number of seafaring men were constantly under treatment for stricture and other diseases of the urinary organs. The facts gleaned in this way convinced me of the remarkable correlation of cataract, stricture of the urethra, prostatic and bladder disease, and which I venture to think you will agree bear out my conclusions. I have only further to remark, that the *post-mortems* were made soon after death, and although I was often dependent upon another for the state of the patient's vision, as well as of the internal organs, both before and after death, I can place the fullest reliance upon the notes so freely placed at my disposal.

I will first narrate three or four selected cases taken from my note-book, as these were partly the means of directing my attention to the connexion between eye disease and stricture, I may also add that no kidney disease was discovered, and that cataract often showed itself in men not far advanced in life. One was a gentleman in his thirty-fifth year only, nevertheless the incipient cataracts were coincident with the stricture, for he was confident that his sight was remarkably good before it appeared. The late Dr. Mackenzie would probably have pronounced this patient's case one of spurious cataract, but the days of spurious eye diseases of every kind, happily, passed away with the introduction of the ophthalmoscope.

CASE 1.—F. M., æt. 45, consulted me for an increasing dimness of vision. He had long suffered from a stricture situated near the orifice of the meatus, and through which only a No. 1 bougie could be passed. Incipient capsular opacity well marked in the left eye, veiling the fundus; a punctated opacity, slighter in its character, was seen in the right. The vessels and fundus, so far as they could be made out, appeared to be healthy. I persuaded this patient to allow me to dilate the stricture, and place him under the iodide of iron treatment. Before many days a No. 6 catheter could be passed; he left me in six weeks with vision considerably improved.

CASE 2.—Dr. N., æt. 56, came to me complaining of very defective vision, for which glasses afforded him but little relief. He became alarmed about his rapidly decreasing eyesight. Capsular cataracts were forming in both eyes. The right eye was the worst, so far as sight was concerned; stria were perceptible around the periphery. A fortnight elapsed and he came to me one morning complaining of being unable to void his water. On attempting to pass an ordinary sized catheter I failed. With patience and some trouble, however, a No. 4 was pushed through a stricture near the membranous portion of the canal. He then told me, for the first time, that when a much younger man he had been treated in Dublin for stricture, and was assured it was quite cured. He was obliged to leave town for a fortnight, and when he returned I found he had not used the bougie with which he had been provided. He was suffering much from retention. I made an attempt to

pass a No. 4, but failed, and was obliged to content myself with a hot bath and opium. The next day I was hurriedly sent for, and found him suffering greatly, and failing to pass a No. 2, I persuaded him to take chloroform. The catheter, after a few moments, was passed with difficulty. No. 4 was subsequently passed, and a few days after No. 7. With the dilatation of the stricture, and a careful daily emptying of the bladder, a marked improvement of the sight took place, so much so, that he relieved me from the necessity of calling his attention to a constant and careful use of the catheter.

CASE 3.—Colonel W., *æt.* 60, consulted me for decreasing sight, and for which glasses failed to afford relief. Incipient capsular cataracts were seen in both eyes. Some of the vessels and a portion of the discs could be seen with the ophthalmoscope. He had for some years suffered from stricture, and this even now gave him much annoyance. I was able, however, to pass a No. 4 catheter, and at the end of a week a No. 6, and later a No. 8. I prescribed iodide of potassium and iron, and in a few weeks he left town with an improved state of vision.

CASE 4.—Mr. W., *æt.* 35, suffered from gonorrhœa four years ago. This obstinately resisted all treatment, and at length left him with a stricture. In about two months from the time he noticed, at night particularly, he could no longer read with comfort; the right eye in particular appeared to be very hazy. He consulted a surgeon, who relieved the stricture, and this was followed by improvement in vision; nevertheless, he still found considerable difficulty in reading; reading by night, as well as by day, was attended with much discomfort. I detected incipient capsular cataracts in both eyes. He improved much under the use of the catheter and the iodide of potash and iron treatment.

I shall now proceed to trouble you with a few brief notes of a portion of fifty-six *post-mortem* examinations, made at various times, and extending over a period of about five years. I shall confine my remarks to the twenty cases I can especially vouch for, having either been present or assisted at the *post-mortem* in all of them.

CASE 1.—*Post-mortem Examination*, September 6th.—J. E., a sailor, *æt.* 50, whose death supervened upon pubic section. Sight some time before very imperfect, and lenses presented a greenish hue, but when seen soon after death were quite opaque. Stricture several years standing. The urethral canal extending from bulb to membranous portion was nearly obliterated, and its structure consisted of dense fibrous tissue. The instrument passed a fortnight before pubic section was not productive of permanent good. Three false passages were discovered, mostly penetrating the mucous membrane and prostate gland; the latter was considerably enlarged, and its organic muscular fibre nearly all destroyed. The walls of the bladder were hypertrophied. Fatty degeneration of its muscular coat. The kidneys were congested, and had undergone granular degeneration.

CASE 2.—*Post-mortem Examination*, September 20th.—T. M., a seafaring man, *æt.* 55. Death from extravasation. Capsular lenticular cataracts diagnosed before death. Sight much diminished. Stricture of long standing. The urine escaped through a small opening and sinus in the left side of penis. An old and dense stricture between bulb and membranous portion; prostate gland enlarged. Both lenses became quite opaque soon after death, and the retinae were found much thickened.

CASE 3.—*Post-mortem Examination*, November 9th.—C. M., a sailor, *æt.* 65. Sight imperfect. Cataract in left eye, right fairly good. Death from general causes. Had long been under treatment for stricture. Stricture situated between bulbous and membranous portion. A false passage had been made near the stricture, and through which a No. 3 catheter could be passed. Prostate much enlarged, and walls of bladder somewhat thickened,

CASE 4.—*Post-mortem Examination*, November 16th.—H. S., *æt.* 50. Sight very imperfect, but whether cataract existed before death could not be positively ascertained, as the patient suffered from delirium tremens, and died ten days after admission. No previous history could be obtained. Stricture in the membranous part of the canal. A small-sized catheter passed daily before death. Prostate enlarged. An abscess existed in left lobe. The coats of the bladder were thickened throughout, and it contained a small quantity of muco-purulent urine.

CASE 5.—*Post-mortem Examination*, November 27th.—C. M., *æt.* 65. Amblyopia. This patient was admitted into hospital in an almost moribund state, and died two days after, and nothing very satisfactory was made out. Dense striæ were clearly visible just before death in left lens. He was not treated for stricture in the hospital, but a firm old cicatrix existed in the prostatic portion of canal, and which had very much narrowed it at this part. The prostate was enlarged, and the walls of the bladder were thickened and sacculated. A section of the viscus exposed several small cysts, from which pus exuded. No internal opening into the bladder could be discovered from any one of these. The kidneys were large, and upon being cut into numerous cysts were exposed. The pelvis was also dilated. The supra-renal capsules had been the seat of inflammation, and were thickened. The urine was albuminous, but no pus was observed. It was believed that death resulted from uræmic poisoning. Evidences of a recent retinitis were noticed after death, and it is possible that the cataractous disease was of recent date.

CASE 6.—*Post-mortem Examination*, December 6th.—F. S., *æt.* 56, an old sailor. Imperfect vision from capsular lenticular cataracts. Death from retention of urine. A catheter had been several times passed through a false passage at the membranous portion of the canal. Another opening extended into the left lobe of prostate; the latter was considerably enlarged. The walls of the bladder were thickened. A small abscess was found near the trigone, and numerous melanotic patches studded the rugous walls.

A year before I had an opportunity of examining a bladder, the walls of which were thickened and studded with the so-called melanotic granules, but I doubt whether these bodies indicate a malignant form of disease.

CASE 7.—*Post-mortem Examination*, January 16th.—W. H., *æt.* 67. Death from liver disease. Cataract noticed in left eye some time before, and a stricture near the membranous portion. The whole of the canal was much contracted and congested, the prostate gland enlarged; the walls of the bladder were congested, but this viscus was unusually small.

CASE 8.—*Post-mortem Examination*, January 17th.—Incipient capsular cataract, amblyopic probably from albuminuric retinitis? as the patient, F. C., *æt.* 50, had been some time suffering from kidney disease. A stricture was discovered between the membranous and prostatic portions of the urethra. The prostate was much enlarged, and contained in small pouches many calculi, some as large as peas. Walls of the bladder thickened, and of a deep mahogany colour.

CASE 9.—*Post-mortem Examination*, January 18th.—Cataract in left eye of a seafaring man, *æt.* 45. Examination made twenty-four hours after death, when both lenses were found to be quite opaque. The patient had suffered from impermeable stricture, to relieve which perineal section had been performed, but not soon enough to save life. The prostate, although enlarged, was otherwise healthy, but the bladder was considerably thickened.

CASE 10.—*Post-mortem Examination*, January 19th.—Cataract in right eye of T. W., *æt.* 49. I was unable to obtain the previous history of this patient. A congenital phymosis was still unrelieved. Curiously enough, a small bridge stricture existed about an inch from the orifice, with a narrowing of the canal throughout. The prostate and bladder were unusually small. The stricture may, therefore, have been part of the abnormal condition,

CASE 11.—*Post-mortem Examination*, February 22nd.—J. T., *æt.* 58. Lenticular opacities in both eyes; said to have been amblyopic; stricture in prostatic portion of canal. The canal throughout was much contracted. The prostate gland was the subject of extensive morbid change, and was also greatly enlarged; it was converted into an unhealthy cheesy-looking mass, and from which, when cut into, pus and fatty matters exuded. Bladder hypertrophied. On making a microscopic examination of a portion of the prostate, it was seen to consist of epithelium scales, fatty and granular matters, pus corpuscles, and connective tissue. The kidneys were highly vascular, and of a soft, brittle consistence, apparently having suffered recent inflammation.

CASE 12.—*Post-mortem Examination*, March 7th.—B. C., *æt.* 57. Death from pneumonia, induced by exposure, incipient capsular lenticular cataracts, amblyopia. Three strictures were discovered; the first two inches from the meatus, the second in the bulbous portion, and the third in the membranous portion of the canal. The canal was also much contracted in size throughout. Prostate gland enlarged, and contained in its substance a few calculi.

CASE 13.—*Post-mortem Examination*, March 15th.—J. B., *æt.* 63. Death from injury received in a fall. Vision imperfect, believed to be due to lenticular opacity. Stricture in the membranous portion of the canal. A No. 4 catheter could be passed, and it produced no inconvenience. The urethra was much congested. Prostate gland considerably enlarged, and in its walls numerous carbonaceous bodies were found.

CASE 14.—*Post-mortem Examination*, March 17th.—A. S., *æt.* 46. Striated cataract in left eye. Stricture in membranous portion of urethra, for which he had been some time under treatment. The prostate double the natural size, and had a large deposit of fat in its walls. The pubic arch unusually narrow.

CASE 15.—*Post-mortem Examination*, April 5th.—F. P., *æt.* 53, admitted for impermeable stricture. Capsular cataracts. Suffered from albuminuria. Amblyopic some time before death. Obstruction at the prostatic portion of the canal. The prostate gland was much enlarged and indurated, several calculi in its substance. The walls of the bladder were thin and much congested. Extravasation above pubis, as well as into the left scrotum. The left kidney was much larger than the right, and somewhat soft and vascular. It is probable that the bladder affection was of a secondary nature.

CASE 16.—*Post-mortem Examination*, April 18th.—C. E., *æt.* 56. Incipient cataract in both eyes. Stricture doubtful, although before death supposed to exist in prostatic portion. The middle lobe of prostate gland unusually large, offering a considerable impediment to the introduction of the catheter. Bladder and kidneys healthy.

CASE 17.—*Post-mortem Examination*, April 22nd.—H. J., *æt.* 60. Cataracts advanced in left eye. Suffered several years from stricture, following neglected gonorrhœa. Three false passages in membranous and prostatic portion of urethra. Extravasation after attempt to pass catheter. Prostate gland much enlarged, and the walls of the bladder thickened. Considerable loss of vision before death from amblyopia, probably of kidney origin. The kidneys were congested; chronic inflammation and granular degeneration had produced much destruction.

CASE 18.—*Post-mortem Examination*, May 10th.—S. A., *æt.* 62. Lenticular opacity in left eye, amblyopia in right. A bridle stricture at meatus, and another two inches lower down, a third near prostate. Sinus peculiaris unusually deepened. Prostate enlarged and thickened; an abscess in the substance of the right lobe. The walls of the bladder thickened; it contained a small quantity of ammoniacal urine. It was believed, as a No. 8 catheter could be passed, that strictures were perfectly cured. Two false passages were, however, detected; one in the membranous,

and the other in the prostate, portion of the canal. The kidneys were large, and the distinction between the cortical and tubular portions were less distinct than usual.

CASE 19.—*Post-mortem Examination*, May 12th.—J. M., *æt.* 60. Capsular lenticular cataract in left eye. Death from carbuncle. As this patient was unable to pass his water, a catheter was used, and on more than one occasion a drop or two of pus was observed to follow the withdrawal of the instrument. It was thought a false passage had been made through an old stricture. In the prostatic portion of the urethra a stricture was found. The prostate itself was much enlarged, and contained five cysts, from which pus exuded when cut into. The catheter had penetrated one or more of these cysts. The kidneys were affected with cystic disease. The rest of the internal organs were healthy. The body was much emaciated.

CASE 20.—*Post-mortem Examination*, May 20th.—E. W., *æt.* 50. Incipient capsular cataracts. The patient had suffered from gonorrhœa, and on the cessation of the discharge he had difficulty in passing his water. A catheter was employed, and met with some resistance as it approached the prostate. It was nevertheless pushed on, and a severe bleeding followed its withdrawal. From this moment the penis and scrotum began to swell, and gave considerable trouble. It was very doubtful as to the previous existence of a stricture; indeed, it appeared that the catheter had engaged a fold of the mucous membrane, and penetrating it, had produced a false passage as well as hæmorrhage. The prostate was enlarged, and this was mainly due to an unusual deposit of fat.

As I have before stated, fifty-six examinations in all were made, but that I may not weary you with the subject, I shall confine my summary and concluding remarks chiefly to the twenty selected cases, which I have just narrated. Lenticular opacities, in various stages of formation, were clearly seen in seventeen of them. Three were doubtful; these, however, were not equally free from suspicion; in every instance the patient complained of defective sight, and five were reported as also suffering from amblyopia or amaurosis. In the first case, for example, sight had been declining for some time, and one eye was pronounced glaucomatous. The lens certainly presented a characteristic colour before and after death.

Against Case 5 amblyopia was recorded, but stricture was visible in one eye; and in Case 12, an incipient state of opacity was certainly observed.

Case 13, although loss of vision was thought to be owing to lenticular opacity, as this was not confirmed at a subsequent period, I have placed it among the five doubtful cases.

In Case 15, the patient had suffered from albuminuria, and therefore the loss of sight was probably owing to deposits in the retina. The patient was amaurotic, rather than cataractous, and the opacity noticed might have been due to turbidity of the vitreous humour. With regard to the relative frequency of stricture and prostatic enlargement, fifty-three of the patients suffered from the former, and thirty-five from the latter disease; frequently the two appeared in the same patient, but not invariably; and in three only did the presence of stricture admit of doubt.

In Case 10, for example, a congenital phymosis with extreme narrowing of the canal disguised a supposed bridle-stricture, situated about an inch from the orifice.

In Case 16, there was some doubt about the existence of a true stricture before death. The prostate was, however, much enlarged, and offered a considerable impediment to the introduction of the catheter, and this was probably the proximate cause of the false passage.

In No. 19 also, it was not quite clear that stricture existed during the life of the patient. For these reasons I placed the above in a doubtful list. The bladder was diseased in nineteen patients, and in two the muscular walls of the viscus, as well as of the prostate gland, were in a state of fatty degeneration. With regard to the more important question of kidney lesion; as I have before

stated, this is a well known cause of opacity, and therefore demands particular attention. In very many cases it is not unfrequently a question as to whether or to what extent renal disease is a primary or secondary cause of cataractous and amaurotic affections of the eye. It is, however, a fact that diabetes is often unassociated with retinal and lenticular opacities.

When, however, kidney disease was suspected in any of the cases it was at once made the subject of particular investigation, and in six only was a morbid state observed and believed to have been a predisposing cause of cataract. It was not only my own impression, but also of those who treated the patients, that kidney mischief could not have been the immediate cause of the loss of vision, even in all the six cases. Neither was it looked upon as the cause of bladder disease, and this seems borne out by the greater number of patients suffering from some affection of this viscus. I might then, in truth, almost dismiss the question of renal disease as a predisposing cause from this inquiry. It must not, however, be disguised, that in many instances well marked indications of a premature old age presented themselves. It is invariably so with men living fast and irregular lives, they break down under attacks, from which the more regular and careful frequently recover. An early general decline in health is doubtless a factor of importance in determining or precipitating the cataractous as well as other diseases. But too much stress should not be placed upon this fact; and for reasons already stated, it should not be permitted to invalidate the conclusions drawn from these investigations. Therefore, quite apart from other considerations, I feel persuaded that stricture of the urethra, with certain morbid states of the prostate gland, and bladder, are frequent predisposing causes of change in the dioptric media of the eye.

One word in conclusion as to the prospect of effecting a perfect cure in organic stricture of the urethra. It certainly appears somewhat difficult to say when a patient with an old stricture, that is, in the chronic stage, is perfectly cured. I can only say that in all my examinations of the urethras of those known to have been suffering from stricture, I have invariably found the elastic fibres, the mucous membrane, and the inorganic muscular tissue converted into a densely thickened cicatrix. I entertain grave doubts of the possibility of ever restoring the canal to a normal state, when destruction of its most important elements has proceeded so far.

Bedford Square, November, 1872.

Hospital Reports.

LONDON HOSPITAL.

(Under the care of W. RIVINGTON, Esq.)

Fæcal Abscess and Fistula—Recovery.

THE following is a favourable case of this troublesome and often dangerous affection. It probably took its rise from ulceration on the posterior wall of the cæcum due to obstruction. The matter confined itself to one channel and pointed at the most favourable spot—the femoral canal. There was no burrowing into the tissues of the thigh or destruction of the iliacus and psoas muscles:—

Joseph Brook, æt. 72, was admitted into the London Hospital on March 17th, 1872, under Mr. Rivington. A tumour came in the left groin three years ago. He put it back, and kept it up with a bandage, and had not suffered any inconvenience from it. Three weeks before admission he felt a hard lump in the right iliac fossa. He had noticed a trifling, very trifling swelling in the same region fifteen months previously, but it went away. The swelling in the iliac fossa seemed also to disappear in like manner, and then came a lump in the groin parallel with Poupart's ligament two inches long and reach-

ing to the top of the scrotum. He attributed its formation to an attack of vomiting which came on just after the swelling appeared in the iliac fossa. The patient jumbled up the swellings on the two sides so as to give at first an impression that he had had a hernia on the right side, but after careful questioning it was ascertained that he had had a hernia on the left side and apparently accumulation of fæces in the cæcum and colon on the right. On admission he had no sickness; his bowels had been open daily. There was no pain in the abdomen, but there was pain in the tumour and down the thigh; he took his food well. The swelling was red, and gurgling was obtained on pressure. From the confused history it was inferred at first that there was an inguinal hernia with partial fæcal obstruction, but the nature of the case soon became manifest. On the 18th the red blush had extended down the thigh, and over the tumour the skin was beginning to slough. A yellowish stinking fluid was discharged from the opening thus formed.

An incision was made by Mr. Beech, the house-surgeon, with the result of allowing a freer escape of this same fluid. Later the opening was enlarged by Mr. Rivington, who found a slough of areolar tissue in the centre and gave exit to a considerable quantity of fæces. It was apparent that the fæcal flow came from underneath Poupart's ligament, and probably from the colon. Gurgling could be obtained by pressure over the iliac fossa in the position of the cæcum.

19th.—The swelling had much subsided. The slough came away. Patient slept and ate well.

The temperature stood on the 20th and 21st at 101°; went down to 98.2 on the 22nd, and on the following days oscillated between 99.3 and 100.4.

On the 22nd and 23rd he did not take his food, and his tongue was dry and brown, and he had a bad cough with wheezing at the chest.

By the 29th he had quite recovered. Appetite had returned. The tongue was clean, the wound was granulating healthily. His bowels continued to act through the wound, and when the aperture had contracted to a small size as it seemed likely to attain, the patient was sent home.

Transactions of Societies.

THE MEDICAL SOCIETY OF LONDON.

MONDAY, NOVEMBER 18th, 1872.

THOMAS BRYANT, F.R.C.S., President, in the chair.

Mr. BOND related an interesting

CASE OF POISONING BY SULPHURIC ACID.

On the 23th August, C. B., a woman æt. 31, was found in St. James's Park on her hands and knees vomiting violently; was brought to King Street Police-station in a very exhausted state, but sufficiently conscious to make known that she had taken sulphuric acid. She appeared to be in great agony. Copious draughts of chalk-and-water were administered, and she vomited a large quantity of black matter, apparently food recently taken. She was removed to an infirmary, and during the night was delivered of a full-grown child. She rallied and gained strength, progressing favourably for a fortnight, when she complained of sickness and a difficulty in swallowing her food. On examination a large circumscribed swelling commencing opposite the cricoid cartilage and extending down the course of the trachea two inches, moving on deglutition. Mr. Bond attempted to pass a stomach-pump, and also a No. 6 gum elastic tube, but without success. In a few days she was unable to take any fluid whatever. He was advised against the operation of gastrotomy, and instead he inserted a piece of stiff copper wire into a No. 6 tube, and after much difficulty forced it through the stricture and into the stomach, and injected sustenance twice a day, the size of the tube being increased. The swelling disappeared; but the patient gradually

got weaker, and died on the 4th October. At the *post-mortem*: The mouth and fauces were found quite recovered from the effects of the acid, and on opening the œsophagus no trace of stricture nor any exudations, but complete absence of the mucous membrane. (Specimen shown.) The mucous membrane of the stomach was quite black and partially detached at the cardiac extremity, and underneath it patches of fibrinous exudation a quarter of an inch thick. The deductions Mr. Bond drew were—1st. That a stricture of the œsophagus may be safely dilated, and that probably the fibrinous exudation observed under the coats of the stomach had also taken place in the œsophagus, and was the cause of the stricture; 2nd. That the operation of gastrotomy must have been ineffectual, as the woman died from the injury done to the coats of the stomach.

The PRESIDENT asked what evidence there was of stricture. Was there not merely spasm, and no real organic stricture?

Mr. BOND thought there was stricture, as there was an external swelling over the œsophagus, and the catheter was arrested.

Mr. BELL showed a foot which had been amputated by Mr. Hoar, of Maidstone. There was a tumour in the sole of the member of the kind which had used to be called fungus hæmatodes.

The PRESIDENT said that soft cancers were much more common in the hand than in the foot, and looked on the specimen as rare.

Mr. HOGG thought that the fungous foot of India was in some way allied to this.

Mr. BRYANT thought the fungous foot of India was rather a general infiltration of whole tissues of the foot accompanied by some parasitic growth.

Mr. WM. ADAMS thought the disease was rare. He had met with two cases; recovery took place in one.

The PRESIDENT showed a specimen of

EXTENSIVE HIP-JOINT DISEASE.

The patient was a man subject to chest disease, which precluded operation. There was a small sequestrum of bone projecting into the acetabulum, which had set up inflammation and absorption of living bone; and he thought this illustrated the mode of separation of sequestra. The sequestrum in olden times was called "tubercle" in bone. It showed the occurrence of osteitis in adults.

Dr. ROUTH read a paper on

OVER-WORK AND PREMATURE MENTAL DECAY AND ITS TREATMENT.

After some well-merited praise to the efforts of Dr. Richardson in the same direction, and some remarks on the nature of the present hard-working and competitive age as compared with former ages, he proceeded to show, upon the authority of Dr. Elam, that there had been a very large increase in the mortality from diseases of the brain in England. The increase of the population being 30 per cent. while the mortality from diseases of the brain had increased fourfold, so deaths from paralysis and apoplexy had increased from 10,000 to 22,000 annually; deaths from insanity had also nearly doubled; and he showed that there was a direct relation in this increase with the agitation of the times. Dr. Maudsley and others had endeavoured to show that this numerical increase was due to increase of population, better search after and segregation of the insane. In the last published report of the Commissioners of Lunacy, the ratio per thousand of the total number of lunatics, idiots, and persons of unsound mind to the population showed an increase each year from 1869, when it was 1.86, down to 1872, when it reached 2.54. The author then enumerated the symptoms of mental decay, showing that they resembled the gradual changes that came over old people, and yet were very similar also to those induced by venereal excesses in both sexes, except that in the latter there were symptoms of spermatorrhœa, which were absent in cases suffering from over-work. In both cases the tendency was to the production of idiocy from softening of the brain and insanity. He said there was reason to believe that the immediate cause of these symptoms was, deficiency of phosphorus in the brain, endeavouring to prove this by considering *seriatim* the following points:—1st. It is proved chemically that a man grows older and mentally weaker, or becomes idiotic, as the brain contains less phosphorus; this was shown by the analyses of L'Heretier. 2nd. The solidity of the brain is a measure depended upon protogan, a phosphoric compound, and those foods which were richest in phosphorus were found

by experience to renovate most speedily weakened brain power, such as shell-fish and fish generally. 3rd. The assertion made by some that phosphorus could only be assimilated by previous conversion into phosphoric acid was combated, the effects of the two being shown to be perfectly different, phosphoric acid producing, in large doses, fatty degeneration of the heart, liver, and kidney, whereas phosphorus produced necrosis of the jaw-bone, and excited the nervous and sexual systems. The opinion of Dr. Von Bibra was also quoted in evidence of this. Phosphorus also reduced or removed congestion of the brain. 4th. Dr. Routh next showed that those diseases produced by softening nervous matter or anæmia were precisely those which were cured oftentimes by the internal administration of phosphorus, viz., some forms of paralysis, eczema, and other skin affections, cerebral congestions, with great debility and insomnia. The authority of several writers was cited on these points,—Delpech, Prof. Fisher, of Berlin, Dr. Eames (in the Dublin journal), Dr. Burgess, and Dr. Hammond, of New York. 5th. The special treatment indicated in these cases was next considered—1st. Complete rest of mind, especially abstention from all occupations resembling that upon which the mind has been over-worked; 2nd. The encouragement of any new hobby or study not in itself painful, which the patient might select; 3rd. Tranquillity to the senses, which especially gives in these cases incorrect expressions, putting only those objects before them calculated to soothe the mind; 4th. A very nourishing diet, especially of shell-fish; 5th. The internal administration of phosphorus, whether in its allotropic form or as the "Solntio Phosphori Medicati," prepared according to Dr. Hammond's formula (N.B.—To be had of Mr. King, Crawford Street). Some cases bearing out the author's views were subjoined, but not read owing to the lateness of the hour.

Dr. FARQUHARSON thought that this high-pressure age involved competition almost before the child was out of petticoats; he could not get into a public school without a severe examination. Many great minds gave way under over-pressure and worry: this was the case very much in England. Those incomparable workers, the Germans, were wiser; their hours were earlier. He had seen over-work in boys set in as a sharp febrile disorder. There were symptoms of severe brain disorder, which was followed by loss of mental power. Care was required in allowing patients to resume their ordinary active intellectual work. It was very important to procure sleep. Small doses of narcotics were not as useful as full doses.

Mr. JABEZ HOGG asked if any ophthalmoscopic examination had been made? He had found the retina in an anæmic state.

The PRESIDENT thought it was rather over-worry than over-work that was injurious to the full-grown brain. Neglect of ordinary hygienic rules, accompanied by worry and much work, was injurious. Over-work was, he thought, injurious to the young but not to the adult.

Dr. ROUTH thought worry was evidence of failing power. Anything which exhausted phosphorus in the brain caused failing mental power. Its restoration was therefore indicated.

SPECIAL REPORTS ON FOODS,

INCLUDING DIFFERENT KINDS OF

FARINACEOUS PREPARATIONS FOR INFANTS
AND INVALIDS,

MEAT EXTRACTS, AUSTRALIAN MEATS, &c.,

Together with reliable Chemical Analyses by
Competent Professors.

[PREPARED EXPRESSLY FOR THE "MEDICAL PRESS AND CIRCULAR."]

AUSTRALIAN PRESERVED MEATS AND MEAT
EXTRACTS.

(Continued from page 425.)

IN an interesting pamphlet written by an "Old Medical Surgeon" (James Bird) details are given of the different

methods of cooking the tinned Australian meat. Mr. Bird who seems to have gone systematically into the matter puts down the saving at 10d. per pound from using the tinned meat, and is enthusiastic in its praise as being more digestible than even prime butcher's meat. It would be outside the purport of these reports to go into the different details of cooking. The above pamphlet on Australian cooked meats will be found to contain a great deal of information upon this part of the subject. An interesting account of penny dinners will also be found in another, called "Feeding the Lambs," and "An Appeal to Generous Colonists," by Miss Clara Buchanan.

We have chiefly depended upon the following points as a criterion of the value of these food :—

1st.—The condition of the contents of the tin was carefully noted, and different parts of the fluid or semi-fluid juice carefully examined microscopically to determine the presence of any sign of decomposition, if present.

2nd.—The contents were submitted to cooking process and their merits determined gastronomically.

3rd.—The nitrogenous or albuminous matter was determined in conjunction with the ash and moisture.

4th.—A weighed portion of the flesh was submitted to an artificial digester for twenty-four hours at a temperature of 36. The digestive fluid was made by adding $\frac{1}{2}$ a fluid ounce of dilute hydrochloric and lactic acid to 10 grains of carefully prepared pepsine procured from the pig's stomach. The dilute acid was made by mixing 1 drachm hydrochloric and 2 drachms lactic acid and 8 ounces of water. Such a digestive after 24 hours left from the pepsine used 62 per cent. of insoluble matter when dried at 100° C. Therefore, after deducting this 62 per cent. the insoluble matter left represented the undigestible portion of the meat under examination. These experiments were performed under exactly similar conditions, and were in each case performed after the meat under examination had been thoroughly dried.

THE AUSTRALIAN MEAT COMPANY.

This company in one of their circulars publish extracts from some of the Institutions' reports where this meat is used ; we will give two or three such extracts :—

LEEDS INDUSTRIAL SCHOOL REPORT.

Cost of English butcher's meat for quarter ending September, 1870	£66 16 0
Cost of Australian meat for quarter ending December, 1870.	33 19 6 $\frac{1}{2}$

Saving from using the Australian meat 35 16 5 $\frac{1}{2}$

REPORT FROM THE MASTER OF LEEDS WORKHOUSE.

Cost of English butcher's meat for the quarter ending December, 1869	£478 16 8
Cost of Australian meat for quarter ending December, 1870.	389 1 10

Saving from using the Australian meat 19 14 10

The Chairman of Leeds Poor-law Union stated "that the Australian meat was already cooked, and without any bone whatever, and as good and nutritious as our own meat."

The Governor of Warwick County Prison estimates the saving from the use of "Ramornie" to be at least 30 per cent.

Carlisle Gaol, a saving in one half-year on a former expenditure of £130, of £51.

The Sydney Morning Herald, of 18th August, 1871, also contains an account of a visit to the works of this

Company, and as it is descriptive of the method pursued by these and similar meat preservers we will give the substance of that article :—

"There are few industries established in Australia capable of such indefinite expansion and calculated to be of so much benefit as that of meat-preserving.

"The 'Ramornie' Meat Preserving Company sprang into existence in 1865, and commenced operations in September of the following year. Little or nothing appears to have been known of it until the pretensions to priority of a similar institution in a neighbouring colony brought the New South Wales industry to the front.

"Some idea of the magnitude of the Company's operations may be formed from the fact that they give constant employment to 150 men at 'Ramornie,' that 1,000 head of cattle per month are killed there, and that the weekly shipment of preserved-meat to Sydney for exportation to England amounts to 150 tons. Five men kill and dress ten bullocks per hour. The carcase is next transferred to the cutting-up room, where two men are sufficient, and they perform the work with incredible celerity. They divide the animal into the various parts suited to the different processes of manufacture carried on.

"The 'extract' meat is put into mincing machines, four in number, which are worked by steam, the choppers descending vertically upon a circular wooden block or basin, which is kept constantly revolving by the application of steam power. From the choppers, the meat is introduced into boilers of large capacity, and these are kept boiling a sufficient time to extract the greater part of the essence. The fibrous portion of the meat is afterwards subjected to hydraulic pressure which expresses the remainder of the juice.

"The meat is then subjected to various degrees of heat, by which it becomes consolidated and ready for the market. The Company makes about 25 tons of extract in the year. This is packed in small square iron chests, each containing about 200 lbs. For this there is a ready sale at 10s. per lb., so that a chest of almost insignificant proportions represents £100.

"Those portions of the carcase which are destined to leave the establishment as preserved meat are taken from the cutting-up room to the scales, were they are weighed and placed in the tins. I understand that the actual weight of the raw meat placed in each tin is considerably more than the weight at which it is sold. For instance, it requires fully 7 lbs. of uncooked meat to fill a canister which is sold as 6 lbs. The tins, which are specially prepared for the reception of the meat, are carefully soldered—a small hole being left in the top of the canister, to allow the air to escape. Twelve large baths, each capable of holding 100 tins, are in readiness to receive the tins. Here the meat undergoes a process of cooking, the heat being supplied by means of steam pipes running through the bath. The liquor into which the tins are plunged contains chloride of calcium. All the air having been expelled from the tins, they are hermetically sealed, and then sent down to a bath of cold water, in which the cooking process is arrested. The tins are then all tested, and the operators can tell with unerring accuracy whether air still remains in them. The number of tins defective in this particular is not more than two or three in 1,000. These are thrown out, and the meat which they contain is boiled down. After testing, the tins are cleansed with sawdust, painted, labelled, and packed in boxes ready for shipment.

"Those portions of the animal which are not suitable for preserving or the manufacture of extract, are made available in the production of tallow, marrow, &c. The bones, hides, and horns, are likewise made a source of income."

REGISTERED FOR TRANSMISSION ABROAD.

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The Medical Press and Circular.

“SALUS POPULI SUPREMA LEX.”

WEDNESDAY, DECEMBER 4, 1872.

SANITATION IN THE ARMY OF AUSTRO-HUNGARY.

WE have published during the present year a number of articles on the Medical and sanitary aspects of foreign armies. These having proved of particular interest to the large section of our Profession engaged in the army and navy, we proceed to render these more complete by an analysis of this kind relating to the Austrian army, the last report of which seems considerably in arrear.

The Medical Department of the Austro-Hungarian Army, like that of our own, publishes annually a series of statistical and sanitary reports. One of these reports, namely, for 1869, is commented upon in the *Armée Zeitung* and *Revue Militaire de l'Étranger* (a), and from the latter we select the following particulars for the benefit of our military readers. In the year alluded to there were present with the colours 269,835 men; among them there occurred 365,214 cases of sickness, 66,042 being cases of affections of the digestive organs. The cause of the prevalence of the latter was not far to seek. One meal per day of scarcely 800 grammes (26 ozs.) of bread was not sufficient to replace the loss of tissue in young men daily subjected to unaccustomed work—a fact repeated to satiety, but without success. The condition of the Russian soldier is alluded to. He has two hot meals per day; he eats soup with vegetables and meat, or soup with bacon and peas; he has a good allowance of groats, half a pound of meat, and two pounds and a-half of flour, equal to three pounds of bread. But not only as compared with this is the ration of the Austro-Hungarian soldier deficient, but the allowance of fuel for warming and cooking purposes is inadequate. The dinner hour is not eleven o'clock, it is that

(a) No. 41, of 1872.

when the cooks have consumed their fuel; only one meal per day is allowed to the soldier, and as a result he has to fast the remaining part of the twenty-four hours, unless, as very seldom happens, he has means to purchase articles for himself. The soldier on duty is still worse off. He has his meal at eleven o'clock, but receives no more until he is relieved the following day, which he is at one o'clock, but as it is two before he gets back to barracks it follows that he has fasted for twenty-six or twenty-seven hours. Even then his meal is cold. The same thing takes place when the men are at their *grandes manœuvres*, and their extra exertion demands increased food. On such occasions the men on duty are often not relieved till three o'clock in the day, and as a consequence are often thirty hours without a hot meal. Moreover the cooks were indifferent, often selected from the awkward and such as were little fit for service in the ranks.

Nor, according to the *Vidette*, does the quality of the bread compensate for the inferiority of the general ration as regards both quality and quantity. The lowest price in the purchase of flour, the maximum hours of labour, and small pay; such are the principles followed in regard to the *budget*. Cheapness, especially cheapness! Such is the cry of the Intendance. Not only is the ration bread made of inferior flour, but the grain is ground in mills of bad and primitive construction; thus it becomes mixed with large quantities of sand. The quantity of salt used in fabricating the bread is “imperceptible,” but water is *liberally* added, so that when baked this bread is doughy, heavy, and indigestible.

On active service and on the march some improvement is made in the food of the soldier, but it is still insufficient, especially when the wear and tear by work is considered. The following articles comprise the *ration de route*, namely, 272 grammes (8½ ozs.) of beef, 850 (28½ ozs.) of bread, 181·3 (6 ozs.) of flour, 17 (½ oz.) of fat, 17 (½ oz.) of salt, 0·5 (9 grains) of pepper, 11·3 (1¼ oz.) of coffee, 127 (1¼ oz.) of sugar, 3·40 (10¼ ozs.) of wine, 27 (¾ oz.) of tobacco. The equivalents of weights in English quantities are sufficiently near for purposes of comparison, and it will probably strike the reader that the restriction as to articles of food does not extend to tobacco.

Among measures recommended with a view to improve the alimentation of the troops is the erection of *central cooking places* in garrisons (*cuisines centrales de garnison*). Some time ago a speculator submitted to the Minister of War a project of this nature, showing at the same time that the interests of the Treasury and those of the troops could be met; and, inasmuch as such a plan has an interest to other garrisons than that of Vienna, we would offer a few remarks in regard to it. In the proposed kitchen cooking will be performed by steam in vessels of a novel construction for that purpose, and the rations will thence be carried in suitable vessels, so constructed as to retain heat, and thus at fixed hours the meals will be served up hot to the troops. The advantages of the plan would comprise the following:—(a) Decrease in the expense of rationing the troops; (b) a saving in the pay given to cooks; (c) a reduction in the number of cooking places and utensils; (d) that all parts of the meat could be utilised, the cooking performed more effectually and more cleanly than by the plan in force, consequently the meals rendered more appetising and wholesome; (e) the apparatus being always kept at work, the men coming off guard, detachments returning from duty, &c., would always have meals served up hot and fresh

to them; (f) by the suppression of cooking places in particular barracks the passages and corridors would cease to be infected by smoke and odours as they are at present; (g) inasmuch as there are now four hundred men employed as cooks in Vienna, and one hundred would be sufficient with the proposed plan, it is calculated that a saving of four hundred soldiers in regard to their military duty will be effected; (h) lastly, by the establishment of these central kitchens it would be possible, when the occasion demanded, not only to cook for the troops, but to preserve meats of various kinds for use by troops on active service. We deem the proposal of sufficient importance to be commended to the attention of the War Office authorities in Pall Mall.

QUACK PROSECUTIONS.

As mentioned in our last, prosecutions have been commenced against certain notorious London quack doctors, nominally by the Society for the Suppression of Vice, but actually by a few members of the Profession connected with the Lock Hospitals. The first case taken was against the notorious Watson, who stands committed for trial. The second was against Mr. Pulvermacher, the well-known Medical electrician, upon a count of publishing a certain pamphlet, in which—according to the views of the prosecution—some indecent passages occurred. On the first hearing the magistrate adjourned the case in order that he might have the opportunity of reading the pamphlets complained of. The case was set down for hearing on Friday last; in the interim Mr. Pulvermacher's solicitor had issued counter actions for slander against Mr. Collette, Mr. Deakin, and others, and, as mentioned in our last number, the affair was likely to cause no small stir in the Profession. This, however, is averted by the course taken by the magistrate on Friday. When the case was called, he (Mr. Flowers) said he had carefully gone through the pamphlets, and was of opinion that the prosecution should not be proceeded with; there were one or two passages, it was true, rather strong for the general public, but, as Mr. Pulvermacher had consented to withdraw them, and they were extracts from well-known Medical authors, and not Mr. Pulvermacher's own words, he must decline to go on with the case. Now, what is the effect of this trial, which from the beginning was a mistake, and should never have been instituted? It was elicited that there was only about £29 to carry on some eight or ten prosecutions, whilst this one alone must have absorbed the whole of these funds; there is, therefore, nothing in hand for further actions, and the real culprits will be allowed to go scot-free. Had the prosecution proceeded, as they should have done, with those men who infest the metropolis and other large towns, and traffic upon the credulity of the public by pretending to be qualified Medical men, there would have been no difficulty in obtaining convictions, and the whole Profession would have been with them. But to indict a manufacturer well known to, and supported by, the Profession for his really scientific inventions, and to class him with quack doctors, for the sole reason that he had one or two passages in his pamphlets (which, as a tradesman, he deemed necessary for his business) to which they objected, was a most unjustifiable proceeding, and one which was sure to prove fatal to an otherwise excellent cause. That the Profession disapproved of the step is demonstrated by the smallness of the subscriptions, and, even in the evidence given, one

of the gentlemen who subscribed repudiated this particular prosecution altogether; and we are convinced that were an appeal properly made there would be no lack of funds for a legitimate prosecution of the whole quack fraternity, and, should such be undertaken, we will freely accord space in our columns for the purpose. We can only congratulate the gentlemen concerned upon one point, viz., that the defendant's solicitor agreed to the suggestion of the magistrate that the actions for slander against them should not be proceeded with, as assuredly it would have been a serious matter for damages.

THE OPHTHALMIC CONGRESS AND BRITISH OPHTHALMOLOGY OF 1872.

In the August number of the *Annales d'Oculistique*, Dr. Warlomont, the eminent Belgian surgeon, favours us with a clever chatty paper, entitled "Souvenirs du Congrès Ophthalmologique de Londres." The paper is not only a lively *resumé* of what transpired, but also a genuine outspoken opinion of the present state of British ophthalmology, and well deserves a place in the columns of an English contemporary.

Dr. Warlomont, having recounted with pride his share in bringing the Congress to London, and for which we feel grateful to him, proceeds to eulogize the President's Opening Address, and the liberality of the College of Physicians for having placed their noble library and rooms at the disposal of the Congress, and immediately after plunges like an old war horse into the midst of a heap of communications, written and verbal, which absorbed all the time at the disposal of the several meetings to the detriment—he regrets to say—of anything like discussion. The first morning sitting was opened by Dr. Jefferys, of Boston, on the "Greater Safety and Superiority of Ether as an Anæsthetic," and the trials which were afterwards made by this physician appeared to bear out all he said in its favour. In from twenty-five to thirty seconds he succeeded in putting patients completely under its influence; but whether it is so much safer than chloroform remains to be seen, as a patient died during its administration in one of the New York hospitals, shortly after Dr. Jefferys's return to the United States.

The extraction and treatment of cataract engaged a great deal of time and attention, and Dr. Warlomont improved the occasion in his own good-natured way, indulging in some very pertinent remarks upon what he saw during his visit to the Ophthalmic Hospitals, and the various methods of extraction employed by his London *confrères*; he then proceeds to give the particulars of a method employed by himself, and which he terms "the small median section." It is probably thought that the surgical treatment of cataract is now tolerably uniform in London—if not throughout the Continent—and that the method of Graefe (the preliminary iridectomy method as it may be called) is always adopted, and, of course, with perfect success. Dr. Warlomont, however, discovered to his surprise that this is not the case, but that divers methods are still in vogue. He must be allowed to speak for himself on this important question. The Congress, he observes, was not entirely confined to the sittings which occupied three days at the College of Physicians, for its meetings had already begun a week before at the Ophthalmic Hospitals, where the visitors saw numerous opera-

tions performed, which were often followed by instructive clinical remarks.

"It would be tedious to enumerate the many operations I witnessed during my ten days' visit, but the special teaching I carried away with me deserves more than a passing notice. First, the employment of anæsthetics appears to be in great favour at most of the hospitals, and it is administered with great boldness, in small as well as large operations. I saw numbers of extractions, and by the most divers methods, but never once saw the vitreous humour lost, even when this accident seemed most imminent. A circumstance, no doubt due as much to the skill and boldness of the operators as to the complete passiveness of the patients well under some anæsthetic. As to the methods of operating I always received the same reply:—'We operate by the method of De Graefe, but we have modified it to suit the case.' And it was evident enough that the old classical method is not yet abandoned in London. Every one wishes no doubt to become more successful, and, therefore, he modifies his operations. Even Bowman seems to abandon himself to the most absolute selecticism, for I saw him—*horresco referens*—perform several extractions, and he resorted to the old large flap operation, without a previous iridectomy and without blushing! But this selecticism is not peculiar to London; it prevails, and very properly so, for it gives the greatest possible security to our patients, especially when we are called upon to operate upon both eyes. Should Graefe's method fail on one eye, we resort to linear section, or the small median section on the other; and thus a chapter of accidents is often avoided, and we profit by the vast experience of those who have preceded us. It is possible to operate quite as well as they do in London; but I declare, without fear of contradiction, nowhere better; indeed, London is now the centre of practical ophthalmology."

THE SUPERIORITY OF ETHER AS AN ANÆSTHETIC AGENT.

On Friday, the 29th ult., this question was freely brought before the Surgical Society of Ireland by Mr. Morgan. He introduced the question to the members with a view of eliciting full discussion of the subject as to the rival qualities of the two anæsthetics which are admittedly most suitable for surgical practice—Ether and Chloroform. He questioned whether chloroform either hitherto deserved or could longer retain the confidence of the Profession, now that deaths are more constantly reported from its use, and that they have reached, notwithstanding all precautions to the contrary, an alarming number. It is stated that in these countries the proportion is one weekly; and if we allow that these only represent the cases of immediate death from the influence of the inhalation, we must admit it is no mean estimate.

Mr. Morgan drew the attention of the members to the statements which have lately been made by writers on the subject when recounting their individual experience, and more especially to the remarkable expression of Dr. Jones in a late number of a Medical journal—that, though he had himself chloroformed upwards of 6,000 cases, "nothing would induce him to submit to its influence." He considered such a statement as well calculated to arrest the attention not only of the Profession, but of the public; and he apprehended that not a few members of the Society would be inclined to join in a similar declaration. If so, the question arose, was Ether the safest and best anæsthetic? He believed it was, and was proved by the fact that one death only in 23,204 ether inhalations

having occurred, while one in 2,500 was reported from chloroform.

Mr. Morgan entered into details on the question, and showed that any objections which had hitherto been made to Ether as an agent were those only of *inconvenience*. These he showed were at once overcome by the use of an inhaler, which he exhibited to the Society, and explained its mode of action, whereby the ether vapour was diffused in the interior, and directly inhaled by the patient by means of an elastic tube and neatly fitting mouthpiece. Mr. Morgan presented a list of operations recently performed under the influence of Ether, comprising various amputations, reductions of dislocations, hernia, vesicovaginal operations, spasmodic strictures, numerous eye operations, and minor procedures in surgery, &c. The subjects varied in age from seventy-one to two years old. He denied that any of the inconveniences which were attributed hitherto to the use of Ether existed; they were completely obviated by the use of the inhaler, which was so contrived as to concentrate the ethereal action.

The meeting was the largest known for some years, and the subject was found to be of such moment that its discussion was postponed to the next evening meeting. It is a matter of congratulation that this question has been so actively considered in this City, and that Mr. Morgan, who, so far back as in July last, ventilated the subject in our columns, has succeeded in overcoming any difficulties which have hitherto impeded the employment of so desirable an agent.

Notes on Current Topics.

Jenner.

ONE of the first sculptors of Rome is engaged on a work of great interest to the Profession and the public. Monteverdi, whose wonderful success in the statues of the genius of Franklin and the youth of Christopher Columbus, is now at work on a companion statue that we venture to pronounce is worthy of its predecessors. This is the genius of Jenner. If any of our readers are going to Rome this year let them not forget to stroll the *Porta del Popolo* and admire this *chef d'œuvre*.

Visiting List.

WE have already a copy of Messrs. Smith's Annual for the coming year—the daily and almost hourly companion of thousands of Medical men. All our readers must, by this time, know its merits for the new issue for 1873 is the 27th year of publication, and it is more used perhaps than ever. We notice this year a very useful list of doses of powerful and uncommon preparations.

Channel Steamers and Sea-Sickness.

PUBLIC attention has lately been drawn to several plans of improved steamers for crossing the English and Irish channels. The main important object of each designer being comfort and avoidance of sea-sickness for passengers. Captain Dicey's design seems to attract most attention. A company has been formed to carry out his project, and in a very short time a competitive trial of a vessel on Dicey's system will be made in a sea way, *versus* a steamer of equal tonnage, similar to the present vessels now

running from Dover to Calais. The Naval and Engineering Profession will be represented by gentlemen of the highest standing; the Medical Profession will be represented by Dr. J. McGrigor Croft, an experienced officer, formerly of Her Majesty's Royal Army, who will note carefully the various motions of both steamers in a sea way, by necessary scientific instruments, so as to arrive at the value of Dicey's plan of vessel, being more comfortable than the ordinary one for passengers.

Erlangen.

DR. BAUMLER has received a professorship in the University of Erlangen. He will do the University a good turn if he leads it fully to comprehend the feeling of the Profession in this country in reference to foreign degrees. Dr. Baumler's residence in London will enable him to do this. If a German University were to establish rules respecting its degrees in accordance with English views, no doubt some would resort to it for the sake of obtaining a respectable degree without residence. But at present German Universities are not in favour, nor likely to be, with those who may fortunately present themselves at other seats of learning—such, for instance, as the University of Brussels.

How to Distinguish Real from Apparent Varus in Infants.

WITH many infants one sees the foot strongly turned in, it looks like a varus, and as if the infant, when it would come to walk, would only lean upon the outer edge of the foot. M. Guénot pointed out this fact in an infant horse with feet of very large dimensions presenting this peculiarity. It is not the parents alone who are disquieted by those appearances, but especially the physicians; then the latter having by stretching the foot acquired the conviction that there is no durable deformity have great difficulty in causing their conviction to pass into the minds of the bystanders.

Now, there is a very important characteristic which distinguishes true club-foot from this transient deformity, namely, the size and the form of the foot. In congenital varus the foot is small, twisted, gathered upon itself. In the other case the foot attains its normal length, and may even have, as in this case, exaggerated dimensions. Then the foot can be straitened and its normal attitude restored.

There is an excellent method of demonstrating this phenomenon—Light a bright fire, strip the infant, and hold its feet before the blaze; you will then see the feet straighten, presenting the sole to the heat, then different complete movements executed, showing beyond doubt the perfect integrity of the muscles of the limb.

The Professorship of Surgery in the Irish College of Surgeons.

SINCE our last reference to the subject no candidate other than Mr. Croly and Mr. Stokes, whose candidature we announced last week, has yet presented himself. Mr. Wharton, who had been regarded as a probable claimant for the Professoriate, has not declared his intention of competing, and the impression gains ground that he will not leave his present connexion with the Ledwich School for the more arduous duties of the College School. Mr. Croly and Mr. Stokes are felt to have such strong claims to the favourable opinion of the Council that there are not many

candidates who would feel disposed to undertake active teaching duties and who could hope to contest the vacancy successfully against these surgeons. We alluded last week to the statement laid by Mr. Croly before the Council. Mr. Stokes has this week issued his address to the electors, in which he states that, previous to his becoming an hospital surgeon, he was actively engaged in the study of surgery at Berlin, Prague, Vienna, and Paris. Mr. Stokes says that since his return he has been actively engaged with the duties of clinical surgical teaching; and during the past seven years he has held the office of lecturer on theoretical and operative surgery in the Carmichael School of Medicine, and has also conducted during that period twenty-four private courses of Demonstrations and Illustrations in operative surgery. He obtained, while a student, the gold medal of the Pathological Society of Ireland.

Mr. Stokes submits to the Council an imposing list of contributions to surgery, of which we defer publication until we may be able to give equal publicity to the selections from his publications which Mr. Croly has offered for the consideration of the Council.

Plucked !!

A CORRESPONDENT of the *Athenæum* says that Miss Jex Blake has actually been plucked at Edinburgh. And why not? Who has not heard that some of the leading men of the day have met with the same misfortune? The event has really no bearing on the question of women's education, and the correspondent of the *Athenæum* might have refrained from proclaiming it.

Scarlet Fever—Treatment.

DR. T. W. EGBERT says (*Transactions of the Pennsylvania State Medical Society*) he discards the idea of varieties, believing scarlet fever to be one and the same disease, in all places and under all circumstances, modified by atmospheric, hygienic, and other known and unknown influences. His treatment, from the beginning to the end of a recent epidemic, was uniform, simple, and he thinks novel to many practitioners; but he wishes the successful results to speak for themselves. He treated two hundred and seventy cases, with but a single death; and in that case his directions were reversed by the nurse, who applied hot instead of cold applications to the throat. From the incipency of the disease until the desquamation is perfect, he prescribes the following mixture:—

R. Acid. muriatic, ℥j. ;
Syr. simplicis, ℥ij. ;
Potass. chloratis, ʒij. ;
Aquæ rosæ, ℥iv. Mix.

Sig. Half tablespoonful every two hours.

The dose designated in the above prescription would be for a child six years of age, double the amount being necessary for an adult, and smaller quantities for a younger child. Where there is much restlessness and nervous irritability he administers paregoric in sufficient quantities to soothe the patient and allay those symptoms. He never found it necessary to use gargles, probangs, or the pencil to the *fauces* or throat. In one case—that of a male adult, æt. 24, married; confined to his bed, with the characteristic scarlet blush making its appearance on the face and neck; general symptoms all present in an aggregate form—he prescribed:

R. Acid. muriatic., ℥ij. ;
 Syr. simplicis, ℥ij. ;
 Potas. chloratis, ℥iv. ;
 Tr. opii camph. ℥j. ;
 Aquæ rosæ, ℥iv. Mix.

Sig. Tablespoonful every two, three, or four hours.

As to this case, he says:—"This was the principal treatment until the twelfth day, when the febrile symptoms had all subsided and desquamation well advanced; with the exception of simple tonics, continued for ten days or two weeks longer, this was the entire treatment of this case, and in sixteen days from the first appearance of the blush, he was at the office, attending to his ordinary business, being an oil broker. The reader can judge of the severity of this case and the efficacy of the treatment, when I state that there were no bad sequelæ, except perfect *onychoptosis* of both hands and feet. In a few cases where there was much congestion about the *fauces* and throat, ulceration of *uvula* and *fauces*, and enlargement and induration of the parotid and submaxillary glands, I found it necessary to use the ice-bag, applied snugly to throat and neck until relief was obtained, which was general in from six to twenty-four hours, being careful not to freeze parts by continuous application too long at a time.

Diphtheroid Tonsillitis.

DR. E. HARVEY, of Chester, Delaware Co. (*Transactions of the Pennsylvania Medical Society*), gives this name to a disease characterised by the following symptoms. The patient is chilly for a day or two, with slight soreness of the muscles. This is followed by a sharp headache, which is felt chiefly through the temples, then a stiffness and soreness of the muscles on the back of the neck, accompanied by pain in the legs, and sometimes numbness in the arms. While these general symptoms are coming on, the throat becomes sore, and this is what the physician's attention is generally called to. At first the tonsils, uvula, and a small part of the palate are red and swollen. In a day or two yellow patches are seen on the inflamed tonsils, and are sometimes mistaken for ulcers. The general symptoms will continue a week or more if not treated, the chilliness gives way to fever, the pains increase, the throat becomes painful, deglutition is difficult, the patient is greatly debilitated, and the debility continues a week or two after the symptoms have disappeared. If taken in the early stage, this disease can be cured in about a day by chlorate of potassa, given in ten-grain doses every hour for five or six hours, and afterwards every two hours while needed. It is often mistaken for diphtheria, sometimes for membranous croup by the inexperienced, and sometimes for quinsy when it is not seen and successfully treated until the throat becomes very bad. The disease is contagious, and generally affects all, or nearly all, of a family where it occurs. It attacks more than once the same person, and no season is exempt from it.

Commenting upon the above, the editor of the *Medical Cosmos* says: "The horse distemper, now so prevalent, is, like the above, of a diphtheroid character, and requires supporting treatment, mainly chlorate of potassa, sulpho-carbolate of soda, turpentine, acidulous substances, antiseptics, and tonics, with rest, warmth, isolation, and the usual hygienic measures."

Helminthology.—The Nematoid Family.

At the last meeting of the Pathological Society of London, Dr. Edwards Crisp exhibited Gordian worms from

the lungs of sheep, for the purpose of showing that the *Strongylus filaria* in the white elevated masses on the surface of the lungs, had been mistaken by Drs. Sandy Pedly, and himself, for a Gordius; that he had traced these Gordians through their different stages of growth, and he had every reason to believe that they were immature forms of the *Strongylus filarici*. He had consulted the works of a great many helminthologists, and none of these authors had spoken of a Gordian worm in the body of a mammal (with the exception of a Guinea worm *Dracunculus*). If this conclusion proved to be correct, it would throw great light upon the origin of many of the nematoid worms, such as the *filaride*, and *strongylide*, the early history of which remained obscure and doubtful.

The Use and Abuse of Opium.

It is not very long since a sort of demonstration was made against the indiscriminate prescription of alcohol, and now there are signs that a similar cry may be raised, if not here, in America, against opium. We have noticed from our exchanges that opium-eating seems on the increase in some of the States, and there is a growing sense of its evil. One of the latest statements that have met us is in the November number of the *Detroit Medical*, the editor of which tells us that in comparatively a limited field of observation he has met several cases in which the opium habit was certainly contracted by obeying the physician's directions, and adds that it is "well for us all to look the facts in the face, clear our skirts if possible, protect our patients, and warn the public."

In the Third Annual Report of the State Board of Health of Massachusetts, we find many interesting facts collected by Dr. F. E. Oliver. The questions sent by the Board to the physicians of the State were:—

1. "Are preparations of opium used by the people except for the relief of pain?"
2. "Has the injurious use of opium increased of late years, and if so, the cause of such increase?"

The habit of opium-eating seems to have originated about 1840. In that year 24,000 pounds were imported. Last year, with a population little more than double that in 1840, we imported about 246,000 pounds, ten times the amount imported in 1840.

Those best posted in the sale of the drug assert that thirty per cent. would cover all that is used in prescriptions. Allowing twenty per cent. for other legitimate purposes, we still have one-half unaccounted for.

Of the one hundred and twenty-five physicians heard from in answer to the first question, forty report that they knew of no case of opium-eating. The remaining eighty-five state that opium is used to a greater or less extent in their circuits.

In the smaller towns the number given varies from one to twelve. In larger towns the number is large. Some druggists report no sales of opium without prescription. Others have from one to six regular customers.

To estimate the exact number of opium-eaters in the State from the data alluded to was impossible, but it is certain that the number must be considerable.

The daily amounts reported vary with each case. The largest amount of crude opium taken was eight ounces per month, or one hundred and twenty grains daily. The largest amount of laudanum taken daily was one ounce, of morphia one-third of a drachm. One case is reported in which thirty grains of morphia were taken at one dose, and an equal amount the next day, the latter being followed by an ounce and one-half of laudanum. No injurious effect was observed.

The general opinion was that the habit was increasing.

Among the proximate causes of the opium habit, are mentioned :—

1. Opiate treatment of certain nervous and other chronic affections. This is the most common.
2. Injudicious and often unnecessary prescription by the physician is often mentioned by the correspondents.
3. Depressed conditions of the nervous system from a thousand different causes. Those most generally exempt from this vice are those whose occupations allow an abundant supply of fresh air and nourishing food with regular hours of sleep.
4. Simple desire for stimulation; opium was often selected because it was more "genteel" than alcohol.
5. Nursery medication by soothing syrups.

Dr. Oliver observes that it is very difficult to obtain statistics of the abuse of opium, so that those presented in his report do not pretend to be in any sense complete. Still, they indicate a condition of things which should awaken the attention of every humane physician.

Iron in the Blood.

BOUSSINGAULT finds the amount of metallic iron in aliments as follows :—The minimum in carrots, 0'0009 gram.; the maximum in the blood of hogs, 0'0534; in beer, '0040. In vertebrates, the quantity of iron does not exceed a thousandth of the weight; in invertebrates, probably not four ten-thousandths. It is usual to attribute the red colour of the blood to the presence of iron. Yet the white blood of invertebrates contains almost as much iron as the red of vertebrates. Also, plants, not green, like mushrooms, contain as much iron as the green plants. Boussingault concludes that of all substances the blood is that which contains the largest amount of iron, and of assimilable iron, since it has already been assimilated.

The Surgical Society of Ireland.

THIS Society held its first meeting for the present session in the Royal College of Surgeons on Friday evening last, the Chair being occupied by the President of the College. The attendance was very large. The President in delivering the Inaugural Address referred feelingly to the resignation by Dr. Benson of the office of honorary secretary, and to the lamented death of Dr. Thomas Beatty, and proceeded to advert in forcible language to the consultation of members of the Profession with homœopaths and other illegitimate practitioners. Pathological specimens were then presented to the Society by Dr. H. G. Croly, Dr. Jacob and Dr. W. T. Stoker. Mr. Morgan, Surgeon to Mercer's Hospital and Professor of Practical Anatomy in the College, then proceeded in a lengthened and able statement to bring the subject of the relative merits of Ether and Chloroform under the notice of the Society, at the conclusion of which the meeting was adjourned for the further discussion of the question.

Surgical Instruments at the International Exhibition of 1873.

THE first meeting of the Committee on Surgical Instruments was held last week at Kensington. Amongst those present were Mr. Cæsar H. Hawkins, F.R.S., Mr. Prescott G. Hewett, Mr. J. Hilton, F.R.S., Mr. R. Quain, F.R.S., Mr. W. White Cooper, Mr. J. Luke, F.R.S., Mr. T. W. Nunn, Mr. E. Saunders, Dr. G. T. Gream, Dr. W. S. Playfair, and Dr. H. J. Domville, C.B. After discussing the objects and arrangements of the Exhibition the

Committee proposed that, as an interesting addition to modern collections, the College of Surgeons and other public bodies or private collectors should be requested to lend ancient surgical instruments and appliances, and that the Italian Government should be requested to lend those recently recovered from the ruins of Pompeii. In addition to other business, the Committee recommended that publicity should be given to the class by means of communications to the Medical journals, and individual members of the Committee undertook to request instrument makers to give early information of their intention to exhibit specimens of their instruments in the Exhibition of 1873.

The British Association.

A MEETING was held at Bradford on Wednesday to arrange for the visit of the British Association next year. A committee was appointed, and it was decided to raise a guarantee fund of £4,000.

Pharmaceutical Society of Great Britain.

THE next Pharmaceutical Meeting of the Pharmaceutical Society will be held this evening December 4th, at Eight o'clock. The following papers will be read :—

- "Note on a Macerating Stand," by Mr. R. W. Giles.
- "On the Extracts containing Chlorophyl," by Mr. J. B. Barnes.
- "Dispensing Note on Chloral Hydrate," by J. G. Plumer.
- "Sulphurated Antimony, Official and Commercial," by Mr. John Moss, F.C.S.

DR. SPATH was formally installed Rector of the University of Vienna on the 18th ult.

THE Riberi Prize—the blue ribbon of Italian medicine—has been unanimously adjudged to Professor Corradi, of Florence, by the Turin Academy.

THE University of Turin was opened on the 16th ult. by a lengthy discourse of Professor Passaglia on the necessity of preserving the character of Italian thought.

IN this week's *Nature* there is an account of Dr. Fraser's researches on the antagonism between physostigma and atropia.

JAMES O'SHAUGHNESSY, Esq., M.D., George's Street, Limerick, has been appointed High Sheriff for the city of Limerick.

MISS SOUTHWELL, Grantham, has just laid the memorial stone of the North Cambridgeshire Cottage Hospital, at Wisbeach. Miss Southwell intends to defray the entire cost of the institution, about £7,000.

DEPUTY INSPECTOR-GENERAL of Hospitals and Fleets, Dr. William T. Domville, now attached to the Royal Naval Hospital at Plymouth, has received the appointment of honorary Surgeon to her Majesty.

A CLASS for the instruction of soldiers' wives in midwifery was opened at Sir Patrick Dun's Hospital, Dublin

recently. The women have been quartered in Linen Hall Barracks, where they will remain during the course, which will extend over a period of three months.

WHY did Dr. Evory Kennedy decide not to contest the representation of Derry? Because he thought an accoucheur could not be required by a maiden city! On what did he form this opinion? Because he saw that he was not getting Biggar!

At a recent meeting of the City Commissioners of Sewers, Dr. Letheby, the Medical officer of health, in reply to a question, stated that where a seizure of diseased or putrid meat was made, such meat was immediately soaked in carbolic acid, thus rendering it useless for butchers' purposes. It was then conveyed to the Cattle Market at Deptford, where it was steamed in an iron cylinder, and reduced to the consistence of pulp. The fat-skimming was utilised, and the rest sold for manure. In Dr. Letheby's opinion the fat is never used for butter.

THE anæsthetic controversy has now reached such dimensions that we feel justified in claiming for the MEDICAL PRESS AND CIRCULAR the credit of being the first journal to call attention to the frequently recurring mortality from chloroform, and to demand further inquiry respecting the respective merits of that agent and of Ether. Our contemporaries not only endeavoured to discredit this demand but attempted to ignore the researches of Dr. Morgan published in our columns simultaneously with the paper of Dr. Joy Jeffries. Even in its very last issue the *British Medical Journal* strives to create the impression that, in its columns, Dr. Morgan first mooted the question. The fact is that the tide of popularity of ether has set in with overwhelming force, and our contemporaries finding that longer foothold impossible, are fain to turn round and swim down stream loudly claiming credit for having started the flood which has carried them off willee-nillee.

ON Thursday last, Mr. O'Grady, of Mercer's Hospital, Dublin, excised the right knee of a man, aged about 30, for disease consequent on local injury two years since. The H incision was adopted, the parallel limb being kept well back to allow free drainage. On opening the joint the synovial membrane was seen to be—throughout—of a more or less deep state of colour and much thickened, in some places being $1\frac{1}{2}$ inches in section. All the cartilaginous surfaces were extensively eroded. Three distinct abscesses were seen on the articular face of the tibia. The tendino-periosteal involucrum of the bones being separated by a raspator, the femur and tibia were sawn with a slender frame-saw from before backwards, the soft parts in the popliteal space being protected by the left forefinger of the operator. Some carious bone was then gouged from the posterior surface of the tibia, the patella dissected out and much diseased synovial membrane clipped off. The entire surface of the wound was then swabbed with a solution of chloride of zinc, and—the limb having been extended—the edges of the transverse incision were brought accurately together by points of carbolised catgut suture, the lateral incisions being left gaping and only supported at each end by a single similar suture and the limb put up in a carefully padded long box splint. The latest account of the patient's condition reports him as doing quite well.

Mr. O'Grady's case of ovariotomy referred to the week before last is so far recovered as to be able to walk across the wards.

Correspondence.

THE CONTAGIOUS DISEASES ACTS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Recently in the pages of the *British Medical Journal*, I challenged the supporters of the Contagious Diseases Acts to come forward and defend their system, either on the ground of necessity or efficacy, and I undertook to prove that so far as it was possible to mitigate disease, this end would be accomplished far more effectually by a purely voluntary system. My observations on these points in two letters, elicited replies from several sources, and among others, a very able letter from W. J. R. Lane, who accused me of misrepresentation, mis-quotation, &c. I replied to this gentleman's statements at once by the accompanying letter, which the *Editor of the British Medical Journal* declined to insert. I need not make any comment on this extraordinary procedure, but ask you, Sir, in the cause of truth and justice, to insert it in your paper, the only one, lay or Medical, with which I am acquainted, that has ever acted fairly in reference to this question.

I am, Sir, your obedient servant,

THOMAS WORTH, M.R.C.S.E.

SIR,—In my last communication, I quoted the following observation from the report of the Lords' Committee:—

"It has been *amply* shown by evidence before this Committee, that the very efficiency of the Act tends to lessen its success, by inducing diseased prostitutes to flock into places where it is in operation, in order to gain the benefit of treatment in hospital."

The Chairman of the same Committee, in reply to Mr. Sker, says, "I do not think the evidence we have militates against what you say. The women are willing enough to enter Lock Hospitals."

I also quoted the evidence of the rest of the witnesses, all of whom concurred in stating that diseased women are glad to apply to hospitals for treatment. That is the main fact which I was anxious to establish, and which this evidence places beyond all doubt.

My quotations were taken from rough notes of the evidence written by myself two years ago, and I have not the blue book, which is out of print, at present to refer to, any trifling inaccuracies in my quotations do not affect the main point at issue, and Mr. Lane is welcome to the most he can make of them. I am able, however, to give you from the report of the Venereal Commission, Mr. Lane's own words.

3662. Mr. Spencer Smith,—“You mean, I presume, that they (Lock Hospitals), are absolutely necessary if the disease is to be diminished?” Yes, I think that *the very best way* of diminishing disease, would be to establish Lock Hospitals, and I believe much more good may be done by Lock Hospitals than by police regulations. Police regulations can only act upon the professional prostitutes, whereas Lock Hospitals will be resorted to, not only by the professional prostitute, but also by the non-professional class to which I have alluded.” Mr. Lane, in reply to a previous question (3652), also remarks, “I doubt very much whether in those continental towns where inspections are regularly carried out, they have not as much syphilis as we have in London. I think also that there is a very large source of syphilis in the general public, from women who would never come under supervision, not being regular prostitutes, but servant girls, dressmakers, and people of that class. These persons largely disseminate syphilis, but it is impossible to reach them by any system of inspection.”

Mr. Lane arrived at these very just conclusions after nearly twenty years' experience, and it is strange, to say the least of it, to find him now advocating the same hideous system which he then so honestly condemned.

In his letter which you published last week, Mr. Lane states, “My own conviction is not that there will ever be any difficulty in *filling* such institutions, (voluntary hospitals), if properly managed, but that it will be utterly impossible to get

the public throughout the country to support them on a sufficient scale by voluntary contributions."

Now, all the compulsion imaginable cannot do more than fill the hospitals, and it is clear that Mr. Lane is convinced, that there will be no difficulty in filling them on a purely voluntary system.

As a simple means therefore of getting money from Parliament, he proposes to enact a foul despotism, to violate the constitution, to outrage the just sentiments and religious feelings of the people, and to subject periodically a number of helpless women, who have committed no crime and are perfectly healthy, to outrages that nothing human ought to submit to!!! Such ideas are utterly indefensible.

In reply to my statement, that women are, as a rule, willing enough to remain in hospital until cured, Mr. Lane remarks, that 25 per cent. of the patients at the London Lock Hospital are self-discharged, leaving us to infer that these patients were prostitutes, and that they went out to practise prostitution in a state of disease, but 30 per cent. of the women, Mr. Lane says, nearly half treated in the London Lock Hospitals, are *not* prostitutes, but married women who have children to see to, and other women who have household duties, or are engaged in industrial occupations, making it necessary for them to leave as soon as possible, while many, even of the prostitutes have gone to their friends, and have done so with the intention of reforming, continuing treatment at home, &c.

There is no evidence whatever to show that they went out to practise prostitution, which would be entirely against their interests, and if as badly diseased as Mr. Lane represents impossible, men do not require to be shut up in hospital prisons for indefinite periods for treatment of these affections, and why should women, unless they are prostitutes, absolutely without means of living, and desirous of shelter and succour.

The reasons that prostitutes do not, in some instances, apply in the early stages of disease, is simply because they do not know where to go to, hitherto the accommodation in voluntary hospitals has been insufficient, there have been all kinds of difficulties placed in the way of admission, and they have had no inducement to come forward. I would engage by means of the information I would disseminate, to secure attendance in the earliest stages.

Mr. Lane is convinced of the necessity of a compulsory system based upon his experience of the severely diseased condition of the women who apply voluntarily for admission, as in-patients of the London Lock Hospital and the preference of those slightly diseased to be treated as out-patients.

In reply to which, I will conclude by quoting an observation from Mr. Kingsford's summary of the evidence taken before the Royal Commission, 15021 4066. 72.

"In voluntary hospitals, some of those in London for example, prostitutes are found, whose disease was very bad before they were admitted, but this fact, used to show that these women would not have come in earlier if they had been permitted, proves the very opposite to that which it is cited to prove, for the number of beds in these hospitals is totally inadequate to meet the demand."

As Mr. Lane, speaking of the London Lock Hospital says there are "about thirty beds for females on the voluntary side, they have always been filled, and double the number or more could be filled readily, a great many applicants are dismissed for want of room every week," consequently on admission days, a number of applications are made, and the worst cases are then selected for admission being taken according to the number of vacancies."

As Mr. Acton says "the same necessity of selection which is imposed upon the house-surgeon by the restricted number of beds at his disposal, works evil in another way. He must take as in-patients only those most malignant and complicated cases, competition among cases is, as it were invited, the premium of a bed is held out for successful severity and the prize is contended for by the unfortunate out-patients."

Now, Sir, in face of these unquestionable facts, I ask in the name of common sense, what Mr. Lane means by his astounding assertion, that mild cases preferred to be treated as out-patients, as though they were to blame for not claiming beds, when it is plain that only those severely diseased could possibly be admitted.

As to women declining to remain until cured, I don't believe a word of it; all that could be readily managed. The Lourcine Hospital, with 300 beds for excitable French women, is managed on the voluntary principle. Mr. Wolfershan, for five years House Surgeon to the Royal Albert Hospital, assured my friend, Dr. Bell Taylor, that there was no difficulty in keeping

diseased women. Mr. Woolcombe showed that if they wanted to leave on the arrival of a ship, or what not, a little tea or amusement was sufficient to induce them to remain.

Voluntary hospitals have answered admirably in London, Bristol, and Liverpool. Of 60 treated in Bristol, only two left uncured; a promise to remain has been found effectual in Liverpool, and at St. Bartholomew's Hospital, in London, where there were, in the years 1868, and 1869, respectively, 350, and 373 women admitted to the venereal ward, only 55 of the 350, and 61 of 373, were self-discharged, and of these the great proportion were married women, who returned to their household duties, and continued treatment at home.

Women stay in homes and reformatories for prolonged periods, subject to strictest discipline, and why should they not stay in hospital if kindly treated? In fact, all the evidence proves that women, when diseased, are delighted to apply for treatment, and also to stay until cured, under a purely voluntary system, while it is proved to demonstration that compulsion can only secure a small fraction of those to whom it is intended to apply (witness the 30,000 clandestine prostitutes in Paris compared with the 3,000 that the police are able to force on to the register), although the just liberties of respectable women are ruthlessly trampled under foot in the attempt. As Mr. Kingsford observes—"Clandestine and private prostitutes are not only not brought under treatment by the Acts, but are actually deterred by fear of being subjected to the Acts from applying to those practitioners to whom they have been accustomed to resort," hence, they become permanent sources of infection infinitely more dangerous than anything that could exist under a voluntary system, moreover, when hospitals are made penal institutions, and police spies are employed to drive women into them, it is nothing but human nature that they should resist, although they would be delighted to apply on a purely voluntary system. The same is still more true of the hateful and disgusting system of periodical introspection, in order to ascertain whether they are fit for fornication, which forms the very essence of these infamous acts, disgraceful alike to the government that permits it, and to the officials employed to carry it out.

I am, Sir,

Your obedient servant,

THOMAS WORTH, M.R.C.S.E.,
Formerly Surgeon to the Nottingham
Union Lock Hospital.

Nottingham.

CONVULSIONS IN A CHILD SIX WEEKS OLD, OF SEVEN DAYS' DURATION, SUCCESSFULLY TREATED BY BROMIDE OF POTASSIUM AND SUCCUS CONII.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The following case may perhaps possess sufficient interest to render it worthy of record in your widely circulating journal.

I was recently called to visit a child, six weeks old, who was at the time suffering from convulsions. On inquiry, I found the mother (a primipara) was, at the time, suffering from an abscess in one breast and had the infant sucking the other.

From the healthy appearance of the infant and mother, I came to the conclusion that the cause was, the milk the child used, being in a highly inflammatory state, had given rise to these unpleasant and alarming symptoms. I prohibited the child using the breast any longer, and placed it on milk and lime-water given by the bottle, and prescribed the following: A poultice of linseed meal and mustard to the stomach to be kept on continually, and alternative powder of rhubarb, soda, and grey powder, one grain each every night with the following mixture:—

R. Liq. bismuth, ʒj.;
Spt. ammon. co. ʒss.;
Spt. chloroform, ʒss.;
Aqua, ʒiiss.

A tea-spoonful every three hours.

This treatment was continued with various modifications for seven days. At this time all hopes of saving the little sufferer were at an end, as each paroxysm had become more frequent and severe. I now resolved to alter the treatment, and prescribed the following with excellent results:—

R. Liq. bismuth, ℥j. ;
Succus conii, ℥j. ;
Potassæ bromide, gr. xvj. ;
Aqua, ā ℥ij.

A tea-spoonful every two hours till the paroxysms cease. After the first dose the fits became less frequent, and so followed the second, and after the third dose all the symptoms ceased, and the infant, which was previously given up as hopeless, is now making steady progress; and, I need not say, is quite the pride of the family. I had a second case in which the results were equally favourable, and would be glad to hear the opinions of others in similar complaints.

EDWARD BELLIS, L.K. & Q.C.P.I., L.R.C.S.I.
Woolton, Liverpool.

THE EXTRACTION OF CATARACT BY DR. RODOLFO DEL CASTILLO, AT GUY'S HOSPITAL.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I have read with great interest the report in your paper of the operations for cataract at Guy's Hospital, by Dr. Rodolfo del Castello, who extracted the lens *with the capsule*, and without rupturing the latter. As I have on two occasions succeeded in performing this operation, and as the cases have never been published *in extenso*, perhaps your readers might be interested in them.

The first case occurred at the Central London Ophthalmic Hospital, in December, 1870. The patient was a woman, æt. 82, with cataract in both eyes, sent to the hospital from Islington workhouse. The cataract in the left eye was opaque and milky-looking, but presenting some striae. The nucleus was of a deep amber-colour. The sight of this eye was limited to the perception of light and shadows, but no objects could be distinctly made out by her. The *field of vision* was complete, and the *tension* normal. The pupil was rather sluggish.

On Dec. 15th, the preliminary incisions of the cornea and iridectomy, as in Graefe's operation, were completed, and the cystitome passed into the anterior chamber with the intention of tearing the capsule. The latter, however, proved to be a very tough membrane, and resisted the attempts to lacerate it, and at the same time the suspensory ligament of the lens must have been torn through; for on applying pressure by the rubber-scoop in the usual way, the lens escaped *in its capsule*. The patient made a good recovery, and with a cataract-lens was able to tell the time by a watch, when she presented herself in the following May.

The lens removed in this case was found to consist of a dense capsule, a fluid milky cortex, and a dark brown nucleus freely moveable within this fluid. The milky fluid, when examined microscopically, contained a number of globules like those of milk, and crystals of cholesterin, some in oblique rhombic plates and some in a stellate form.

The second case was operated on in private. The patient was a man, æt. 55, who had always been near-sighted to an extreme degree. Oblique focal illumination of the right lens displayed a milky looking cortex and a few silvery quasi-metallic streaks on the anterior capsule; the nucleus could not be seen. The iris was slightly tremulous.

On Feb. 6, 1871, the operation was commenced as if for Von Graefe's operation. The corneal section was no sooner completed than vitreous in a semi-fluid condition presented, and when an attempt was made to tear through the capsule of the lens, the lens itself became dislocated and fell backwards into the vitreous humor. A scoop was at once used to extract it, and with success, the capsule remaining entire. Some slight inflammation followed, but eventually very good sight was obtained, and in consequence of the extreme degree of myopia the patient was able to see distant objects, *without the aid of a glass*, more distinctly than he had ever done before. Before operating upon the fellow eye I punctured the capsule with a view to ascertaining the state of the cortical substance, and being guided by the result in the choice of a method of operating. I found that the cortex of this eye was not fluid; I accordingly determined to perform Von Graefe's operation. There seems to have been the same weakness of the suspensory ligament however, as in the first eye, and the lens became dislocated before I succeeded in

extracting it. Ultimately, the sight of the second eye became very good.

From a consideration of these two cases I am inclined to conclude that the operation of removing the cataract in its capsule, is well adapted to cases in which, with a tremulous iris, there is an appearance of a milky diffuent cortex of the lens; and that it is also well to be prepared to extract by this method whenever the lens-capsule proves to be very tough and to resist laceration; and whenever from any cause the vitreous humor presents, and the lens becomes dislocated at the time of making the corneal section. At the same time, I think the operation not at all desirable in the majority of cases, because the risk of a loss of vitreous must be considerably increased when the suspensory ligament of the lens is torn through, and though a loss of vitreous may not necessarily spoil the eye operated on, yet the most perfect results can hardly be expected under such circumstances.

I am, Sir,

Your obedient servant,

W. SPENCER WATSON, F.R.C.S.

Henrietta Street, Cavendish Square, W.
Nov. 27, 1872.

TRAINED OBSTETRICAL NURSES IN IRELAND.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—There would be no more convincing proof of the want of a proper provision of trained obstetrical nurses in Ireland than the following case:—

A woman lately applied to me at my dispensary, with an attack of bronchitis; on examining her chest, I found a most extraordinary curvature of the sternum from above downwards and backwards. On making enquiry as to the cause, she stated that some years ago, during her last confinement the labour was lingering. That finding this to be the case, the woman acting as nurse, put her standing against a wall, and placing her head against the patient's sternum pushed with such force, hoping to expel the fetus that she fractured the sternum. The child was soon after removed by a neighbouring practitioner with the aid of forceps, but the deformity of the sternum remained and still remains.

JAMES MARTIN, F.R.C.S.I.

Portlaw, December, 1872.

LEDWICH SCHOOL OF SURGERY AND MEDICINE

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

MY DEAR SIR,—Would you permit me to draw your attention to an inaccuracy that has appeared in your issue of the present week. True it is that Mr. Kelly has been appointed to the joint Lectureship on Anatomy and Physiology, but with respect to Mr. O'Leary, he has not resigned, but still retains his usual position; the withdrawing from which, I need scarcely add, would be attended with the deepest regret to all his colleagues, and to none more so than to myself.

I am yours, very truly,

EDWARD LEDWICH.

November 28th, 1872.

Literature.

DISEASES OF WOMEN (a).

In this third edition the learned professor of University College has completely recast his work, which now comes before us as the embodiment of the views of the leading authority, on what has been termed the mechanical theory of uterine pathology. We think Dr. Hewitt has done well in coming as it were by steps to the position he now

(a) "The Pathology, Diagnosis, and Treatment of Diseases of Women." By Graily Hewitt, M.D., Professor of Midwifery, Univ. Coll. &c. Third edition. London: Longmans.

takes up. His first edition was favourably received, being, as it was, a clear and able summary of the then state of gynaecology. The second edition went further with its suggestions of a more exact system, its practical observations, and most attractive of all, its illustrations. Now we have the full development of the plan which was only before shadowed out, and which, having assumed shape and consistence, can be attacked, as no doubt it will be, on the one hand, and defended on the other.

For ourselves we shall be content to ponder it, a plan we recommend to our readers, for they may be sure that what Dr. Graily Hewitt says he has maturely considered, and his views are deserving of the most candid investigation.

We are glad to find that one attractive feature of the work has not disappeared, we mean the attempt to teach "Diagnosis," or rather to render its study easy. We also welcome the new illustrations, and are glad to learn that they are drawings of cases. This adds much to the clinical character of the work which embodies the author's observations at University College Hospital. The work now consists of thirty-three chapters, containing 132 illustrations. Nor must we omit to add that the author has given a good index.

We commend this new edition, full of clinical facts and experience as it is, as a solid work for study and for reference, and for Dr. Hewitt's peculiar views, we may say that all who treat diseases of women ought to become acquainted with them.

CHANGES IN THE GENERAL MEDICAL COUNCIL.

The *Lancet* informs us that Dr. Embleton has retired from his office of representative of the University of Durham in the General Medical Council, and he has taken this step, we believe, in anticipation of an early and important meeting of the Council to debate the various schemes for the formation of conjoint examination before the meeting of Parliament. Indeed, we understand that the subject already engages the attention of the Government, who are preparing to move towards legislation, despairing of a settlement of the mooted questions under the unprogressive auspices of the Medical Council.

Nothing, we are assured, will be settled as to the action of Government until the Council has received and discussed the schemes for conjoint examination so far as they have been perfected, and it would be a great injustice to the Irish licensing bodies if precipitate action were taken before their plan was made known. In any case it will be of the utmost moment that the Irish bodies, and especially the Colleges, shall be fully and ably represented at the coming Council meeting, and we look with much anxiety to the selection by the Irish College of Surgeons of a successor to Mr. Hargrave, whose impending resignation we alluded to last week. University interests, and especially London University interests, have been shown to be at variance with those of the purely Medical corporations, and any college which hopes to maintain its share in the qualifying of the Profession must commit its cause to a doughty champion—learned in the subject—capable of forcibly expressing its views, and not to be daunted by the supercilious attitude of *soi-disant* great men. Mr. Hargrave's impaired health makes it quite impossible for him to undertake such a contest, and it would be well if the Council of the College would follow the example of the Durham University in making an early selection of their representative.

Inventious.

THE STEAM DRAFT INHALER.

THIS is the last new thing in inhalers, and has been patented by Dr. R. J. Lee. We understand that it has been in use some time at the Westminster Hospital, and has given great satisfaction. The principle is familiar enough to engineers, and the inhaler will no doubt be found useful in practice. The figure shows it in use. It is made by Messrs. Maw, Son, and Thompson.



The inhaler is constructed to expel vapour with sufficient force through the india-rubber tube B, and no effort on the part of the patient is necessary for inhalation, and free inspiration can take place without producing the slightest fatigue.

If the chamber is supplied with water, the vapour will consist of atmospheric air moistened by the admixture of a small quantity of steam—a matter of considerable importance, and highly beneficial where the simple effects of warmth are desired; and this may be maintained for an indefinite period, if the contents of the chamber are attended to. The vapour as it is expelled from the boiler is constantly pure, and cannot become impregnated with the expelled breath; if necessary any volatile substance may be added to the water and inhaled with perfect ease.

It is applicable for children as well as adults, and for introducing a current of warm air into a room for inhalation, or as a vapour bath.

The india-rubber tube is of sufficient length to allow the patient to assume any position during the process of inhalation.

Obituary.

THE LATE DR. WALSH, OF CLARA, KING'S COUNTY.

WE record with sincere regret the death of an old and distinguished country practitioner. Several days ago our columns would have borne to our readers this sad, mournful tribute to the memory of Richard Joseph Walsh, F.R.C.S.I., of Clara, King's County, had we been earlier aware of the melancholy news of his death. Dr. Walsh

was one of the earliest Poor-law physicians in Ireland, having reached the eighty-first year of his age. Up to the period of his death—about four weeks ago—and from its first establishment under the Poor-law service, and for many years previously, he had charge of the Clara dispensary district in Tullamore Union. He commanded a large private practice, and secured the warm and lasting friendship of all classes and creeds, and the undeviating respect and regard of the poor. His extensive experience as a physician, and especially in midwifery practice, and the sound judgment he invariably displayed at the sick-bed, as well as the high sense of honour and gentlemanly feeling that characterised his entire professional life, caused him to be frequently sought after as a consultant by his juniors. As a kind and hospitable friend, a most agreeable and entertaining companion, rich in anecdote and in the history of the country and its people, Dr. Walsh will also be long remembered. Whilst in the full vigour of his professional duties, and in his usual zealous discharge of them, he unfortunately caught typhus fever, which was at the time prevalent in his district. On hearing from his Medical attendants that he had fever, the poor old doctor at once said, "My days are ended." He succumbed to the disease very rapidly, having been only five days confined to his bed. No greater proof could be assigned of the unanimous appreciation of the private and professional worth of Dr. Walsh, and of the great sorrow caused by his death, than by the large numbers who attended his funeral. And sad was the spectacle to witness the crowd of poor women, with heads in hands and their cheeks bedewed with tears, surround his lonely grave, and offer to Heaven their choicest prayers for him, who in their hours of illness brought them and their children comfort and consolation.

Medical News.

Surgical Instruments and Appliances in the London International Exhibition of 1873.—The first meeting of the committee on Class 10, "Surgical Instruments and Appliances" for the London International Exhibition of 1873, was held at 3 p.m., on Tuesday, the 26th November, at the Offices in Stanhope Lodge, Kensington Gore. Mr. Caesar H. Hawkins, F.R.S., was voted into the chair, and among those present were Mr. J. Hilton, F.R.S., Mr. Prescott G. Hewett, Mr. R. Quain, F.R.S., Mr. W. White Cooper, Mr. J. Luke, F.R.S., Mr. T. W. Nunn, Mr. E. Saunders, Dr. G. T. Gream, Dr. W. S. Playfair, and Dr. H. J. Domville, C.B., Captain G. E. Grover, R.E., acted as Secretary to the Committee, and Mr. H. Cole, C.B., was present as the representative of Her Majesty's Commissioners for the Exhibition of 1851, under whose auspices the current series of Annual International Exhibitions is being carried on at South Kensington. The Committee was informed of the steps which had already been taken towards notifying particulars of next year's International Exhibition to the manufacturers of surgical instruments and appliances at home and abroad. The following resolutions were then passed:—1. "That the individual members of this Committee undertake to interest instrument makers on the subject of exhibiting improved surgical instruments and appliances, and will request them to give an early intimation to the Committee of their intention to contribute to the Exhibition of 1873." 2. "That the Royal College of Surgeons and other public bodies or private collectors should be requested to lend the ancient surgical instruments in their museums; that steps should also be taken to obtain a loan from the Italian Government of the ancient surgical instruments recovered from the ruins of Pompeii, and that similar applications should be made to other foreign governments who possess similar collections." 3. "That a communication should be forwarded to the Medical journals, and to the *Journal of the Society of Arts*, explaining the objects of the proposed Exhibition of "Surgical Instruments and Appliances," and requesting instrument makers and others to contribute specimens. Applications to exhibit should be forwarded before the 31st January, 1878, and the goods delivered on the 11th March, 1878." With reference to the last paragraph of Resolution 2 it was sug-

gested that the Spanish Government should in particular be communicated with, and that among public bodies in England the Royal Medico-Chirurgical Society, the Obstetrical Society, and the University of Edinburgh, should be applied to. A letter was read from Dr. Henry D. Noyes, of New York, offering a case of optical appliances for treating ocular diseases, and it was proposed that the Commissioners should, when acknowledging it, suggest that he should try to interest the American instrument makers in next year's London International Exhibition. After the transaction of some more business the Committee adjourned until Monday, the 23rd December.

University of London.—The following are lists of the candidates who have passed the recent examinations:—**Second M.B. Examination.**—Examination for Honours.—**MEDICINE.**—*First Class.*—Benjamin Neale Dalton (Scholarship and Gold Medal), Walter Otley (Gold Medal), Joseph Henry Philpot, William Smith Greenfield, George Harry Barfoot. *Second Class.*—Thomas Jones, Charles Edward Steele Perkins, Rickman John Godlee, B.A. **OBSTETRIC MEDICINE.**—*First Class.*—Robert Eardley-Wilmot (Scholarship and Gold Medal), William Smith Greenfield (Gold Medal), Joseph Henry Philpot, Arthur Mudge Branfoot, Francis Warner, Thomas Jones. *Second Class.*—Benjamin Neale Dalton, Michael Harris (equal), Leonard Cane, Rickman John Godlee. *Third Class.*—Alfred Ashby. **FORENSIC MEDICINE.**—*First Class.*—Michael Harris (Gold Medal), Walter Otley (Gold Medal). *Second Class.*—William Smith Greenfield, Rickman John Godlee, Benjamin Neale Dalton. **M.D. EXAMINATION.**—*Pass List.*—Henry James Alford, James Barry Ball, John Mitchell Bruce, M.A. Aberd., William Frederick Richardson Burgess, Alfred Henry Carter, Thomas Griffiths, Francis de Havilland Hall, Robert Wishart Lyell, Arthur William Smith. **LOGIC AND MORAL PHILOSOPHY ONLY.**—Herbert Ray Archer, Alfred Thomas Gibbins, James Alfred Harris, John Henry Humphreys, John Wreford Langmore, B.S., John Morton, Charles Read, Charles Tanfield Vachell, John Sanderson Wyma.

Apothecaries' Hall of England.—At a court of examiners held on the 28th ult., the following gentlemen, having passed the necessary examinations, received the L.S.A. diploma, viz.:—Messrs. Edward Augustine Bevers, of Oxford; William Elgar Buck, of Leicester; Henry Charlesworth, of Leicester; George Cleghorn, of York Road; Richard Atkinson Jackson, of Lancaster; Herbert Campbell Moss, of Stratford; Gilbert William Northey, of Tavistock; Edward Prince Vase, of Reading; and George Frederick Whately, of Great Brompton; and at the same court Messrs. Isaac Boulger, of St. Thomas's Hospital; James Coudrey, of Charing Cross Hospital; and James Harman Finemore and William Hurford Todd, of the London Hospital, passed the primary professional examination; and Mr. Edward Butterfield, of Northampton, passed as an assistant in compounding and dispensing medicine.

Assistant Surgeon McAlevey.—At Meeran Meer, India, on the 12th ult., died from sunstroke, just as he was about to proceed to England on sick-leave.

Nephrotomy has been performed by Professor Dawson, of Cincinnati. The stone was successfully extracted, and by the clinic reports the patient is doing well.

Dr. Whitmore has been appointed analyst under the new Act for the parish of St. Marylebone.

At the University of Edinburgh 648 Medical students have matriculated for the current session.

In the Canadian Parliament fourteen members of the Medical Profession have seats.

Dengue and rinderpest are reported to have appeared in various parts of China.

Pharmacopoeia Germanica.—The *Official Gazette* of Berlin has published a decree forcing the adoption of this work throughout the German Empire.

At the University of Strasburg the number of students registered is 207. The greater number belong to North Germany and the Rhenish provinces; 60 to Alsatia and Lorraine; 7 to Russia; and 12 to Switzerland, England, and America.

Clerical, Medical and General Life Assurance Society.—The report presented at the 48th annual general meeting on Friday last, states that at the Quinquennial Meeting the Directors were able to recommend the declaration of the largest bonus ever allotted by the society, and that the share of it which fell to the assured sufficed for the addition to the participating policies of £323,871, being, on the average, 49 per cent. of all the premiums paid on them during the Quinquennial Period, or for a cash distribution equal to 29 per cent. of the like payments.

NOTICES TO CORRESPONDENTS.

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

All communications intended for insertion must bear the name and address of the writer; not necessarily for publication, but as a voucher of good faith.

Rejected MS. will always be returned, if a request be received from the author, within one week after the article or letter has been declined.

SUBSCRIPTIONS IN THE UNITED STATES.—A correspondent has drawn our attention to the fact, that some of the houses in the United States are charging the enormous figure of 15 dollars per annum (more than £5) for supplying this Journal to different parts of the States. We beg, therefore, to state that we shall be happy to supply the same regularly post free per annum, if paid in advance, for considerably less than half this amount, viz., six and-a-half dollars (about £1 6s. 0d.), either direct from our offices in this country, or through our recognised agents in the United States.

SUBSCRIBER.—We have not been able to afford you a reply to your query, but hope to give it in our next issue.

MR. ROTTER.—Letter received, and shall have attention.
MR. GEORGE PINK. is thanked for his complimentary note.

INSPECTOR OF SHIPS.—An important Government appointment is now vacant. The Board of Trade have announced that they are prepared to receive applications from Medical men duly qualified to perform the duties of sanitary inspector of ships. The fixed salary attached to the office is £300 per annum.

DR. BARNETT.—The publishers will doubtless supply you with full particulars.

THE WATER SUPPLY AT SANDRINGHAM.

The following paragraph has been forwarded to us by the Secretary of the Company, with a request for its publication:—

"During the recent absence of H.R.H., the Prince of Wales from Sandringham the London and General Water Purifying Company received orders to apply their system of filtration throughout the establishment, which they completed on Saturday last. It may therefore be considered that the danger arising from the former impurity of the water is now removed."

THE USE OF SEDATIVES AFTER DELIVERY.

We are requested and are pleased to give space to the following:—

"The American name printed Dr. W. H. Campbell *Haw* in *MEDICAL PAGES*, &c., for October 9, 1872, p. 312, should be W. H. Campbell, M.D. *Harv.* Harv. being an abbreviation for *Harvard*, i.e., the University (at Cambridge, U.S.) at which Dr. C. took his degree. It is becoming customary in the United States to affix the University or College (as in England sometimes) to the doctor's title of M.D.
"Boston, U.S., Nov., 1872."

THE CURABILITY OF CANCER.

To the Editor of the "Medical Press and Circular."

Sir,—A letter having appeared in the columns of a contemporary, in which the *London Mirror* is quoted as having expressed "a highly favourable notice of a pamphlet by Mr. Schmitt on the painless cure of cancer," permit me to state that in our brief critique "on Von Schmitt's treatise on the Curability of Cancer," no opinion "highly favourable" or otherwise was expressed on the abstract question itself or of faith in the mode of treatment adopted by the author. In fact, the writer of the notice particularly, guarded himself against any supposed leaning towards Schmitt's views on the subject. Since there appear to be some doubts as to the possibility of curing certain forms of cancer I would strongly urge on all sufferers from this dreadful malady to trust to their own Medical attendant or some member of the Profession who has made the disease his peculiar study, or, should poverty stand in the way, to seek relief at the Cancer Hospital, Brompton, rather than put their faith in any novel mode of treatment which may or may not prove effectual.

I am, Sir, &c.,
THE EDITOR OF "THE LONDON MIRROR."

Nov. 19th, 1872.

VACANCIES.

Royal Free Hospital, London. Junior House Surgeon. Board and residence. No salary. (See advt.)

National Hospital for the Paralyzed, Queen's Square, London. A Surgeon and an Assistant Physician.

St. George's Dispensary, London, W. Resident Medical Officer. Western General Dispensary, Marylebone. Resident Medical Officer. Salary £100 per annum.

Surrey County Lunatic Hospital, Guildford. Salary £75, with board and residence.

The Board of Trade. Sanitary Inspector of Ships, Emigrants, &c. Salary £300 per annum. (See advt.)

Public Analyst for Derby. Application to be sent in before the 13th inst.

Addenbrooke's Hospital, Cambridge. House Physician. Board and residence free. No salary.

Worcester General Infirmary. House Surgeon. Salary £100 with board and residence.

Parish of St. Mary, Islington. Medical Officer of Health and Analyst. Salary £250 per annum.

South Devon Hospital, Plymouth. House Surgeon.

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

The Physiology of Man. By Austin Flint, M.D. New York: Appleton and Co.

Text Book of Physiology. By J. Hughes Bennett, M.D., F.R.S.E. Edinburgh: James Thin.

Annual Report of the Vigilance Committee for the Defence of Personal Rights as regards Women.

The Physicians' and Surgeons' Visiting List for 1873. London: John Smith and Co.

Report on Cheap Wine. By Robert Druitt, M.D. London: Henry Renshaw.

Canada Lancet. Glasgow Medical Journal. La Gazette Médicale. Journal of the Gynaecological Society. La Independencia Médica. Allgemeine Medizinische Zeitung.

APPOINTMENTS.

BERRART, J. B., M.D., M.R.C.P., an Assistant-Physician to the City of London Hospital for Diseases of the Chest, Victoria Park.

BEVERLEY, M., M.D., M.R.C.S., Assistant-Surgeon to the Norwi Hospital.

BULLER, F., M.B., M.R.C.S., House-Surgeon to the Seamen's Hospital. BURNSIDE, G. S., L.R.C.S.I., Medical Officer for the Cloudalkin Dispensary District of the South Dublin Union.

COUPLAND, S., M.R.C.S., Medical Registrar at the Middlesex Hospital.

DOUGLAS, W., M.D., Assistant Medical Officer to the Female Department, Durham County Lunatic Asylum, Sedgfield.

ELLIOTT, T., M.B., Assistant House-Surgeon to the General Hospital, Bristol.

HEATON, F. L., M.B., L.K.Q.C.P.I., Medical Officer of Health for the No. 1 Sanitary District of the Wrexham Union.

LEWIS, C., M.R.C.S., House-Surgeon to the General Infirmary, Northampton.

LITTLE, R., jun., L.R.C.S.I., Medical Officer, &c., for the Raphoe Dispensary District of the Strabane Union, co. Tyrone.

LOWE, J., M.D., Assistant Medical Officer to the Sheffield Lunatic Asylum.

MACDONNELL, W., L.R.C.P.Ed., Medical Officer, &c., for the Bridge-town Dispensary District of the Limerick Union.

SALT, G., M.R.C.S., House-Surgeon to the Infirmary, Tiverton.

THORNTON, Mr. Pugin, Assistant-Surgeon to the Hospital for Diseases of the Throat, London.

WRIGHT, J. F., M.R.C.S.E., Assistant Medical Officer to the Hanwell Lunatic Asylum.

MEETINGS OF THE LONDON SOCIETIES.

WEDNESDAY, December 4.

OBSTETRICAL SOCIETY OF LONDON, 8 P.M.—Dr. Edis "On the Systematic Examination of the Abdomen with a view to the Rectifying of Malpositions."—Dr. Squarey "On Flexions of the Uterus."—And other papers.

ROYAL MICROSCOPICAL SOCIETY, 8 P.M.

FRIDAY, December 6.

MEDICAL MICROSCOPICAL SOCIETY (St. Bartholomew's Hospital), 8 P.M.—Meeting to sanction Rules, elect Officers, receive names of intending Members, &c.

OPERATION DAYS AT THE LONDON HOSPITALS.

WEDNESDAY, December 4.

MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 2 P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 2 P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1½ P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
CANCER HOSPITAL.—Operations, 3 P.M.

THURSDAY, December 5.

ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

FRIDAY, December 6.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

SATURDAY, December 7.

HOSPITAL FOR WOMEN, Soho square.—Operations, 9½ P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.

MONDAY, December 9.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. MARK'S HOSPITAL.—Operations, 2 P.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CREATING-CROSS HOSPITAL.—Operations, 2 P.M.

TUESDAY, December 10.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.

Births.

ASHE.—On the 23rd of November, at Sprackburn, Letterkenny, the wife of Isaac Ashe, Esq., M.B., of a son.

Marriages.

BATCHLOR—JORDISON—On the 20th ult., at South Ockendon, Essex, Ferdinand C. Batchelor, L.R.C.P., M.R.C.S., of Stratford St. Mary, to Eliza Annie, eldest daughter of R. B. Jordison, M.R.C.S., of South Ockendon.

ROBERTS—JAMES—On the 26th ult., at Upper Bangor, John Roberts, M.D., of Castell, to Catharine, only daughter of Mr. Ellis James, of Tynllwyn.

Deaths.

D'ESTERRE.—At his residence, Prospect Hill House, Limerick, after a long and painful illness, Arthur Henry D'Esterre, Esq., M.D. M.R.C.S.I., aged 47.

GODFREY.—On the 22nd of November, B. Godfrey, M.D., of Enfield, Middlesex, aged 43.

GREGORY.—On the 17th of November, Wm. Gregory, L.S.A., of Cheltenham, aged 71.

HARWOOD.—On the 18th of November, at Emmanuel Road, Cambridge, A. Harwood, M.R.C.S.E., aged 29.

HAY.—On the 22nd of November, R. C. Hay, M.R.C.S.E., of Leeds, aged 79.

KILROY.—On the 22nd of November, at Shaftesbury Terrace, Kensington, Alex. Kilroy, M.R.C.S.E., Staff Surgeon, R.N. (retired), aged 66.

RAINES.—On the 15th of November, at Newport, Howden, Henry Isaac L. Raine, Surgeon, in his 69th year.

Advertisements.

APOTHECARIES' HALL, BLACKFRIARS.—The next Examination in Arts will be held at the Hall on Friday and Saturday, 24th and 25th JANUARY, 1873. A Syllabus of the Subjects for Examination may be had on application.

An Examination in Arts will again be held on the 23th and 26th of April, 1873.

R. H. ROBERTSON, Secretary to the Board.

1873.

LONDON INTERNATIONAL EXHIBITION.—SURGICAL INSTRUMENTS.—Rules and Forms of Application may be obtained on application to the Secretary, Offices, International Exhibition, Upper Kensington Gore, London, S.W.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

The President and Council hereby give Notice, that on TUESDAY, the 24th December Next, at the hour of Three o'clock, they will proceed, according to the provisions of the Supplemental Charter, to elect a PROFESSOR of the THEORY and PRACTICE of SURGERY, in room of Dr. HARGRAVE, resigned.

Candidates are requested to lodge their applications with the Registrar, at the College, on or before the 17th December.

By order of Council,

JAMES STANNUS HUGHES,

22nd November, 1872.

Secretary of Council.

ROYAL FREE HOSPITAL, GRAY'S INN ROAD.

There is a VACANCY for a JUNIOR HOUSE SURGEON at this Hospital. Candidates, who must be possessed of a Medical or Surgical Qualification from one of the Examining Boards of the United Kingdom, are requested to send in their testimonials to the Secretary on or before WEDNESDAY, the 4th December. The appointment will be made for six months only, but the holder will be eligible for re-election. Board and residence are provided in the Hospital.

JAMES S. BLYTH,

Secretary.

INISHOWEN UNION. BUNCRANA DISPENSARY DISTRICT.

MEDICAL OFFICER WANTED.—The Committee of the Management of the Bunrana Dispensary District will, at their Meeting to be held on WEDNESDAY, 18th December next, at Eleven o'clock a.m., at the Court House in Bunrana, proceed to elect a properly-qualified Medical Officer (in room of the late John Hunter, Esq., M.D., deceased), at a salary of £90 per annum, exclusive of Registration and Vaccination Fees.

Testimonials as to competency and character to be lodged with the Honorary Secretary not later than two days previous to the day of election.

Personal attendance of the Candidates necessary, and the person elected must be prepared to enter on the duties of the office at once.

GEORGE H. MITCHELL, Hon. Sec.

Bunrana, Bunrana, 28th Nov., 1872.

HIGH-CLASS COUNTRY PRACTICE.—£800 a year for £1,000. West Coast. Very old established. Easily transferable to a gentleman used to good society. Six months' partnership introduction. Good house, garden, coach house, and stable on lease. Opposition trifling. Hunting, shooting, fishing, and yachting in the neighbourhood. Satisfactory reason for leaving. Agents need not apply. References required.—Address, D. M., Messrs. FRANK & Co., St. Peter's Bristol.

THE STEWART INSTITUTION FOR IMBECILES, AND LUNATIC ASYLUM, LUCAN.

PATRON:—H.R.H. THE PRINCE OF WALES.

This Institution was founded in 1869, and has already attained a large measure of success. It is situated in a healthy locality, and is under the superintendence of a Resident Physician, with trained teachers, who endeavour by the most improved methods to develop the powers, mental and physical, of Imbeciles.

To the pupils who can receive such instruction useful trades are taught. In that of mat making, particularly, excellent progress has been made, and an inspection of the work is invited either at the Institution or at the office.

The Institution is the only one of its kind in Ireland, and is mainly supported by voluntary contributions.

Pupils are admitted free by election, or by payment of £25 per annum. A higher rate is payable for separate accommodation.

Contributions to the fund for the erection of the proposed extensive buildings at Palm-street are earnestly solicited.

Each donation of Five Guineas gives the donor a life-vote. Annual Subscribers are entitled to one vote for each half guinea paid.

An Asylum for Lunatic Patients of the middle classes, under a well-organised administration, also forms part of the establishment.

Full particulars as to the working of both Institutions, terms, &c., can be had at the office.

40 MOLESWORTH STREET, DUBLIN,

W. O'NEILL, Secretary.

WANTED, A JUNIOR PARTNER, IN AN OLD

Established, large, and increasing first-class Practice in a suburban country district. Energy and high qualifications, and a thorough knowledge of General Practice, necessary. An accomplished Accountant essential. Share at disposal, £300 to £400 a year.—Address, stating full particulars, to M. T., care of Messrs. STREET BROTHERS, Cornhill.

THE EARL STREET MEDICAL AND DRUG HALL.

J. LEONARD and CO. beg to inform the Medical Profession and Public in general that they have become Proprietors of the above established Concern, recently in the possession of the late Mr. J. King.

In addition to the usual supply of Drugs and Family Requisites for which this Establishment has been long celebrated, J. L. and Co. for the pleasure to announce that, being Licentiate Apothecaries, they have opened a Compounding Department for the dispensing of Prescriptions under their own immediate supervision, with Medicines of the purest quality, and they trust that this arrangement will be found a great convenience not only to the numerous customers of the Establishment, but also to the inhabitants of the north side of the City.

May 8, 1872.

19 NORTH EARL STREET, DUBLIN.

The Medical Press and Circular

OFFERS UNUSUAL ADVANTAGES

FOR the insertion of announcements, from its extensive and largely increasing circulation in each of the three divisions of the United Kingdom and the Colonies. Being also supplied to the Hospital Libraries, &c., it will be found a most valuable medium for Advertisements of Books, Vacancies and Appointments, Sales and Transfers of Practices, Surgical Instruments, Chemicals, and Trades generally.

Advertisements for insertion in this Journal must be at the OFFICE, on SATURDAY, by Two o'clock.

RED HEART RUM.

CELEBRATED FOR ITS GREAT AGE, SOFTNESS, and PURITY. It was specially supplied to the Sick and Wounded during the late

War, and is strongly recommended in cases of CHOLERA, DIARRHOEA, SEVERE COLD, &c.

Price 4s. per doz., bottles and case included. Samples can be had at 9s. 9d. per bottle.

Agent—J. G. Turner, 61 King William street.

TASTELESS PILLS.—COX'S PATENT

Dated and Sealed, April 13, 1864.

Surgeons and Chemists supplied with an Aperient Pill (the formula for which will be forwarded), covered with a thin non-metallic film, rendering each pill perfectly tasteless, at 1s. 6d. a gross. Postage free. They present an elegant pearl-like appearance, and may be kept in the mouth several minutes without taste, yet readily dissolving in a short time, even in cold water. Any formula dispensed and covered, and supplied with a list of pills, from 200 formulae which are kept in stock, forwarded free on application.

Now ready, a strong leather-covered Pill Case, resembling a pocket book, filled with Tasteless Pills (nearly 7 gross) from 14 daily used formulae, sent on receipt of remittance for £1 1s. Empty 10s.

ARTHUR H. COX and CO. Tasteless Pill Manufacturers, Brighton.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, DECEMBER 11, 1872.

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Original Communications.

ON SOME CASES OF AMPUTATION OF THE PENIS, AND ON PERINEAL ABSCESS AND FISTULA.

By WM. CURRAN, L.R.C.P. Edin., M.R.C.S. Lond., &c., Assistant-Surgeon, Army Staff.

REMINDING by the casual perusal of some cases of this kind, which have been lately brought under my notice, that I had collected some notes on these points myself, I looked over my records, and finding that such was the case, I am induced to transcribe the same, and forward them for publication in the MEDICAL PRESS. Curious to say, and as if to illustrate the old adage that "misfortunes never come singly," the cases of amputation of the penis that have come under my own personal observation occurred within a very short space of time of each other—within, in fact, the limits of a single week; and the simultaneous occurrence of three cases of this procedure in the same week is, perhaps, the most striking feature connected with them. They appeared to me so trivial and unimportant at the time that I made no detailed record of either. I have, however, a good memory for facts, and I think I may guarantee the general accuracy of the subjoined sketches.

They came under my care while in charge of a civil station in India, and the results obtained by simply shielding the exposed surfaces against irritation from without are calculated to encourage inexperienced operators, and save them and their patients from that fear of after consequences which the minute and finicking descriptions of mere book-makers are calculated to inspire or suggest. Officious and dabbling surgery is just as liable to abuse as meddling midwifery, and the experience I have gained in this and other walks of professional life leads me to believe with Mr. Skey, "that the more closely we scrutinise the phenomena of disease, and study its lessons at the bedside and in the theatre by the light of physiology, the more plainly are we taught to rely upon

Nature for repair and recovery; the more distinctly are we warned not rashly to obstruct her by an impatient interference, or by exhausting her resources to frustrate her designs. We are taught to be more expectant; to watch her actions in order to assist them by husbanding the forces with which she works." And having premised so much, I will now proceed to relate the particulars of the cases referred to.

CASE I.—Bulloo, æt. about 54, a very sallow cachectic-looking Hindoo, was sent to me for examination by the cantonment magistrate of Futtehgurh under the following circumstances:—He had, it appears, lately become unsettled and erratic in his manners, and, being cast off by his family, and unable to find any remunerative employment, or even procure food by his own exertions, he had more than once attempted to drown himself in the Ganges. He was sent to me for the purpose of being examined as to his mental capacity and moral liability to, or fitness for, trial or punishment. On inquiry, I found that his sufferings were due to encephaloid cancer of the penis, and finding that he was willing to submit to treatment, I sent him at once to the dispensary. The glans was exposed and ulcerated; there was considerable enlargement, amounting almost to hypertrophy of the prepuce, which, however, did not appear to constrict the glans; and numerous jagged, wrat-like papillary excrescences could be seen sprouting from its red and inflamed surface. He was in such a state of filth that even the ducking he went through in the river only served to intensify the horrible odour that emanated from his body, his tattered weeds hung in shreds over his emaciated frame, and misery had entirely marked him for her own (a). A foul ichorous

(a) Happening to be engaged in reading that part of Sir C. Lewis's able and interesting work on the "Credibility of Ancient Roman History," which treats of a misunderstanding between the Patricians and the people, and describes the excitement produced by the sudden appearance in the forum of an unfortunate man who had long lain in prison for debt I was so struck with the likeness between him and my patient that I turned at once to my Livy for an account of the former, and here reproduce the same for the benefit of all whom it may concern. After describing the seizure of the Volscian heralds by the Latins, and

discharge irritated the neighbouring tissues, there was some incontinence of urine, and frequent painful dribbling added to the irritation and offensiveness of the parts. It was obvious that nothing less than excision would suffice to meet the requirements of the case; and having placed him under the influence of chloroform, I removed the organ in the usual way, and he recovered well under use of waterdressing, and good food, in a very short time.

CASE II.—Driving into the City of Furruckabad on the same or following evening, I found an almost similar complication in the person of a short, wiry Mahomedan, who had been under treatment in the local dispensary for some days previously, and who appeared very anxious to obtain relief from his sufferings. The appearance and condition of his penis were, if possible, worse than that of the man above referred to, as a considerable portion of the organ had sloughed or ulcerated away, and the glands in the groin were hard, indurated, and tender. He was, however, much more intelligent and self-reliant than the poor half-witted wretch whose case I have so feebly described above, and he was easily satisfied by my personal assurance, as well as through that of the native sub-assistant surgeon in charge, that an operation only could adequately cope with, or effectually remove, the cause of his suffering. On this hint I acted, and very few minutes sufficed for preparation. Having placed him under the influence of chloroform, and isolated the diseased structures by means of a bullet forceps, judiciously held for me by a brother officer, I removed the parts by a single stroke of a knife, and subsequently cut away two cancerous glands from the right groin. There was more hæmorrhage than in the former case; but this was easily controlled by ordinary means, and I had the satisfaction of learning before I left the station that he had not only recovered for the time, but that he spoke with gratitude of the relief afforded him.

CASE III.—This occurred in the jail in the person of a young Mahomedan prisoner, of healthy aspect, who had suffered for two years or more from elephantiasis of the penis. When seen by me the integuments and prepuce were so hypertrophied and enlarged that he had to support them with his hand, or by means of a kind of Crupper attached to the loins, as he walked along; he had become the butt of his village, and even the wife of his bosom had deserted him. He bore this with philosophic composure; indeed, he gave me to understand that her absence was more desirable, under the circumstances, than her presence, inasmuch as he was obliged to forego altogether the gratification of his sexual desires, and devote all the time he could spare to himself alone. He was a man of a cheerful turn, who had no reason, as he quaintly observed, to cherish with affection an organ from which he had experienced so much discomfort; and when assured that nothing less than its removal would suffice to rid him of a nuisance, he willingly consented, and no unusual difficulty was encountered in the process. There was, however, in consequence of the dilated condition of the local vessels, and the awkwardness of my assistant, a considerable amount of hæmorrhage, and some very troublesome oozing that subsequently set in had to be controlled by cold douching and pressure. Cicatrization progressed apace; there was no need for interfering with the urethra, and what remained of the original promised a stump which his age and vigour might, perhaps, in

their delivery of them to the Roman Consuls, Livy says:—"Sed et bellum Vulsicum imminabat et Civitas Secum ipsa discors intestino inter patres plebemque flagrabat odio maxime propter nexos ob aes alienum; Fremebat se foris pro libertate dimicantes domi a Civibus captos et oppressos esse invidiam eam sua sponte gliscentem insignis unius calamitas accendit. Magna natu quidam cum omnium malorum suorum insignibus se in forum proicit; *obsita erat squalore vestis, foedior corporis habitus pallore ac macie perempti; ad hoc promissa barba et capilli efferaverant speciem oris.*"—Historiarum, Lib. II., Cap. 23. The parallel, however, does not extend beyond the appearance and the dress; what the condition of the Roman's penis was, deponent saith not.

time, enable him to turn to good account. Anyhow, what he had just parted with was no loss, and when banteringly interrogated by me as to his hopes in the future, he replied with an expression of face and significance of demeanour which left no room for doubt as to his sincerity, and showed a capacity for enjoyment which his dejected look and crestfallen appearance had previously given no hope of (a).

With regard to the subject of perineal abscess and fistula, little need be said, as their causation and pathology are pretty well understood, and "when," to use the words of Mr. Skey, "abscess of the perineum is the result of irritation in the urethra, the product of disease, the sac usually communicates directly with the urethra, and urine will follow the puncture either immediately or at any subsequent effort at micturition." This being so, we have only to inquire into the treatment, and my views in regard of this will be so fully revealed by what follows that I will leave the cases subjoined to speak for themselves:—

CASE I.—D. S., æt. 30, of waxy cachectic aspect, and syphilitic history, was admitted to hospital at Saugor, Central India, complaining of difficulty and pain in passing his water, which he says escapes in drops through a small opening in the raphé of the perineum. When seen by me he was found to be suffering from an abscess of the right buttock, and there was an irregularly raised indurated swelling just about midway between the anus and scrotum, from which, on puncture, I could easily squeeze some healthy urinous pus. He says that he has been in the habit of passing urine through this aperture on and off for a period of five years or more, but not continuously so, as the opening appears to close of itself occasionally, and he is then quite himself again. On the occasion here referred to urine had been escaping in the manner already described for some two months, and there is now—July 20th, 1861—a considerable amount of

(a) The coolness with which this man submitted to a mutilation, which must be so humiliating to every person of right spirit, and the readiness with which he afterwards regained health, and with it the desire of returning to habits of indulgence, struck me forcibly at the time, and I have often thought of him since in connection with the conversations that took place between Grandgousier and his wife Gargamelle, on the occasion of her being taken in labour with their son Gargantua. As it is rather racy, I will reproduce it in the original old French of its author Rabelais. Grandgousier loquitur: "Courage de brebis, disoit-il, despeschez-vous de cestui-ci, et bientot en faisons un autre—Ha! dist elle taut vous parlez a vostre ame . . . Mais plust a Dieu que vous l'assiez coupe! Quoi! dist Grandgousier. Ha! dis-telle, que vous estes bon homme! Vous l'entendez bien. Mon Membre! dist-il. Sang de les cabres. si bon vous semble, faites apporter un couleau. Ha! dist-elle. Dieu me le pardoint, je ne le di de bon cœur, et pour ma parole n'en faites ne plus ne moins." *Cœuvres de Rabelais*, Chap. VI., p. 14. As a further illustration of the harmlessness of the procedure mentioned above, and of the impunity with which much greater liberties are taken with the genital organ of the male, I may instance here the case of a man—a member of a brotherhood of Eunuchs who resided near Furruckabad—who was deprived of his penis and testicles while he was asleep under the following circumstances:—He had, it appears, been absent for some time from his village, and his fanatical brethren, either jealous of his superiority, or anxious to reduce him to a level with themselves, invited him to a feast, at which bang and arrack were freely used. He subsequently fell asleep, and while in this state was deprived of his penis and testicles by one stroke of a pair of shears or large scissors. After the cessation of hæmorrhage he recovered well, and when seen by me there was visible only a puckered cicatrix in a line with the raphé of the perineum, which extended as far as the root of the penis, and a small aperture below the ramus of the pubis, through which his urine escaped. And with regard to that practice of "making Eunuchs," which has prevailed from time immemorial in the east, and which was not altogether unknown in the early ages of Christianity—as would appear from the action of Origen and others—it may not be out of place to mention here the *modus operandi* adopted by the leaders of the craft in Rápoosana and other parts of India. I cannot describe this better than by using the words of Dr. H. Edden, of the Bengal Army, who, writing on the subject in an old number of the *Indian Annals of Medical Science*, gives the following account of the process, on authority of his "friend Dr. J. C. B. W., of the *Moyar* Band"

boggy swelling, fungoid, nodular enlargements and other indications of local induration and undermining. These were freely destroyed with potassa fusa, and on asking him to pass water, on removal of the slough, I distinctly saw urine escaping through three different openings, namely, at margin of scrotum, at end of the canal near anus, and again about its middle, but somewhat to left of raphe; whereupon I observed that such extensive loss of tissue, and so much disintegration must necessarily complicate the course of treatment, and defer unduly, or render doubtful altogether, the ultimate issue. But such was not the case, and though frequently-recurring attacks of fever intervened to check our progress and retard the result, the latter was never lost sight of, and a steady persistence in the passing of bougies of varying sizes, and at such intervals as his liability to fever would allow, aided by suitable local applications, cleanliness, rest, and the occasional injection of iodine or nitrate of silver solutions, completely closed the urethral openings. His general health improved as the cold weather approached, and when last heard of he was reported quite well.

CASE II.—J. C. æt. 38; has twenty years' service, fifteen of which were passed in India, and, though of intemperate habits, he has always enjoyed good health. Had gonorrhœa repeatedly in his younger days, and has been troubled with stricture of the urethra for the last eight years. Various measures have been employed for affording him relief, but he derived no permanent benefit from any of these, and he had suffered from an attack of retention, followed by extravasation—for which incisions were freely practised by the surgeon in charge—a short time before coming under my care. Soon after this he noticed that whenever he attempted to relieve his bladder some small portion of its contents invariably escaped through the perinæum. This gradually increased to better than half-a-

Corps, stationed at Rherward, near Aodipore," who had it from one of the victims:—

"The testes and penis are encircled with a tightly-tied string, and are then cut off close to the body. The string being used to collect and hold all the parts closely together. The blood effused is rubbed on several parts of the body of the person operated on. Finely powdered poplar-bark and oil are applied to the wound, and the patient is retained in a fixed supine position for a week or longer. Ghurras (earthen pots) are attached to his feet to prevent his moving his limbs. No means were adopted to prevent undue contraction of the urethral orifice. A fatal case, he says, rarely if ever occurs, and an old Mussulman who has, for a long time, lived among these people, assures me that he has only heard of one man having died, out of fully a thousand operated on."

Another form of operation, not very different, however, from the above, is practised in the great Hindoo City of Ajmere, in the manufacture of Eunuchs for the "large houses of the wealthy Seits, and other affluent residents of that city." It is described as follows by Mr. Sub-Assistant Surgeon Bholonath Dass, and with the uniformity so characteristic of the east the details are rarely varied elsewhere:—

"A strong ligature is tied very tightly round the base of the scrotum and penis. This is left on for half an hour, very cold water is next freely poured over all the parts, and the whole penis, testes, and scrotum are swept off cleanly, with a very sharp barber's knife. The whole process of preparation and operation does not take an hour for its completion. The victim is invariably seated on a large inverted "ghurra"—earthen pot—and must be operated on either at sunrise or sunset, all other hours being considered unpropitious. Immediately after the amputation, hot 'telika-tel' (Ol. Sessam.) is poured freely over the raw surface; and a paste composed of boiled rice and soft clay is then plastered all over the wound. This again is removed within the hour, and a soft cloth saturated with warm oil, is then applied to the raw surface. This cloth is moistened and changed daily. The wound usually heals within the fortnight, the patient is kept continuously, during that time, on his back, and is fed on milk, slops, and sweets only."

The operators are always the Eunuchs themselves—a class of persons noted, with it must be confessed some striking examples to the contrary, all the world over, for selfishness and cruelty, and it is painful to think that the poor creatures thus deprived of their virility rarely receive a larger stipend than that of a groom or common stable attendant. Strange to say, not a few adults voluntarily submit themselves to this terrible mutilation; and instances not unfrequently occur of parents selling their children "for castration purposes," for sums varying from £5 to £15.

pint, which, for ease sake, he has to discharge in a sitting posture, and he sometimes lost all control over its escape. Meanwhile catheterisation was practised in his case. The sinus in the perinæum was freely opened, and a probe tipped with nitrate of silver was passed into the opening of the urethra. He improved apace, and, being very anxious to get well, he gladly co-operated in every way with the efforts of his attendant. The result may be easily anticipated. The wound in the perinæum cicatrised in due course, and on awaking one night he was agreeably surprised to find that the water escaped entirely by the natural channel. I examined the man this day—July 20th, 1861—now nearly four months since the closure of his fistula, and, except some not very prominent puckering, consequent on the cicatrisation of the old sinus and incisions, and some pouchy bagginess or distension in the neighbourhood of his old wound, the parts are quite healthy, and he can make his water as freely as ever.

CASE III.—Corporal Josiah Clay was under the care of Dr. Inkson—then of H.M.'s 80th regiment, to whose courtesy I am indebted for these notes—for dysentery during the months of September, October, and November, 1859. While undergoing treatment, or rather during the period of his convalescence, he complained of the effects of a stricture, said to be contracted as far back as 1846, which was somewhat relieved at the time by the introduction of a very small gum-elastic catheter, and, subsequently by the use of graduated silver instruments. These had to be employed, however, with great caution, in consequence of the great irritability of his stricture, but chiefly because their introduction appeared to aggravate his unfortunate liability to recurrent attacks of aguish disorder. However that may be, a large lump made its appearance in the perinæum, which, on being opened, gave issue to a quantity of pus and urine, and the latter continued to escape with more or less regularity for a month or two. Meanwhile a catheter was cautiously introduced, but its introduction, however mildly practised, caused uneasiness and irritation, and it was discontinued altogether as soon as the wound appeared to be closing. He was discharged from hospital in the usual way, and subsequently sent for the hot season to the sanitarium at Nynee-Tal, whence he was invalided to England, and there pronounced fit for return to duty at home.

CASE IV.—I. S., 27, of temperate habits and healthy parentage, contracted a stricture since he joined the service, and while undergoing treatment for this in the early part of the year 1860, under the care of Dr. Thompson—then surgeon of the 80th Regiment—an abscess formed in the perinæum, which, on puncture, gave issue to urine and pus. He was treated for this in the usual way, that is the part was poulticed and kept clean, and he was desired to pass his water on his belly or through an instrument.

On the 30th of April he was described as doing well; the cavity of the abscess has quite filled up, and the quantity of urine coming through is diminishing daily. Continue catheter No. 8; catheterisation and local applications including the injection of a solution of nitrate of silver, were continued, and on the 5th of June, the communications between the urethra and the perinæum had quite closed up. He was discharged on the 14th of the same month, and, when subsequently examined by me, he was found not to have suffered any deficiency or contraction in the region of the perinæum, his general health was good, and he was free from trouble on the score of his old ailment.

CASE V.—S. C., æt. about 35, a healthy man of intemperate habits, was brought to hospital, suffering from hæmorrhage from the urethra; the result of a kick in the fork from a horse he had been grooming. It was found, on examination, that he had sustained a rupture or laceration of the urethra, and considerable contusion of the adjacent structures. A hard unyielding tumour occupied the centre of the perinæum, and he was very excited and disponding. He was placed under the influence of chloroform, and No. 4 catheter was introduced with difficulty,

and retained in the bladder for several days. As soon as the metallic instrument was found to irritate, a gum-elastic one was introduced in its place, and he continued to pass his water through this, till such time as he could dispense altogether with artificial aid. Ice was meanwhile kept on the perineal swelling, and his febrile symptoms were dealt with in the usual way. Under this treatment, aided by rest in the recumbent posture, and the use of such remedies as tended most to improve the character of the urine, he convalesced fairly, and was able to resume his ordinary duties within six weeks of his receipt of the injury.

CASE VI.—A middle-aged gentleman, the subject of an old standing stricture, came under my care in India, for an attack of retention from which he occasionally suffered. The urethra was so irritable, and he was himself, withal so nervous and excitable, that instruments could not be safely employed with him at the time, and we had to dispense with them accordingly, and trust to such temporising expedients as a warm bath, and a turpentine enema. Fortunately for him these had the desired effect, and when examined again he was found to be suffering not only from stricture of the membranous portion of the urethra, but also from extensive induration and undermining of the tissues enclosing that canal. After the sinuses were laid open, more than one opening was found to exist in the urethra, and he was plainly told that he must either submit to a cutting operation on the spot, or to the slower but safer process of dilatation by bougies. He preferred the latter, and it will be obviously unnecessary to describe here, at any length, the details of the process. Suffice it to say, that, by persisting for several months, in almost daily introducing, by means of the left index finger in the anus, a gum-elastic catheter, poulticing and injecting the perineal openings meanwhile, with astringent solutions of alum and iodine, he regained the entire control of his passage, and with it a degree of health and enjoyment, to which he had been a stranger for many years.

CASE VII.—R. F., æt. 25, was admitted to hospital at Kalabagh, near Murree, on the 15th of July, 1869, with an abscess of the buttock, which was, at first, supposed to communicate with the rectum, but which was subsequently found to be caused by an abnormal escape of urine from the bladder. Anyhow, on being opened, a considerable quantity of watery pus was discharged, and further examination established the existence of a connection between it and the bladder. A probe passed nearly its whole length inwards and backwards towards base of that viscus, and the escape of fluid exhibiting all the odour and elements of urine, left no doubt on the point. The name of the disease was changed accordingly to Urinary Fistula. Strict cleanliness was enjoined, and astringent washes were injected into the sinus. Catheterism was also practised, but with no very satisfactory results, as its introduction caused irritation and fever, and the practice was entirely discontinued on the 16th of August, or as soon as he was able to report the escape of a good stream. Henceforward, by simply inclining forwards, face-wise and pressing on the seat of the old opening, he could pass his water without any dribbling, and when sent into Murree, about the middle of September, for the purpose of being invalided to England, his sinus had entirely healed and he was to all intents and purposes quite well.

CASE VIII.—While stationed at the General Hospital, Phoenix Park, Dublin, my attention was called to the case of a cavalry soldier named Salter, who was under the care of a colleague, and who was described as suffering from the complication here referred to. He was a weak worn looking man of irregular habits, who was scarcely ever free from ailments of the genitals, and who had suffered a great deal from urinary irritation and incontinence. He gave me the following account of himself:—Five years ago, without, as far as he could then remember, any very obvious cause, an abscess formed in the perinæum, through

which urine escaped in due course. He has been ever since subject to much inconvenience in consequence of the local dribbling and excoriation produced by his infirmity, and there are now four different marks of openings in his fork. The two uppermost of these have a long time closed, and the two under ones are disposed to follow suit. To effect this, though the man was admitted for gonorrhœa, treatment was specially directed towards the closure of the urethral openings, and when seen by me they were in a fair way towards complete cicatrisation. A No. 8 gum-elastic catheter, was after some previous dilatation introduced and retained for upwards of three weeks in the bladder, and copaiba and alkalies were given internally. He derived so much benefit from these measures as to be able to return to duty, and I believe that, could he abstain from riding and otherwise attend to the requirements of his urinary passage, he might reasonably look forward to a period of protracted repose, if not of entire immunity from his troubles.

Remarks.—Thus far, have I ventured with the recital of cases which can scarcely be said to possess any other interest than that which attaches to the simplicity of their treatment and its success. I might easily increase their number if I chose, by a reference to the records of my own and friend's lithotomy experience in India, where, as is well known, it is no very uncommon thing for native patients to suffer from fistula after operation, partly in consequence of their impatience and irregularity, and partly, also, perhaps, because of their low vitality and want of recuperative muscular tone. But I have said enough to prove my point, and I purposely abstain from details of processes which can be found more fully described elsewhere; one thing only I will insist upon, and that is, that in my poor judgment, perineal section or other dangerous cutting operations is rarely required in this class of cases. The catheter, and for the most part that alone, or supplemented by such simple expedients as local requirements will, of themselves suggest, will suffice in nine cases out of ten, and this too, I believe, is the experience of those who are more conversant with the consequences of partition in the female perineum, than I can pretend to be. I somehow distrust a surgeon who is constantly fishing for new devices or figuring new instruments in the paper. Those already provided are amply sufficient for this and other purposes of surgery, and science, and civilisation, have not yet supplanted the lever of Archimedes, or the lamp of Davy. 'Tis in this spirit, and with this view, I have written the above. I claim no originality, and but very little novelty for my treatment, but should others be induced to try it to the extent I have recommended, and with the results I have achieved, I will be more than repaid for any trouble I may have had in recording it.

DISEASES OF WOMEN.

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(Continued from page 454.)

OVARIAN TUMOURS AND OVARIAN DROPSY.

THIS is a very important part of the diseases peculiar to women, and requires the most earnest attention from the physician and surgeon. Tumours in the ovary come on at all ages in women and are met with in those who have borne children, as well as among sterile women. Their diagnosis is sometimes easy enough, but the man of experience knows that this is far from being uniformly true, and that in the whole range of Medical art there is no diagnosis in some cases so obscure. In no case is it more dangerous for the patient's safety to have to do with a practitioner who prides himself on making a rapid diagnosis; since an error here may involve the death of the patient in many cases. The great majority of all tumours of the ovary are cystic in character, perhaps

nineteen out of twenty. Mr. Paget in his *Surgical Pathology*, Vol. II., p. 26, divides tumours into simple or sterile cysts, and compound or proliferous cysts. By the former he means cysts not so much of the ovary as of the oviduct which are found in young women, and which do not tend to become large in many cases. These do not often grow larger than the size of an egg or of an orange, and thus they are rarely discovered during the lifetime of the patient. The most simple of the tumours of the ovary are those which result from dropsy of the vesicles of de Graaf. The surface of these kinds of cysts is generally white and brilliant, whilst their interior is polished and shining, except when inflammation has taken place in the interior, when the internal surface is rendered rough by old deposits of lymph. The vessels of the cysts are almost all venous in character, and these sinuses are sometimes wounded when the patient is tapped. The contents of the cysts are invariably serum of a specific gravity of 1.020 with much albumen in it, and occasionally tinged with blood. Sometimes pus fills the interior of such cysts, although the patient may not have felt much pain from the inflammation which, in most instances, also leads to adhesions between the tumour and the peritoneal walls. Multilocular ovarian cysts are composed of a certain number of simple cysts of very variable size from that of an orange up to the head of an adult. The contents of these cysts are variable. Sometimes there is serum, sometimes sero-purulent fluid, and sometimes sanious fluid. Occasionally the partition walls of several of such cysts may break down, and the tumour may turn into a unilocular cyst in this way. There is no doubt that cysts of the Graafian vesicles are not the only form of ovarian dropsy; but a great number of them are so constituted. It would seem that hæmorrhage into the Graafian vesicle is sometimes the commencement of dropsy. It does not seem to be quite certain whether cysts which commenced by being solitary always remain so, or whether they may not change into composite cysts as they go on developing; but it seems likely that such is often the case. In other tumours of the ovary we find the whole organ converted into a swelling of irregular form with a capsule nearly a third of an inch in thickness containing a number of cells not larger than an egg or an apple. Whilst one of such cells contains a serous fluid another may contain albuminous liquid.

The quantity of solid matter contained in cystic tumours of the ovary varies greatly. Thus, in some cases, there is far more fluid than solid matter in the tumours, but in others (cysto sarcoma) the thickness of cell-walls is so great as to make the tumour appear nearly solid. Cancer of the ovaries properly so called is rare, whilst their gelatiniform degeneration is very common. "If," says Cruveilhier (*Anat. path. t. v.*, p. 131, 1864), "we wish absolutely to comprehend gelatiniform degeneration among the cancers we must say, 1st. That this kind constitutes the slowest and most inoffensive of cancerous affections; 2nd. that it communicates itself generally by contact along the lymphatics; 3rd. That of all degenerations it remains the longest stationary. His classification of ovarian cysts is into unilocular, multilocular, areolar or vesicular, and composite, which latter variety has been described by Müller under the head of *cysto sarcoma*. Sometimes there are seen tumours in which gelatiniform degeneration is associated with medullary or fungoid cancer of the organ. All varieties of cancer are found occasionally in the ovaries. Encephaloid is the most commonly met with. The author had a patient in the Metropolitan Free Hospital in 1871, in whom a large tumour of both ovaries was found after tapping for ascites. After death it was found that there was a large cancerous tumour of each ovary. Cancer of the ovaries usually occurs late in life, after 40 or 50; but is also met with in young girls. It is by no means very common in women over the age of 60. It is only requisite to read the observations of cancer of the ovary which are found in different scientific treatises, and those related by Morgagni and others, to become convinced how difficult the diagnosis of this disease is. The

appearance of cachexia may help us, but not very much. There is a variety of cysts of the ovary which contains hair, teeth, and other substances, such as fat. Such cysts have been noticed in different parts of the human body, and not only in the ovaries, nay, they have been seen in the male sex. Of forty-nine cases assembled by M. Pigné where they occurred in the ovary, five were found in girls not of the age of 12; six in girls between 6 and 2 years of age; and four in female foetuses of full term. The teeth found in such cysts are sometimes as large as in the adult, as many as 300 such teeth have been met with in the ovary of a girl aged 22 (Antenrieth). The hairs sometimes are a yard long, and as thick as horsehair. In addition to these tumours mentioned above, Cruveilhier describes a fibrous atrophic transformation of the ovaries. A remarkable case of fibrous tumour of the ovary was published by Dr. O Spielberg ("Monat. 83 f. Geburt und Frauenkr." December, 1866), when a fibroma of the ovary was found weighing about 65 pounds in a woman aged 37. The abdomen measured from the symphysis pubis to the umbilicus 0.62, and from this point to the zephoid cartilages 0.41. The greatest circumference of the abdomen was 152 centimetres. The patient died and it was found that there was an immense ovarian tumour of fibroid tissue.

HISTORY OF OVARIAN DROPSY.

The tension of the abdomen when ovarian tumour is present becomes very variable from time to time. Thus, at one time it may appear as if the tumour were a solid one; whilst, at another, fluctuation becomes easily observed, indeed, may be easily mistaken for ascites. It is rare indeed, however, that an ovarian tumour entirely disappears of its own accord by the absorption of its fluid contents. One or two, however, have been noticed. An ovarian cyst, however, may empty itself through the Fallopian tube, or through the vagina. M. Richard, of Paris, has related, in a memoir on tubo-ovarian cysts, facts which show that dropsies of the tubes may open at the same time into cysts of the ovary and into the uterus. It was natural to conclude from this that certain ovarian cysts might sometimes evacuate their contents by the genital passages by way of the oviducts. Is not this remarkable peculiarity rather a natural result of the physiological evolution, since we know that, at each menstrual epoch, a Graafian vesicle empties itself? The tube embraces the ovary at the level of the vesicle, and the vesicle bursts; but, if it continue to grow, we have then a tubo-ovarian cyst formed, which may or may not communicate with the uterus.

Many observations have been made of the spontaneous evacuation of ovarian cyst by the vagina, and more frequently they have been remarked to empty themselves through the intestinal canal by some aperture, which is usually situated low down in the pelvis. From these causes the idea of puncturing the cyst through the walls of the vagina or through the rectum has frequently been entertained, when tapping through the abdominal walls has proved unsuccessful in giving relief. Sometimes the cyst bursts into the peritoneum and causes peritonitis, which, in some rare cases, may prove the cure of the disease. At the same time it is of much more frequent occurrence that the cyst again begins to fill and to enlarge as before, after having caused attacks of peritonitis which may have nearly proved fatal. Inflammation is the most common and the most important phenomenon in the history of these cysts. This inflammation of the cyst is not confined to the internal walls, but causes adhesions between the tumour and the chest-walls. This tendency to inflammation is greater as the cyst increases in size. One of the chief causes of death in ovarian dropsy is the pressure which the tumour exercises on the neighbouring viscera. The liver, the diaphragm, and the intestines are liable to be compressed by an enlarged ovarian tumour. The superficial veins frequently become dilated, and ascites supervenes with œdema of the lower extremities. Sometimes the urine is albuminous in such cases. A state of cachexia often supervenes.

With regard to age it appears that ovarian cysts may occur even in the fœtus, but the disease is very rare before puberty, and after the cessation of menstruation it is far from being common. Cases of fatal ovarian dropsy have been noticed in girls under the age of fifteen (West 'Lectures,' chapter xxvi.). The first appearance of the disease was noticed by Scanzoni in twenty-seven cases between the ages of 25 and 30; in thirty-six cases from 30 to 35; in fifty-five cases between 35 and 40; and in twenty-five cases between the ages of 40 and 45. It would appear that women who have not borne children are rather more predisposed to the disease than those who have been prolific, and it is in this respect that ovarian disease is unlike cancer of the uterus, which is more frequent in women who have borne many children.

DIAGNOSIS OF OVARIAN TUMOURS.

It is often very difficult to be certain as to the existence of a tumour of the ovary, so many other abdominal tumours are there which may lead us into error. In the first place, it is very important indeed to commence by asking the patient for a detailed account of all the symptoms which accompany or have accompanied the commencement of the tumour, when the patient can give any account of it. In a certain number of cases of ovarian dropsy there is amenorrhœa observed, with pain in the region where the swelling exists and dysuria. It is unfortunate enough that in some cases the patients do not at all remember the way in which the disease commenced, so insidious is its progress in many cases. Sometimes the pain and dysuria, &c., are greater when the tumour is small and occupies the pelvis than when it escapes into the abdomen. There is often a pain in the thigh of the side affected, but such symptoms are also common in the case of fibrous tumours. The function of menstruation is very frequently disturbed in some way or other by the occurrence of ovarian dropsy, but it may be rendered in some cases even more profuse than ordinarily, and in many cases it may either be suppressed, irregular, or scanty. The pain felt in the cysts seems to depend sometimes on the tension of the cysts, at others on inflammation occurring in their interior. There are frequently symptoms of hectic seen when inflammation of the cyst takes place, with pain or pressure on the abdomen. Dyspnoea, dyspepsia, and obstinate constipation are frequent symptoms as the disease advances, with dysuria, ascites, and sometimes suppression of urine. The ureters may become dilated from the pressure of the tumour on the bladder. Vomiting is often an urgent and distressing symptom in the later period of the disease, and is sometimes fecal in character in bad cases. In fatal cases where the patient gradually dies of the disease, cachexia supervenes, with insomnia and dyspnoea, and the patient sinks exhausted and often excessively emaciated. As long as ovarian tumours occupy the pelvic cavity alone it is difficult to distinguish them from fibrous tumours of the uterus, or from pelvic peritonitis, and, occasionally, from retroversion of the uterus. When the tumour is in the abdomen it may be confounded with tumours of the uterus, the liver, spleen, or epiploon, or mesentery, or even with tympanites, and abdominal obesity; or, perhaps, accumulation of fœces in the colon or moveable kidney may occasionally cause some difficulty.

AQUO CAPSULITIS.

By J. J. McKEOGH, L.R.C.P., &c., Thurles.

MARGARET FLANNERY, the child of a labourer, living in the country, was attacked with some sort of ophthalmia in October, 1871, and had been off and on under the treatment of two local practitioners, was brought to me by her mother on the 18th of June last, when her age was two years and three months. The mother says the father is

not a healthy man, and she herself has had three or four attacks of hæmoptysis. The child presented the scrofulous diathesis in a marked degree. Hair flaxen, chronic eruptions on scalp, face pallid, and square in outline, nose short and upturned, also expanded, glands on neck enlarged and indurated, abdomen very prominent.

On examination, I found extensive inflammation of the whole globe of right eye, cornea unaffected.

Now it is to the left I wish to draw attention, which, being examined, presented a perfectly illustrative case of aquo capsulitis. The cornea was entirely opaque, not admitting a single ray of light. There was adhesion of the iris in its entire circumference, the pupillary orifice was contracted to the size of a pin's head, the whole globe was conical in shape. Treatment consisted as follows:—

June 18, 1872.—

℞ Hyd. chlor., gr. viij.,
Pulv. opii., gr. j.,
Sac. abb., gr. j., ℥

Divide into three powders, one to be taken three times a-day.

Painted left eyebrow with extract of belladonna; apply pad and bandage over it. Not to be meddled with till seen next day.

June 22.—The following mixture to be taken:—

℞ Ferr. tart., ʒss.,
Aq., ʒiv., ℥

A dessert-spoonful three times a day.

June 26.—A bloody stool last night. Discontinue powders. A warm bath at bed time.

June 28.—Resume powders. Dropped Wild's No. 2 solution of atropia into left eye.

June 30.—Has had a severe feverish attack to-day, caused, I fancy, from calomel powders; powders ordered to be left off, and have a hot bath at night.

July 2.—Fever has disappeared.

July 6.—Resume powders.

July 8.—Severe purging; leave off powders.

July 10.—Better; resume powders.

July 15.—Increase the quantity of opium in each powder to a quarter grain.

July 18.—The spasmodic closure of the lids not in any way abating, I, to-day, inserted a seton into the left temple, as recommended by Bader.

July 20.—Discontinued the application of belladonna and pad and bandage from this day forward, as the eye has lost the conical shape; the adhesions are breaking down, and the pupil responds to the action of atropia alone.

July 22.—Spasms of lids much diminished; eye in every respect much improved. Up to this I had set the child, as a rule, daily; but from this forward she only visited three times a week.

August 16.—The mother says there is rather much saliva running from the mouth to-day, the first indication of salivation.

July 21.—The eye is now perfectly restored, the cornea being quite transparent, with the exception of a very minute opacity, the sequel of an abscess which had formed during treatment, but which from the child's age I have reason to hope will disappear in the course of a short time.

It is remarkable that notwithstanding the combined use of belladonna and atropia daily for a considerable time, this child never showed the least symptom of atropinism. And, again, during the sixty-four days she was under treatment she took in that time 108 grains of calomel and 29½ of opium. She took also one ounce of the tartrate of iron. I had seen this child about the middle of last month (October) when it looked the picture of health, and the eye appeared most satisfactorily.

Special Report

ON

DISEASES OF THE THROAT.

Edited for the "MEDICAL PRESS AND CIRCULAR."

BY PROSSER JAMES, M.D., M.R.C.P.,

Physician to the Hospital for Diseases of the Throat and to the North London Consumption Hospital; Lecturer on Materia Medica and Therapeutics at the London Hospital.

LARYNGOSCOPY.

(Continued from page 438.)

The Laryngeal Image, its Parts.—The Vocal Cords.—The Epiglottis—its Form, its Ligaments, its Surfaces.—The Arytenoid Cartilages.—The Cornicula.—The Cuneiform Cartilages.—The False Vocal Cords.—The Ventricles.—The True Vocal Cords.—The Glottis.—The Inter-arytenoid Fold.—The Trachea.—The Bronchi.—The Deviations in Form of the several Parts met with in Disease—from Loss of Substance, from Increase of Size of Parts, from New Growths.

In resuming the remarks on laryngoscopy unavoidably interrupted (a) it may be well to return to the consideration of the laryngeal image already both figured and described.

In describing the organ of voice as seen in the laryngoscope it is not necessary to enter into the details found in the usual text-books of anatomy. The image at which we gaze in the mirror differs indeed so much from the organ as dissected after death that, although familiarity with its anatomy is necessary for various purposes, the appearance presented during life is of far greater importance. It is then with the laryngeal image we are just now concerned. The theory of the formation of this image has already been explained, and the chief difficulties that may arise in the attempt to examine it have been pointed out. The learner, therefore, who has digested what has preceded is prepared to check by his own experience the description that follows. However confident he may be in his powers of manipulation and his complete comprehension of the subject, the student will scarcely expect easily to bring into view all the parts of the larynx in every case. His experience will, in fact, be made up of different views, which he mentally unites into one. It is, however, very desirable, especially at first, that he should be able thoroughly to impress on his mind tolerably complete views of the larynx. For this purpose he should, if possible, get a competent teacher to select for him a patient with a well developed larynx, and who is accustomed to the inspection. In this way he will be able to study more leisurely and more thoroughly the healthy larynx than if he begins to examine patients indiscriminately. In some of them he would see but little, and in others possibly nothing at all. To assist him in this practical study I now furnish engravings of the healthy laryngeal image. These I have had drawn on an enlarged scale in the hope of rendering the explanations more distinct.

[At the time of going to press, these engravings (Figs. 21 and 22), had not been received by the printer.]

In the first, the vocal cords are open as during quiet respiration—this being the position in which they can most easily be observed. It will be remembered that during expiration and inspiration they will be seen to alternately approach and recede from each other. They are, as previously stated, the most prominent objects after the epiglottis, and, once seen, these two white bands in motion, stretching from the back to the front of the larynx, can never be forgotten. They are marked on the engravings right and left, referring to the side of the patient, not of the physician.

(a) I am desirous of thanking numerous correspondents for their communications and of expressing regret that I have been unable at present to reply to all the letters I have received. All those relating to these Reports will be answered, so far as need be, as they proceed.—P.J.

The epiglottis comes into view before the interior of the larynx, and occupies the highest position in the image. This valve varies very much in form in different individuals; it is, therefore, said to be long or broad, narrow or short, according to circumstances. Not only its actual shape, but its position varies, so that different views appear in the mirror—in one case only its free edge, in another the whole under surface, and in a third the border and part of the upper surface. The beginner must not, therefore, expect always to find the leaf-like body he has read of in his text-book of anatomy. What may be called a fairly-formed natural shape has been shown in preceding figures (13, 14, 20) but there is no more reason why the epiglottis should be uniform than that noses should be alike. The free border of the epiglottis will be seen to rise and fall during the examination. The attached border is connected to the receding angle between the two alæ of the thyroid cartilage by a long narrow band, the *thyro-epiglottic* ligament, and a similar band, the *hyo-epiglottic* ligament, connects it with the posterior surface of the body of the hyoid bone. The *lingual, upper or anterior surface* of the epiglottis usually curves forwards towards the tongue, and the mucous membrane by which it is covered forms a median and two lateral folds called *glosso-epiglottidean* ligaments. The *posterior or inferior laryngeal surface* curves in a reverse way. It is usually convex from above downwards, and concave from side to side. To the sides are attached the *glosso-epiglottidean* folds or ligaments (g.-ep.).

The epiglottis, although the most prominent part of the image, is thus necessarily not all visible at once. Moreover, in perhaps only a few cases can even a skilled laryngoscopist easily demonstrate the whole. In most cases a part of the upper surface comes into view on each side, presenting almost a scroll-like form, and in the middle we see the under surface turned up like a lip. Below and behind this another portion seems to bulge out, and has been distinguished as the cushion (Fig. 21-2). The tinge of colour varies with the part seen. The upper surface is of an obscure pink. The lip looks like what it is, yellow cartilage with a vascular mucous membrane clothing it, and giving a tinge of pink or red. The cushion is much brighter. Further, when we see the whole of the laryngeal surface of the epiglottis at once, the colour is more distinct, and this hue has been taken for congestion by beginners. If only the edge appear in the mirror it looks, from the reflection of the light, like a pale or white line.

The *glosso-epiglottic* ligaments have been already shown in the Fig 14 (p. 193), and again in Fig. 18, as also have the outer surface of the aryteno-epiglottidean folds and the inner surface or the wall of the pharynx.

After the cords, the next most striking objects in the view are the prominences composed of the arytenoid cartilages surmounted by the cornicula laryngis.

These arytenoid cartilages are so called from the resemblance they bear, when they are approximated, to the mouth of a cup or ladle (*αφύρανα*, another form for *αφύρη*, a word applied to any small vessel for holding water). Their situation is at the back of the larynx, at the upper border of the cricoid cartilage, one on each side. They are therefore right and left; the form of each is somewhat pyramidal. The apex of each pyramid is pointed and curved backwards and inwards. Each apex is also surmounted by a small, conical nodule called the *corniculum laryngis* or cartilage of Santorini (S), to which is attached the aryteno-epiglottidean fold.

These parts are more prominent when the vocal cords are closed (Fig 22), and to see them the patient should be made to emit a vocal sound—eh, ah, &c. The mucous membrane is here of a redder hue than in the other portions of the larynx.

In the fold of mucous membrane extending from these bodies to the sides of the epiglottis already spoken of is the aryteno-epiglottidean folds we observe two other elevations called the cuneiform cartilages or cartilages of Wrisberg (W). They are seen in both the open and

closed larynx in front of the prominences just described. The cartilages of Wrisberg vary somewhat in their appearance. Occasionally they seem triangular in shape, their apices pointing outwards; more frequently they appear nearly round. It is obvious that the variations partly depend upon the amount of submucous areolar tissue around them, and partly on the breadth of the folds in which they are located. There are also great differences in the degree to which these cuneiform cartilages are developed. Sometimes they are quite invisible, while occasionally another distinct elevation can be made out between them and the cornicula. These are probably caused by small additional cartilages. The folds in which these prominences appear, aryteno-epiglottidean folds, sometimes contracted to aryteno-epiglottic and even ary-epiglottic, bound the superior opening of the larynx, and can easily be observed in the mirror, extending from the arytenoid bodies upwards and forwards to the sides of the epiglottis. They are usually paler in colour than the prominences mentioned.

Below the aryteno-epiglottic folds (ary-ep., Figs. 21 and 22) two others may be distinguished. These have been called by anatomists the superior or *false* vocal cords, because they do not assist in the formation of the voice. Other names have been proposed for them. Some anatomists speak of them as the superior ligaments of the larynx, but this is not appropriate, for, although a narrow fibrous band is enclosed in each, that has been distinguished as the superior thyro-arytenoid ligament. Another name proposed is ventricular bands (Mackenzie), and a third longer one, regulators of the glottis (Gibb). Names perhaps are of little importance, and we may speak of them by either; but to call them the superior ligaments implies that the true cords are the inferior ligaments of the larynx, a name for which no plea can well be put in.

The false cords are thickish and their colour is rather deeper than the folds above them, so that they form sufficiently prominent points in the image, and should always be examined as they are often the seat of disease. Their lower edge borders the ventricle and looks a little paler from the light being fully reflected from it. On the vocal cords coming together there may sometimes be noticed near the epiglottis a little depression between the two sets of folds described. Dr. Morel Mackenzie has proposed for this the name *fossa innominata*.

We have mentioned the ventricles, or, as they are sometimes called, the sinuses, of the larynx. These are only the spaces between the true and false cords. Each ventricle is described by anatomists as an oblong fossa, bounded above by the free crescentic edge of the false vocal cord; below by the straight edge of the true cord; externally by the thyro-arytenoideus muscle. The anterior part of the ventricle leads to a *cul-de-sac* of mucous membrane between the false cord and the inner surface of the thyroid cartilage. This recess or pouch, conical in form, has been compared to a Phrygian cap, and is named the *sacculus laryngis*. Its mucous surface is studded with the openings of sixty or seventy follicular glands which lie in the areolar tissue beneath. The pouch is covered with a fibrinous envelope, and this by muscles, which, according to Hilton (a), compress the sacculus, and thus discharge its secretion on the vocal cords which are thus lubricated. The openings of the ventricles are only sometimes seen, and then they only appear as dark lines.

The inferior, or true vocal cords have already been named, but being the most important parts deserve a few words more. They are strong and of a fibrous nature, covered by a very thin layer of mucous membrane which is closely adherent to them throughout their length. They are attached posteriorly to the anterior angles of the bases of the arytenoids; anteriorly to a depression between the *alæ* of the thyroid (*θυροειδης*, a shield, *ειδος*) cartilage.

On inspiration the cords separate widely posteriorly, but are near each other anteriorly (Fig. 21). When a sound is emitted they approach each other and meet in

the centre, looking like two parallel white bands (Fig. 22), and closing the glottis, as the fissure or chink between them is called. This opening is sometimes barbarously spoken of as the *rima glottidis*. It is hard enough to have it called the glottis, and to be assured that the word is derived from *γλωττα*, which is only the Attic form of *γλωσσα*, the tongue, on the principle we may suppose that it is not the tongue. But to have the Latin word *rima* coupled with it, and so the hybrid phrase *rima glottidis* imposed upon us, is enough to make us protest against the unnecessary word.

Between the arytenoid bodies there is a fold of mucous membrane, the prominence of which depends on the position of the cords. When they are wide open it is very apparent, but when they are closed it folds together. This is called the inter-arytenoid fold, or the posterior commissure (com., Fig. 21).

So much for the several parts of the laryngeal cavity, but we can see farther still with our mirrors. When the glottis is open it is very common to see some of the rings of the trachea (fig.) showing through their mucous membrane with great distinctness. This membrane is generally paler than that of the larynx, but this may partly depend on its being less brilliantly illuminated. The rings of the trachea from the reflection of the light often look quite white. Another point we may also bring into view is the cricoid (*κρικος*, a ring, *ειδος*) cartilage (Figs. 21-2). Sometimes we can also see the openings of the bronchi, as in the following engraving.



FIG. 23.

It is hoped that by the aid of the engravings these descriptions will have been made sufficiently clear, and that the student will find no difficulty in reference to the shape of every part of the healthy larynx. It may be repeated that there are considerable differences of shape within the range of health, and this fact is particularly observable in reference to the epiglottis, though the arytenoids, the commissure, and other parts vary considerably.

The normal form of the several parts of the laryngeal image having been thoroughly impressed on the student's memory he is able to pass to a consideration of the deviations to be met with in disease. Such deviations may obviously be caused in various ways. For instance they may be loss of substance, which is frequently caused by ulceration. Or there may be swelling of some parts, causing a remarkable change of conformation. Again, there may be new growths. From the changes of form thus produced we are often able to pronounce at once an opinion of any case. At the same time there are other circumstances which should always be taken into account in estimating the diagnosis or prognosis of a case. In the present number it is only proposed to specify some examples of the deviations of form commonly met with, and for this purpose I employ engravings. These appeal to the eye of the reader, and I would ask that the following cuts be carefully compared with those that have preceded.

First of all it will be observed that in Figs. 24-5-6-7 the epiglottis varies much in shape, but these variations are not the result of disease. In Fig. 28, however, it is swollen, completely altered in shape, and this change constitutes an important element in the case. In 29 the edge of the lip has become notched like a saw; this is the effect of ulceration. In 30 there is scarcely any of it left, so much loss of substance has occurred from this process: there is also deep ulceration elsewhere with loss of sub-

(a) Guy's "Hospital Reports," Y,

stance. The arytenoids, the commissure, the right true cord, and the left false cord, have all suffered. This engraving represents the ravages caused by tertiary syphilitic ulceration in a case that was brought to my notice during the present year. Partial swelling is the next mode in which changes of shape are produced. In Fig. 24 there is



FIG. 24.

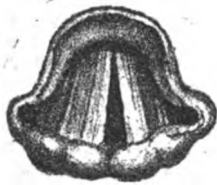


FIG. 25.

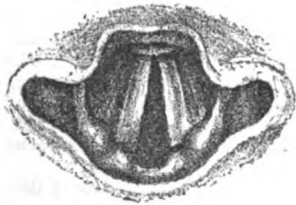


FIG. 26.



FIG. 27.

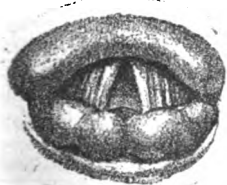


FIG. 28.

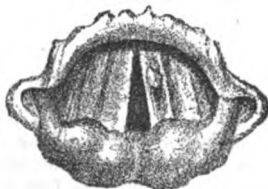


FIG. 29.



FIG. 30.

such enlargement as has quite obliterated the distinctions between the cartilages of Wrisberg, the arytenoids, and the cornicula. The same remark applies to Fig. 28, in which the state of the epiglottis has already been mentioned. This view is one very commonly met with at a certain stage of phthisis.

It is not necessary to dwell further on the various enlargements now as I shall have occasion to describe them in further detail, when the engravings will be added. Suffice it to say that every deviation of shape, whether the

result of loss of substance from ulceration, of swelling from inflammation or infiltration, or of the development of a new growth, is of the very highest importance, and should not be unnoticed.

Transactions of Societies.

THE MEDICAL SOCIETY OF LONDON.

MONDAY, NOVEMBER 25th, 1872.

THOMAS BRYANT, Esq., F.R.C.S., President, in the Chair.

DR. LICHTENBURG showed
TWO MEN WHO HAD BEEN SUBJECTED TO RHINO-PLASTIC
OPERATION.

This operation had been introduced into this country by an English surgeon, but had not found much favour with our principal operators, past as well as present; but, although the restoration of a nose or of a part of a nose was but a poor substitute for the original, yet the operation was well worth undertaking in preference to the wearing of an artificial nose, although the symmetry of the same might be much superior. The first case was operated on for the restoration of a whole nose at the Tottenham Hospital in May last. The flap was taken from the right side of the forehead exactly one-third longer than the model previously prepared in wax, allowing one inch for the length and three-quarters of an inch for the width of the columna, the bridge being almost an inch wide. It was then adjusted, by about twenty fine silk sutures, upon the parts previously pared and well dissected from the underlying tissue, the columna being fastened to the upper lip, in which a deep horizontal incision had been made to receive it. The operation lasted two hours, and was followed by scarcely any constitutional disturbance. The last sutures were removed on the fifth day, perfect union having taken place. He called attention to the importance of leaving a sufficient portion of skin attached to each ala for turning in to form a complete nostril. The second case was operated on for the restoration of the right ala, which the patient had lost through lupus, and which had left the neighbouring parts in a very unhealthy state; the operation was followed by a severe "venous stasis" in the flap, which gave way to the repeated application of leeches. The portion of skin which had been turned in at the nostril became partially gangrenous, and had to be removed without further injury to the nostril. The colour of the nose was much improved by the transplantation of the healthy skin from the forehead.

The PRESIDENT congratulated Dr. Lichtenburg on his excellent cases. His own experience was but limited in this branch of surgery, and had not been very encouraging. He had gleaned from Dr. Lichtenburg's paper what his error was, and that was in sparing sound skin; he had not taken enough. The only case equal to Dr. Lichtenburg's that he had seen was one where the late Mr. Skey had operated, and he had made so good a Roman nose that he (the President) could hardly believe it was the result of rhino-plast until he verified it by inquiring from the operator. He had not thought of taking so much as an inch of skin for a septum. He had thought that in the second case the skin might have been taken from the cheek. The turning in of the edge for an ala was an excellent addition to the operation. He would ask whether Dr. Lichtenburg had any rule as to dividing the twisted portion of skin at the root of the nose.

Dr. LICHTENBURG, in reply, thought too much skin could hardly be taken. The nose took about a year in shrinking. The diseased skin in the second case was very extensive, and his object was to go away from it as far as possible; he was confirmed in his opinion by Dieffenback. No skin was so adapted for making a new nose as that of the forehead; it healed well, and if healing took place by second intention there was great shrinking. The twisted portion should not be divided too early; certainly not under three or four months.

Dr. BROADBENT communicated

A STUDY OF A CASE OF HEART DISEASE, PROBABLY
MALFORMATION.

The patient, a young woman at 31, who had never had acute

rheumatism or an illness of any kind, came under observation on the 7th of April last, having been ailing for six or seven weeks, but doing her work up to the day before her admission into hospital. She was well nourished, had a good colour and facial expression, her respiration was tranquil, but she felt faint on standing, and the pulse at the wrist was 120-30, irregular in force and frequency, excessively small and feeble, and sometimes imperceptible. On examining the heart, the apex beat was a little displaced outwards, the area of dullness was slightly larger than normal, and extending for one or one and a-half inches to the right of the lower sternum. The impulse was short, sharp, and like a tap; the first sound loud and sharp, resembling an exaggerated second sound. At and near the apex this sharp first sound was alone audible. The second became audible as the base of the heart was approached, and had a muffled character, and it could be heard in the heart. In the third left interspace close to the sternum was heard a short smooth diastolic murmur, but only over a very limited spot covered by the stethoscope. It was at first not easy to decide whether the heart affections were old or recent, but the subsequent progress left no doubt that they were old. Later the apex beat disappeared from the situation in which it was first felt, and the area of dullness diminished, while a vibratory impulse was perceptible in the top third interspace, outwards, one and a-half inches from the edge of the sternum, and more feebly, below the upper sternum, a presystolic murmur ran up to the still short sharp sound within the apex. The second sound was strikingly reduplicated at the base. The diastolic murmur already mentioned was heard at the left edge of the sternum. So far as the sounds went the case resembled very much constriction of the mitral orifice, but the diastolic murmur was difficult to explain as it was heard over too small a spot to be due to regurgitation, a supposition which was moreover contradicted by the reduplication of the second sound. The patient took first iron and quinine, to which in a few days was added infusion of digitalis; there was marked improvement in the general condition and in the physical signs until April the 19th; ten days after admission, she had congestion of both lungs, with elevated temperature and distress in breathing; the heart became greatly distended during the attack, and not only dullness, but impulse, was found to the right of the lower sternum, showing that the dilatation was chiefly of the right carotid; the sounds became audible over the entire chest, front and back. A systolic aortic murmur was also developed by the powerful action of the heart, and was not subsequently lost. The presystolic rumble at the inner side of the apex became for a short time a murmur, and the vibration an indistinct thrill; the diastolic murmur was at one time inaudible, but it again reappeared, varying in length and intensity, with the evidence of aortic obstruction afforded by systolic aortic murmur. The extremely feeble pulse became more comprehensible, and if the murmurs alone had been taken into account they might have been explained by mitral narrowing and aortic obstruction and incompetence. The state of walls and cavities was not, however, such as would have been induced by these valvular affections, and, as has been previously stated, there were grave objections to the supposition of regurgitation from the aorta. The pulmonary congestion was one of short duration, and the patient gradually improved, the physical signs varying somewhat. When she began to walk about an altogether new murmur appeared—systolic in time, audible about the fourth left interspace near the edge of the sternum and over the lower end of this bone, that is, below the spot where the diastolic murmur had been heard so long. Taken alone this might have been attributed to tricuspid regurgitation. It seemed, however, to Dr. Broadbent that no combination of valvular affections would satisfactorily account for the whole of the facts of this case. The absence of cause symptoms of heart disease in this history, the state of the heart walls and cavities, and the various murmurs and modified sounds, while a congenital malformation which has been occasionally found without cyanosis, and has permitted of survival to adult age, might explain more or less perfectly all the phenomena. This malformation consists in narrowing of the aorta, together with a perforate or incomplete inter-ventricular septum, leaving a communication between the two ventricles, the aperture being always near the base of the heart. On this hypothesis the explanation would be as follows:—In the early part of the ventricular diastole, when loop ventricles, in rebounding from the systole, suck in blood from the auricles, the left having thicker walls and being the more powerful might be expected to draw in blood from the right through the aperture in the septum as well as from

the left auricle, which would give rise to the diastolic murmur heard over a limited spot in the left third space; this would be variable in length and intensity from the varying negative pressure on the heart in respiration. While the patient lay quiet in bed and no pulmonary complication existed this was the only murmur heard, but when the heart's action became more excited and powerful in consequence of pulmonary congestion, a systolic murmur was developed in the narrowed aortic orifice, and later, when she began to assume the erect posture, which would increase the resistance in the systemic circulation without affecting the pulmonary circulation, the increased energy of the left ventricle forced a part of its contents through the orifice in the septum, producing the systolic murmur heard to the left of the lower end of the sternum. All the murmurs would thus be accounted for together with their variation; the reduplication of the second sound which was so striking a feature in the case to want of synchronism in the closure of the pulmonary and aortic semi-lunar valves would be explained by the delay experienced by the left ventricle in expelling its contents through the narrowed aorta. The presystolic vibration sometimes felt by the hand, and the presystolic rumble sometimes audible to the inner side of the apex, were probably incident to the dilatation of the right ventricle. The patient having so far recovered as to be able to return to her work, no opportunity was yet afforded of verifying or correcting the diagnosis; but it is not without profit to study complex and difficult cases independently of such opportunity.

At the conclusion of his paper a vote of thanks was unanimously accorded to the author.

Dr. SYMES THOMPSON considered that it conveyed a moral to all, and afforded means for conclusion to all. The symptoms were clearly due to disturbed circulation, but he was unable to make any suggestion as to its cause, the case being one of so uncommon a character. He would draw attention to reduplication of heart sound which was prone to great changes from time to time.

Dr. ALISON had shown that when any lung trouble arose there was delay in closure of valves. Help was sometimes gained by the cardiograph in cases of reduplication, but it was difficult to get two quite similar tracings, even in apparently identical conditions. The diagnosis of patulous septum was always difficult. Small openings could not be thought to give rise to morbid sounds.

Dr. ROUTH thought Dr. Broadbent had overlooked engorgement of the heart as influencing the morbid sounds, and related a case which he thought explained some of the symptoms.

Dr. BROADBENT, in reply, said that there were many specimens in London museums showing existence of perforate septum ventriculorum to be compatible with prolongation of life to old age. Dr. Peacock had shown this. He thought the subject of reduplication was one of great interest, and that it was not surrounded by the difficulties commonly supposed. It had been admirably dwelt upon by Dr. Milner Fothergill, in whose valuable paper he was much interested. He did not see how engorgement of parenchyma could well influence sounds.

DUBLIN PATHOLOGICAL SOCIETY.

NOVEMBER 30TH.

Dr. HAYDEN, Physician to the Mater Misericordiæ Hospital, submitted to the society the particulars of a case of

CONSTRUCTED MITRAL ORIFICE, WITH THROMBOSIS OF THE LEFT VENTRICLE, EMBOLISM OF THE LEFT MIDDLE CEREBRAL ARTERY, RIGHT HEMIPLEGIA, AND APHASIA,

and exhibited the morbid specimens. A boy, æt. 7, pale and emaciated, was admitted into the Mater Misericordiæ Hospital, under Dr. Hayden, from one of the suburban reformatories, on the 5th of November, suffering from bronchitis and muscular pains in the right forearm. There was no history of antecedent rheumatism. The boy was feverish—pulse 120 but regular, and the physical evidence of bronchitis in a mild form existed. The precordium projected, especially in its left portion; the cardiac impulse was strong, and the action of the heart tumultuous. Apex-beat half an inch internal to

left nipple line, and here a presystolic fremitus was readily detected by the hand, from which, without further evidence, the diagnosis of constricted mitral opening was at once made. At the apex point a loud presystolic murmur was audible; and following the first sound, which was sharp and clear, but in unbroken continuity with it, a faint musical note was heard at the apex, and in the left axilla and back. At the base both sounds as heard were clear, but in a great degree masked by loud bronchitic rales. The boy improved *quoad* the bronchitis, and in the course of a few days was able to be out of bed. He unfortunately caught fresh cold by imprudent exposure, had a relapse of the bronchitis in a more aggravated form, and was again confined to bed on the 18th and 19th. He was then highly feverish, the physical signs in the region of the heart being as previously noted. Under active treatment his condition on the 19th had undergone marked improvement; at 10 o'clock, and again at 11 that night, he was visited by the sisters on duty, when he seemed better, and declared he felt so. On the following morning (20th), however, he was found unable to speak, and paralysed on the right side of the body. At 11 o'clock, the hour of Dr. Hayden's visit, his condition was shortly the following. He was quite collected, understood what was said to him, and attempted to answer questions, but could not utter a word except yes or no, which were lisped out imperfectly, but correctly applied. In the attempt to speak the left angle of the mouth was drawn upwards and outwards; the features, even in a state of rest, were drawn slightly to the left, and the *rima palpebrarum* was larger on the right than on the left side. No strabismus, pupils normal and equal. When requested to put out his tongue he either would not or could not, most probably the former as deglutition for liquids was unimpaired. The upper and lower limbs of the right side were completely paralysed as to motion, whilst in them sensibility seemed rather exalted. Pulse 120 and regular; skin very hot, respiration quick and laboured; loud bubbling rales were audible all over the chest, the heart pulsed with great energy, and the tactile and acoustic signs at the precordium were those previously noted, but intensified. He died in the course of that evening, evidently from the bronchitis.

Post-mortem.—The brain was large and nowhere softened, the arteries at the base were empty, except the left anterior and middle cerebral, both of which were plugged to distension with small and irregular particles of solid fibrin. Bronchial tubes throughout congested, and containing much blood-stained frothy mucus. Heart somewhat enlarged and globular; the right chambers contained some dark soft coagulum, and a few detached masses of grey fibrin; the former extended into the pulmonary artery and was there coated with a film of fibrin; right ventricle dilated and thinned; left auricle dilated and thickened; left ventricle likewise dilated and hypertrophied, and its cavity rounded.

The mitral orifice was reduced to the size, and was likewise of the shape, of a small button hole, admitting only the point of the index finger; its edges were smooth and thick, and formed by the edges of the mitral valve segments, which were elsewhere firmly united. To the antero right segment a mass of solid fibrin, as large as a small playing marble, perfectly round, but rough and shreddy on the surface, was attached. It involved about one half the depth of the valve in its substance, and when the valve was displaced by the entering blood from the auricle it must have been thrown athwart the orifice of the aorta, and was, no doubt, the source whence the cerebral embola were derived, or washed away by the passing stream of blood. The aorta was reduced in size, and its valves were thickened, corrugated, and inadequate to close the orifice.

Dr. Hayden remarked, in reference to this case, that it illustrated—firstly, the diagnostic value of presystolic fremitus and murmur as signs of mitral stenosis; secondly, the usual absence of rheumatic history in connection with this lesion; thirdly, the precipitation of fibrin from the blood whilst still in circulation, from the twofold cause of

partial stasis, and roughened endocardial surface; and lastly, the detachment by the circulating blood of a certain amount of detritus from the surface of the thrombus so formed, its impaction in the left middle and anterior cerebral arteries, by which the *right* motor tract and Broca's region of language were anæmiated, and *right* hemiplegia, and aphasia, were at the same time produced.

DR. DARBY, Surgeon to the Rathdown Union Hospital, exhibited a specimen of

BRONZED SKIN,

and narrated the particulars of the case. The specimen was taken from the right breast of Eliza Kelly, who died at the age of 73, in the Rathdown Union Hospital, of general cachexia, vomiting and diarrhoea being the prominent symptoms in her latter end. In 1847 she first consulted me for an enormous enlargement of the right mammary gland. In 1848 she came into the hospital in a dying condition with seven or eight openings in the tumour, each connected with a separate cavity, and each discharging a glary sanious ichor. I removed the breast, and she recovered and resumed her ordinary avocations, and continued in tolerably good health till about four years ago, when she began to suffer from dyspepsia, to change colour, and become dark and dusky by degrees.

Early in September last she came into the hospital and sank under loss of appetite and diarrhoea, the whole surface of her body was of a dark brown colour, which was intensified in the axillary and inguinal regions; the submucous tissue of the mouth was mottled with dark brown, contrasting strongly with the anæmic pale colour of the adjacent tissues. The sclerotic was of a pearly whiteness.

The piece of skin exhibited showed the contrast of brown skin with the *dead* white of the cicatrix, which resulted from the removal of the breast. The kidneys and renal capsules were free from all apparent disease or structural change. The spleen was remarkably small, being not larger than one of the kidneys. Being aware that the renal capsules were not unfrequently found in a degenerate condition, and knowing that bronzed skin is a rare occurrence, I have always doubted the correctness of Addison's inference that bronzed skin was the result of organic change in the renal capsules, and as this case is the only one of bronzed skin in which Dr. Darby made a *post-mortem* examination, exhibited bronzed skin with a healthy normal condition of the capsules. He ventured to differ from Dr. Addison.

DR. MACSWINEY, Physician to Jervis Street Hospital, exhibited a specimen of

ADVANCED DISEASE OF THE HEART,

occurring in a man, *æt.* 36. The left auriculo-ventricular opening was most extensively disorganised. It was permanently open, admitting three fingers, and was of an irregularly ovoid shape. Its margin was thickened from deposit of induration matter, hard, and unyielding. A large quasi-osseous spicula occupied one half of its circumference; the other half was cartilaginous in feel. The mitral valve was altered in outline, and very considerably disorganised in a similar manner.

The one feature of peculiar interest to which Dr. MacSwiney desired to call particular attention was, that the lesion in this case was produced by directed violence—a cause of endo-carditis which has been recognised, but which is still sufficiently rare to merit, being recorded. The subject of the present disease was admitted into Jervis Street Hospital in a moribund state, suffering from all the distressing symptoms of pulmonary apoplexy, and he died in forty-eight hours. After he first came under Dr. MacSwiney's observation he gave the following history of himself:—He was a remarkably large and powerfully strong man. He never was ill for a day in his life until attacked with the present sickness. No member of his family had ever suffered from rheumatic fever. He was engaged at a game of football—one day two years ago—when another man rushed suddenly at him from behind, put his head between his legs, and threw him up into the

air. He fell heavily, and lay there for a time stunned. Then he recovered sufficiently to go into a house, where he went to bed. After some hours he threw up a quantity of blood. He has never been a day well since then, coughing, wasting, spitting blood, short in the breath. Dr. MacSwiney submitted that he was justified from the history, and from the appearance of the parts, in ascribing the origin of this fatal disease to the violence to which the patient had been subjected.

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The Medical Press and Circular.

“SALUS POPULI SUPREMA LEX.”

WEDNESDAY, DECEMBER 11, 1872.

THE PROFESSORSHIP OF PRACTICAL MEDICINE IN THE IRISH COLLEGE OF SURGEONS.

THE election of a Professor in the room of Dr. Charles Benson, took place on Tuesday, the 3rd inst., too late for the publication of the result in the issue of our journal on the same evening.

Candidates presented themselves—Dr. Samuel Gordon, Physician to the Richmond Hospital; Dr. Henry Kennedy, late Physician to Cork Street Fever Hospital, and Sir Patrick Dun's; Dr. Little, Physician to the Adelaide Hospital; Dr. Frazer, Lecturer in the Carmichael School; Dr. Eames, Physician to Mercer's Hospital; and Dr. A. W. Foot, Physician to the Meath Hospital. The attendance of the Fellows of the College was not large. The following seven members of council were, in accordance with the charter, selected by lot in the manner we described last week. The President, Dr. Kirkpatrick, Mr. Adams, Dr. Hargrave, Dr. Albert Walsh, Mr. Morgan, Dr. Carte, and Dr. Edward Hamilton, who, having been duly sworn, retired. The choice fell upon Dr. Little, who has since commenced his course of lectures.

He was educated in the College School from 1853 to 1856, and while there gained the Prizes in Materia Medica and Medical Jurisprudence. In 1856 he was admitted a Licentiate, went to India, and had charge of patients in the

hospital of the Peninsular and Oriental Company. On his return after three years, Dr. Little took up his residence in Edinburgh, where he took the First Prize in Psychological Medicine, and received the degree of M.D. with honours in 1861. In 1866 he was elected one of the Physicians to the Adelaide Hospital. In 1869 Dr. Little became Lecturer on Practice of Medicine in the Ledwich School. In 1867 he was elected a Fellow of the College of Physicians, and Examiner in Practice of Medicine, which office he now holds. Dr. Little is editor and proprietor of the *Dublin Journal of Medical Science*.

The appointment is regarded with satisfaction by the best friends to the School of the College, inasmuch as Dr. Little has been known to the Profession as an industrious teacher and an astute physician, an opinion which has been evinced to the great credit of Dr. Little, by his selection at so early a period of his professional career to so important a chair, and so onerous a succession as that to Dr. Benson.

CONSULTATION WITH HOMŒOPATHS.

THE *Homœopathic Review* of this month resumes the stale old hulla-bulloo of intolerance and “trades unionism” against the MEDICAL PRESS, because it recently referred with dissatisfaction to the fact that Mr. Adams, of Dublin, was stated (without any contradiction at the time) in the leading columns of an influential daily paper, to have met a homœopathic practitioner in consultation in the case of the late Mr. John Francis Maguire.

The last resource of a culprit who has no better plea to declare himself a martyr to the tyranny of the law, and the homœopaths are never tired of repeating that they are to be pitied for the oppression which the Medical Profession exercises towards them. Need we say that neither our Profession nor the MEDICAL PRESS has ever been intolerant of schisms as long as they have even a colourable foundation in science and reason. It recognises to a certain extent hydropathy, eclecticisim, and even mesmerism, and it would do the same for homœopathy if it believed that that form of heterodoxy was a *bond fide*, if mistaken, theory honestly believed in, and carried out in its integrity by its professors, as a means of cure. It does not believe this, and it, therefore, draws a line where error ends and—if we must use the word—misrepresentation begins. Mr. Adams has made a somewhat tardy disclaimer, and, as regards him, the matter ends; but we cannot refrain from quoting the words of the *Review* to make our readers aware what function they fulfil, and what position they occupy when they consult with homœopaths, and what consideration they may expect in return for their fraternisation. The *Review* says:—

“To satisfy public feeling, it was considered desirable that he should be seen by some allopath of eminence. There was never at any time any intention of altering the treatment Dr. Scriven was pursuing, but simply a wish that the grave prognosis which had been given should either be confirmed or corrected by an independent opinion . . . It seems to us a thing incredible that anyone of the long and large experience of Mr. Adams could have advised such measures as these, had he had the advantage of being made acquainted with the results of Dr. Scriven's observation of the patient previously. These measures were, of course, not adopted.”

It is all the better for consultants to be aware, on such unquestionable authority, that they are only wanted to register the conclusions of the homœopathic attendant.

They are to advise with the knowledge that no matter what counsel they give there is "never at any time any intention of altering the treatment," and that the measures they suggest will be, "of course, not adopted."

THE LIMERICK LUNATIC ASYLUM REVELATIONS.

ONE more count was added since our last publication to the capital indictment of the Limerick Asylum, and Dr. Fitzgerald, and if further evidence were necessary to complete the full measure of condemnation of the management of this asylum, this episode would be over sufficient.

A discussion had arisen in the Board of Governors—in whom the administration of the asylum had once been, but who, under the new system assemble to sign cheques, and register the decrees of the resident Medical superintendent—as to the boarding of certain of the refractory cells.

A strange diversity of opinion appeared to exist, one part of the board denouncing the cells as damp dungeons, the other in common with Dr. Gelston, the visiting physician, describing them as beautifully dry and comfortable. The only escape from this conflict of opinion, was a visit of the board to the cells in question. Having traversed various corridors, the chairman, Colonel Monsell, M.P.—was—if we credit the local paper, being led away in a contrary direction, when he was called back by one of the board, and conducted to an unexplored section of the building which led them to the sleeping cells of the refractory patients. We give *verbatim* the description of these inhuman dens.

"The first glance at them justified the description given. How human beings or animal life could exist in them, night after night in such trying weather as the past weeks, it was hard to realize. They were twenty yards distant from anything like artificial heat, and they were *separated from attendance or supervision by two doors and a large sleeping apartment*, and this every night for many hours. One felt in them the sensation of intense cold, as he might if he were in an ice-house or a vault. The floors of the cells were formed of something like a smooth freestone, but this was so wet, that the water might be mopped off the surface. From the state of the atmosphere, the subterranean situation of the cell, and the complete absence of all means of diffusing warmth, this must have been the usual condition of the floors, unless, perhaps, in extremely dry summer weather, of which we have had so little in recent years.

"Here were laid the so-called 'beds' of the afflicted poor creatures confided to the care of this much-lauded institution, without a single bit of timber to raise them from the flags—without even a bit of matting as some protection to their feet from the chilling sodden floor. Refractory patients have been locked up at night there for years, as long as any official appears to remember, notwithstanding that vigilant (?) official care which had made the perfection of lunatic asylums its study, and had recently so pompously paraded its importance within a few moments' walk of these deadly and disgraceful dens, in the central one of which poor Mrs. Cope was found dead, rigid, and distorted."

Truly, our language lacks force to convey our opinion of such abominations. That neglect, hard-heartedness, and

a sense of secure irresponsibility should produce in a cultivated mind so terrible a degree of callousness to human sufferings is to us inconceivable. It is our part only to say that the necessary measures for restraint or cure of the lunatic could not in the remotest degree palliate the cruelty of consigning them to such a place; that the direct effect of doing so would be to create hopeless lunacy even in the sane, and lastly that the last revelations of the Limerick Lunatic Asylum, as administered under the *ægis* of "the authorities" at Dublin Castle, appear to us to claim the intervention of the criminal law. That such heart-wringing misery of the insane poor should be possible under the direct management of a Medical superintendent and the inspection (!!!) of officials, is a biting sarcasm on the present indefensible system of administration of Irish asylums.

Notes on Current Topics.

The Professorship of Surgery in the Irish College of Surgeons.

As the date has passed at which it would be necessary for a member of the Council of the College to resign his seat in order to compete for the Chair of Surgery, and no such resignation was presented at the Council meeting on Thursday, it is decided that neither Mr. Wharton, Mr. Macnamara, nor Mr. Morgan will be candidates for the succession to Dr. Hargrave. Mr. Croly and Mr. William Stokes are still the only competitors who have declared themselves, but it is improbable that they will go to the poll alone.

We imagine, however, that the contest will be practically restricted to them, inasmuch as any other candidate would now enter the lists with the disadvantage of being late in the field. The election takes place on Christmas-eve.

An Example as to Fees.

It is said that an Arab doctor, Mohammed Ali Bey, who has just cured the mother of the Khedive of a serious malady which had deeply affected her health, has received from his patient a fee of £1,000 sterling, and been raised by the Viceroy to the rank of pacha.

The Druitt Testimonial Fund.

A CONSIDERABLE sum has been promised and further subscriptions are invited to a testimonial to Dr. Druitt, editor of the *Medical Times and Gazette*, who is compelled by ill-health to leave England for a time.

Very bad Water.

MR. W. ALGERNON ADAMS in his report to the authorities of Maidstone thus describes the water supplied by the company to the town:—"Speaking generally, the water is bad in all respects; it is bad for drinking, and it is bad for washing purposes; it contains a large proportion of organic impurity, and a large quantity of mineral impurity; so that it is dangerous to drink, or may at any time become so. It is most *wasteful* in labour and soap, when used for cleansing purposes."

THIS evening (Wednesday) the Epidemiological Society is to consider the statistics of Cholera and Syphilis.

Infectious Lodgings.

A PENALTY of forty shillings was last week imposed upon a lodging-house keeper at Greenwich, for having let a room, previously occupied by persons suffering from small-pox, without having the apartment submitted to an effective process of disinfection. It is well for the law on this point to be enforced.

Sad Suicide.

LAST week the papers record what seems to have been the suicide of a promising young surgeon, caused apparently by the ingratitude of ignorant persons that too often afflicts the members of our Profession. The details as related in the public press are of sad interest to all engaged in public practice. On Tuesday night, Mr. Alfred Kidger, house-surgeon of the Newport Infirmary and Dispensary, retired to his bed-room as usual, but on Wednesday morning he was found dead in his bed, with his throat cut. Mr. Atkin, the dispenser and assistant-surgeon in the Infirmary, went to deceased's bed-room at about eight o'clock in the morning to call him, and not receiving any answer he entered the room, and found deceased in his bed dead and quite cold. The deceased had been most energetic in his duties to infirmary patients both in and out of doors for a long time past, and was much esteemed and respected in the town. He suffered considerably from deafness, and was of a nervous temperament. On Monday he gave evidence at a coroner's inquest on the body of a child, who, it was alleged, had died from poison. The deceased surgeon had attended the infant before its death, and the parents accused him of poisoning the child and bullied him openly at the inquest. He had refused to give the parents a certificate for the burial of the child, and himself made, on the authority of the coroner and jury, a *post-mortem* examination, from the particulars of which the jury found that the child died from living in an ill-ventilated house. It is surmised that the abusive treatment of the parents of the deceased child preyed upon the surgeon's mind, and caused him to commit suicide. Deceased was middle-aged, and unmarried.

Vital Force.

THE Sheffield Philosophical Society has long been able to make its voice heard in all directions. This year it is presided over by an able member of our Profession, Dr. Hime, who has recently had the courage to speak of Vital Force to the Natural Science Section. An abstract of his paper appears in the current number of the *Doctor* from which we find that Dr. Hime told his audience that "The effect of 'vital force' must be either added to or subtracted from the sum of the mechanical (including chemical) processes which constitute organic activity. Otherwise, it has no influence whatever—and the assumption of an active force which has no effect is absurd. But does 'vital force' interfere in the combustion, *eg.*, of sugar within the body? The exact determination of the amount of heat produced in such a process is one of immense difficulty, owing to the number and complexity of the conditions to be observed. Frankland's experiments show that 2,470 thermal units will become free in the combustion, outside the body, of a quantity of albumen, starch, and fat corresponding to the amount of food consumed by an average adult man in 24 hours. From experiments made by Hirn, we can account for 3,166 thermal units. Surely the correspondence is remarkable, considering the difficulty of

the problem. Is it necessary to devise a 'vital force' as an efficient agent in the process? Vital activity is but the sum of the forces acting in the tissues composing an animal. That there is something beyond our comprehension in the *conscious* animal is undeniable. As Tyndall finely remarked, even should we ascertain definitely the whole of the physical phenomena accompanying cerebral action, and be able to map out the modifications of molecular grouping which occur when our brain is active, still we cannot explain our consciousness. The most general consideration of the cosmos and the microcosm, of worlds and atoms, leads us of necessity to acknowledge that there must be an agent who gave the initial motion to matter. To wilfully ascribe properties to matter and deny them to a Creator is unphilosophical. From eternity the world cannot have existed. At a finitely remote period its formation must have commenced, and necessarily from an external impulse—an influence outside matter and incomprehensible."

Iodide of Calcium.

In a paper on ozæna read at the Medical Society of London on the 20th of October, 1871, and of which a full abstract appeared soon after in our columns (a), Dr. Prosser James drew attention, amongst other preparations of iodine, to the iodide of calcium, and gave the results of his experience with it during several years. His facts were reproduced by many other journals, as also were his remarks on the iodide of sodium.

Other observers seem to have taken up the subject, and various notices have appeared at intervals. The last we have met with says very much what Dr. Prosser James did. It tells us, in the *Transactions of the Pennsylvania State Medical Society*, that Dr. E. M. Corson claims for it superiority over the iodide of potassium on several accounts.

In the first place, it is repeated that it contains more iodine in a given weight, than is contained in a like weight of iodide of potassium. 2ndly. It is less liable to derange digestion than salts having a potash base. 3rdly. The irritability of stomach, nausea, and vomiting, or purging, which sometimes occur from the use of iodide of potassium, being probably due, to the carbonate of potassa with which the iodide is combined (and not to the iodine), and no such objectionable combination existing in the iodide of calcium, it is therefore to be preferred. Dr. Corson adds that "as lime is useful in tuberculous diseases, and could be advantageously given with cod-liver oil, the iodide of calcium is to be preferred, and more especially as he has found that the syrup of iodide of calcium forms a perfect emulsion with cod-liver oil, which does not separate on standing, and the disagreeable taste of the oil is by the combination in a great measure destroyed. The syrup of iodide of potassium forms no such emulsion with the oil."

The Health of Our Naval Forces.

THE health of our naval forces appears, according to the official report just issued, to be by no means so good as it was found to be in the previous year. The total number of cases of disease and injury entered on the sick list is in the ratio of 1,223 per 1,000, being an increase, compared with the preceding year, equal to 1.1 per 1,000. The average number of men sick daily was 2,164.3, which is in the

(a) MEDICAL PRESS AND CIRCULAR, December 6, 1871.

ratio of 46.3 per 1,000, being an increase, compared with the preceding year, equal to 1 per 1,000. The total number of persons invalided was in the ratio of 35.2 per 1,000 and the total number of deaths was 918, which is in the ratio of 19.6 per 1,000. Compared with the preceding year, there was an increase in the invaliding rate to the extent of 3 per 1,000, and in the death-rate of 9.7 per 1,000. This great increase in the ratio of mortality was entirely attributable to the loss of Her Majesty's ships *Captain* and *Staney*. But for those losses the death-rate would only have been 8.5 per 1,000, being a reduction, compared with the preceding year, equal to 1.4 per 1,000. Vital statistics such as these respecting our army and navy are so much a matter of course that they attract little attention, yet it would seem inexplicable why the sickliness of a number of picked men, carefully clad and well fed, should be so great that it may be said that every man in the British navy passes through hospital once in every nine months—that one in every twenty men is lost to the service by being laid up in hospital from one end of the year to the other, and that nearly one twenty-fifth of the service has to be discharged every year as useless.

In the report of Dr. Littleton, surgeon of H.M.S. *Belleophon*, the following remarks deserve attention. Speaking of the prevalence of sore throat, he says—"I have said before, and I am of the same opinion now, that the ridiculous dress which is continued to be used by the sailor, exposing the throat and upper part of the chest, has a good deal to answer for in regard to this disease, and the three preceding ones (catarrh, bronchitis, and pneumonia). It is neither elegant, nor useful, nor convenient, and the sooner it is made to give place to a costume more in accordance with the enlightenment of the present time, the better. The dress of soldiers has undergone many changes to meet the enlightenment of the age, while the poor sailor is robed as he was in Benbow's time. It does seem clear to me that the trousers as now worn tight about the hips, buttocks, and thighs, must be an impediment to a man going aloft, and being so very loose at the ankles, they are always flapping about to his annoyance. The throat and chest being so uncovered must meet with sufficient condemnation in a sanitary point of view, not to say one word of the effeminate nature of the fashion."

Fæcal Abscess and Fistula.—Recovery.

JOSEPH BROOK, æt. 72, whose case was reported in the **MEDICAL PRESS AND CIRCULAR**, for December 4th, has been recently to the London Hospital to see Mr. Rivington. The track of the fistula had healed entirely, and the fæces were passed by the natural route. A cicatrix existed over the saphenous openings, and there was a swelling which gave an impulse on coughing behind and below Poupart's ligament, near the site of the recent fæcal fistula. The patient himself was in excellent condition, and seemed to have taken a new lease of life.

The Physical Desagremens of a Gas Strike.

IT is, no doubt, quite regular and proper as a matter of political economy that a working-man's conspiracy should plunge a great city into unrelieved murkiness, and make impossible the transaction of business; but there are other inconveniences, of which most people know nothing, which are not unworthy of consideration when the

desagremens of this sort of combination come to be totted up. To many thousands of workers and readers in London who are striving for their daily bread against weakness of sight, the dimness and flickering irregularity of the London light last week was nearly as bad as total darkness. To any person whose retina is deficient in sensitiveness, or whose cornea is at all cloudy, a brilliant illumination of the object is absolutely necessary, and in such persons a sort of night blindness often exists, which makes twilight or dim illumination quite useless to them. In fact, with such persons there is no medium between full day or thorough gas light and darkness. The disadvantages of deficient illumination are not at all realised by the public. Although it is half a century since gas extinguished candles, yet the original prejudices against its use are, with the out-going generation, as fresh as ever, and it is really, with some patients, as much as an oculist's credit is worth to say that gas is, when used under proper precautions, neither better nor worse than other lights. The fact we believe to be is that a ten-candle light from gas is not the least more hurtful than the same quantity of light from any other source. Indeed, it is our experience that it is much less so than the same quantity of the white piercing light of the paraffin lamp, and that the common use of these small, cheap lamps by the lower working classes in their own rooms has led to a marked increase in the number of cases of retinal excitement in hospital practice. Next time the London gas men combine against the comfort of the public we advise our readers to abandon the gas altogether, and use a plentiful supply of candles or lamps, sooner than afflict their eyes with the dancing, tantalising will-of-the-wisp to which they were treated last week.

Changes in the Medical Council.

AFTER the sheet of this week's number containing the correspondence columns, was on the press, we were favoured with a communication from Dr. Eableton, the representative of the University of Durham, asking us to correct the statement made in our last, which he says is likely to give our readers an erroneous impression with regard to him. He adds:—

"The reason of my resignation is well known to my friends here, and if it were necessary I could give it to you, but perhaps you will kindly give me credit for expressing the truth when I assure you that my resignation had nothing whatever to do with any anticipation of the next meeting of the General Medical Council, at which, indeed, I feel sorry not to be able to be present."

Impurities of Sugar.

THE *Glasgow North British Daily Mail* has published analyses of thirty-six samples of sugar purchased in Glasgow shops. The result in this case is different from that in regard to the whiskey and tea which have been made the subject of previous reports by the analyst of the *Mail*. Of neither of these articles, except in one or two instances, could a pure sample be obtained; but the analyst failed to detect proofs of adulteration in any one of the samples of sugar he examined. Impurities there were in some, and of a very unpleasant character, but they were not the results of adulteration. Briefly, the analyses show that sugar at and below fourpence per pound is always impure, containing woody fibre, chloride of sodium, grape ugar, water, and acari or sugar lice.

Artificial Ivory.

WE learn from the *American Chemist* that Mr. William M. Welling's patent for the manufacture of artificial ivory, has lately been extended by the Commissioner of Patents for seven years. The article is said to be composed of ten ounces of white shellac, 4½ ounces acetate of lead, 8 ounces of ivory dust, and 5 ounces of camphor. The ingredients are reduced to powder, heated, and mixed; then pressed in heated moulds into sheets or other desired forms.

Super-fœtation.

DR. CARLISLE TERRY has communicated to the Georgia Medical Association a case of super-fœtation. He relates that the patient gave birth to a child evidently *not* a full seven months' child; soon afterwards a full grown child was born. The former weighed four pounds, but only lived six days, while the latter weighed just double, and was thriving when last seen. The husband had been absent for two months after the first conception, and after his return the woman had a slight "show." Dr. Terry has no doubt that it was a case of super-fœtation.

The Victoria Institute.

LAST week the first meeting of members for the present session was held, when a paper was read by Mr. C. Brooke, F.R.S., vice-president, "On Force and Energy." The writer commenced by observing that the principle of the conservation of energy was impugned by some persons on the ground that, if established, it would lead to materialism, pantheism, or atheism; but he held that, if properly limited, it would have no such result. Force he defined as a mutual action between different portions or particles of matter, by which they were either attracted or repelled from each other, and the conservation of energy implied that no kind of energy could be produced by human agency except at the expense of an equal amount of the same kind or an equivalent amount of some other kind of energy. From this it followed that so far as physical law was concerned, the total amount of energy in the universe must remain unchanged. But to assert that it was, under all circumstances, unchangeable, was a very different matter. The creation of matter must necessarily imply the creation of energy, and those who denied the possibility of the one must that of the other; they must, in fact, deny the existence of Omnipotence. It was much to be regretted that the principle of the conservation of energy had by some been misapplied to questions far beyond its legitimate scope in a fruitless effort to supersede the necessity of an omniscient Creator. In the opinion of the writer the indisputable establishment of this principle conveyed only a more exalted idea of that infinite wisdom by which the perpetually recurring transformations and interchanges, not only of the materials, but also of the powers of Nature, were rendered subservient to the pre-determined laws which governed the comfort and welfare of all created beings.

DR. JOHNSTON, the President of the Ulster Medical Society, has given £100 to the Medical Benevolent Fund.

A BUTCHER has been fined £20 by the Marylebone police-magistrate for having in his possession putrid meat. A few more such fines would do good.

DR. LETHEBY has been appointed Public Analyst for the City of London. He is now on a tour in Egypt, and Dr. Meymott Tidy is acting as his deputy.

THE Actonian Prizes at the Royal Institution have been adjudicated to the Rev. George Henslow and to E. Thomson Lowne, Esq.

THE Dublin Obstetrical Society will meet on Saturday next, at the College of Physicians, when communications will be made by Dr. Atthill, on Endometritis, and Dr. Hemphill, Astract of Midwifery Cases.

FROM the report of the Leicester Square Soup Kitchen for the year ending October, we find there were as many as 105,148 of the London poor relieved gratuitously during the twelve months. This is the only establishment of the kind in the Metropolis, and we hope its good work will not be hindered for lack of funds.

IT is announced that five lectures on the business of the Brown Animal Sanitary Institution, which is under the Government of the University of London, as required by the will of the founder, will be delivered by the Professor Superintendent at the Institution, in December.

THE *Australian Medical Journal* says that the Dr. Murray, whose confession, in the shape of evidence in Sydney lately, disclosed his connexion with unbelievable atrocities committed on board the *Carle*, a slave ship, of which he was part owner, and which was at the time on a kidnapping cruise, "is the same Dr. Murray who distinguished himself as a member of the Leichardt expedition, and who afterwards made himself conspicuous as the editor of one number of a now defunct Medical periodical."

WE state in another part of our issue that the meeting of the General Medical Council will take place within the first fortnight in January. The Council of the Royal College of Surgeons in Ireland met on Thursday last, and no step was taken toward the election of a representative of the College in the room of Mr. Hargrave. Indeed, no progress in that direction could be made, because Mr. Hargrave had not laid his resignation before them. We presume that—now that the assembly of the Medical Council is fixed for an early date—Mr. Hargrave will put the College at a disadvantage by delaying the surrender of the office which his resignation of hospital practice and of his professorship has already virtually made vacant. Dr. Embleton has already retired from the representation of Durham University, and the *British Medical Journal* noticing the subject in its last issue, speaks of Mr. Hargrave's retirement as a foregone conclusion.

Our interest in the coming medico-parliamentary contest, and in the welfare of the Irish College of Surgeons, obliges us to remind the Council that less than a month—minus the Christmas recess—remains to them to instal and arm their representative, and that—if necessary—the subject should be taken under their immediate and special attention. The present crisis will not admit of the advocacy of the College being confided to an irresponsible and necessarily voiceless deputation. The deputant must be the official representative of the College, and it is—in the first instance—in the General Medical Council that his voice must be heard.

We shall hope to inform our readers further on the subject next week.

Literature.

DISSERTATION ON THE USE OF THE STETHOSCOPE IN OBSTETRICS (a).

MAYER, of Geneva, in 1818, first observed and recorded the fact that the foetal heart could be heard by abdominal auscultation. It is now universally admitted that the sound of the foetal heart is the absolute, and only unequivocal, sign of pregnancy. Indeed, it is generally so easy to detect that it is affirmed that midwives should be made to use the stethoscope for this purpose. Dr. Monro recommends us to place the stethoscope flat on the most prominent part of the abdomen, where the sounds heard may be the uterine souffle, the pulsations of the foetal heart, the funic souffle, the sounds produced by the movements of the foetus, the sound produced by separation of the placenta, sounds heard over the fontanelles, and, lastly, sounds produced by the presence of air and liquids.

The uterine souffle was discovered in 1821, and may be heard about the fourth month, if the stethoscope be placed immediately above the pubis. Afterwards it may be heard in either inguinal region. The uterine souffle is caused probably by the blood in the uterine arteries directly communicating with that in the sinuses. The sounds produced by the foetal heart are double, and as high as 140 (which equals 280), whilst the mother's pulse is probably about 80. It may be detected about the end of the fourth month, but becomes of importance at the end of the sixth month. Professor Anderson, of Glasgow, examined 180 pregnant women at full time, and only failed twelve times to hear the foetal heart. In these twelve cases the child was born dead. If the patient be examined about the eighth month, the sound is best heard in the left inguinal region in the middle of a line from the anterior s. spine of the ilium to the umbilicus, which is near the left scapula of the foetus. The rate of the foetal pulse may be about 140 per minute. We are advised to ascertain the condition of the child before undertaking any operative procedure in labour. The occurrence of twins may be detected in some cases by the stethoscope. Dr. Monro states that the pulse-rate of the female foetus is much higher than that of the male, 148 and 131, but there is too much variation in this to make it of much practical value.

This pamphlet is most interesting, and should be read by obstetricians and midwives who desire to become accurately acquainted with their art.

ON DEFECTIVE TEETH AS THE UNSUSPECTED CAUSE OF VARIOUS FORMS OF CONSTITUTIONAL DERANGEMENT (b).

THIS is an excellent pamphlet, and Medical men will find great advantage from perusing it. It has lately been too much the fashion to allot to the care of the dentist cases that merely require extraction, filling, or fitting of artificial teeth, but there are many other cases of a more complicated character which ought to consult the dentist.

To the dentist is specially allotted the care of the teeth, whilst the health of the body is attended to by the general practitioner of medicine; but, as the diseases of the teeth very frequently cause dyspepsia, neuralgia, and great errors in nutrition, it behoves the physician carefully to study such facts as those laid before him in the pamphlet before us, when he will find that in very many instances obscure disease has been traced to defects in the teeth, and has been remedied by the removal of stumps or decayed teeth. The author is the son of a distinguished practitioner of medicine of Birmingham, and thus unites a sound knowledge of medicine with a most practical acquaintance with dentistry.

(a) "Dissertation on the Use of the Stethoscope in Obstetrics." By Aeneas Monro, M.D. Glasgow: Maclehose. Pp. 24.

(b) "On Defective Teeth as the Unsuspected Cause of Constitutional Derangement." By Adams Parkes. Birmingham: Cornish, 1872; pp. 44.

Foreign Medical Literature.

ON TWO CASES OF IDIOPATHIC ERYSIPELAS CURED BY THE APPLICATION OF ESSENTIAL OIL OF TURPENTINE.

BY DR. GIROLAMO LEONARDI.

(Translated from *L'Ippocratico* by DR. JOSEPH DUGGAN, Turloughmore, co. Galway.)

THE first case is that of a woman, *æt.* 42, of a strong and healthy constitution, who, after having slept in the open air, awoke with severe pain in the head and neck. The following day fever with sharp rigors set in, and, in the course of the same day, erysipelas appeared on the neck; the second day, the whole head and face were invaded by the inflammation, the ears became so intensely tumefied as to assume a most extraordinary size. It was only then she called in a physician, who prescribed an aperient mixture, and all the diseased parts to be painted over with the essential oil of turpentine twice a day. This mode of treatment was continued until the end of the third day, when all the parts affected with the erysipelatous inflammation regained their natural size and appearance; the exfoliation of epidermis was the only trace left of a formidable attack of erysipelas, which threatened the life of the patient.

The second case was that of a child about eight years old, of a strumous constitution, who, for some time, remained exposed to the rays of the sun. His illness commenced with pain in the entire half of the right side of the face; the following day the whole face was invaded, the nose and ears were considerably tumefied, and were covered with phlyctenæ. High fever, dry tongue, in a word, all the manifestations of a severe attack of erysipelas had appeared.

The author prescribed embrocations of the essential oil of turpentine twice a day, with the internal use of a solution of mannite and santonine. The child passed a great number of lumbricoides, and on the fourth day the erysipelas was completely cured.

The efficacy of the applications of essential oil of turpentine, says the author, has been frequently verified in the treatment of traumatic erysipelas. The two cases which have been briefly related go to prove that the same mode of treatment will also be applicable and as rapidly cure idiopathic as traumatic erysipelas, that is to say, is just as effectual, where we cannot assign any evident cause for calling it traumatic erysipelas. Is it then that idiopathic and traumatic erysipelas are identical in their essence? We are aware that Heyfelder considers that erysipelas is always connected or due to a solution of continuity of the skin, or a mucous membrane, a solution of continuity which we can without difficulty discover if we search with care either in the nasal fossæ, in the ears, eyelids, &c. Accordingly, Heyfelder rejects the idea of idiopathic erysipelas. But it now seems exactly so in the two cases reported above, as it cannot be proved by incontestable evidence that they were truly real cures of spontaneous erysipelas. Finally, however, says the author, two cases are not sufficient to establish the value of that method of treatment, we must seek by further inquiries and observations, before we can confirm its sure and complete efficacy in erysipelas.

D. BEAUGRAND, ON WOMEN DOCTORS.

(Translated from the *Gazette Hebdomadaire* for the MEDICAL PRESS AND CIRCULAR, by M. C. A.)

FROM the 10th century until the middle of that in which we live, women doctors occur less and less frequently; some are, however, met with practising different branches of medicine in England. Catharine Bowles, wife of a surgeon, lived during the first half of the 10th century, and showed a good knowledge of, and certainly practised

surgery, gaining special repute for the treatment of hernia. When the hernia was reduced she applied a caustic, and after the fall of the scab she used nitrate of silver or oil of vitriol. She also treated hydrocele by keeping the sac open. Her opinions are contained in a book which she published to controvert Robert Houston, "An Answer to a Book entitled the History of Ruptures and Rupture Curers," by D. Robert Houston, Lond., 1726, in 8vo. (*Hall's Bibl. Chir.* ii. 103). Miss F. Stephens is only known by her remedy for stone that she sold so dear to Parliament, (5,000*l.*), and which gave rise to a brisk discussion.

We cannot pass from England without recalling the name of Lady Wortley Montague, who brought to Europe, and by her zeal contributed to spread, the practice of inoculation. In Italy, Marchesa Buttelini, during the pontificate of Benoit XIV, (1740-58), energetically spread the same views, and notwithstanding great opposition, she inoculated a great number of people in the Roman States (Harless). Here we must mention, and with respect, the celebrated Laura Maria Catarina Bassi, of Bologna. Led onwards by a dauntless inclination, she studied philosophy and medicine in that town, and having passed with distinction, examinations in these two sciences, she gained the double degree in 1731. She appears to have been a successful practitioner, but is not known as a writer. From Germany we have about the same time another example of a woman doctor, Dorothea Christina Exleben, daughter of a Medical man. She took her degree at Halle, in 1754, and practised medicine with much success. In France, Thécle Félicité De Fay, made interesting physiological researches at Montpellier, on the identity of electricity with the nerve substance, and she published her ideas in a work written in Latin, and styled; "Fluidum Nervum et Fluidum Electricum," Montpellier 1750, in 4to.

In the present day we find some distinguished names. Madame La Chapelle, who, however, devoted herself exclusively to obstetrics. Madame Boivin, to whom the University of Marbourg sent the degree of doctor, an act which honours the faculty of that town as much as it does her to whom it was sent. Under circumstances almost similar, we see in Germany, Madame Th. Charlotte Heidenreich, the adopted daughter of Damien de Siebold, who profiting by the teaching of her father-in-law, of Langenbeck, and of Oslander, obtained in 1817 at Darmstadt, the qualification of "docteur en accouchements." Her mother Regina-Joséphe Heiland, the second wife of Dr. D. de Siebold, was herself a distinguished midwife, and the University of Giessen gave her an honorary degree of "docteur en obstétrique." We must not pass over the present period without a mention of Madame Brickner, widow of a doctor of that name, who, at the beginning of this century, treated successfully various malformations, and especially club foot, by means of instruments and similar means (Harless).

The question as to whether women should be allowed to practice medicine is not new, and during the last century gave rise to several discussions, in which different conclusions were arrived at. Goelicke (*Hist. Med. Univ. t. i, p. 267. Halle 1717, in 12mo*), speaking of the daughters of Æsculapius, complains bitterly that from the remotest times women have meddled in the practice of medicine, and even now he adds, practitioners in vain try to turn them out of the sanctuary; he considers the law of the Athenians, forbidding women to study medicine as very wise (we have seen what we should think of such a law). Goelicke wishes tyrannically to send them back to the kitchen and the distaff (*ad culinam et colum*), for which they were born. Their eternal cackling, like that of geese (*anserum instar*), makes them unworthy of an art needing so much seriousness and wisdom; they have neither the necessary knowledge or intelligence for a thorough study of medicine. Our author has developed these compliments in a special dissertation. Slacher, who wrote on the same subject, is more courteous and just. He says that the three faculties which combined make intelligence, that is to say memory, imagination, and power of reasoning distinguish man from the brute, and women included under the general name of

man, or the human race undoubtedly possess the same faculties; the success which some of them have gained in letters, arts, and sciences, are a guarantee of what they will gain in medicine and moreover they have no need to give proofs of this; history shows us that in all ages there have been some who obtained distinction in our art. Slacher exemplifies his opinion by enumerating some of these feminine celebrities, (*De feminis ex arte medica claris, Sepsis, 1838*). Forty years ago, Harless, in a learned work, gave biographies of all the women who distinguished themselves in medicine and natural philosophy; we regret, however, that he wrote about many who were unimportant and most unworthy of the honour he paid them, especially the writers of cookery books.

Different political parties and socialists have at intervals hoisted the flag of "the emancipation and rights of women." In America, as in the other countries peopled by the Anglo-Saxons, the young girl enjoys a liberty denied her elsewhere, a realisation of that which had hitherto remained a theory was attempted, and some young woman undertook courageously the study of medicine. Thence the movement naturally spread to England, thence to Switzerland, to some parts of Germany, to Russia, to France, and gave rise to ardent discussion. The principal argument that has been used in favour of the Medical degree for women is, that the majority of them cannot find work sufficiently remunerative for their needs, men having invaded, in commerce for example, many positions which used to be the perquisites of the other sex. This is incontestable, though it is beside my present subject to seek the causes that brought about this state of things. As to the insufficient remuneration, this argument is only applicable to artizans, who depend for subsistence on their daily earnings. Here certainly there is much to be said and much to do, but that does not apply to the women who wish to enter the Medical Profession, as this career implies a social position and means sheltering them from absolute want. One knows the cost of preliminary and Medical studies, the latter last four years, during which board and the required fees must be paid. The degree does not bring practice at once, so again board must be paid and an establishment and style maintained, calculated to give the public confidence. Thus from the commencement a competence is essential in order to follow a profession which does not always requite the hopes of those already in it, as an English newspaper remarked, a young woman should not be allowed to make such an experiment if she has not sufficient means to provide against failure, adding that it would be cruel thus to mar the future of some dauntless girls. They should realize that the practitioners who hold a fine position, are the fortunate and the strong, they do not remember those who dwell in an obscure and almost wretched condition, or who have changed their calling to embrace commerce, industries, agriculture, the church, &c. They should give these contingent chance serious reflection and then decide (*Brit. and For. Rev. t. xlv. p. 26, 1870*). Finally, one may say with Moutanier, from whom we shall presently give a somewhat lengthy quotation, that the means necessary in order to undertake a Medical career "will always place a sensible woman above want, and allow her to live honourably in a humble sphere where it will always be easy to her to be an honest woman and a good mother of a family." According to a very interesting paragraph in the *British Journal* three doctors and their families lived comfortably at a certain locality, one of them died and was replaced by a young, unmarried lady doctor, who succeeds well, and thus takes possession of the earnings that kept a family, that is to say, of a mother and her children (*Brit. Jour. 1870 t. 2, p. 339*). What advantage is this to women?

(To be continued.)

OUT of forty candidates at the late examination for M.D. at the London University, eighteen were rejected. It is obvious that the higher degree is only conferred on bachelors after very stringent tests.

Correspondence.

A CONTRIBUTION TO THE LITERATURE OF MEDICAL QUACKERY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—A short time since I received a very early visit from a gentleman who, having been the victim of self-abuse in early life, had for some time been under my care, and on coming down to breakfast I found him lying in great horror on a sofa in my study. He told me that he had consulted "a physician who had given special attention to symptoms such as his," and that he feared I had very much underrated the importance of his case. I listened patiently to a long detail of melancholy anticipations, and, at length, on asking the name of the "eminent physician" whom he had consulted he produced the following letter as having exactly met his case:—

"SIR,—I have given your case my careful consideration, and regret to say in reply that yours is a case of spermatorrhœa, and one of the worst forms of that terrible disease.

"The small ducts leading from the vesicles where the semen is stored up to the urethra are so relaxed in your case that the seed, instead of being retained in its natural receptacle till set free by the normal functions of the organs themselves, gradually passes away into the bladder, and thus escapes in large quantities with the urine. That this derangement has arisen from the pernicious and fatal practice of self-pollution there can be no doubt—a practice which has brought many to a premature grave.

"The semen thus escaping, causes a drain upon the system which, unless speedily stopped, will give rise to great debility and weakness in every part of the body, ending in consumption, heart disease, or some other fearful malady.

"The connection, too, between the generative organs and the brain being close and intimate, the mind is certain in the long run to become affected; this is to say nothing of the immediate affects upon the organs themselves, such as varicocele, impotence, and many other disorders too numerous to mention.

"At present I am happy to say your case has not advanced beyond the reach of cure; but if there be further delay restoration to health may be impossible. No time must, therefore, be lost.

"I am glad to be able to inform you that my remedies have been successful in thousands of cases like yours, and advise you, therefore, to let me at once prepare a case of medicines specially adapted to your condition. My fee for this will be £1 5s., payable in advance. This charge will include correspondence, advice, &c. The packet containing the medicines will be carefully protected from observation, and forwarded to any address or railway station you may direct.

"I am, Sir, yours faithfully,

"HENRY SMITH, M.D. (Jena).

"8 Burton Crescent, Tavistock Square,
London, W.C.

"P.S.—In all letters please give the same name and address, and enclose a stamped envelope."

This precious letter I perused carefully, and then told him that, in my opinion, his "eminent physician" was simply a rascal who lived by preying upon the fears of hypochondriacal and nervous people. I observed that, in all probability this letter was one of a stock of hand-written circulars with nothing but the date inserted on receipt of his letter, as he could not believe that a carefully-written letter so exactly analysing his case could be a copy of a mere office form. I advised him to prepare another application, describing a new set of symptoms and giving a fresh address, and written also in a different hand writing. He adopted this device, and a day or two afterwards brought me another identical note, the date only being altered. Being thus convinced that the letter was not a careful analysis of his special case, he became quite comfortable, and has since gone steadily on with treatment that had already done good.

Of course the *Medical Register* does not contain the name of this man, and, no doubt, the name "Henry Smith" is

adapted simply because there are many Smiths in the Directory, and ordinary patients would be unable to satisfy themselves that he was not a qualified practitioner.

Possibly, Sir, you can inform us what the degree "M.D. (Jena)" is worth, whether this Henry Smith really holds that degree, and if so, whether the granters have any power to strike his name off their list of graduates, on proof of his making such use of the degree. I am well aware of the difficulty of laying down any principle that will fairly and efficiently meet all such cases, and exclude rascals from Medical practice without inconveniencing other practitioners for whom we have great respect. For instance, there is the "Metropolitan Medical College, of New York," now defunct, a large number of its degrees, though utterly worthless, afloat and used for unprofessional purposes. Yet, there is one very able practitioner, Dr. Elizabeth Blackwell, now practising in London, and duly registered, whose only qualification is a degree from the American University of Geneva, in the State of New York. An institution which is also defunct, and whose course of study was never equal to the minimum exacted by our own licensing bodies. What course is the Profession to advise with regard to such degrees at the next amendment of the Medical Act? Could not safety to the sick and the principles of free trade be reconciled best by making a state examination, the one and only portal to Medical practice in this country? I believe that it could. In that case the use of all foreign degrees could fairly be prohibited, unless their holders were prepared to undergo the usual examination, in order to register as Medical practitioners. The University of London has long since made its valued degrees in Arts, Law, and Science, accessible simply by examination, and there is with it no mere question as to how, where, or when, the candidate gained his knowledge than at Goldsmith's Hall there is as to who made the silver and golden wares that are presented for assay and stamping. There the only question is as to the quality of the metal, and why should any body, whose Medical knowledge is up to the mark, be prohibited from Medical practice? Do our present privileged Medical schools need to be protected from the competition of private Medical teaching?

JAMES EDMUNDS, M.D.

4 Fitzroy Square,
Dec., 1872.

DR. LEE'S INHALER.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Seeing in your journal of yesterday, a description and illustration of a *new* inhaler, by Dr. R. J. Lee, I hope you will do me the justice to insert a few remarks in reference to my own invention patented more than twelve months ago, more especially as Dr. Lee's invention is a copy in its best points of my Registered Inhaler. I enclose a reprint of my paper published, December 9th, 1871, upon the subject, which I hope you will do me the favour to read, if you have not already done so. I had tried, nearly *two years ago*, the *Tube* of Dr. Lee's Inhaler, which gave, as the article expresses, some degree of expulsive force to the medicated steam, but this particular fact produced the disadvantage of scalding (in some instances) the mouth of the patient.

After numerous experiments, I invented the metal *expanded* tube, with holes in the side to admit the atmosphere (in transit) which answers admirably and enables the patient to regulate the temperature and strength of the medicated steam, exactly to his capability of bearing it. I do not think steam issuing *forcibly* from the apparatus any advantage in feeble breathing, but on the contrary, it has an *unpleasant* and embarrassing effect upon the patient. My invention has been purchased extensively, without advertisement, beyond a few reprints of my paper to Medical men; and has been highly commended by physicians of eminence in London, whom I do not feel at liberty to name in print, without their permission. My apparatus is adaptable to hot fomentations, at any hour of the night, by merely lighting the spirit lamp, and is also a valuable disinfecting agent. Lastly, I should feel sorry to say one word against Dr. Lee's invention, as the probability is, that he may not have seen my registered apparatus.

Truly yours,

J. WILLIAMS, M.D., M.R.C.S.

Oakwood, Croydon, S.
December 6th.

Medical News.

University of London.—The following are lists of the candidates who have passed the recent examinations:—

B.S. EXAMINATION.—First Division.

Cane, Leonard, of University College,
Godlee, Rickman John, B.A., of University College.
Greenfield, William Smith, of University College.

Second Division.

Wall, Alfred John, of St. Mary's Hospital.

M.S. EXAMINATION.

Aveling, Charles Taylor, of St. Thomas's Hospital.

Moscow Exhibition, 1872.—We learn from the *Standard* amongst the awards made to exhibitors are those to J. & J. Colman, of the grand Gold Medal for Mustard, the grand Gold Medal for Starch, and the grand Silver Medal for their British Corn Flour. Besides these awards, it appears that J. & J. Colman have received the honorary award of the first-class category of the Technical Department, being a distinction granted to no other British exhibitor, and the highest prize of the Exhibition.

Cambridge University.—The following gentlemen passed the second M.B. examination on Friday last:—(Examined and approved.)—Charnley, M.A., St. John's; Hughes, B.A., Jesus; Sangster, B.A., Caius; Smith, B.A., Downing; Twining, B.A., Downing. G. E. Paget, Regius Professor of Physic; J. B. Bradbury, M.D.; Henry Power, F.R.C.S., examiners. SPECIAL EXAMINATION IN APPLIED SCIENCE FOR THE ORDINARY B.A. DEGREE.—*Second Class.*—Hon. Henry O'Callaghan Prittie, Trinity. J. C. W. Ellis, and B. T. Moore, examiners.

Requests to Hospitals.—The will of Mr. George Marley, of No. 21 Upper Berkeley Street, London, who died on the 6th ult., was sworn on the 25th ult., under £70,000. The testator has left the sum of £1,000 sterling to each of the following four Metropolitan hospitals, viz., the Middlesex Hospital, Berners Street; St. Mary's Hospital, Cambridge Place, Paddington; the Consumption Hospital and Diseases of the Chest, Brompton; and the University College Hospital.

Gleanings.

Hypodermic Medication.

We are indebted to Dr. Alexander Wood, of Edinburgh, for the discovery and application of hypodermic medication. It was first used by him in 1843, in the treatment of a case of neuralgia, and for many years its use was confined to the treatment of this affection and morphine was the only agent so used. Wood believed that the remedy to be effectual should be localized, although he was well aware of its general effects on the system. Charles Hunter, of London, wrote an essay in 1859 on "the Hypodermic Treatment of Disease," in which he showed that localisation of the injection was not necessary. He was an enthusiastic advocate of this plan of medication.

From this time its use became very general throughout England and on the continent.

It was first used in America by the late Geo. T. Elliott, of Bellevue Hospital, in a case of sciatica. Since then it has been gradually growing in favour among the Profession, and is now very extensively used. But notwithstanding this rapid advance and its many advantages over ordinary medication, there are still many practitioners who have never tried it and who do not think it possesses any advantages over the old way of giving medicine; some are prejudiced against it, and others regard it as an innovation or a novelty which is destined soon to be numbered among the things that were. It has, however, in spite of all opposition assumed a wide range of application, both in the variety of diseased conditions to which it is applicable and the remedies used, and has taken its place as a standard means of great value to both the patient and practitioner in the relief of many painful and spasmodic diseases.

Remedies injected into the sub-cutaneous areola tissue, have in most instances the same effect as when administered by the mouth. Some years ago a scientific committee was appointed by the Chemical Society of London, to report on the physio-

logical and therapeutical effect of remedies administered sub-cutaneously, and they gave it as their opinion that no difference was observed in the effects of a remedy thus given, and by the stomach, except greater rapidity, certainty, and intensity of effect, and requiring a less amount to affect the system than when given in the ordinary way.

The agents thus used, being generally powerful in their nature, its application is not always unattended with danger, and therefore it is necessary to exercise care in its administration. Very great improvement has been made in the instruments now in use, and therefore nothing need be said regarding them further than that those with a graduated glass barrel are preferable, as it enables one to see the quantity used, and also to be sure that no air occupies the barrel. One of the greatest dangers of this method, except its use in cardiac disease, is the risk of injecting air or the solution into a vein. This may always be avoided by pushing the needle through the integument, (which has been pinched up for that purpose on the breast, arm, or shoulder) to the extent of $\frac{1}{2}$ of an inch, and then withdrawing the point a short distance before injecting the solution. If air is drawn into the syringe in filling it, the instrument should be inverted, and the piston pushed in, till all the air is forced out.

Much of the success of this method of medication depends upon the purity of the medicines used, and the character of the solutions. The remedy should be in a perfect state of solution, and always filtered to remove any undissolved portions, as they are apt to give rise to the formation of small abscesses. The solution should not be too strongly acid or alkaline, and not too much concentrated. Pure distilled water only should be used, as a solvent, when practicable, and the solution should not be kept too long. We give below some of the formulæ in common use.

For morphine, Magendie's solution is the best. It consists of morphia sulph., gr. xvj.; aquæ dest., ʒj. Mix and filter. The dose is from 5 to 8 minims.

For atropine; R. atropia sulph., gr. ss.; aquæ dest., ʒij. Mix and filter. The average dose is 4 minims. If it is desired to combine these two remedies, one grain of atropine may be added to Magendie's solution; of this five minims is the average dose.

For strychnine; R. strychnia sulph., gr. j.; aquæ dest., ʒij.; acidi hydrochlor., gt. j. Mix and filter. Average dose five minims. It would be well to begin with a small dose and gradually increase.

For quinine; R. quina sulph., gr. xx; acidi sulph. aromat., ten minims; aquæ dest., ʒij. Mix and filter. Nine minims equal one grain. The solution is more apt to cause abscess than the above, on account of its greater acidity.

For calabar bean; R. Ext. calabar bean, gr. ij.; aquæ dest., ʒj. Mix and filter. The average dose of this is eight minims.

For corrosive sublimate; R. Hydrarg. bichlor., gr. j.; aquæ dest., ʒij. Mix. Dose about ten minims, and may be used every alternate day. It has been highly spoken of in the treatment of constitutional syphilis.—*Canada Lancet.*

The Application of Electricity.

In continuation of this subject, referred to in our last number, we will offer some remarks on the application of electricity. In Medical electricity there are two principal methods of applying the current, termed respectively, general and localized electrization, with either the galvanic or faradic currents.

The object of general electrization is to bring the whole of the tissues and organs of the body under the influence of the electric current. This is usually done by placing the patient upon a metallic plate to which the negative pole is attached, while the positive pole is applied to the surface of the body. For this purpose the faradic or secondary current is the one usually employed; but the galvanic may sometimes be used with advantage, especially where the patient is not very susceptible to ordinary stimulation. For the application of the faradic current to the general surface, the operator's hand is preferable to the ordinary sponge electrode, especially when operating about sensitive parts, as the head and neck; no artificial electrode equals the human hand in flexibility and adaptation to the inequalities of the surface of the body, and excessively sensitive persons will bear this mode of application who could not tolerate it in any other way. Electricity is not a mere stimulant, the effects of which soon pass away, but it possesses tonic properties of the highest value in the treatment of various disorders.

In the treatment of various nervous and functional diseases

in which excessive debility is the principal symptom, the tonic influence of general electrification is most decidedly manifest. It is exceedingly useful in all cases of exhaustion uncomplicated with organic disease.

Localized electrification has reference to the application of a current of electricity to special nerves, muscles and organs of the body, and a variety of electrodes of different shapes and sizes for localized electrification are adapted to the parts to which it is applied. The limits of the present article will not admit of our entering fully into the details of its application to all the various parts of the body to which it may be applied; but we will indicate a few. In applying it to the head one pole may be placed upon the forehead, and the other over the occiput; or a pole may be placed on either mastoid process or on either temple. Less dizziness is caused when the current passes from the forehead to the occiput than when it passes from side to side. Galvanisation of the sympathetic may be readily effected in the cervical region by applying one of the electrodes over the sixth cervical vertebra, and the other in the auriculo-maxillary fossa. It is, however, impossible to exclusively localise the current in the great sympathetic; the spinal cord is also affected in the above method. The spine may be galvanized by applying one pole a little below the occiput, and the other at the coccyx, or by placing an electrode on either side of the spine, one above the other, about two inches apart. Cutaneous faradisation is accomplished by thoroughly drying the skin and applying the current by means of dry metallic electrodes, or by the hand. This method has been found extremely useful in conditions of profound cutaneous anaesthesia. The electric moxa is produced by applying rapidly to one part a dry and finely pointed electrode. It is frequently employed as a counter-irritant in obstinate cases of neuralgia.—*Canada Lancet.*

NOTICES TO CORRESPONDENTS.

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

All communications intended for insertion must bear the name and address of the writer; not necessarily for publication, but as a voucher of good faith.

SUBSCRIPTIONS IN THE UNITED STATES.—A correspondent has drawn our attention to the fact, that some of the houses in the United States are charging the enormous figure of 15 dollars per annum (more than £3) for supplying this Journal to different parts of the States. We beg, therefore, to state that we shall be happy to supply the same regularly post free per annum, if paid in advance, for considerably less than half this amount, viz., six and a-half dollars (about £1 6s. 0d.), either direct from our offices in this country, or through our recognised agents in the United States.

MR. MAY.—If the report comes under our notice we will exercise the necessary precaution.

ACCOUCHER.—The work you mention is an excellent one, it is a reprint from the columns of this Journal, and has reached a second edition in a very short time.

MR. R. M. GUNNELL.—You have undoubtedly *prima facie* evidence of the nuisance of which you complain, and of the beneficial effects upon the health of your district, sufficient, we should imagine, for a magistrate to grant an order for its removal. We cannot understand what "fresh grounds" are wanted to convince the authorities than those adduced by you and the four physicians named. Unfortunately, our space is so much occupied now that we are unable to find room for your long communication. Having already accorded space to two on the same subject, you must accept this as evidence of our sympathy in the cause you have in hand.

DISINFECTANT AT THE SMITHFIELD CLUB CATTLE SHOW.—The *Observer* states that the animals drafted into the Show will be subject to frequent examinations, and with a view to further comfort and protection the authorities have again resorted to Sir William Burnett's disinfecting fluid, which, combined with improved ventilation, will render the atmosphere of the building thoroughly pure throughout the show.

DR. A. MACKINTOSH.—There was no enclosure as stated in your letter.

PRESS NOTICES IN AMERICA.—Our cousins are sometimes so smart in expressing their opinions upon the merits and demerits of contemporaries, that we cannot refrain giving our readers the latest specimen of it from our clever contemporary, *The Pacific Medical Journal*. By way of explanation, we would remark that the paper thus criticised is conducted by two of the feminine gender upon the principle of Woman's Rights.

"A copy of *Woodhull and Claflin's Weekly*, comes to our address with a request to forward to the editors a copy of the Journal containing a notice of it, should we make such a notice. The subject is scarcely within the province of a Medical Journal. But as the editors seem to desire a notice, we will simply remark, that, having read in the newspapers that the brace of Amazons, Cyprians, or whatever they may be, who conduct it, are residing in the Ludlow Street Jail, we rejoice thereat, and pray that they may be detained there or in a lunatic asylum, and bathed daily in a solution of carbolic acid, in the proportion of gr. xx to ℥j. aq. crotonis, until fit to associate with decent people. Furthermore, we should like to have the 'American News Company'—whatever that vehicle of moral filth may be—subjected to the same disinfecting process."

LIEBIG'S EXTRACT OF MEAT.

To the Editor of the "Medical Press and Circular."

SIR,—My attention having been drawn to statements in some of the Journals respecting Extract of Meat liable to mislead, as you have so thoroughly and impartially taken up the "Food Question," I beg you will in the interest of truth, kindly insert the following explanation:—

Dr. Edward Smith says:—"The hardihood, however, of comparing Liebig's Extract of Meat with beef-tea made from one pound to two pounds of fresh soup meat at a cost of 1s. is surprising, for such beef-tea would certainly contain albumen and gelatine, with a portion of fat, (besides the solid meat), of which it cannot be said that they are not a nutriment in the ordinary sense,—and again,—I must demur entirely to the attempt to confound Liebig's Extract of Meat with beef-tea or meat juice, so neither of which is the remark applicable that they are not, nutriment in the ordinary sense, for they supply nutritive material on which the body may live, but it may be admitted that there are conditions of body in which it may act as a medicine."

It is evident that the researches of Baron Liebig on the changes which meat undergoes in the process of boiling and roasting, described minutely in his little work, "On the Chemistry of Food," London, 1847, have remained entirely unknown to Dr. Edward Smith, who obviously is ignorant of the fact, that meat-juice and beef-tea are different things, and that the albumen of meat by boiling in water, coagulates exactly in the same way as the albumen of eggs, and since extract of meat is prepared exactly in the same manner as beef-tea, by boiling minced meat in water, it follows that both beef-tea and extract of meat contain the identical component parts, and as articles of food must have the same effect. Consequently, the assertion is quite erroneous, that beef-tea and extract of meat are different things, and this assertion made by a Medical gentleman supposed to have made his studies of Chemistry, is certainly very strange.

It is true that in a cup of beef-tea there generally swim a few drops of fat, but no chemist will say that fat is a component part of beef-tea.

If 50 lb. of fresh meat from the butcher, containing 33½ lb. of muscle, (10½ lb. of bones, 4½ lb. of fat, 1½ lb. of membranes), are boiled in 50 pints of water, in order to prepare beef-tea in the ordinary way, 60 pints of beef-tea are obtained, each pint containing 7½ grm. of solid extract, and by evaporating these 60 pints of beef-tea to the consistency of honey, they give 1 lb. of extract. Consequently, by dissolving 1 lb. of extract of meat, which is the identical thing in 60 pints of hot water, 60 pints of strong beef-tea are produced containing each 7½ grm. of extract.—I have the honour to remain, Sir, your obedient servant,

CHARLES ROTTER,

Secretary of Liebig's Extract of Meat Company, Limited.

43 Mark Lane, London, 2nd December, 1872.

COMMUNICATIONS &c. received from:—Mr. Cole, C.B., Kensington. Dr. Lionel Beale, London. Dr. Dureau, Paris. Dr. Rodolfo del Castillo. Mr. Spencer Watson, London. Dr. Austin Flint, New York. Mr. G. Pink, Petersfield. Mr. Ruding, Dr. Hitchings, Brilles. Mr. Wace. Dr. James Brown, Shap. Mr. Tichborne, F.C.S., Dublin. Mr. T.H. Dr. Laureano Silarol, Madrid. Dr. Bennett. Dr. McGregor Croft, St. John's Wood. Mr. Barth. Mr. Hanslip Sera, Nottingham. Mr. Kirley. Mr. Cutcliffe. Mr. Tallerman. Dr. Johnson. Mr. Savory. Mr. Morson. Mr. Squire. Mr. Pugin Thornton, London. Mr. Aston, Wadingham. Mr. Rotter. Dr. Teare, Ramsay. The Secretary of the Royal Society. Dr. Morgan, Dublin. Professor Simpson, Edinburgh. Dr. Tilt, London. Dr. Murphy, Bowness. Dr. Marshall, Dromore. Dr. Hamilton, Carney. Dr. McLary, Ballymarey. Dr. Kehae, Kildare. Dr. Dunn, Fermoy. Dr. Walsh, Clogheen. Dr. McKeogh, Thurloe. Dr. Nyan, Drimo esague. Dr. Mulligan, Henry Bridge. Dr. Faren, Clonmany. Dr. Coates, Portunna. Dr. West, Rathmullen. Dr. Smith, Belfast. Dr. Graily Hewitt, London. Dr. Alexander Duncan, Glasgow. Mr. Hyslop, Stretton. Dr. Alexander Lane, Ludlow. Dr. Hopewell. Mr. Hatcher. Mr. Black, Edinburgh. Mr. Chapman. Dr. Wise, Norwood. Mr. Wilson, London. Dr. Bird, Chelmsford. Dr. Carpenter, London. Dr. Williams, Croydon. Dr. Edmunds, London. Mr. Holt-house, London. Mr. Stevens. Mr. T. Gray, Board of Trade. Mr. Phillip Gray, London. Dr. Stanley Gale, Manchester. Dr. Stanley Gale, Manchester. Dr. Roth, London. Dr. Mackintosh, Callington. Dr. Wilkin. Mr. D. McGill, Sligo. Mr. Bakewell. Mr. Fox, Manchester.

VACANCIES.

Coventry Hospital. House Surgeon. Salary £80 per annum, with board and residence.

Derby General Infirmary. Assistant House Surgeon. Board and residence. No salary.

Dorset Lunatic Asylum. Assistant Medical Officer for the Forston Asylum. Salary £100, with board and residence.

Plumstead Board of Works, Kent. Public Analyst.
 South Devon Hospital. House Surgeon.
 Manchester Royal Infirmary. Senior and Junior House Surgeons.
 Salary £80 and £60 per annum respectively.
 Inishowen Union, Buncrana Dispensary District. Medical Officer.
 Salary £90 per annum, exclusive of fees. (See advt.)
 Howden Union, Newport District. Medical Officer. Salary £40 per
 annum.
 Laxden Union, Colchester. Medical Officer. Salary £90 per annum.
 Samaritan Free Hospital, London. A physician and a surgeon.
 Addenbrooke's Hospital, Cambridge. House Physician. Board and
 residence free. No salary.
 Isle of Man General Hospital. Resident Medical Officer. Salary 285
 per annum.
 Ballyshannon Union, Churchhill Dispensary District. Medical Officer.
 Salary 250 per annum, exclusive of fees. (See advt.)
 Sligo Union. Apothecary for the Sligo Dispensary. Salary £60 per
 annum. (See advt.)

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

Hints for Obstetric Clerks. By Albert F. Field, Student. London :
 J. and A. Churchill.
 Lett's Household Guide to Family and Civic Rights.
 Public Health and the Social Science Association. By A. Mackintosh,
 M.D.
 A Handbook of Therapeutics. By Sydney Ringer, M.D. London :
 Lewis.
 Saint Bartholomew's Hospital Reports, Vol. viii.
 Third Annual Report for the Repeal of the Contagious Diseases Act.
 A Table of the Relative Values of Articles of Food in Common Use &
 Compiled by Charles Elkin, F.C.S.
 The British Journal of Dental Science. The Monthly Microscopical
 Journal. Hardwicke's Science Gossip. Pacific Medical and Surgical
 Journal. The Practitioner. Nature. La Presse Médical Belge. Le
 Mouvement Médical.
 Contributions to Operative, Preservative, and Clinical Surgery. By
 H. G. Croly, F.R.C.S.I., Surgeon to the City of Dublin Hospital.

APPOINTMENTS.

BELL, J. W., L.R.C.P. Ed., L.R.C.S. Ed., Resident Medical Officer to the
 Royal Hospital for Sick Children, Edinburgh.
 BERNAYS, Dr. A. J., Public Analyst for the Parish of Camberwell.
 LEAH, T., M.R.C.S.E., a Junior Surgeon to the Royal Albert Hospital,
 Devonport.
 LYBE, J. B., L.R.C.P. Ed., M.R.C.S.E., Assistant House-Surgeon to the
 Sheffield Public Hospital and Dispensary.
 M'LEARN, J., L.R.C.S. Ed., Assistant to the Extra Physicians of the
 Royal Hospital for Sick Children, Edinburgh.
 REID, E., L.R.C.P., Assistant-Surgeon to the 1st City of London Engi-
 neers; and Physician-Accoucheur to the Maternity Society,
 Woburn Square.
 ROBERTSON, A. M., M.B., House-Surgeon to the Alnwick Infirmary.
 THOMAS, R. E. G., M.D., M.R.C.S. Ed., Medical Officer to the Work-
 house and the Tiverton East District, and for the Cadbury and
 Washfield Districts of the Tiverton Union.
 TURNER, G., L.R.C.P. L., M.R.C.S. Ed., Resident Medical Officer to the
 London Fever Hospital.
 WEBSTER, W., M.R.C.S. Ed., Medical Officer for the South District of
 the King's Lynn Union.
 WHARRY, C. J., M.B., Superintendent of the Civil Hospital, Hong
 Kong.

Births.

MCCLEAN.—On the 6th inst., at 10 St. Stephen's Green, North, Dublin,
 the wife of Francis McClean, Esq., F.R.S., of a son.

Marriages.

JOY—GRIFFIN.—On the 3rd inst., at the Parish Church, Banningham,
 Frederick William Joy, L.R.C.P., M.R.C.S., of Northwold, to
 Emily Elizabeth Griffin, of Banningham Hall, daughter of the late
 John Cancy Griffin, Esq.
 ROWAN—LOWDER.—On the 4th inst., at Newport, Isle of Wight, Thomas,
 son of J. M. Rowan, Esq., of Beechwood, near Glasgow, to Blanche
 Amy, daughter of C. D'Oyly J. Lowder, M.D., of Hyde, Isle of
 Wight.

Deaths.

CLEMENTS.—On the 28th Nov., on board the Steamship "Antenor,"
 homeward bound, George Clements, Esq., Senior Medical Officer to
 the Chorlton Union Hospitals, Manchester, aged 23.
 GIBNEY.—On the 4th Dec., at Bath, W. Gibney, Esq., M.D., Consulting
 Physician to the Cheltenham General Hospital, and formerly
 Assistant Surgeon in the 15th Hussars, and present with that
 regiment at Waterloo, aged 78.
 POWNALL.—On the 18th Nov., John Pownall, M.R.C.S.E., of High
 Bank, Altrincham, Cheshire, aged 63.
 SEWELL.—On the 30th of Aug., on board the "Clarence," on a voyage
 to Melbourne, A. Sewell, L.R.C.P. Ed., M.R.C.S.E., aged 26.
 SKINNER.—On the 12th Nov., Geo. Skinner, M.R.C.S.E., of Bath,
 aged 75.
 SUPPLE.—On the 23rd ult., at St. Stephen's Road, Shepherd's Bush,
 Dr. Jas. Supple, late Madras Army, aged 63.
 WATSON.—On the 18th Nov., at Newburgh, A. Watson, L.R.C.P. Ed.,
 aged 55.
 WHITAKER.—On the 3rd Dec., J. S. Whitaker, M.R.C.S.E., of Betah
 Cottage, Kingland Road, aged 67.

Advertisements.

1873.

LONDON INTERNATIONAL EXHIBITION.—
 SURGICAL INSTRUMENTS.—Rules and Forms of Application
 may be obtained on application to the Secretary, Offices, International
 Exhibition, Upper Kensington Gore, London, S.W.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

The President and Council hereby give Notice, that on TUESDAY,
 the 24th December Next, at the hour of Three o'clock, they will proceed,
 according to the provisions of the Supplemental Charter, to elect a
 PROFESSOR of the THEORY and PRACTICE of SURGERY, in
 room of Dr. HARRIS, resigned.

Candidates are requested to lodge their applications with the Regis-
 trar, at the College, on or before the 17th December.

By order of Council,

JAMES STANNUS HUGHES,
 Secretary of Council,

22nd November, 1872.

HIGH-CLASS COUNTRY PRACTICE.—£800 a year for
 £1,000. West Coast. Very old established. Easily transferable to
 a gentleman used to good society. Six months' partnership intro-
 duction. Good house, garden, coach house, and stable on lease.
 Opposition trifling. Hunting, shooting, fishing, and yachting in the
 neighbourhood. Satisfactory reason for leaving. Agents need not
 apply. References required.—Address, D. M., Messrs. FRANK & Co.,
 St. Peter's, Bristol.

THE STEWART INSTITUTION FOR IMBECILES, AND LUNATIC ASYLUM, LUCAN.

PATRON:—H.R.H THE PRINCE OF WALES.

This Institution was founded in 1869, and has already attained a
 large measure of success. It is situated in a healthy locality, and is
 under the superintendence of a Resident Physician, with trained
 teachers, who endeavour by the most improved methods to develop
 the powers, mental and physical, of Imbeciles.

To the pupils who can receive such instruction useful trades are
 taught. In that of mat making, particularly, excellent progress has
 been made, and an inspection of the work is invited either at the Insti-
 tution or at the office.

The Institution is the only one of its kind in Ireland, and is mainly
 supported by voluntary contributions.

Pupils are admitted free by election, or by payment of £35 per
 annum. A higher rate is payable for separate accommodation.

Contributions to the fund for the erection of the proposed extensive
 buildings at Palmerston are earnestly solicited.

Each donation of Five Guineas gives the donor a life-vote.
 Annual Subscribers are entitled to one vote for each half guinea paid.

An Asylum for Lunatic Patients of the middle classes, under a well-
 organised administration, also forms part of the establishment.

Full particulars as to the working of both Institutions, terms, &c.,
 can be had at the office,

40 MOLESWORTH STREET, DUBLIN,

W. O'NEILL, Secretary.

UNIVERSITY OF LONDON.—The following are the
 Dates at which the several EXAMINATIONS in the University
 of London for the year 1873 will commence:—

Matriculation,—Monday, January 13, and Monday, June 30.

Bachelor of Arts,—First B.A., Monday, July 21.

Second B.A., Monday, October 27.

Master of Arts,—Branch I., Monday, June 2; Branch II., Monday,
 June 9; Branch III., Monday, June 16.Doctor of Literature,—First D.Lit., Monday, June 2nd; Second D.Lit.,
 Tuesday, October 14.

Scriptural Examinations,—Tuesday, November 25.

Bachelor of Science,—First B.Sc., Monday, July 21; Second B.Sc.
 Monday, October 27.

Doctor of Science,—Within the first twenty-one days of June.

Bachelor of Laws,—First LL.B., Wednesday, January 8; Second
 LL.B., Wednesday, January 8.

Doctor of Laws,—Thursday, January 16.

Bachelor of Medicine,—Preliminary Scientific, Monday, July 21; First
 M.B., Monday, July 28; Second M.B., Monday, November 3.

Bachelor of Surgery,—Tuesday, November 25.

Master in Surgery,—Monday, November 24.

Doctor of Medicine,—Monday, November 24.

Examination for Women,—Monday, May 5.

The Regulations relating to the above Examinations and Degrees
 may be obtained on application to "The Registrar of the University of
 London, Burlington Gardens, London, W."

WILLIAM B. CARPENTER, M.D.,
 Registrar.

December 7, 1872.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, DECEMBER 18, 1872.

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PRACTICAL REMARKS ON THE TREATMENT OF CATARACT.

By G. CRITCHETT, F.R.C.S.,

Senior Surgeon to the Royal Ophthalmic Hospital.

At the International Ophthalmic Congress recently held in London, the subject of the treatment of cataract by operation was discussed. The perusal of the reports of that discussion, which is about to be published, together with various private discussions I have held with eminent professors of ophthalmology, both British and continental, abundantly show that opinions as to the best form of operation are very unsettled. The reply usually given to the question—What method of extraction do you adopt? is the following, "I adopt Von Graefe's linear extraction with modifications," which modifications have reference chiefly to the situation, size, and form of the section, and also to the best method of dealing with the capsule.

An interesting paper also was read at the congress by my friend Professor Warlomont, of Brussels, strongly advocating the curvilinear section of the cornea midway between its centre and its upper margin. The old flap extraction is still recommended and performed by some eminent ophthalmologists, and a further modification has been suggested by Mr. Taylor, of Nottingham, to preserve the pupil and cut away only the ciliary margin of the iris, so as to allow the cataract to escape through the button-hole that has been made, leaving the rest of the iris and the pupil intact. It will be seen from the above remarks that the opinions and practice of ophthalmic surgeons in regard to the operative treatment of cataract are in a very unsettled state. This constituted my original plea for writing these papers, and the views expressed at the recent congress have strongly confirmed that opinion. It would

be presumptuous in me to suppose that I can succeed in establishing any one method of operating, nor do I think this would be a desirable result, as I shall hereafter show. So long as the old corneal flap was the one recognised method of extraction, it enjoyed a sort of papal infallibility, but as soon as a successful protest was made, sanctioned by the highest ophthalmic authorities, an era of sectarianism ensued, and each did that which seemed best in his own eyes and became a law unto himself. If we are ever to return to anything like uniformity of practice upon this question it can only be when the controversial points have been clearly defined, and when a large appeal to results shall have been honestly and scientifically made.

There are so many disturbing elements to be carefully weighed, such as the skill of the operator, the constitution of the patient, the age, the after treatment, &c., that a very large experience must be appealed to before any authoritative results can be obtained—indeed, so numerous and great are the difficulties, that it is doubtful if we ever arrive at the same uniformity of action as in the old days of flap extraction; nor, indeed, is this altogether desirable—it is far better that the ophthalmic surgeon should be to a certain extent eclectic, and vary his mode of proceeding in accordance with the peculiarities of certain groups of cases. This may and will somewhat increase his difficulties and his responsibilities, but if carefully carried out will also increase his average of success. That which will most probably conduce to the establishment of some settled principles to guide us in the selection of any special method of operating is a clear understanding of the chief points of controversy, and a fair exposition of the advantages and dangers attending each plan that has been hitherto suggested. I may state "in limine" that we must be prepared for legitimate objections that can be urged against every method, and our object must be carefully to weigh these against the advantages, and, if possible, select that in which the latter have the greatest preponderance.

The problem that we have to solve is to find the easiest and safest method of extracting a cataract, so as to do the least amount of violence to the eye, to leave the parts in

the most favourable condition for repair, to avoid the more serious dangers, and to obtain the best optical results. To discuss this problem fully would exceed the limits of this paper; but I may just glance at some of the salient points, referring back to my previous papers in this Journal for some of the more minute details. The questions upon which the chief differences of opinion exist amongst ophthalmic surgeons have reference chiefly, 1st, to the size, form, and situation of the wound; and, 2ndly, to the performance of an iridectomy.

As regards the size I think it will be generally admitted that in old persons with hard fully-formed cataracts, it should be of sufficient extent to allow the exit of the lens without force. In respect to form, it should be curvilinear, representing a segment of a circle about double the size of the circumference of the cornea. Upon both these points there is probably considerable uniformity of opinion amongst operators. The two next questions, viz., the tissue in which the section should be made, and whether an iridectomy should be performed, involve some considerable differences of opinion. As regards the tissue, we have to determine whether the section shall be in the cornea or in the opaque white tissue that constitutes the border land between the cornea and sclerotic (a structure that varies much in extent in different subjects), or whether the two extremities of the wound shall be in the white fibrous tissue, and the central part in the transparent cornea. At first sight this may seem like hair-splitting, but in reality it involves an important principle. Some contend that one of these tissues unites with greater rapidity and certainty than the other, and to determine this, extensive and carefully drawn statistics are required. It is generally acknowledged that the cornea is much more prone to take on suppurative inflammation than the opaque tissue, and that "*cæteris paribus*" a wound of this latter heals better than in the cornea. As a proof of this we may appeal to the ordinary operation of iridectomy, which, so far as the operation is concerned, enjoys a remarkable immunity from risk, large statistics showing a loss of not more than one in five hundred cases. A similar wound inflicted on the cornea would give far less favourable results. The fair inference from this would seem to be that if we could limit the section exactly to this opaque tissue, making it of such a form and size as would permit of the free exit of the cataract, we should obtain more favourable results than in a corneal wound, and I am disposed to think this is correct; but there are certain risks in this operation that it is well to consider. They are chiefly three—1st. Greater liability to escape of vitreous humour; 2nd. Proneness to secondary iritis; and 3rd. Possibility of sympathetic ophthalmia. The reason of the first of these accidents is usually some spasm and pressure at the moment of the exit of the lens, or a long residence of the cataract in the eye, involving toughness and opacity of the capsule, atrophy of the ciliary ligament, and a fluid state of the vitreous humour. Secondary iritis usually depends upon some bruising of its tissue at the moment of exit, or some fragments remaining in the papillary area, or a constitutional proneness to fibrous inflammation after wounds, aggravated by entanglement of the cutangle of the iris in the wound. Sympathetic ophthalmia (fortunately an exceedingly rare occurrence) is probably due to an encroachment of the section upon the ciliary nerves, and a consequent bruising of that highly sensitive tissue during the transit of the hard cataract. All three contingencies may be usually avoided when they are fully recognised—the chief source of danger being not so much the seat of the wound as the *point of puncture and counter-puncture*; these being very liable without care to encroach upon the ciliary region. In order to avoid this, a greater curve may be given to the wound, so as to make it represent a larger segment of rather a smaller circle, in such a manner that the puncture, the counter-puncture, and the remainder of the wound are in the opaque tissue close to the cornea, and at a safe distance from the ciliary ligament, exactly in the situation where iridectomy is performed. It may be argued

that in this way we are departing too much from the curvilinear and returning to the semi-circular form of section, but although this may be in some measure true, it is unimportant when combined with iridectomy, and when situated in this opaque fibrous tissue, in which the edges keep well together and are generally aided by a conjunctival flap. I believe that in a majority of cases this method of operating, if carefully carried out in all its details, will give the best results, and has many advantages over a corneal operation. Under the most favourable circumstances, however, the warmest advocates of this method must admit, as an inevitable result, the permanent mutilation of the eye by the loss of a portion of the iris, the frequent occurrence of opaque capsule, and a certain amount of irregular astigmatism. In stating the case for curvilinear extraction with iridectomy, as finally bequeathed to us by Von Graefe, and in advocating its advantages I have only claimed it for a majority of average cases, and I should entirely fail in carrying out the objects of this paper were I not to put in a plea for the corneal section.

There are many who prefer the operation of Graefe with the modification of a corneal instead of an opaque fibrous section, limiting the fibrous part to the puncture and counter-puncture. Time and large experience can alone determine this point. It seems to me that such an operation retains the objections and misses some of the advantages of the Graefe method. If the puncture and counter-puncture are beyond the limits of the cornea, the danger is not increased by making the remainder of the wound in the same tissue, so long as it be not permitted to encroach upon the limits of the ciliary region. If, therefore, it be determined to adopt the corneal section, it seems to me that the operation described by M. Warlomont offers strong arguments in its favour. The section is curvilinear, it is made entirely in the corneal tissue by means of the needle knife, it is nearly painless, and may be performed without the use of an anæsthetic; it is comparatively easy of execution; it does but very little violence to the eye; it is seldom attended with prolapse or synechia; and if it quite succeed, leaves the eye with a circular small pupil, an almost invisible cicatrix, and good optical conditions. Secondary capsular opacity is rare. I should advise this method of operating to be preferred in every case to the old flap operation, which I think should now be altogether abandoned. It seems to be indicated in the following cases—1st. Wherever the modified linear extraction has failed in one eye; 2nd. Wherever both eyes are operated upon at the same time one should be treated by this method; 3rd. Whenever the patient is unable or unwilling to take chloroform; 4th. In persons but little past middle age, in whom the cosmetic result is important, and where it is desirable to obtain the highest optical effect; 5th. Where the cataract is not quite mature, and likely to be sticky, or to leave fragments behind; 6th. In cases where distance renders a secondary operation for the division of capsule difficult or even impossible; 7th. Where the anterior chamber is small and the circumference of the iris is close to the cornea so as to preclude a satisfactory curvilinear section through the opaque tissue between cornea and sclerotic. The objections and sources of danger in this method are the same in kind though not in degree as the old flap operation. There is—1st. The risk of suppurative of the cornea or even of the globe; 2nd. Prolapse of the iris, though in consequence of the curvilinear form of the wound this is of necessity small and easily dealt with, and not incompatible with very fair vision; 3rd. There is anterior synechia—the iris may fall forward and attach itself to the edges of the corneal wound. This, of course, mars the perfection of the eye, but leaves a clear pupil and a good optical result. Whilst I am far from believing that this operation will ever supersede the one known as that of Von Graefe, it commends itself strongly in those cases indicated above, and, if judiciously selected, will diminish our average of failures.

25 Harley Street, Cavendish Square, W.

CLINICAL ILLUSTRATIONS OF DISEASES OF THE THROAT AND LUNGS.

(With Illustrations in Colours.)

BY PROSSER JAMES, M.D., M.R.C.P.,

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In a Report on Diseases of the Throat in the current volume of the MEDICAL PRESS I have described and illustrated with wood-engravings, the parts revealed to us by the laryngoscope in a state of health, and some of the deviations commonly met with in disease.

Wood-engravings are, however, only available for the purpose of showing deviations of form, and it is obvious that variations of colour are frequently of much greater import. I have, therefore, determined to present the Profession (a) with some clinical illustrations of Diseases of the Respiratory Organs selected from cases that have been treated by me during the many years I have devoted to the study of this branch of practice (b).

The plate I am now about to describe represents seventeen distinct subjects, all taken from life. If they are not all what some would pronounce typical cases, they are at least exact copies from nature. Here, therefore, we may study both form and colour. It is, indeed, the latter upon which I lay most stress just now, and, considering the enormous cost and trouble involved in the production of this plate, I trust my brethren will find it of real service. No attempt has ever before been made in this country to depict in colours such a variety of cases, and abroad similar efforts have been confined to costly volumes (c).

With regard to both colour and form it is necessary to establish first of all the standard in health. As to form this has been done in preceding communications to this Journal. As to colour there is more difficulty. I have not depicted on the plate a merely healthy laryngeal image, because, in the first place, it is so easy for each reader to look at one in the laryngoscope; and in the next, it is by contrast that we make the most distinct impressions. The natural standard of colour may be inferred from the construction of each part. The whole is covered with mucous membrane—the density and blood supply of which varies. The submucous tissues also differ much. Taken as a whole the colour of the larynx may be compared to that of the fauces or mouth; the true vocal cords, standing out in striking contrast, as white.

The several parts do, however, differ in the depth of their colour. For instance, in the lip of the epiglottis, when well seen, the yellow of the fibrous cartilage seems

(a) See Coloured Plate issued with this number of MEDICAL PRESS.

(b) It is now generally known that I was the first person who ever applied topical remedies by reflected light and faucial mirrors. This was before the revved discovery of the laryngoscope by Türk or Czermak, both of whom were anticipated by me, and earlier still, so far as exploration goes, by Garcia. But all claims of priority in the discovery of the laryngoscope have been set aside since it has been found that the elder Dr. Babington had, before any of us,—in 1829—exhibited a "glottoscope" to the Hunterian Society. Like others, I knew nothing of this fact, nor was I aware of Garcia's success when I began to work with reflectors. No one, however, had then done more than attempt to see. I had applied remedies, and thereby cured a patient who had been discharged from three London hospitals, and the case was related in my work on "Sore Throat" in December, 1859.

(c) Some readers may be interested to learn the mode in which I have produced this Plate:—To secure exactness of outline I demonstrated a number of cases to Mr. T. Sulman, whose well-known power of pencil enabled him at once to transmit to paper the view of each as he saw it reflected in the mirror. In the same way Mr. J. G. Rolfs has drawn and painted for me many cases as I demonstrated them to him. Selections of the most striking of these were next painted in water colours by Mr. E. S. Gibson, well known for the fidelity with which he paints anatomical and pathological specimens. I then demonstrated to Mr. Gibson the cases themselves, and he retouched his paintings one by one as he saw the images in the laryngeal mirror and as I pointed out the corrections required. The originals thus laboriously obtained have been copied on seven stones, and printed in colours by the most improved methods.

to shine through the pink mucous membrane. This is not observed in the cushion, which, therefore, looks bright red. The upper surface of the valve presents a more obscure colouration. The cornicula stand out in relief, being of a richer, deeper hue than the other parts. The aryteno-epiglottidean folds are much lighter, closely resembling in colour the gums, while the false cords have a shade between these folds and the cornicula.

We are now prepared to consider the changes produced by disease. First of all hyperæmia, as in congestion or inflammation, may be general or partial. Several of the cases illustrate this. In No. 1 there is intense inflammation. So much swelling has taken place that all trace of division between the arytenoids and the cartilages of Wrisberg and Santorini is lost, and this part is of a deep red colour. The other parts of this larynx are also hyperæmic, and minute vessels can be seen on the epiglottis, the left vocal cord, and both false cords.

In other figures there is hyperæmia more strictly located, *e. g.*, in Fig. 3 on the left cord, in 4 on the right, in 8 and 12 on both false cords; and in 15 there is a dusky, patchy hyperæmia in various parts that will be readily recognised as of a specific nature.

In Fig. 9 there is a deficiency of colour, to which I attach considerable importance in reference to the predisposition to consumption, and in which view Semedeler apparently coincides. But this is a point to which I must return at a future time.

I will now briefly describe the several cases depicted on the plate, reserving their details for another article.

FIG. 1.—Acute laryngitis—the stress of the disease falling about the arytenoids. The patient at this period in imminent danger.

FIG. 2.—Acute laryngitis with œdema. The colour is less intense, the swelling tending to diminish it, but the danger is not less. The œdema is clear enough on the right side, advancing so far over the cord as to make it look narrower; while on the left side, though not extending so far backwards, it has passed quite across the cord in front, and hides the anterior part. Scarification saved the patient from impending suffocation.

FIG. 3.—Chronic congestion, chiefly of the left cord.

FIG. 4.—Paralysis of adductor of right cord, which cannot approach the centre. It is inflamed, a congested vessel being visible.

FIG. 5.—A growth is seen occupying a large part of the glottis intimately connected with right cord.

FIG. 6.—The same after one month's treatment.

FIG. 7.—Follicular inflammation of the larynx from the same disease as depicted in the pharynx in the central figure, 17.

FIG. 8.—Growth presenting a fringe-like appearance. It was of a papillomatous nature, and easily removed. Such cases well illustrate the value of the laryngoscope, which enables us not only to discover, but to cure the disease.

FIG. 9.—Wide open glottis, showing the rings of the trachea and bifurcation of bronchi. Anæmia of the larynx. In the patient there was more striking pallor than appears in the figure. The patient at a later period presented the signs of consumption. Extreme pallor of the larynx should be regarded with suspicion.

FIG. 10.—Swollen condition of the epiglottis, arytenoids, &c., from laryngeal phthisis. Congested state of false cords.

FIG. 11.—Enormous swelling of arytenoids, &c., most extensive on right side, but with more congestion on the left. This is most commonly seen in consumption, but is not often so congested as here seen. The case is one of deep interest and will require a full history.

Fig. 12.—Consumption. The epiglottis is ulcerated at the edge and has the appearance of a saw. The swelling of the arytenoids is also seen and a single ulcer on the left cord. This was healed, and the case is one of the most satisfactory instances of arrested consumption. It is so often stated that after the appearances characteristic of consumption have been developed in the larynx the case is hopeless that it is a delightful duty to have to speak of the arrest of this form of disease and depict such a case.

Fig. 13.—Consumption. Similar case—the ulcer differently placed.

A similar case to this, except that the epiglottis was not affected, afforded me another triumph of treatment, the ulcer being cured, and the patient being still in the enjoyment of fair health.

Fig. 14.—Very advanced case of consumption, ulceration having produced extensive ravages in various directions as seen.

Fig. 15.—The patchy and dusky hue of the secondary form of specific disease well seen in both larynx and trachea, with warts on the cords, &c. These easily yield to treatment and must not be confounded with new growths requiring operation.

Fig. 16.—Shows the fearful and rapid ravages of tertiary, specific ulceration. Only a rag or two, so to say, is left of the epiglottis, so great is the loss of substance. There is also deep and foul looking ulceration at the posterior commissure, and on the right true and left false cords. This patient had much neglected himself, and the figure depicts the condition of the larynx when I was first consulted.

Fig. 17.—The central figure shows the condition of the fauces in a case of follicular disease of the pharynx, which is often called "clerical sore throat." Some of the follicles have ulcerated, others appear to be distended with thick yellowish exudation. Compare this with Fig. 8, in which the same disease has invaded the larynx. The mucous membrane intervening between the diseased follicles is usually in a state of congestion. In the larynx this may give a florid hue (Fig. 7); in the pharynx it is more likely to be passive and venous in character (17); but this varies with the stage.

There are few diseases of the throat that deserve more attention than this. It is one all Medical men are likely to meet with, and, so long as the pharynx only is involved, particularly easy to discover and watch.

It is not correct to call it "clergyman's sore throat." The clergy, indeed, in common with other public speakers and singers, do suffer from various forms of disease of the throat, and may be attacked with this. But whoever treats sore throat in these classes, as simply dependant on their vocation, or as always of the same nature, will fail to benefit his patients.

I do not propose to enter at length on this subject today, but I take the opportunity of depicting a disease more easily examined than the other sixteen, of which I give illustrations, and of assuring the reader that though often obstinate, it is nevertheless amenable to judicious treatment persistently carried out.

18 Dover Street, Piccadilly, W.

MERCURY IN THE TREATMENT OF BRONCHITIC ASTHMA.

By JOHN C. THOROWGOOD, M.D. Lond.,

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ORDINARY spasmodic asthma is a spasmodic neurosis of the lungs, and may, even in the most severe cases, be quite independent of any inflammatory or organic change in the

pulmonary structures. Hence it is that we often get excellent cures by the employment of medicines of the nerve tonic class, such as iron, quinine, arsenic, silver, and zinc, with the occasional assistance of certain sedative preparations, such as belladonna, stramonium, datura tatula, &c.

In dealing with the complaint, which we here call bronchitic asthma, a different plan of treatment is required, and I believe an important medicine in real bronchitic asthma is found in mercury. To illustrate the remedial action of this drug, I append short notes of a few cases in which mercurial treatment was employed with success.

In bronchitic asthma we have present a more or less active inflammation of the bronchial tubes, complicated with severe and trying attacks of bronchial spasm or asthma, the last being dependent on the first, so that if we cure the inflammation the attacks of spasm speedily cease.

As a general rule these cases of bronchitic asthma arise from cold. The patient is feverish at night, with perhaps some sweating, his pulse is quick, and his urine loaded with lithates. Towards dawn of day, or earlier in the night, he coughs severely, and has to sit propped up in a regular asthmatic paroxysm. There is tendency to basic congestion of lungs, with bronchial râles, and at times there may be some hæmoptysis.

Such are the cases in which a small pill of pil. hydrarg. et pulv. scillæ, or of hydrarg. et creta et pulv. ipecac. et ext. conii, at bed time or oftener, will succeed in giving great and permanent relief, as the following cases testify:—

CASE I.—Chronic Bronchitis with Asthmatic Attacks cured by Mercurials.

H. W., a man, æt. 45, came to Victoria Park Hospital, saying that for several months he has had severe cough day and night, with sweating and heavy, thick expectoration. At night he has severe paroxysms of dyspnœa, obliging him to sit up; he then sweats freely.

Pulse 80, chest resonant, sonorous and sibilant râles heard on auscultation.

R. Pil. hydrarg. et pulv. scillæ, ʒss gr. ij. as a pill every night. Saline mixture with vin. ipecac. three times in the day.

From October 7th to 28th he followed this treatment, and was then discharged perfectly free from cough and able to lie down and rest all the night.

CASE II.—Seth F., æt. 36, seen at the hospital March 15th. Patient states that in September he got wet, and has had cough and spitting ever since. Breath and cough very bad at night; sweats much; tongue clean. Bronchitic râles over bases and left lung. He was ordered every night a pill of pil. hydrarg. pulv. scillæ ʒss gr. ij. and ipecac. and serpentry three times daily. From this treatment he experienced very decided relief, but as there seemed reason to fear phthisis of left lung, in about two weeks he left off the mercurials and got three times daily a mixture containing the hypophosphite of soda. In May he was dismissed feeling himself quite well. The chest was free from râle, but the respiration in the upper left lung was very tubular in character.

CASE III.—Mrs. R., between 30 and 40 years of age, has been ill for three months with bronchitis, and attacks at night of most severe dyspnœa. Expectoration scanty and frothy; pulse 88; slight emaciation.

Iodide of potassium, ammonia, and various expectorants had no effect whatever in this case, and the patient seemed going from bad to worse till she got the pill of mercury and squill at night, and then a speedy and decided change for the better manifested itself.

It would not be difficult to add to this list of cases, but it is needless; I may, however, state that I have never in any case given mercury so as to make the mouth sore, and when it is used thus carefully it will prove valuable in curing a troublesome complaint, and preventing perhaps the development of certain forms of phthisis.

61 Welbeck Street, Cavendish Square, W.

ON A PECULIAR AFFECTION OF THE HANDS
AND FEET.

By J. MORGAN, M.D., F.R.C.S.I.,

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THE occurrence of a peculiar subacute inflammatory and chronic affection of the fingers and toes has been long recognised by surgeons, and has proved a subject of considerable difference of opinion, with regard both to its origin and its most suitable treatment. Of late years certain forms have been recognised, and proved as so undoubtedly connected with either an hereditary or an acquired syphilitic taint, that they have been grouped under the head of specific or Syphilitic dactylitis.

This affection, occurring as it does most frequently in children, is specially interesting, as connected with the question of inheritance, and in consequence, with specific or non-specific treatment, and also its diagnosis from other affections of a strumous or of an enchondromatous character. Difficulties will, of necessity, accompany any investigation into the previous history of the life of either parent, so great, more particularly in private practice, as often to narrow our enquiries within very circumscribed limits, and to demand the exercise of the greatest prudence.

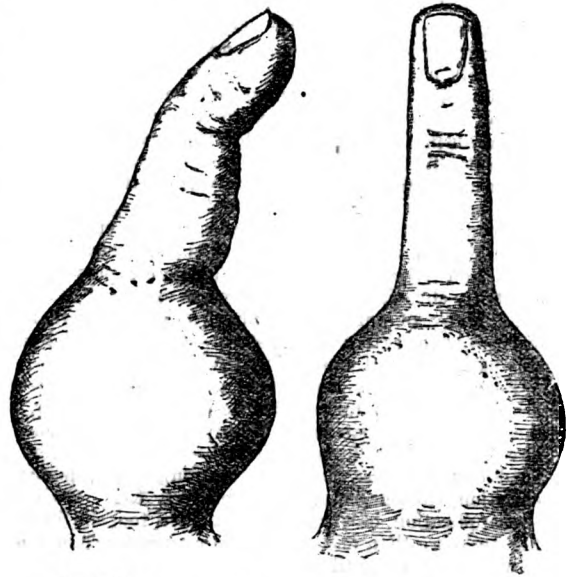
As the appearances of this affection are rather marked, and the indications of a specific source more or less clearly indicated, it is important that in practice we could be able to form a judgment as to the exciting cause, and should be ready to respond to the anxious inquiries made as to the probable course and result of an affection which seems alarming, and which, in many instances, may promise to demand extreme surgical interference by amputation, or by the milder procedure of removing the diseased part. Some very marked and undoubted illustrations of the disease have come under my notice, where the evidences of the specific source were indubitable, and where a suitable treatment was eminently successful.

The disease appears most usually as an affection of the fingers or toes, but occasionally as of the metacarpal or metatarsal bones near their articulations. The term "dactylitis syphilitica" has been more particularly applied to it by Dr. Taylor, of New York, who has closely investigated the subject.

It has been recognised from time to time as a specific lesion. Thus, it is noticed by Chassagnac in 1859; by Nélaton in 1860; by Volkman, and by Berg, of Copenhagen, in 1870; by Dr. Taylor in 1871; and in a very interesting paper on the subject by Dr. Perry, Philadelphia Hospital, within the last few months; I have also discussed the question, and cited cases under my own observation, and I have pointed out the most appropriate treatment (a). The disease is directly associated with the formation of the gummy or tertiary syphilitic deposit; this may be deposited in the fibrous and connective tissue of the joints, or of the phalanges. Its most usual seat is in the first or proximal phalanx, but it may shade into and involve the second one. The phalanx becomes swollen and globular in shape, and more swollen on the dorsal than on the palmar aspect, the joint itself may become affected.

There is no increase in temperature, and little or no discolouration of the skin; the progress of the disease is so slow and accompanied with such a slight degree of suffering, that the little patient may give no attention, and will allow of its being handled without complaint. Sometimes on examination a crepitation can be found at the interphalangeal or metacarpo-phalangeal articulation. This condition may be looked on as a milder form of the affection, where as yet the bone or the periosteal tissue has not become implicated, and may proceed no further. In other instances, however, it appears to degenerate into the more marked condition, where the bone and periosteum become infiltrated.

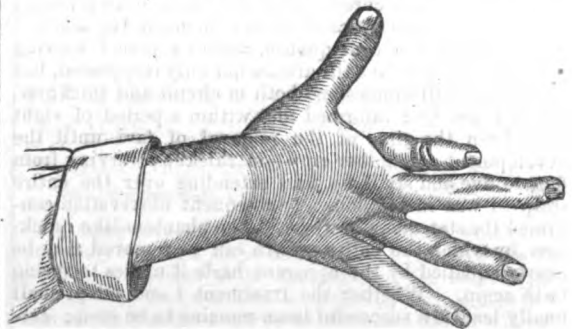
The illustrations show the natural size and general appearances.



Syphilitic disease, the result of inheritance.

These tumours might appear to be of an enchondromatous character, but the history—the sensation conveyed, the enlargement being on the dorsal aspect chiefly, the crepitation, and the yielding to treatment, sufficiently indicate the specific origin—occasionally the infiltration may extend to the joint and extremities of the bones, in which case, the fingers will shorten, and permanent deformity will ensue. A remarkable instance is given by Berg, of Copenhagen, where the deformity was considerable.

"A man, æt. 35, contracted syphilis, and for years afterwards suffered from various constitutional signs, and he finally developed a severe dactylitis in both hands, and also of the toes. The right hand, as will be seen, was considerably deformed, the first phalanx of the index considerably shortened and so constricted in the centre that the bone appeared as if divided in two pieces. The middle finger was emaciated and in a position of supra-extension; the left hand suffered even more."



Deformity resulting from specific disease of the fingers, after Volkman.

I have witnessed a remarkable variety of the affection in a boy 7 years old, the tumour at first looked like those of enchondroma, but the tendency to suppuration, and the discolouration as described by Taylor, of New York, which preceded it, confirmed the diagnosis, the shrinking, and retrocession of the index finger is very marked.

23 St. Stephen's Green, Dublin.

(To be continued, with illustrations in colour.)

C

(a) "Practical Lessons on Contagious Diseases." P. 291, 1872. London: Baillière, Tindall, and Cox.

CASE OF TINEA FAVOSA,

BY R. LOCKE JOHNSON,

Physician to St. John's Hospital for Skin Disease.

I HAVE under treatment a case of favus disseminatus. In England the disease is not a very common one; authorities tell us that it is less rare in Scotland, whilst it would appear to be indigenous to other countries, where cases of it are so numerous as to require and to receive special hospital arrangements for the treatment of those whom it afflicts. The special case now under notice is rather a remarkable one, not only from the presence of the disease with which the patient labours, but likewise on account of the time that disease has persistently affected the subject of it, notwithstanding the universally recognised and acknowledged skill, the heroic perseverance, and truly christian patience, for years exercised to relieve her. Many of our London physicians, who have made diseases of the skin a special study—more or less—treated this patient, out of hospital and within it.

For months at a time—her mother informs me—she has been in hospital at the desire of, and under, the most skilled physicians. Nearly all known remedies have in her case been employed—tonics, cod-liver oil, good diet, *low diet* (nearly starvation), baths, poultices, epilation, lotions, ointments, blisters, &c. Owing to the application of strong parasiticides, too, she has had fits on more than one occasion, a circumstance of which I was unaware until a recurrence of them since she came under my care and during active local treatment. With regard to her history it is as follows:—She is now fourteen years of age, strong, healthy-looking, ruddy, small-featured, and extremely diminutive in stature for her age. Eight years ago a "small speck" came on her head; it persisted in remaining, gradually spread over the entire surface of it, and since that time, with scarce an intermission, she has not been free from the disease. She is one of a numerous family—a family of ten children, the youngest of whom is only two years old—poor, resides in a very populous district, and certainly in an overcrowded dwelling, but poverty seldom has choice in the selection of even a less essential matter than "where to live." Her brother, too, has been under treatment for favus, and I have been informed that patches of favi, possessing the recognised colour, cup, and crust, are *now* distributed over his body. About four months ago I was consulted in the girl's case, and since that time she has been under my observation. Then, and until recently, two or three linseed meal poultices, or applications of cod-liver oil, cleaned the scalp so thoroughly as to make the hope of speedy cure apparently certain, but very often the prescribed parasiticides would be neglected and not applied, and, as a consequence, within a period varying from eight to ten days the disease not only reappeared, but attained its full dimensions both in circuit and thickness. When I was first informed that within a period of eight days from the time of the removal of favi until the development of another crop—in thickness varying from four to five and six lines, and extending over the entire scalp—I was incredulous. Subsequent observation confirmed the statement, however. The phantom-like quickness by which the entire growth can be removed may be nearly equalled by the apparent haste it makes to spring forth again. Whether the treatment I *now* adopt shall finally lead to a successful issue remains to be seen; certain it is that, for so far, there is a considerable improvement—slower growth, less density, less heat of scalp, *less irritation*, and less of that abominable odour so diagnostic of favus. That treatment consists in removing all visible disease by poultices, shaving the head, painting (part only at a time) with a solution of carbolic acid—in this case one part of carbolic acid to ten of water—subsequently washing the scalp with soap and water, afterwards with sulphurous acid lotion, then applying a parasiticide, and, finally, excluding both light and air from the part so treated (on account of the tendency to fits, and for

obvious reasons, I cover only a portion of the scalp at a time), by means of thick diachylon plaster, and the administration of alteratives, tonics, and good food, including plenty of milk. The case is a most interesting one, and I thus presume to invite attention to it, on account of the rarity of the disease and the difficulty generally experienced to relieve it.

6 Bedford Street, Bedford Square, W.

ON

EXCISION OF THE UPPER JAW,

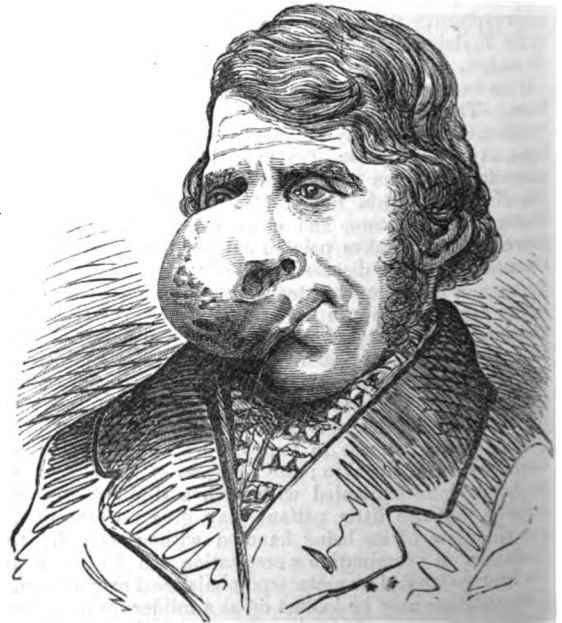
ALONG WITH

AN ENORMOUS FIBRO-SARCOMATOUS TUMOUR, WHICH, SPRINGING FROM THE BASE OF THE SKULL, PASSED FORWARDS, CAUSING EXTENSIVE ABSORPTION OF THE OSSEOUS STRUCTURES SURROUNDING IT.

BY WILLIAM STOKES,

Surgeon to Richmond Surgical Hospital, Lecturer on Theoretical and Operative Surgery, Carmichael School of Medicine, Dublin.

MICHAEL BRENNAN, *æt.* 58, by occupation a labourer, was admitted into the Richmond Surgical Hospital under my care on October 26th, 1872, suffering from an enormous growth on the right side of his face. The history of his case is as follows:—About eighteen years ago some teeth of his upper jaw were broken in an unsuccessful attempt to draw them, and a short time subsequently a small tumour, about the size of a small pigeon's egg, appeared above and behind where the teeth were broken. When squeezed, matter used to come from the tumour, and it would partly disappear and return again after some time. It was accompanied by great heat and a shooting pain in the stumps of the teeth. For eighteen years the tumour remained without any perceptible change, when it began to increase rapidly, and continued doing so until it reached the enormous size it had on his admission into hospital. A glance at the wood-cut drawn from a photograph taken shortly after his admission will give an excellent idea as to its size and appearance.



On examination, the tumour was found to be elastic, smooth on the surface, moveable, the adherent at any point to the tumour, nor were large veins ramifying over it. About the base of the tumour there was an ulcer, evidently caused

pressure of the growth on the integument. The ulcer had none of the characters of the ulcers seen so frequently in connexion with cancerous growths. The edges of it were smooth and even, the surface covered with healthy granulations, and a complete absence of any fœtor from the discharge. The case was also characterised by an absence of the shooting lancinating pains so often felt in cancerous growths, and there was also no evidence whatever of any glandular contamination. The patient's general health was excellent, his appetite good, and he slept well. On examining the interior of the mouth, a great portion of the hard palate was found to be absorbed, but the tumour did not appear to be, to any great extent at least, behind the soft palate. It was quite free and moveable, and there was no bulging forwards of it whatever. Having regard, therefore, to the great chronicity of the case, there being an absence of glandular contamination, or lancinating pains, to the fact that the patient's health was unimpaired, that the ulceration did not present any of the characteristics of carcinoma, and that the integuments remained moveable over the tumour, I came to the conclusion that the growth was not cancer, but more probably a sarcoma—a view which subsequent investigation amply verified.

On November 6th I excised the tumour, assisted by my colleagues, Mr. Adams, Mr. Hamilton, and Professor R. W. Smith, removing also the superior maxilla. The patient was placed seated in a strong, high-backed chair, his legs and arms were firmly secured, and a broad bandage was brought round from the back of the chair across the patient's abdomen and tightly fastened. An assistant then having steadily fixed the head, I made an incision from the inner angle of the eye downwards and outwards in front of the anterior edge of the ulceration as far as the angle of the mouth. Another incision was then made between the same two points, but carried a little behind the posterior edge of the ulceration. The inner flap, or that next the nose, was then dissected carefully back towards the middle line, and continued until I was enabled to separate the two superior maxillary bones by a powerful bone forceps, one blade being placed along the floor of the nose, and the other in the mouth. The posterior flap was then dissected towards the arch of the zygoma, and the junction of the superior maxillary bone and the malar was also divided by the bone forceps. Portions of the bone which were extensively eroded at each side of the tumour were then removed, and I proceeded to separate the tumour from its lateral, as well as its deep, attachments. The tumour passed much deeper and further back than I anticipated, and I found that it took its origin apparently from the body of the sphenoid bone. On the removal of the tumour there was some sharp hæmorrhage, which, however, was promptly arrested by the free application of the actual cautery. This was also applied for another purpose, to destroy, namely, any small portions of the tumour that might have been left attached to the osseous structures at the deepest part of the large cavity that was left when the tumour was removed. A pledget of charpie soaked in solution of perchloride of iron was then placed in the cavity, and the edges of the wound were brought together and fixed by numerous fine entomologist pins and twisted floss silk sutures. On the second day after the operation I removed two of the pins, and on the fifth day three others. On the eighth day the remaining pins were removed, and the wound was found to be satisfactorily united except at one point, where there was the slight gaping represented in the accompanying wood-cut, which is taken from a photograph by Mr. Samuels, of Westmoreland Street. A trivial plastic operation will doubtless amply suffice to completely occlude this small opening. Nothing whatever untoward occurred during the patient's convalescence, and he returned home to the country in excellent health and spirits.

Being very anxious that a careful and accurate microscopical investigation should be made to determine the exact anatomical characters of the tumour, I requested

my colleague, Dr. Gerald Yeo, to examine it for me. His report will doubtless be read with much interest. He



observes:—"The greater part of the tumour consists of a tough fibrous tissue, containing numerous small spindle-form cells; blood-vessels few and small. Here and there throughout this fibrous structure are masses of small, round, finely granular cells, very uniform in size, being about as large as white blood corpuscles. In some of the more superficial parts these two kinds of tissue are so clearly defined, and the fibrous parts arranged in such long pillars, that it reminds one of the tissue of a papilloma. From the non-vascularity of the tumour, the uniformity in nature and size of its elements, and the complete absence of anything resembling a so-called cancer-cell, I consider that it is not at all a malignant form of growth, and I think it is best classed under the Fibrosarcomata."

It was eminently satisfactory to find that the microscopical examination, which was conducted with so much skill, care, and accuracy, so fully confirmed the diagnosis originally made as to the non-malignant nature of the tumour.

3 Clive Street, Dublin.

THE APPLICATION OF NITRATE OF SILVER AS A CAUSE OF STRICTURE OF THE URETHRA.

By CHARLES OWEN ASPRAY, F.R.C.S. Edin.

Senior Surgeon to St. George's and St. James's Dispensary, &c.

IN every case of stricture of the urethra which comes under my notice, I am in the habit of trying to come to a definite conclusion as to the cause of the complaint. I believe that the treatment of urethritis by injection is the best method in the majority of cases, and that it will never produce stricture if the solution employed be weak enough at first, and the patient be properly instructed as to the mode of using. It appears to me a rather significant fact, that the nitrate of silver has always been the medicament used, either in a solid form, or in solution, in those rare cases where I could venture to put down a particular local application as the cause of the complaint. This is not so much to be wondered at, if we consider that the effect of a nitrate of silver injection upon the healthy subject is to produce ardor urinæ, and a thick yellow discharge, i.e., acute urethritis. The first case in which I discovered this

cause was that of a gentleman, who had been unnecessarily cauterized for emissions nearly twenty years previously; the stricture would not at first admit a No. 1. bougie; he had never had gonorrhœa. The other cases are not quite so clearly traced, because the individuals had suffered from gonorrhœa; in one, the patient had used a strong solution of the salt on his own account, which produced retention immediately, and after this was relieved, he had symptoms of stricture, which he had never noticed before. I never use this salt in the treatment of urethral complaints, for I think it is one we can very well do without. I do not know any treatment of gonorrhœa more likely to produce stricture than what is called the abortive, and added to this, it rarely cures the disease. I am induced to speak thus plainly, because I have lately become aware, than an eminent member of the Profession has ordered this injection in the early stage of the complaint.

† Devonshire Street, Portland Place, W.

THE REMOVAL OF CATARACT BY SOLUTION, ESPECIALLY WITH REGARD TO THE SOFT CATARACT OF EARLY LIFE, AND THE OPERA- TION BY KERATONYXIS.

BY ARCHIBALD HAMILTON JACOB, M.D. Dub., F.R.C.S.I.,
Chief Surgeon to the Dublin Eye and Ear Infirmary; late Ophthalmic
Surgeon to the City of Dublin Hospital.

I HAVE observed with much regret in my perusal of recent ophthalmic writings, that there is a disposition on the part of some leading authors to depreciate the value of the operations for the removal of cataract by solution, and, being impressed with the great value of this method of procedure and its much more universal applicability to the treatment of cataract than it at present enjoys, I think it right to recall to the mind of the Profession the advantages which—as experience has proved—are possessed by this method of treatment. I believe myself entitled to speak with some little authority on this subject, having had the advantage of an unusually large experience of it in my father's practice, and subsequently in my own, and having performed the various operations for extraction by flap and linear section in sufficient number to enable me to form a fair contrast between the merits and demerits of the two methods of treatment.

The operation for Keratonyxis or the breaking up of the cataract with a needle passed through the cornea was one with which Dr. Arthur Jacob's name and practice were intimately associated, and the result of his very lengthened experience was, that he applied the process to almost all forms of cataract—even those to which it would be now considered inapplicable—and attained great success in its use. In the year 1827 he published his first communication on the subject ("Dublin Hospital Reports," vol. iv., page 214), and he followed up the subject by a contribution to the MEDICAL PRESS in the year 1850, and the strength of his views, founded on the experience of these twenty-three years, may be best appreciated from the following quotation of the last words of this communication. Having cited the result of a number of his operations, Dr. Jacob said—

"From these cases the surgeon can form some opinion as to the practical results of the operation. They present the general effects of the practice, and certainly do not afford more favourable examples than an average would supply. I have no wish to indulge in any exaggeration respecting the success of this method. I am writing for surgeons who will, in the sequel, pronounce a verdict upon it from their own experience, and thereby verify or disprove my statements. . . . I refrain from performing the operation for extraction, only because it is in its nature a most formidable operation, and in its results a most hazardous one. In principle, too, it is not creditable to surgery. To cut open a man's eye in order to squeeze out his crystalline lens through the incision, when

that lens can be removed by absorption, I hold to be contrary to the rule which binds the surgeon to give his patient the best chance of recovery, regardless of present inconvenience or delay. But, whatever view may be entertained on this subject, I am firmly convinced that the operation of extraction should be restricted to hard cataracts in aged persons. Under fifty years of age, the crystalline lens once broken in pieces must be sooner or later dissolved and absorbed. There can be no question as to the result; it is only a question of time."

Heterodox as these views may appear to modern ophthalmologists, I do not hesitate a quarter of a century after their enunciation, to declare my adhesion to their principle, and my entire concurrence in the justice of the comparison which Dr. Jacob then drew between the operations for extraction and solution. In the majority of cases, I myself operate by extraction, with the feeling that my doing so, is a concession to the convenience of the patient, and that I thereby purchase a comparatively rapid restoration of sight at the expense of a very grave risk of failure, and a certain inevitable sacrifice as regards the ultimate result. I am perfectly persuaded that in all cases, excepting those of hard amber cataract of old age, it would be my duty to advise the operation of solution in preference to that of extraction, if the patient were content or able to wait for the result. I do not consider that, since Dr. Arthur Jacob penned these observations, any of the infinite modifications of the extraction operation have very materially improved its safety or efficiency, or have brought it at all into competition with keratonyxis in these qualities, and I, therefore, hold that spoon operations or other procedures recommended for the immediate removal of soft, rapidly-dissolving cataracts, are unless under very exceptional circumstances, as unjustifiable as they are usually unsatisfactory. In thus expressing my very strong predilection for the operation by solution, I hope I will not be understood as unqualifiedly condemning the extraction operation, which I have no hesitation in performing very frequently, and in which I think I have a fair measure of success. I desire, only to imply that the supremacy of that procedure is the result, not of its surgical perfection or satisfactory effect, but of its greater adaptability to the convenience of the patient. Very many people must be content to incur risk and prejudice results for the sake of their own private reasons, and in such case the operation must be and is performed with usually the best effect. But, in my opinion, no ophthalmic surgeon would be justified in advising extraction until he had satisfied himself that solution was, from the unsuitability of the case or the necessity for haste, out of the question, and the temptation to a brilliant operation or the desire to satisfy the fidgetiness of the patient ought not to deprive the alternative operation of its due consideration.

Having thus expressed my view as to the place which keratonyxis should occupy as a means of treating cataract I proceed to point out the cases in which it is most suitable and to indicate the modifications of the operation for solution most suitable to each particular case.

79 Harcourt Street, Dublin.

(To be continued).

Hospital Reports.

ST. GEORGE'S HOSPITAL.

Excision of the Scaploid Bone.

(Under the care of MR. HOLMES.)

LUCY FITZGERALD, et. 6, admitted Oct 9, 1872. About six months ago a knife-cutting machine fell on the dorsum of the left foot, which, although bruising it very much, did not break the skin. From this accident she apparently soon recovered.

Four months, however, after the accident, the foot became so painful as to induce the mother to bring the child to the hospital—for several weeks as an out-patient under Mr. Pick, but eventually as an in-patient under Mr. Holmes.

After four days' rest, Mr. Holmes made a complete examination under chloroform, and found three sinuses leading to the scaphoid, which was extensively diseased. Having ascertained, by enlarging one of the sinuses sufficiently to admit the finger, that the disease was confined to that bone, he determined to remove it. The articulation between the astragalus and the scaphoid was so extensively opened that the tip of the finger passed completely into it.

October 17th.—The bone was removed by making a T shaped incision over the dorsal surface of the scaphoid and disarticulating it from the surrounding bones. In doing this, however, the middle cuneiform being imperfectly ossified, the knife cut away a portion of it, instead of passing between it and the scaphoid. A gutta-percha splint with a tin back was then placed on the foot, and the wound simply treated with carbolic acid lotion.

October 18th.—Foot rather painful; splint readjusted.

October 19th.—The pain in the wound decreased. The wound looks healthy.

Oct 23rd.—Splint removed and plain dressing of oakum applied over the lint and carbolic acid lotion.

November 2nd.—A slight attack of erysipelas presented itself on the skin of the right leg. This soon subsided, and from this time the wound steadily healed; the general health became so much improved as to enable her, after about a week, to walk about with crutches and splint.

On December 4th she left the hospital for the Convalescent Home at Wimbledon. Her foot, though still secured by the splint, was very weak. The wound was nearly healed, one month having elapsed since the operation.

Clinical Remarks.

In a clinical lecture on this subject, Mr. Holmes adduced this case as an example of a disease tolerably frequent in childhood, viz., caries of the tarsus, the result apparently of an accidental contusion of the bone or bones affected, and not of any constitutional taint or deposit of strumous matter. In cases of this sort the usual course is either to temporise with the disease, in which case it usually spreads into the neighbouring articulations and then affects adjacent bones, destroying the utility of the foot, and often necessitating amputation; or an attempt is made to gouge out the portions of bone irreparably diseased, in the hope that the parts left will prove sound and will take a healthy action. No doubt this occurs sometimes, but really, more commonly, the violence done to the bone propagates the disease. A third course is to dissolve out the diseased bone by sulphuric acid, or to destroy it with caustic potash. This is more successful than the two former methods, but the total removal of the affected bone by dissecting it out of its articulations, when this can be effected, leaving the cartilages of the latter sound, is a far more certain mode of treatment, and one in which a tolerably ample experience as applied to the os calcis, astragalus, and first metatarsal bones, has led Mr. Holmes to feel great confidence. It is rare to find an opportunity for dealing in the same way with one of the smaller and more anterior bones of the tarsus. Hence this case may be of some interest. It is not yet, indeed, quite complete, but progress of the wound towards union has been so rapid and so favourable that the best hopes may be entertained of its ultimate result.

LONDON HOSPITAL.

STRICTURE OF THE URETHRA.

Notes of Cases under the care of MR. RIVINGTON.

Two of the following cases illustrate the advantages of

the method of treating stricture by tying a catheter in and keeping it in the urethra for twenty-four or forty-eight hours. The second case treated thus was of a very severe character. Another case exemplifies the ordinary treatment by gradual dilatation.

In two other cases fistulæ were present. In the first case the fistulæ were in the perinæum, and were treated with partial but substantial success. In the second the fistula was in the penile portion of the urethra, and resulted from sloughing of the urethra after ulceration behind a stricture and extravasation of urine. The case did remarkably well, and would have been completely successful but for the perverseness of the patient.

CASE 1.—*Hæmorrhoids and Annular Stricture of the Urethra.*

Joseph Newman, æt. 35, carman, was admitted into the London Hospital on December 20, 1871. He was quite well up to five years ago, when he began to experience a peculiar itching about his anus. Piles then developed themselves externally, and he attributed their formation to the fact that he had often to sit on a wet seat whilst driving. Eight years ago he had a discharge from his urethra which lasted a month, but no difficulty arose with his water until six weeks back, when, after a heavy drink, he had retention, which passed off by itself. He did not have another attack till a few days before his admission. He had been drinking heavily, and his piles descended in consequence. When first seen he was suffering from retention, and a large mass of inflamed and congested internal and external piles protruded at the anus; one internal pile being in a sloughing state. A catheter could not be passed, but, after a warm bath, his water came away. The piles were poulticed, warm applications giving the patient complete relief, and under this treatment they became reduced in size, and one, the sloughing pile, came away altogether. On the 25th, after some difficulty, a No. 1 silver catheter was passed, followed by a No. 2, and on the 28th a No. 3. There was great variability in the condition of the urethra, so that a catheter which passed with comparative ease one day could not be passed a few days afterwards.

On the 3rd of January, 1872, the patient was put on the table and ligatures applied to the piles according to Salmon's method, and, as the case was complicated with stricture of the urethra, a gum-elastic catheter (No. 2) was passed and tied in to prevent the retention which is liable to occur after operations for piles, more especially when they are accompanied by stricture.

On the 4th of January a No. 6 gum-elastic catheter was passed with comparative ease. Silver catheters were passed with difficulty, and to pass the gum-elastic catheters it was necessary to withdraw the stilet.

In about a fortnight the patient was able to get up, and applied for leave of absence for a few days to attend to his private affairs. He promised to return for the removal of his stricture. He kept his promise, and was put under chloroform, with the aid of which a larger catheter could be introduced. A No. 6 was passed and tied in. The stricture was situated at the bulbous portion of the canal, and beyond that there appeared to be an obstruction arising from a congested and tumefied state of the verumontanum. The catheter was kept in for forty-eight hours, and then a No. 8 was passed and kept in twenty-four hours longer. The only bad effect of the treatment was the production of profuse perspiration, especially at night, but locally it accomplished its purpose admirably. Larger catheters could be passed with ease, and, as the patient gave the nurses a great deal of trouble and annoyance by the use of bad language, he was discharged with directions to purchase a No. 8 gum-elastic and pass it for himself as he had learned to do while in the hospital.

CASE 2.—*Indurated Annular and Contractile Stricture treated by Gradual Dilatation.*

Thomas Kilduff, æt. 54, was admitted into the London Hospital on the 20th of December, 1871, for stricture of

the urethra. He first noticed difficulty in passing his water twenty years ago. Some years previously to that he had gonorrhoea, which did not last long. He had never been a great drinker, but if he took more than usual he experienced difficulty in passing his water. Instruments had been used frequently before his admission. There was a stricture situated in front of the bulbous portion of the urethra, very dense and demanding patience and perseverance for its penetration. The stricture could be readily felt, and grasped by the thumb and forefinger when a catheter had been passed into it. At this time a No. 4 passed with difficulty; there was pain in the loins and penis, and sudden stoppage in the water occurred. The water itself contained a little blood, was alkaline, and deposited phosphates mixed with pus. It was decided to treat the patient by gradual dilatation with the ordinary catheters.

On the 29th a No. 3 and a No. 4 were passed, but No. 5 would not enter the stricture.

On the 4th January, 1872, after using the No. 4 catheter daily, a No. 5 was passed, but No. 6 was not admitted.

On the 6th, after using No. 5 for a couple of days, No. 6 was passed, and the stricture was found to be a quarter of an inch in length, beginning four and a half inches from the meatus.

By the 18th, the gradual process having been continued, a No. 9 silver catheter could be passed through the stricture, and this was followed by No. 10 a few days afterwards. No. 11 was too large for the urethral orifice.

As the water had cleared, and the pains in the loins and penis had left him, the patient considered himself nearly well, and being anxious to go out he was instructed in the use of the catheter, and a No. 9 gum elastic ordered for him before his discharge on the 29th.

CASE 3.—Severe Annular and Irritable Stricture, successfully treated by keeping a catheter in the urethra.

Charles Orsler, æt. 26, was admitted into the London Hospital on the 23rd of December, 1871. His water began running away from him six weeks previously, and for the last fortnight every thing he had on had been saturated, and not being able to bear it any longer he came to the Hospital on the recommendation of Mr. R. W. Jenkins, of Philpot Lane. He first saw Mr. James Adams, who passed a No. 1 with some difficulty, and drew off his water. After his admission into the wards an attempt to pass a catheter was made by the dresser to the case, and failed.

On Christmas day Mr. Rivington tried to pass a No. 1, but finding the stricture very irritable and inclined to bleed he desisted after trying a few minutes. At this time Orsler was unable to pass his water without the assistance of a warm bath. Before his admission he could pass it when he went to the closet. He stated that he had had difficulty with his water all his life. When about six years old he was taken to St. Bartholomew's Hospital for an obstruction to the passage of his urine and supposed stone in the bladder; but he could not state what was done for him. He was not cut in any way. Since childhood he had always strained in making water, and his water jetted out in various ways. On examination it was found that the urethra would admit No. 7 for three inches, and that then its passage was obstructed; that No. 3 would pass an inch further or four inches, and No. 1 for five inches. Catheterism gave pain, and the water scalded the patient as it passed.

On the 28th a No. 1 was passed with some difficulty, and tied in. The patient was directed to keep it in all night, but he took it out at 3 a.m.

On the 29th Mr. Rivington passed No. 1, followed by No. 2. No. 3 would not pass. No. 2 was, therefore, passed again and kept in, and in order to subdue the local congestion six leeches were ordered to be applied to the perinæum. The patient passed a quiet night.

On the 30th the leeches were applied by the nurse, which had been ordered for the preceding evening, and

after their removal the bites bled freely. Ice was required to arrest the flow.

Some little constitutional disturbance followed the retention of the catheter. The patient had a rigor, the tongue became coated, the skin hot, the pulse quick, and there was considerable thirst. The water passed through the catheter, and the bladder was relieved of the strain which it had previously experienced from over-distension.

On the 31st the catheter was withdrawn, and was followed by a small quantity of pus.

On the 2nd of January Mr. Rivington passed No. 3 easily, and then with slight resistance at one point only near the bulb a No. 6, both silver catheters.

On the 4th No. 7 passed with comparative ease. There had been a little purulent discharge from his urethra, but he had had a discharge before his admission.

On the 19th Mr. Beech, the house-surgeon, was able to pass No. 9, and soon afterwards No. 10.

The patient now began to practise passing the catheter himself, and a No. 8 gum elastic catheter was ordered for him.

At the beginning of February he was anxious to go out, and was discharged.

It may be noted that one complication attended the treatment. Some days after the retention of the catheter the patient complained of his right buttock, and on examination it was found that inflammation had occurred, and that an abscess was forming under the fascia. The abscess was opened, and the wound discharged matter daily for about a fortnight. The discharge then became thin and serous, and the opening closed. With this exception the treatment yielded a most satisfactory result. Three days after the removal of No. 2 catheter a No. 6 was admitted readily, and the patient said that he could pass water in a better stream than he had ever done in his life before. The subsequent dilatation of the stricture was more easily effected than it would have been if only gradual dilatation had been employed.

Cases of Altered Temperature in Nervous Affections.

(Under the care of DR. BATHURST WOODMAN.)

EMMA C., æt. 21, a stout girl, with the cast of features usually called hysterical, was brought by her mother for advice, on account of spastic rigidity of the fingers of the right hand, which were tightly clenched upon the palm. She declared her inability to open the hand, and even when her attention was diverted it was found very difficult to overcome the spasm. The pain was said to be so intense as to prevent her sleeping. Her mother confirmed this, and stated that the girl had lost a good situation in consequence. The bowels were rather constipated, and the catamenia had been irregular, but further examination of the patient and the limb failed in throwing any light upon the diagnosis. There was no history of injury, no œdema, nor fluctuation; nor was there wasting, or any spasm, or paresis, or any tumour discoverable in the course of the nerves. A careful questioning failed to elicit any account of moral shock; and galvanism, although both constant and interrupted currents were tried, failed in assisting the diagnosis. A thermometer, with the bulb between the clenched fingers and the palm, after fifteen minutes, only marked 90° F. (32.2° C.) whilst in the left hand, which was unaffected, the temperature was 96° F. (35.5° C.) This observation, which was repeated on three or four different days, with differences of only a few tenths of a degree, of course settled the question of malingering. There was hardly any difference in the temperature of the two axillæ. The girl stated that there had been swelling, and Dr. Woodman remarked that the case was most probably one of embolism or thrombosis, although the pulses at the wrists were now almost perfectly similar. The subsequent history of the case confirmed this, as after nearly two months the whole of the spasm disappeared, and the hand regained its normal functions.

Soon afterward, a woman, *æt.* 36, who had met with an accident from broken glass in 1866 (more than five years before) applied on account of pain in the right hand. The median nerve had been divided by the accident, and a neuroma had apparently formed in the cicatrix, which gave her most intense pain. In this case the temperature of parts supplied by the median nerve was only 86° F. (30° C.), whilst those supplied by the ulnar nerve marked 94° F. (34.4° C.) Dr. Woodman observed that all the cases of division of nerves seen by him fully bore out the observations of Mr. Hutchinson, as the loss of warmth as well as of motor power often lasted for several years, whilst all the patients suffered most severely from neuralgia, even when no neuromata could be detected. These cases give little encouragement to the division of nerves for neuralgic affections. However, in the end, the patients often regain the use of their fingers or other parts to a very great extent, so that our prognosis need not be absolutely gloomy.

Another case, seen about the same time at the North Eastern Children's Hospital was, most likely of embolic origin, like the first case. Edward A—, *æt.* 4, was brought for atrophy of the thenar muscles of the right hand, from which he had suffered for nearly two years. The thermometer placed in the cleft between the thumb and index finger marked 4° F. (2.2° C.) less than on the left side. This was noted on several occasions. His recovery was slower than that of the first case, but his thumb regained its full size and power after about six months, steel wine and frictions being the therapeutic agencies employed. Galvanism had been tried at the Children's Hospital, Great Ormond Street, without success.

METROPOLITAN FREE HOSPITAL.

Cases of Lead-Poison, Wrist-Drop, &c., treated by the Continued Current.

(Under the care of DR. C. DRYSDALE.)

(Reported by WM. KIPLING.)

CASE I.

WM. FLETCHER, *æt.* 31, married, occupation a scullery-man, and accustomed to handle and clean pewters. Been of pretty temperate habits. Had an attack of lead colic three years ago, and another a year since.

In August of the present year he began to lose the use of his hands, so that he could not hold a cup or saucer, but would let them drop. He came as out-patient, when his hands were seen to hang down powerless, and he could not possibly raise them. A blue line was noticed on his gums, but he had no colic. He attended regularly twice a week, and had the extensors of both arms galvanised with the primary interrupted current of Stöhrer's battery, but this only seemed to excite the flexors, though applied to the extensors, and his fingers were firmly clenched. Sensation in back of both hands was very dull; he could not feel a pin pushed in through the skin, whereas in the palms of both hands this was well felt.

On Sept. 10th, 1872, he was admitted into the hospital suffering from a very severe attack of colic, his bowels were obstinately confined, and he had a wild anxious look; however, with aperient medicine, and enemata, his bowels were relieved of a quantity of hardened fæces, and by Sept. 18th he was in much the same state as before admission. Ordered—

Potass. iodidi, gr. v.
Aqua, ʒj. Thrice daily.

At the same time Mr. Thompson, whose experience as an electrician is very great, kindly consented to apply regularly to the extensors of arms the continuous current of Stöhrer's battery, of which he had a very powerful one.

Nov. 18.—Patient has been galvanised regularly four times a week; at first it needed a battery of eighteen pair of cells to make the extensors of the wrist act, but they act well now, and raise the wrist with a power of six pair

of cells. There is still a blue line on the gums, but patient seems in very fair health, with the exception of the wrist-drop.

Dec. 1.—Galvanised regularly. Says he has more power in his fingers, sensation is better, as he can now feel a pin inserted in the back of his hand. This is felt only in right hand.

Dec. 3.—Battery applied four times a week. The hand is well extended by a power of six pair of cells, but he cannot raise his hand voluntarily, though he can lift an inkstand with it, and raise a chair pretty well. Sensation is very fair in back of both hands. There is no blue line on gums; bowels regular. On applying a weak secondary interrupted current of Stöhrer's battery to the extensors of forearm, there seems a slight tendency to action in them, and the little finger is slightly extended, though none of the others are.

This case shows the value of the continuous current, so much contended for lately in Germany; and at the same time the hopeless nature of many cases of lead paralysis is illustrated.

CASE II.

GEORGE BOWRING, *æt.* 46, occupation an upholsterer, had small-pox in 1851, and wrist-drop last Christmas, but got better, otherwise enjoyed pretty good health.

Present attack came on last August, when he came as out-patient, with very severe wrist-drop of his right hand, none in the left. He could not use his hammer, so as to put tacks into furniture, and was forced to support his right hand with his left. He could flex and extend the forearm on his arm very well. Had no connection with lead works, nor had he any colic or blue line on gums. Ordered—

Potass. iodidi, gr. v.
Aqua, ʒj. Thrice daily.

To have extensors of forearm galvanised twice a week with the primary interrupted current of Stöhrer's battery.

Dec. 3.—He was galvanised regularly twice a week for the first month, and since then once a week. At first it required a strong current to excite the extensors to action, but now the weakest current causes them to act well. He can use his hammer very well, and follows his occupation. Can extend his hand on forearm, but not so well as with his left hand.

CASE III.

CHARLES MANNERS, *æt.* 46, occupation a labourer, came to this hospital as an out-patient Nov. 5th, 1872. He has fought for prizes. About five weeks before attending here he went to bed quite well, but awoke in the morning with a numbness and coldness in his right foot and lower third of leg, he also says his foot feels dead. When a pin is pushed well into the affected part he can scarcely feel it, but sensation is good in calf of affected, and left leg; says his hand seems swollen and goes dead like his foot, but this only occurs occasionally. Never had any fits or blows on his head. Pupils equal, and tongue protruded straight. He can scarcely feel the secondary current of Stöhrer's interrupted battery when applied strong, though shouts out when it is applied to left foot. Ordered a saline draught three times a-day.

Dec. 3.—Since Nov. 5th he has attended regularly once a week, and had his foot and leg well galvanised, and to-day says it feels a great deal better, and the numbness has nearly gone, he also says he has more use in it. He does not require such a strong current. Can feel the prick of a pin very well. Complains of pains in his shoulders, hips, and knees, but none in feet.

CITY OF DUBLIN HOSPITAL.

Case of Stone in the Bladder—Lithotrity—four sittings—Recovery.

By HENRY GRAY CROLY, F.R.C.S.I.,
Surgeon to the Hospital.

PHILIP COONEY, *æt.* 60, was admitted into hospita

in October, 1871 (on the recommendation of the late Dr. Beatty). On inquiring into the history of his case I ascertained that he had been suffering for two years from severe pain in passing water and along the course of the urethra of a "sickening nature" (to use his own expression). From time to time he sought Medical advice and obtained temporary relief, about one month before coming under my care he, for the first time, passed blood from the bladder.

The following was his condition on admission to Hospital: He was much debilitated and there was a strong urinary odour from his clothes; his skin was hot and he had considerable thirst; there was frequent desire to pass water; the urine was very offensive and containedropy mucus and blood. Nutritious diet was ordered and warm hip-baths, and a mixture was prescribed consisting of dilute nitric acid, tincture of buchu and hyoscyamus with decoction of pareira brava; also buchu tea. Notwithstanding this treatment the symptoms of vesical catarrh continued, and the patient passed blood in enormous quantities mixed with the urine. Gallic acid (in ten grain doses) was administered three times a day with the desired effect in checking the hæmorrhage. Subsequently, the bladder was washed out on alternate days by means of a double catheter with tepid water containing a small quantity of dilute nitric acid, and the fœtor of the urine was corrected by the occasional use of a weak carbolic acid injection. Under this treatment the patient's general health considerably improved; the vesical irritation subsided and the urine became more natural. Opportunity was now afforded of sounding the bladder which was performed with Sir Henry Thompson's instrument, and a soft stone about the size of a walnut was detected. As the patient's health, although much improved, was not sufficiently restored to admit of operative interferences, I advised change of air and a repetition of the medicine. The man called at the Hospital occasionally to report his condition, and in June he was readmitted into the Hospital. I then decided on performing lithotomy, a procedure which met the approval of my colleagues. I accordingly performed the operation as follows: The patient (who was directed to retain his urine for a couple of hours), was placed on an iron bedstead about two feet and a-half in height, with a mattress and an air-cushion to raise the pelvis slightly. Weiss's modification of Sir Henry Thompson's lithotrite was the instrument used. The stone was seized in the centre of the bladder (the area for operation) and was then crushed. The time occupied in operating, including the introduction of the lithotrite was between three and four minutes. The patient, though very sensitive to pain, did not complain of any suffering during the operation, and not a drop of blood was passed; he was removed to bed, which was arranged with hot jars; he had a warm driuk, and hot flannels were applied to the abdomen and perineum; he was directed to remain in this horizontal posture and pass water in that position for a couple of days so as to prevent the fragments of stone falling on the neck of the bladder. Decoction of triticum repens was prescribed; the detritus was passed and the urine for some days was muddy but finally became clear. The operation thus detailed was repeated at three subsequent "sittings," and the patient was discharged cured. He presented himself lately at the Hospital in good health, without any trace of his previous ailment. The fragments of stone passed after each sitting are preserved in the Pathological Museum of the Royal College of Surgeons.

ADELAIDE HOSPITAL.

Case of Destruction of Base of the Bladder treated by Closure of the Vagina.

(Under the care of Dr. ATHILL, Obstetric Physician to the Hospital).

THE patient, a young woman, æt. 28, was confined of her first child in April, 1871, her labour was very tedious,

lasting she stated for "three days and three nights." She was attended by a qualified practitioner, but he declined to interfere. Finally, after great suffering, she gave birth to a dead born child, the labour being completed by the unaided efforts of nature. On the very day following her delivery, she perceived the urine to trickle away.

She was admitted into the Adelaide Hospital on the 3rd July, 1872, when her condition was as follows:—The vagina was closed above by a firm band, which extended completely across the vagina, and occluded the uterus, but that some small, though undetectable opening existed, was proved by the fact, that she menstruated regularly. Below this band, and to within three-quarters of an inch of the orifice of the urethra the anterior wall of the vagina was wanting, in fact the entire of the vesico-vaginal wall, and base of the bladder had sloughed away, the opening thus caused being nearly circular in shape. At its lower edge was another firm band, which at this point extended across the anterior wall of the vagina, below which was another opening of about the size of a split-pea which communicated with the urethra. Half an-inch of the urethra remained, but it was imperforate.

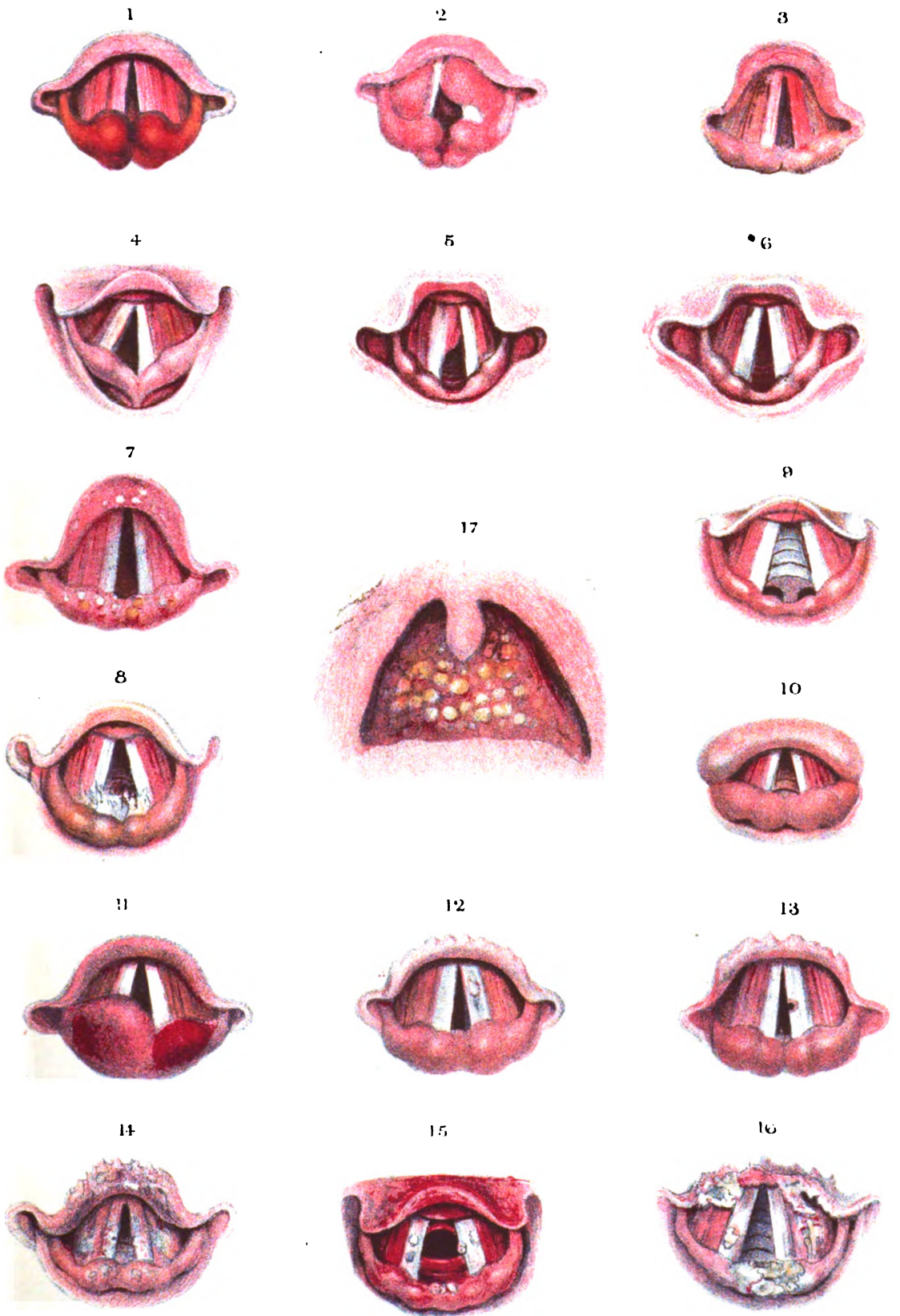
The enormous size of the opening which existed between the vagina and bladder rendered hopeless any attempt to close it, but as the patient's life was rendered almost intolerable from the discomfort caused by the constant dribbling of urine, Dr. Athill resolved, after having explained the nature of the proposed operation to the patient, to close the vagina, an operation introduced by Vidal, subsequently performed by Bozeman, and others in America, and recently in this city by Dr. Kidd, and Dr. George Johnston.

The first step in the present case was to render the urethra pervious. This was effected by means of a trocar, the canal being subsequently kept open by means of a gum elastic catheter, which was at first retained *in situ*, and afterwards passed at short intervals. Three weeks elapsed before the urethra appeared free from all tendency to close again, when the operation was at once undertaken.

The patient having been chloroformed and placed in the position for lithotomy, a strip of mucous membrane, about a quarter of an inch wide, was removed by a careful dissection from the whole of the circumference of the vagina. The dissection was commenced a little way behind the orifice of the urethra, and was continued at the same distance from the opening of the vagina, all the way round. The denuded surfaces were then brought into contact by means of sutures of fine iron wire, passed deeply through the subjacent tissues. A catheter was fixed in the urethra, and the patient directed to lie continuously on her face.

The sutures were removed on the seventh day, but union was found to have taken place only to a very limited extent. The patient was able to retain water as long as she maintained the recumbent posture, but on standing or sitting up, the urine dribbled away as constantly as ever.

A fortnight was allowed to elapse to permit the parts to heal thoroughly, when the same operation was again performed; the dissection being, however, less in extent, but on this occasion, the quilled suture was employed, the whole of both labia being included in it. To effect this, a strong curved needle armed with a double thread was passed downwards and inwards from the outer side of the labium, and brought out inside the vagina at a point behind the denuded surface, the needle was then passed again through the opposite wall of the vagina, and brought out through the skin at the outer side of the other labium. Three such sutures were passed in like manner; pieces of gutta-percha tubing were then placed in the loops formed by the sutures at either side, and the parts were by this means drawn into the most perfect contact. A catheter as on the previous occasion was retained in the urethra, and patient directed to lie on her face constantly. This operation appeared at first to have been perfectly successful; when, however, the patient began to walk about, a drop of urine would trickle down from time to time along the thigh, but no opening could be discovered. Some ounces of milk and water were therefore injected into the bladder, if the receptacle for urine formed by the closure of the orifice of the





vagina deserved that name, when a drop could be seen to ooze from a pin hole opening near the lower commissure of the labia. To close this, the surfaces of the opposite sides of the labia were denuded of their mucous membrane at a point outside the minute opening referred to, so as to close it as it were by a flap; the raw surfaces were kept in contact by silk sutures. This third operation was perfectly successful. For some weeks subsequent to the closure of the vagina, the patient suffered a good deal from the irritation caused by the presence of the urine in the newly formed bladder. This was relieved by syringing it out twice daily with a weak solution of carbolic acid; the power of evacuating the urine was also very slowly acquired, but finally she enjoyed much comfort, and was able to retain urine for some hours, and to expel the contents of the bladder at will. She menstruates regularly through the urethra.

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The Medical Press and Circular.

“SALUS POPULI SUPREMA LEX.”

WEDNESDAY, DECEMBER 18, 1872.

THE EDITORS TO THE READERS.

In issuing a copy of the *MEDICAL PRESS* gratis and post free to every member of the Profession we may be expected perhaps to make a statement of our claims for support and a fresh announcement of our intentions. We do not feel it necessary, however, to say much.

In the first place, we have on this occasion relegated to our advertisement sheet matters pertaining to the financial affairs of the journal. These are entirely managed by the Publisher, and we shall feel obliged if all communications respecting them be addressed to him. To write to the Editors on such points only leads to delay or neglect. Subscribers, new and old, will find in his advertisement matters with which the editorial staff cannot concern themselves. In the next place we would ask casual readers not to jump at the conclusion that this number is specially prepared for the large circulation. There is no article in it by any one who has not previously contributed to our columns, and is not likely to favour us

with further contributions. The contents of this number are such as may be looked for in average issues.

It would be easy for us, and quite in accordance with precedent, to publish a list of expected contributions, extending over several pages and comprising the names of the leading physicians, surgeons, and professors of the three kingdoms. This we refrain from doing, and hope that by not indulging in profuse promises we may be able to give more solid satisfaction to all who watch our progress in the coming year.

The *MEDICAL PRESS* is, with a single exception, the oldest Medical periodical. It has, therefore, a past to which it can appeal, a history which is the best guarantee of what it will continue to be. From its earliest days it has been independent and fearless, and its conductors are as determined as ever to uphold its character and tone.

We have no wish to decry our contemporaries. Indeed we should blush to enter upon the course of hostility that has so lately marked the conduct of some of them towards each other. When they agree with us or are ready to aid us in advancing the interests of the Profession, we are ready to co-operate with either or all. If compelled honestly to differ we shall never hesitate to say so, but we condemn, as we have always done, any sacrifice of professional honour to the petty quarrels of journalists who do not appreciate their position. This is why we have refused to give currency to such spiteful paragraphs as have sometimes obtained circulation in journals that shall be nameless.

Independent, outspoken, we must be while we wield a pen. Glad should we be if others would follow the example, and at the same time exclude what is merely personal or scurrilous.

Let us now say a word or two on the classification of the contents of our journal. Of original communications we have furnished our readers with a full weekly supply. We give the preference to practical papers, and we believe that most readers prefer them to be short. To those fully occupied in private practice, especially in the country, we would here say one word. They have experience from which others would benefit, did they more generally make it known. We know well enough when we meet them what interesting cases they can and do relate. Why not write them out for the common good? Our columns are always open to such papers. It is a mistake to think they must be elaborated for publication. The briefer, the better. “Mere cases are they?” Who does not know that such clinical work is of great value? After years of both we are disposed to think that private practice is after all equal in instructor, if not superior, to that of hospitals.

This leads us to our next division. We give constantly Hospital Reports. Our supporters have but to send us other clinical work of any kind, and our Journal will become a perfect repertory of practice in every department.

Transactions of Societies, Reports of Meetings, News, and various other divisions require no comment.

Reviews of Books have been prepared and revised with scrupulous care, in order to do justice to all whose works come before us. We rejoice—remembering some recent examples of scandalous partiality and injustice—in the consciousness that, as Medical critics, we have constantly endeavoured to hold the balance fairly, and weigh every work justly.

Our Reports on Foods and other articles of consumption have attracted public attention. The analyses are all

made by able chemists, and no effort to impugn their accuracy has ever been successful. We shall continue to be as careful as heretofore respecting these Reports.

The Special Reports on other subjects prepared for the MEDICAL PRESS have attained the highest reputation. Witness the one on "The Sewage Question, from Dr. Letheby's notes," which has since been reprinted as a small volume, and is the classical work on this important subject, and to be found in the hands of engineers, sanitarians, members of Parliament, and investors, as well as Medical men and chemists.

This year we commenced a new department, the Students' Column, with Dr. Griffiths's epitome of the Pharmacopœia. This has been a success, and other works of this kind will follow.

We might go on to specify other characteristics of the MEDICAL PRESS; but as we expressed our intention at the outset to say but little, we will content ourselves by offering, with a copy of our Journal, the "Compliments of the Season" to every member of our Profession.

THE REPRESENTATION OF THE IRISH COLLEGE OF SURGEONS IN THE MEDICAL COUNCIL

ALTHOUGH we are, in all probability, within a fortnight of the meeting of the General Medical Council, Mr. Hargrave has not resigned his office as Representative of the Irish College of Surgeons, nor has the Council of the College, so far as we know, shown any symptoms of bestirring itself in the matter. Dr. Embleton, as our readers are aware, has resigned his appointment as Representative of the University of Durham, and already Dr. Pyle of Sunderland has been chosen to succeed to him.

As is stated in an article in another part of our issue on the subject of the approaching meeting of the Medical Council, the Council is clearing decks for action, and government measures are in contemplation. Under these very critical circumstances we feel it our duty to call the attention of the Fellows of the Royal College of Surgeons in Ireland to the fact that their College, which may be called upon in the coming session to contend with no less an alternative matter than disestablishment and disendowment, is within a fortnight of the opening of the campaign, worse than unrepresented. It will we trust, be believed, that we speak of Mr. Hargrave's relations to the College with real pain, and under the coercion of an honest sense of duty. It is, now, no secret that Mr. Hargrave is far from being in a state of health to undertake a journey to London, much less to speak on behalf of his College. Having retired from the public practice of his Profession in the early part of the year, he was compelled after a painful effort to discharge the duty, to resign his Professorship in the College, his inability to address a class collectedly being obvious to all his hearers.

Nothing but a sense of the gravity of the crisis in which the College may be placed, and an experience that a milder hint, either coming from us or from his colleagues, is insufficient to convince Mr. Hargrave, would justify us or induce us to revert to these circumstances. In the face of the facts as they now exist, that tenderness for Mr. Hargrave's feelings which the Council of the College has for a year and a-half so abundantly evinced, is out of place. We most earnestly trust, that a movement on the part of Mr. Hargrave or of the Council, will relieve us of the responsibility of reverting to the subject again next week, and discussing it in its legal aspects.

Notes on Current Topics.

Dr. Brewer, M.P.

THIS accomplished member of the Profession and representative of Colchester, has been attacked, while on a tour in Italy, with a fever described as "gastric rheumatic of a remittent typhus character."

It is with some satisfaction, however, that we are able to announce, on the authority of the Cavaliere Dr. Ansaldo, that his patient has entered on the first stage of convalescence, but it is anticipated that recovery will be slow, in fact, a whole month must elapse before convalescence will be complete.

The Irish School of Medicine.

THE official returns of students entered at the Dublin Medical Schools up to the 25th of November last show that the Medical class in Dublin this year amounts to 782. This number is, we believe, quite up to, if not over, the average; and when it is remembered that the students of Medicine in Belfast, Galway, and Cork, and the pupils whose names are not entered for anatomy, have to be added to this sum, it is manifest that the Irish Schools still maintain their full share of the qualifying function in the United Kingdom. As the time approaches when "Medical Authorities" will be on their trial, it is important that the General Medical Council and the Government should be aware that the Irish School is as vigorous and useful as ever, and that its interests are well worthy of consideration when they have to be weighed against those of bodies who give their half dozen of licenses in the year. These figures are, moreover, valuable inasmuch as they assure the Irish people and the Irish Members of the House of Commons that it is well worth their while to keep the education of nearly a thousand young men in the hands of those who have so long sustained the Irish School in its pre-eminent position.

The Female Medical Students at Edinburgh.

THE female Medical students have, within the last ten days, achieved a temporary success in their effort to storm the Edinburgh Royal Infirmary. Last January a certain number of the Board of Management were rotated out of office. For their seats the female sawbones and their supporters started candidates of their own selection, and, of course, hot partizans of their pretensions to the privileges of the operating theatre and the deadhouse. By a small majority they carried the day, but the validity of the election was disputed by the opposite party, on the ground that individual members of a subscribing firm were not entitled to vote, and that composite contributors—that is, clubs who subscribed a certain sum—could not vote by a representative. The discussion of this question was before the Court of Session on Saturday week, and it was decided by them that firms were entitled to vote by representative members, and that "composite" contributors enjoyed the same privilege if the total sum contributed was sufficient to give a qualifying amount to each voter.

Ether and Chloroform

THE Surgical Society of Ireland devoted the whole of its meeting, on last Friday, to the adjourned debate on

Dr. Morgan's statement as to the relative value of Ether and Chloroform for anæsthetic purposes. The meeting was addressed by Dr. Robert McDonnell, Mr. Wilson, Dr. Jacob, Dr. Kidd, Dr. McDowel, Dr. Macnamara, Dr. Henry Kennedy, and others. After a reply by Dr. Morgan, it was moved by Mr. Fleming that a committee be appointed, consisting of Dr. Morgan, Dr. Robert McDonnell, Dr. Jacob, the Honorary Secretaries of the Society, the Mover, and Dr. Macnamara, who should organise a full committee for the investigation of the subject, and should report to the Society next year.

Provident Surgical Appliance Association.

ON Monday afternoon, the 16th inst., a meeting was held at the London Tavern for the purpose of establishing a Society to provide surgical appliances on the provident principle. The meeting was successful, and the Society was formed and will begin operations with the new year.

The Approaching Meeting of the Medical Council.

WE have received since our last issue confirmation of our statement that the Medical Council will assemble within the first fortnight in January, for the reception of the Irish Scheme for a conjoint examination, and the adjustment of a uniform arrangement for the granting of comprehensive diplomas in the three divisions of the Kingdom. No day has yet been fixed for the meeting of the Council, but as the English branch is to meet this day it is probable that the date will be then settled. We anticipate that the 8th or 10th of January will probably be fixed on. If it be found that the attitude of the Scotch Licensing Bodies, and of the Queen's University in Ireland, makes impossible the enactment by consent of such an arrangement, the Council may probably then proceed to strike out the provisions of a bill to compel these bodies to join in the reform which the other Universities' Licensing corporations have cordially accepted.

The Committee for arranging a Conjoint Examination Scheme for England met on Monday week, and elected Sir James Paget as their chairman. The London Apothecaries Company, we are informed, have stated to the committee that they decided not to proceed with the Bill which would have enabled them to join in the scheme, because the Government had informed them that a measure which would settle the whole matter was under consideration.

The last step in the establishment of complete accord between the Dublin University and the Colleges of Physicians and Surgeons in Ireland, was taken last week, we understand, by the Council of the College of Surgeons, who consented at the suggestion of the College of Physicians to certain alterations in their scheme. The Irish Apothecaries' Company has not yet avowed its adhesion to the arrangement as proposed, hesitating because its share in the conjoint examination is confined to Pharmacy, *Materia Medica*, and Chemistry, and because it is not assigned a place in the final or *Medico-Chirurgical* test.

We anticipate, however, that before the meeting of the Medical Council takes place, the Company will see the wisdom of co-operating in a scheme which certainly gives everything that Parliament would be likely to concede to them, and confides to them an important and well defined

function in the future qualifying of the Medical Profession. We look with much interest to the proceedings of the Medical Council, for in their deliberations are involved issues of vital importance to the future standard of Medical education, and the status—social and scientific—of the Profession in the coming generation. The interest of the Universities, the Colleges, and the Scotch Licensing bodies are, in many respects, seriously at variance, and it will behove the Corporations, especially the Irish one, to be well represented by vigorous and experienced Medical diplomatists, if they do not wish to be pushed back into the rear rank by rich and influential Universities.

Administration of Irish Lunatic Asylums.

SIR DOMINIC CORRIGAN, M.P., has addressed a very important letter to the Lord Mayor of Dublin in reference particularly to the Richmond Lunatic Asylum, the expense of maintaining which has increased from £2,000 in 1846 to £17,000 at the present time. Sir Dominic Corrigan entertains a very strong opinion on the importance of having some Medical men on each board of district asylums. It is perfectly impossible, he thinks, for the inspectors, two in number, to carry on such inspection as would be effectual in preventing abuses. Their visits, from the immense labour thrown on them, must be few and far between, and the ordinary meetings of governors are only once a month. On a board of a large public institution, containing a great number of sick inmates, two visitors, members of the board, are appointed every month—one a Medical man, the other a lay governor. Their visits are independent of the meeting of the board, and of one another, and at certain times, and the very knowledge that this uncertain visitation hangs over the institution has a good effect. This plan would be applicable to lunatic asylums, and would do good to the poor demented inmates, and would tend to economy in financial management.

Modified Homœopathy.

WE have many times pointed out that the practice of scientific medicine, under the guise of homœopathy, is becoming more and more a recognised proceeding, and that it is now openly permitted for a homœopath to treat disease allopathically under the pretence of curing by similars and infinitesimals. We find this practice publicly advocated in a leading article in the last *Homœopathic Review*. We quote the sentence:—The obligations of the homœopathic practitioner "to his patients to relieve pain and to stave off death are higher than his duty to practise homœopathy. If he cannot, whether from the incompleteness of science, or from his own imperfect acquaintance with it, prescribe homœopathically, he must use such measures as, within his knowledge, are most likely to achieve the end he has in view. He is the most successful physician who, within the limits where a homœopathically acting medicine can effect good, can relieve and cure, *most seldom* falls back upon an allopathic palliative." This advice may, as the editor says, represent "the light in which every Medical man, practising homœopathy, regards his professional obligations;" but it is, to our view, thoroughly double-faced. If there be any specially definite principle of scientific therapeutics, it is that homœopathic dilutions are pure nonsense, and that the cure of disease by them is impossible. The relation of scientific medicine to homœopathy is one of diametric opposition, and it is totally impossible that any honest mind can entertain both

theories. If a homœopath believes in infinitesimals, he must regard allopathic therapeutics as false in principle, and hurtful in practice. The advice of the *Review* appears to be that he shall carry both methods of treatment, one in each pocket, and resort to the right or left hand, according as the case appears to require active medicament, or leaving alone, or, we might add, according as the patient is, or is not, an enthusiast for homœopathy.

The Meat Supply.

Of all articles of food, probably meat is the one that has most risen in price, and has thereby attracted a large amount of public attention. In fact, what with the foot and mouth disease and the increased consumption, it has almost passed out of the reach of the lower classes, and whatever can be brought to Europe from foreign parts where cattle are cheap and abundant, either in the shape of preserved meats or other useful preparations, must be considered a real boon and encouraged with the publicity of the press. The consumption of Australian preserved meat has no doubt attained such considerable proportions only because the masses of the people have found out the true value of it; the same may be said of the extract of meat, the consumption of which has increased twentyfold since the establishment of the Liebig's Extract of Meat Company, in 1865. The importance and eminent usefulness of this extract have been stated in our Food Reports, and by various authorities in the Profession; indeed, it may be asked whether there really exists a more effective and more economic stimulant and tonic, other than this extract, which will produce beef-tea of great strength and fine flavour, instantaneously, at less than threepence per pint. But, independently of the Medical importance of this extract, there is no doubt that its value for household purposes is still more considerable, and looking at the enormous and increasing demand, it may be correctly stated that the great assistance given by the extract, forming as it does a sort of ready meat-flavouring stock, has considerably tended to improve English cookery by the easy preparation of a variety of light and easily digestible dishes. This progress in cookery is the more to be encouraged as it leads to the utilisation of a considerable quantity of scraps of meat and fresh bones, useless by themselves, and not turned to advantage in too many English households. We are, therefore, glad to notice that at the Moscow Exhibition, just closed, a diploma of honour was specially awarded to Baron Liebig, and the Large Gold Medal, being the first prize for excellence of quality, to the Company.

We have it upon good authority, that the Liebig's Company slaughtered last season no less than 150,000 head of cattle.

Optics as Applied to the Arts and Sciences.

DR. C. MEYMOTT TIDY is this year delivering the Course of Cantor Lectures at the Society of Arts, on "The Practical Application of Optics to the Arts, Manufactures, and Medicine." The audiences have been very large. Dr. Tidy devoted his second lecture to the consideration of abnormalities in the eye, illustrating his subject by a large model and using different kinds of lenses to produce the different effects. Astigmatism was referred to at considerable length, and the views of Mr. Liebreich respecting the astigmatism apparent in the paintings of one of our well-known artists, were criticised somewhat severely. Dr. Tidy

referred last week to the great debt that medicine owes to reflecting instruments as instruments of diagnosis. He especially drew attention to the laryngoscope, through the use of which a literature has in a few years sprung up, on a subject upon which little or nothing was formerly known, and which has enabled us to apply remedies that otherwise we should not have dreamt of. Dr. Tidy's lecture last week was on Polarized Light, and his last lecture, on Monday next, will be devoted to Spectrum Analysis, and especially the detection of blood, a subject which has received a great deal of attention of late.

Medical Certificates in Lunacy.

A PROSECUTION took place last week in England which supplies us with a corollary to our recent comments on the administration of lunatic asylums.

Playwrights are in the habit of "working up" the confinement of sane persons amongst lunatics as one of their most telling sensations, and the "situation" is always accomplished by the aid of a fraudulent or careless Medical certificate. In truth there is a great temptation to make such certificates, and the examinations on which they are based, matters of lazy routine, and this last prosecution shows us that occasionally the *lettre de cachet* is issued without any investigation at all. The Commissioners of Lunacy in England prosecuted a Dr. Clark, of Farnham, for having signed a lunacy certificate without having seen the patient on the occasion. Dr. Clark pleaded guilty, and was mulcted in £10 as a lesson of carelessness for the future. We cannot but approve of the prosecution and its upshot, although we are aware that Dr. Clark's offence was not in this special case worthy of so heavy a penalty. The patient was a confirmed lunatic, and had been examined by Dr. Clark previously. Nevertheless it is of cardinal importance that the execution of these warrants should not be made in any case a matter of course, and fault cannot be found with the authorities for enforcing rigidly the letter of the law in such a case.

Quack Doctors.

THE second of the notorious gang of London quacks was brought up last week upon a charge of circulating indecent books. There now stand two awaiting trial, the notorious Watson, *alias* Hill, of South Crescent, Bedford Square, who will again appear at the Old Bailey during the present week, and the wretched individual calling himself Dr. Kahn, who keeps a so-called anatomical museum in the Haymarket, which ought to have been closed years ago, by the police, were its own measure of filth meted out to it. We shall, therefore, not affect much regret should we hear that Her Majesty's judges have found them and the rest of the fraternity, a situation for a lengthened period in one of Her Majesty's establishments; the country will be all the better for their absence.

Floating Hospitals.

M. ROCHAUD has brought before the Surgical Society of Paris, as well as before the municipal authorities, a project for establishing floating hospitals. The idea has been taken up with considerable energy, and is being discussed in all its bearings.

It is wisely urged by many that such hospitals should be small, and it would be a great mistake to aggregate together large numbers in floating hospitals. *Paris*

where floating baths and other conveniences have long existed is just the place to carry out the idea, and we shall watch the result with interest. Dr. Wallendorf is about to carry out a plan somewhat similar, but on a smaller scale. We learn from the *Allgem. Wien. Med. Zeit.*, that he is fitting up a steamer on which to receive patients suffering from chest disease, to spend the winter on the Mediterranean. Various places can be visited, but the steamer will be the home or hospital of the patients. We should prefer a sailing yacht, but no doubt not a few will think themselves better, provided against all eventualities on a steamer.

Philology and Darwinism.

PROF. MAX MÜLLER delivered the first Roscoe Lecture in connection with the Literary and Philosophical Society of Liverpool, last week. His subject was the philosophy of language, more especially in its bearing on the Darwinian hypothesis. In opposition to the theory of Mr. Darwin, the learned professor maintained that the absence from the vocal expressions of the lower animals of anything like a phonetic type or verbal root was of itself sufficient to set aside the view that human language is but a development of the inarticulate sounds of brutes. It is the conviction of Prof. Müller that language is the great line of demarcation between man and the lower creation.

Medical Affairs in Australia.

ONE of the last acts of the Gavan Duffy Australian Government was to appoint two homœopath members of the Medical Board of Victoria. This was shortly followed by the resignation of all the legitimate Medical officers. The present Government then appointed a board to enquire into, and report upon, the reasons which had occasioned this resignation, who recommended that all the existing appointments should be cancelled. This having been done a chief officer was appointed who sent to the Chief Secretary a list. But a list emanating from the Medical Association, was also submitted to the Chief Secretary, and he was requested to make a selection from it. The latest report is to the effect that the Chief Secretary, bewildered by the difficulties surrounding him, is disposed to re-appoint the whole of the old board, but also at once to introduce into Parliament the amended Medical Act, so as to render the board—or council—for the most part elective.

Furlough Allowances of Medical Officers from India.

A LETTER from the Secretary of State for India has been officially promulgated on the subject of the rate of pay admissible to British Medical staff-officers holding administrative appointments in India, the tenure of which is limited to five years. It has been determined that "these officers when absent from India shall be placed on a similar footing as regards furlough allowances as officers commanding divisions and brigades, and shall be allowed to receive during the period of their absence on Medical certificate, which is to be restricted to six months, their Indian allowances and half staff salary. During absence on private affairs, which is to be limited to four months, no pay will be issued. In no case will more than one grant of leave out of India be allowed. On arrival in England they will

be examined by a Medical board, and if reported unfit for further service in India they will be removed from the Indian establishment." It has been further ruled that British Medical staff officers appointed to India, subsequent to the publication of the rules of 1868, have not the option of electing the Furlough Rules of 1854.

The Recent Horse Disease in America.

It appears from a lecture by Prof. Law, of the Cornell University, that the recent horse epidemic was no new disease—records existing of its appearance in Greece nearly five hundred years before the Christian era—and was simply the influenza. He traced the course of the present epidemic, and clearly demonstrated that it did not travel in any special direction, and that in this, as in all other previous visitations, neither season, temperature, volcanic, electrical or atmospheric effects had anything to do with it.

THE death is announced of M. Pouchet, the great advocate of the doctrine of spontaneous generation.

A COLLEGE of Physicians and Surgeons was opened at Syracuse University in America, on October 3rd, with a full corps of eighteen professors.

PRIVY COUNCILLOR PROF. ROKITANSKY has just received from the Emperor Don Pedro the Cross of Commander of the Brazilian Order of Roses.

THE second meeting of the Dublin Obstetrical Society for the present session was held in the College of Physicians on Saturday last, when a communication was read by Dr. Atthill "On Endometritis."

WE have reason to believe that Dr. Barton, Surgeon to the Adelaide Hospital, will be a candidate for the Chair of Surgery in the Royal College of Surgeons, Ireland. The election takes place on Tuesday next, the 24th inst.

MR. HENRY ADDISON HOBBS, a surgeon, lately practising at Richmond, near Melbourne, committed suicide on the 13th instant, by severing the veins of the arm and the radial artery. Mr. Hobbs was about 30 years of age, and had previously shown symptoms of insanity.

It was announced in a Dublin morning paper last week that Dr. McDowell had resigned his connexion with the Hardwicke Hospital. This statement is authoritatively contradicted by the *Evening Mail*, which says that it is probable that the matter will be the subject of a college visitation. Before proceeding to the re-election of Dr. McDowell to the Chair of Anatomy, the Board of T.C.D. announced their intention of insisting on the rule framed by them some years ago, forbidding the professors of their Medical school from holding appointments in any other hospital but Dun's. They also announced their intention of reducing that share of the Medical fees which has been hitherto been paid to the professor. The *Mail* is informed that Dr. McDowell now disputes the right of the Board to attach these stipulations to the election of a professor, and that he is fortified in this contention by a legal opinion, obtained from Mr. Gerald Fitzgibbon, Q.C.

THE OPHTHALMIC CONGRESS AND BRITISH
OPHTHALMOLOGY OF 1872.—No. II.

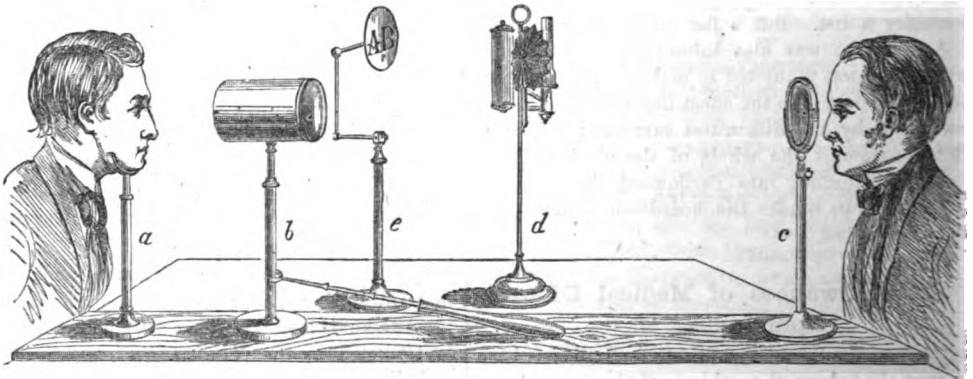
MAY I ask, then, writes Dr. Warlomont, whether extraction by the peripheral section and iridectomy has had its day? Has it been discovered that it no longer prevents the evils attendant upon the old flap operation? Is the eyeball liable to the same inflammatory lesions, iritis, traumatic danger about the ciliary region, &c.? If so, what method shall now be preferred? Extraction by the small median section promises the most satisfactory results. This method, I believe, was originated by M. Lebrun, of the Brabant Ophthalmic Institution, and has been practised by myself with most favourable results. Dr. Warlomont was evidently not aware that a median section has been long in vogue in England, indeed arose out of linear section introduced by Gibson many years since. The operation is performed either with a Wenzil's or narrow-bladed knife of Graefe, and the section made wholly in the corneal substance. The knife enters the middle part of the cornea, is pushed across, and cuts its way out three or four lines before it arrives at the sclero-corneal junction. The capsule is then ruptured in the usual way, and the lens glides out before the iris, but without in any way touching or wounding it. Dr. Warlomont says this method offers many advantages. It is easy of execution, is less liable to be followed by escape of the vitreous, and the iris is kept quite out of the way of injury from the knife or by bruising. The relative situation of the pupil and section allows of the easy exit of the lens, and the opening in the cornea immediately after adapts itself in position for healing by the first intention. The patient usually makes a rapid recovery, with only a faint cicatrix in the cornea, and which in a few months leaves no trace behind.

One question further arises, as to the possibility of extracting the capsule and lens at the same moment. Instruments have been devised for the purpose, and that of

M. Perrin is said to answer best, but as he did not send it to the Congress, we were unable to form an opinion of its value. A Cadiz ophthalmic surgeon has, it is reported, quite succeeded in extracting the lens in its capsule; at the same time he strongly advises a *modified* Graefe's operation in all cases.

The surgical treatment of conical cornea received some attention, and twelve cases were reported as having been benefited by three different operative measures. By trephining out a minute central portion of the cornea, by the application of caustic, which establishes a permanent dense central nebula, and by slicing off a crescentic-shaped section and bringing the edges of the corneal wound together with fine sutures. Dr. Williams, of Boston, has succeeded by the latter method, and this he believes to be the most promising, but it frequently happens that an after iridectomy is required, whenever a dense nebula occupies the whole pupillary space. In some instances severe traumatic keratitis seems to have followed the operation, and the remedy is then probably as bad as the disease.

Among numerous other communications we may mention that of M. Schroeter, of Leipzig, on an improved binocular ophthalmoscope, which he exhibited to the Congress; also new forms of demonstrating or class ophthalmoscopes, by Mr. Carter and Mr. Jabez Hogg. The latter gentleman's instrument consists of two plano-convex lenses, each of nine inches focus, united in a sliding tube, and employed as one lens, whose focus is about four and a-half inches, an arrangement which is known to give the least aberration, and as good an image as it is possible to obtain with such an instrument. This ophthalmoscope possesses many advantages over others which have been, from time to time, introduced into practice. It allows of a good deal of movement on the part of the patient, without losing the image; it can be easily and quickly adjusted, and a considerable portion of the fundus is kept well *in situ*. No specially darkened room is needed when using it for a demonstration.



a. The concave chin-rest, supported upon a vertical tube, and made to slide up and down in an outer tube; and fixed by a biting screw at any convenient height. *b.* A pair of plano-convex lenses, each mounted in a separate tube, one sliding within the other, to assist in getting the best focus. The lens nearest to the observer is also made to turn on its vertical axis; by this arrangement a moderate degree of obliquity can be obtained, which gets rid of the reflected image of the mirror. The long handle, fixed to lower part and stretching away from the tube in the horizontal direction, moves the lenses to or from the patient for adjusting the focus. *c.* A mirror of eighteen

by screws; it is placed about forty inches from the eye to be observed. *d.* An ordinary Oxford reading-lamp, with a dark screen to protect the eye of the patient from the scattered rays of light, placed at a convenient angular distance within the focus of the mirror, about twelve or fourteen inches either to the right or left-hand of the observer. *e.* A moveable disc, with bold letters printed on its face for fixing the eye and keeping the attention of the patient directed to a given spot, away from the strong light. (By an error of the artist this disc is represented in a reversed position.) A neutral tinted glass chimney is used when the patient is unable to bear a strong light.

Transactions of Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

T. B. CURLING, F.R.S., President, in the Chair.

TUESDAY, NOVEMBER 26th, 1872.

A FIFTH SERIES OF 100 CASES, WITH REMARKS ON THE RESULTS OF 500 CASES, OF OVARIOTOMY.

By T. SPENCER WELLS, F.R.C.S.,

Surgeon to the Queen's Household, and to the Samaritan Hospital for Women.

CASES of completed ovariectomy, from 400 to 500, are arranged in a table of similar form to the previous series of 1 to 400 cases, published in successive volumes of the Transactions of this Society, and the author then reviews the whole of the cases, examining the influence which the social condition of the patient, her treatment in large or small hospitals or in private practice, the season when the operation was performed, the age and conjugal condition of the patient, the size, solidity, and connexions of the tumour, and the length of incision required for its removal, and the various modes of carrying out the extra-peritoneal and the intra-peritoneal treatment of the pedicle, have upon the result of the operation.

Twenty-five cases where both ovaries were removed at one operation, and four cases where ovariectomy was performed twice on the same patient are then reported, and some remarks follow upon fifty-two cases of exploratory incisions and incomplete operations, and exceptional cases of recovery after supuration and drainage of cysts which could not be removed.

The subsequent history of patients who have recovered after removal of one ovary proves that they may menstruate regularly, and may bear children of both sexes, or twins; and that after removal of both ovaries they do not become excessively fat, nor lose their feminine appearance or sexual instinct. Of 373 women who recovered, 36 who were unmarried at the time of the operation have married since; of these 15 have had one child, 6 two children, 3 three, and 3 four children; 2 have had twins. Of 259 who were married when the operation was performed, many being beyond the age of child-bearing, 23 have had one or more children since. No particulars could be obtained of 23 patients who recovered, but 312 reported themselves as in good health this summer. A few complained of some trifling ailment, and 17 have died of causes more or less directly connected, and 19 of causes not at all connected, with ovarian disease or the operation, at various periods from a few weeks to eight years after ovariectomy. These are rare exceptions to the general rule that a woman who recovers after ovariectomy is restored to perfect health, and is enabled to fulfil all the duties of wife and mother. Supposing that the 373 women who recovered might have lived four years if ovariectomy had not been performed, they might have realised 1,492 years of miserable invalid life. Taking their average as 38 years at the time of operation, and the average expectation of life for a healthy woman of that age in this country as 29 years, we find the 373 women have secured by the operation the probability of the gross amount of 10,817 years of average healthy life.

NOTE ON A NEW FORM OF TROCAR FOR USE IN OVARIOTOMY.

By ROBERT LAWSON TAIT, F.R.C.S.

For this instrument it is claimed that it has the following advantages over those at present in use:—That the penetrating edge cuts, and does not tear, making a wound which the tube completely fills, and is easily retracted. One size of trocar will answer all purposes. The cutting point may be used as a knife to slit open smaller cysts contained in the major, and of which the contents may be so viscid as to be unable to pass along any trocar. The catches adapted to this trocar are such as to obviate any possibility of it slipping, and the instrument is much handier than any other at present in use for ovariectomy. It is made by Salt and Son, of Birmingham.

CASE OF SUBCLAVIAN ANEURISM TREATED BY TEMPORARY COMPRESSION OF THE INOMINATE ARTERY FOLLOWED BY LIGATURE.

By E. R. BICKERSTETH, F.R.C.S.,

Surgeon to the Liverpool Royal Infirmary.

The patient, a strong, healthy-looking dock porter, æt. 40,

was admitted into hospital on April 15th, 1868. He was suffering from an aneurism of the third part of the right subclavian artery, traceable to a strain incurred while moving a heavy weight about three weeks previously. It was about the size of a hen's egg, and presented no features of difficulty in diagnosis. A review of the various plans attempted for the cure of this complaint seemed so unpromising that it was resolved to try temporary compression of the innominate artery. Mr. Porter, of Dublin, had attempted this in 1867 by means of an instrument not unlike a miniature lithotrite, between the blades of which the artery, after having been laid bare, was compressed. The pressure here, however, being rigid and unyielding, produced a slough in the coats of the vessel, and fatal hemorrhage resulted. In this instance an attempt was made to secure elastic compression, sufficient to stop the flow of blood through the vessel, but not strong enough to injure its coats. The instrument was devised, consisting of a hollow stem with a transverse bar, having eyes at its extremities. In the hollow stem worked a screw, having also a transverse bar, to the extremities of which two india-rubber bands or accumulators were attached. A wire passed through the eyes of the lower bar, and was attached to hooks at the ends of the accumulators, and by means of this wire the artery was compressed against the lower transverse bar. By moving the screw the accumulators were put on the stretch and the wire tightened upon the vessel. The great difficulty was to find a suitable wire; one which should be quite pliable and supple, and yet sufficiently strong. Gold, copper, silver, aluminium, and lead, were tried upon an innominate artery removed from the dead subject, upon which the instrument was placed, while a very powerful stream of water was forced along the vessel. The last-mentioned was adopted, viz., lead.

On May 5th the operation was performed. An incision was made parallel with the anterior edge of the sterno-mastoid as low as the sterno-clavicular articulation, and another from this point outwards along the clavicle. The flap thus formed was raised, the sterno-mastoid, sterno-hyoid, and sterno-thyroid cut through, and the sheath of the common carotid laid bare; this was followed down to where it meets the subclavian, and the innominate then came into view. A portion of the sheath of the latter was separated, an aneurism-needle armed with thread passed beneath the vessel, and by means of this the lead wire was pulled through. The clamp was passed down on the wire and screwed up, when the pulsation in the aneurism and in the radial at once ceased. The end of the instrument was out of the wound a long way, and moved like the pendulum of a clock with every beat of the innominate.

For the first forty-eight hours everything progressed most satisfactorily, but at the end of that time pulsation was found in the tumour, and the house-surgeon on proceeding to tighten up the clamp, found that it did not act. A few hours afterwards Mr. Bickersteth, having had the patient put under chloroform, opened up the wound, and found that the constant sawing action produced by the impulse of the artery had cut through the lead wire at the point where it passed through one of the eyes of the transverse bar. As the instrument seemed now useless, two strong silk ligatures were put beneath the vessel, one above and one below the point where the lead wire had been. This second operation was accomplished with the greatest ease.

The patient went on tolerably well till the evening of the fifth day after this last operation, when some hemorrhage occurred. On the sixth day three attacks ensued, and on the last occasion the loss of blood was so great and so uncontrollable that the patient died rapidly in a convulsed condition. Loose shot was poured into the wound on the last two occasions.

The *post-mortem* examination showed the wound healthy, the innominate from the aorta to the point of ligature filled with a firm, tightly-fitting clot, the common carotid empty, the subclavian empty as far as the aneurism, the aneurism itself filled with firm, laminated coagulum, and the subclavian beyond it also occluded. The aneurism was practically cured. The hemorrhage had occurred on the distal side of the ligature.

University of London.—The following candidates have passed the recent B.S. examination for Honours:—*First Class*.—Rickman John Godlee, B.A. (Gold Medal), University College; William Smith Greenfield (Gold Medal), University College; Leonard Cane, University College.

Literature.

COOPER'S SURGICAL DICTIONARY (a).

THE completion of a new edition of Cooper's Dictionary is an event in the Medical world that has been looked forward to with considerable interest, and which we have, therefore, great satisfaction in announcing. The first volume has, indeed, been long enough before the Medical public, for it bears the date of 1861, while the second volume is only lately issued, and, of course, is dated 1872. There is some disadvantage in this, inasmuch as some of the articles in the earlier volume may appear rather old, especially when placed side by side with those of the second volume, which are, for the most part, actually brought down to the present time.

We congratulate Mr. Lane on the completion of what has evidently been an arduous enterprise, and one, too, with which we doubt not he has at times felt weary. Experience teaches us that some of the delay that has occurred was probably the fault of neither publishers nor editor. It is very difficult to bring a number of contributors—each busy in his own sphere—to feel as acutely as the editor, the necessity for pushing on a publication; and we are ready to anticipate the excuse which would naturally be offered, did we protest against the tardiness with which the promises of the first volume have been fulfilled in the second. We are, however, so well satisfied with the work now it is finished that we can heartily advise all who have the first volume at once to procure the second. Those who have neither will find, we think, this new surgical dictionary a most valuable addition to their bookshelves.

The last edition of the late Samuel Cooper's great work, issued by the learned author himself, extended to 1,500 pages, and appeared in one thick volume. The new edition now completed by Mr. Lane and his distinguished coadjutors has so much increased in bulk that we now have two volumes of 1,000 pp. each. But this does not represent all the additional matter, for the editor estimates in his modest preface that "the erasures must have amounted to at least another 200 pages." Thus, we have 700 pp. of new matter. The distribution of this is not without interest. We are told that 249 pp. have been allotted to new articles, 280 to articles which, although in the former editions, have been entirely re-written, and 171 to the "new matter necessarily introduced by the reviser in almost every article."

This last item would seem to indicate that the work of revision has been done with unusual care. This conclusion is supported by another fact, on which we congratulate the editor. He has been able to dispense with an appendix. This is because it has been found possible to introduce the "latest discoveries and improvements" in their proper places, and so avoid the supplement which was announced in the first volume. Every one who consults this Surgical Dictionary will be glad to find what he wants in its proper place, instead of having also to look in an appendix.

Mr. Lane gives us a list of the thirty-four gentlemen who have aided him in this work, and the subjects for which each is responsible. It is not practicable in a notice of this kind to enumerate and comment on all, and to do so would even then leave on our hands the immense amount of work which the editor has himself contributed.

(a) "Cooper's Dictionary of Practical Surgery, and Encyclopedia of Surgical Science." New edition. Brought down to the present time by Samuel A. Lane, Consulting Surgeon to St. Mary's and the Lock Hospitals, &c., assisted by various eminent Surgeons. Two volumes. London: Longmans; Simpkins and Co., &c.

We shall, therefore, content ourselves with a reference to some of the articles in question, not as better than the others, but as mere samples taken at random of a full and exact work of reference.

Anæsthesia is a subject now occupying much attention. Coming in vol. i. it is perhaps a little old, but the interest of the article is increased, when we find it to be the work of the late Dr. John Snow. But death has not set his mark only on the early volume, for in the new one we find the article Tetanus signed by Alfred Poland, who has only so recently passed from among the living.

Mr. John Adams, Consulting Surgeon to the London Hospital, is the author of the article on Injuries of the Head, and his ripe experience will be examined with interest by his numerous pupils in all parts of the world.

Mr. Spencer Wells writes the article on Ovariectomy, as well as some others.

To Mr. J. R. Lane have been entrusted the articles on Amputation, Anus, Bladder, Hydatids, Dislocations, Fractures, Perineal Rupture, Rectocele, Rectum, and Vesico and Recto-Vaginal Fistula—a goodly array of subjects, and none of which he need blush to own.

Mr. Henry Lee, of St. George's Hospital, writes the articles on Pyæmia, and on Diseases of the Veins, and the readers of the MEDICAL PRESS will be prepared from his contributions to these columns to find that they are all that could be required.

Mr. Erasmus Wilson is responsible for Diseases of the Skin, and that is a sufficient guarantee of the quality of the article.

Scurvy has been treated by Mr. H. Leach, who has had so great experience of the disease that no better authority could be found. And so we might proceed to particularise, but will only specify two other articles, written by physicians who take a large grasp of the whole range of Medical knowledge. The first is on Cancer, a subject of the deepest interest to every practitioner. It has been wisely entrusted to the master mind of Dr. Handfield Jones, who passes in review the whole subject in a most comprehensive manner. The second is on Inflammation, and this is from the facile pen of Dr. Druith, and in his very best manner. In some respects this is the most striking contribution of the second volume. We know no better *resumé* of this great subject. We would willingly linger on these two volumes, but space is precious, and we close with an emphatic approval of Mr. Lane's editorial labours.

PEASLEE'S OVARIAN TUMOURS (a).

HERE is a volume upon which our American brethren may plume themselves. We have never been among those who affect to neglect the literature that comes from the States; but it must be admitted that we confer more on them than they on us. When we meet with so original, painstaking, and practical a work as this, we feel encouraged to look forward with pleasure to the emulation of American Medical literature.

Dr. Peaslee has long been known by name to all who have taken even a superficial interest in ovariectomy, and the present writer remembers meeting him personally years ago. It is natural that the teaching of the leading American ovariectomist should be regarded with interest, and when we remember that Dr. Peaslee has studied the subject and practised the operation with great success for upwards of twenty years, we may well be prepared to welcome from him a complete treatise on ovarian tumours.

(a) "Ovarian Tumours, their Pathology, Diagnosis, and Treatment, especially by Ovariectomy." By E. R. Peaslee, M.D., LL.D., Professor of Gynecology in Dartmouth College, President of the New York Academy of Medicine, &c. New York: D. Appleton and Co. 1872.

That is the character of the work before us. The author covers the whole ground of his subject, instead of confining himself to the record of his operations. This will make the book a welcome one in this country. It is divided into two parts. The first gives the anatomy of the ovary, its pathology, and the diagnosis and nature of ovarian tumours, with their treatment, except by extirpation. The second part of the work is entirely devoted to ovariectomy. The history and statistics of the operation are discussed with fulness. The conditions determining when it should be performed, those predisposing to a favourable event or the reverse, when it should be abandoned, preparatory treatment and arrangements for the operation, with practical details of every step and the after treatment,—all these points will be found put before the reader by Dr. Peaslee, and in all of them he is able to draw upon his own great experience. Such a work by such a teacher must be useful, and the publishers have brought it out in a manner worthy of its contents. We should say, therefore, that it must succeed.

DR. CRICHTON BROWNE'S REPORTS (a).

It was a courageous idea of the able superintendent of the Wakefield Asylum to bring out such an annual as this, the second volume of which is before us. No one doubts that there is a vast amount of material at the disposal of those gentlemen who conduct our large asylums, but to utilise it requires zeal on the part of all, and the power of inspiring and sustaining zeal on the part of the chiefs. This power Dr. Crichton Browne seems to have. All who have to do with his asylum seem ready to help in the good work, and the result is a series of remarkably able essays on a great variety of subjects.

Here are thirteen essays, the writers being Drs. Burman, Major, Sutherland, Mitchell, Crichton Browne, Fedler, Nicol, Clifford Allbutt, Aldridge, M. Courtenay, W. A. F. Browne, and Thompson. The subjects treated have some connection with mental disease, but not necessarily a very close one. The editor himself discourses of cranial injuries and mental disease in a manner that cannot fail to instruct. We have been particularly interested in Dr. Burman's paper on Conia and its use in subcutaneous injections. It is a well executed original work in which he has anticipated some of the results of similar experiments being carried on by the writer of this notice. We heartily congratulate Dr. Crichton Browne on the success of his reports, and all his contributors on the manner in which they have acquitted themselves.

DR. ANDERSON ON DISEASES OF THE SKIN.

THE leading Dermatologist of Scotland has issued a volume (b) which gives in small space the results of treatment in 11,000 consecutive cases, and which may, therefore, be regarded as one of the most practical contributions to the subject that can well be imagined. In the first four chapters the author gives a full analysis of these 11,000 cases. Then comes Part II. of his work, containing eight chapters on the therapeutics of diseases of the skin. As might be expected from a man who fills with credit the Chair of Medicine, as well as the post of Physician, at the Royal Infirmary, and to the Dermatological Department of a great University, we find here no mere routine notes or exclusive pathology, but the whole subject is treated from a thoroughly practical

point of view by a thoroughly sound teacher. The local and constitutional treatment of skin diseases are treated of in separate chapters, and a good index completes this capital clinical essay.

TEXT-BOOK OF ANATOMICAL PLATES (a).

WE welcome with unusual pleasure the new edition of the splendid text-book edited by Mr. Bellamy, of Charing-cross Hospital. In the former edition there were a number of errors which demanded careful revision, and which prevented it occupying the position to which it is so well entitled. Whatever the students' manual of dissection, and whichever full treatise on anatomy he may prefer, he will find this work of the greatest use, as also will the practitioner who is desirous of looking up any portion of his anatomy. The plates—no less than 112 in number—are all hand-coloured. Opposite to each is the full explanation, and every page of this has been carefully revised by Mr. Bellamy, whose experience of anatomy, both at King's College and Charing Cross, have amply qualified him for the work.

This beautiful pocket text-book of anatomical plates affords the easiest way of getting up again the most difficult subject of the Medical curriculum. It will, we have no doubt, be eagerly consulted by gentlemen who are about to submit to examination, for it brings most vividly before the student the easily forgotten details of his previous work. In an artistic point of view it is equally commendable, for it offers the most graphic illustrations of anatomy, and holds the mirror up to nature in plates, the colouring of which is on a par with the exquisite drawing. The publishers have wisely issued it in strong binding, so that it may be thoroughly used for years without any fear of its falling to pieces.

CURRENT LITERATURE.

UNDER this title we, from time to time, give brief notices of new editions or small publications which we cannot find space to notice at length. Occasionally, too, we announce here works that we afterwards criticise at leisure. Of the more important announcements we have to make are the volumes of Hospital Reports that have of late years become so numerous.

The annual volumes of Guy's, St. George's, and St. Thomas's Hospital are announced as in the press, and will no doubt equal their predecessors.

We have before us the eighth issue of *St. Bartholomew's Hospital Reports* which contains twenty-five essays and four plates, besides the voluminous statistics of the practice of the Hospital arranged in a series of carefully compiled tables. This volume can well compete with any of its kind. It is a great pity all these reports do not appear with cut edges.

The *Pathological Transactions* has been received, and will be noticed at length.

We have not yet received the *Medico-Chirurgical Transactions*.

The volume of the *Clinical Society* has already been noticed in our columns.

A second edition of Dr. W. Roberts' *Practical Treatise on Urinary and Renal Diseases* (Smith, Elder, and Co.) has appeared. It has been some time out of print, and the new revised edition will be received with pleasure in many directions.

Mr. Oakley Coles, the accomplished dentist of the Hospital for Diseases of the Throat, has reprinted some contributions to a dental contemporary under the title, *The Teeth, Notes on their Pathology*. There are some beautiful illustrations, and the book seems likely to be appreciated.

Dr. Balthazar Foster, of Birmingham, has reprinted from a quarterly contemporary some *Contributions to the Therapeutics of Diabetes Mellitus*. They illustrate with his well-known critical acumen and clinical skill the result of various kinds of

(a) "West Riding Lunatic Asylum Reports." Edited by J. Crichton Browne, M.D. Vol. ii. London: J. and A. Churchill. 1872.

(b) "On the Treatment of Diseases of the Skin, with an Analysis of Eleven Thousand consecutive Cases." By Dr. McCall Anderson, Prof. of Medicine in Anderson's University, and Glasgow Royal Infirmary &c. London: Macmillan and Co. 1872.

(a) "Text-Book of Anatomical Plates." Designed under the Direction of Professor Masse, with Descriptive Text, by J. Bellamy, F.R.C.S., Senior Assistant-Surgeon, Charing-cross Hospital, &c. Second Edition. London: Baillière, Tindall, and Cox. Paris and Madrid: Baillière.

treatment. Every one ought to know what Dr. Balthazar Foster has to say on the subject of diabetes.

Two little works on "Responsibility" may very well be read together. The first is Dr. Russell Reynolds on the *Scientific value of the Tests of Insanity* (Churchills). The second is Mr. Balfour Browne, of the Middle Temple, and entitled *Responsibility and Disease* (Baillière). Dr. Reynolds takes a Medical, while Dr. Browne leans a little to the legal view. His essay first appeared in the *Law Review*, and was thence copied into American legal publications. Medical men may read it with profit.

Dr. John Ogle, of St. George's, has reprinted his very able and interesting paper on *Hereditary Transmission of Structural Peculiarities* with an equally interesting addendum.

A fourth edition of Dr. Attfield's *Pharmaceutical Chemistry*—the best book on the subject—has reached us, as have a new edition of Druitt's *Cheap Wine*, the second of Dr. Grainger Stewart's beautiful monograph on *Bright's Disease* (Bell and Bradfute); Holdsworth's *Household Guide* (Letts, Son, and Co.); and some others.

Field's *Hints for Obstetric Clerks* is a very creditable little work by a Kirkes' Gold Medallist and resident assistant at St. Bartholomew's.

Dr. James Cappie's physiological essay *On the Causation of Sleep* (Edin., J. Thin) is much opposed to one or two current views.

Dr. Hy. Smith's *Handbook for Midwives* is simple, safe, and sufficient.

We have also two new works on Physiology. The first of these is by Dr. Nicol, and called *Human Physiology, the Basis of Sanitary and Social Science* (Trubner). The title tells the drift. We cannot accept it all, but the author means well. The other is by Dr. Hughes Bennet, of Edinburgh, who now issues a *Text-book of Physiology* (Thin), written in his very best style and illustrated with twenty-one photo-lithographic plates. It will at once become a standard manual.

Correspondence.

REDUCTION OF PARAPHYMOSIS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

DEAR SIR,—The reduction of paraphymosis is always found to occasion very severe pain. On being called to a case the other day, in a boy of about 6 years old, it occurred to me that I might much facilitate the operation and reduce the pain by letting some of the serum escape from the much swollen cellular tissue. I accordingly punctured the prepuce in eight or ten places with a fine needle; a good deal of serum immediately escaped, and the remainder came away with great facility as soon as I commenced to make pressure preparatory to the reduction. The result surpassed my anticipations; I reduced the paraphymosis with the greatest ease, and without the slightest wincing or expression of pain on the child's part.

Perhaps this "wrinkle" regarding the alleviation of suffering in a very painful manipulation may be worth recording in your columns.

Yours truly,

ISAAC ASHE, M.B.

Letterkenny, 6th December, 1872.

THE PURIFICATION OF WATER AT THE RESIDENCE OF HIS ROYAL HIGHNESS THE PRINCE OF WALES, SANDRINGHAM.

THE London and General Water Purifying Company having just completed their system of filtration, the *Times*, and the general press gave expression to the opinion that the danger from the former impurities was now removed. To this the *Medical Times* took objection, animadverting rather strongly upon what it considered a popular error, with regard to the removal by filtration of organic impurities. With the weight of Dr. Letheby's evidence, we are of opinion that our contemporary has done the manufacturers of properly constructed

filters an injustice; we have, therefore, pleasure in according space for the following correspondence:—

TO DR. LETHEBY, M.B., M.A., &c.

DEAR SIR,—A paragraph from the *Medical Times and Gazette*, of 30th ult., having been brought under my notice, as referring to the Cistern Filters we have lately fixed for H.R.H. the Prince of Wales at Sandringham, I shall esteem it a favour if you will kindly give me your candid opinion as to the truth of the statements therein contained, as this Company use nothing but the purest animal charcoal that they can obtain, and have always understood that this material is the most efficient purifier of water yet known, and not a mere mechanical strainer as the *Medical Times and Gazette* would wish the public to believe.

I remain, dear Sir,

Yours faithfully,
(Signed) R. RUDING,
Secretary to the London General Water Purifying Company.

DR. LETHEBY'S REPLY.

DEAR SIR,—In reply to your letter of the 3rd inst., asking me for an opinion of the statement in the *Medical Times and Gazette*, of the 30th ult., respecting the purifying power of the filters supplied by your Company I have to say that no doubt under ordinary circumstances, the mere filtration of water does not remove with certainty anything but the mechanical impurities; but when the filtration is effected by means of animal charcoal, as is the case with your filters, there is a chemical as well as a mechanical action of the filter. This I have demonstrated again and again by experimental investigations with your filters, and, therefore, there is no ground for saying there is any error or fallacy whatever in the statement that such filters remove all danger from the presence of organic impurities in water. It is manifest to me that the writer of the article in question is either ignorant of the construction of your filters, or of the chemical principles involved in their action.

I remain,

Yours truly,

(Signed) H. LETHEBY.

R. Ruding, Esq.,
Secretary to the London and General Water Purifying Company.

Medical News.

Royal College of Surgeons of England.—The following members having passed the required examinations for the fellowship on the 21st, 22nd, and 23rd of November, were, at a meeting of the council on Friday last, duly admitted fellows of the college, viz:—

Clarke, Thomas Kilner, M.B. Cantab., Huddersfield, Yorkshire, of Guy's Hospital, January, 1871.
Howell, Horace S., M.D. St. Andrew's, L.R.C.P. London, Great Dunmow, Essex, of St. Bartholomew's Hospital, July, 1861.
Owen, Edmund Blackett, M.B. London, Cleveland Square, of St. Mary's Hospital, diploma of membership dated May, 1868.
Pritchard, Urban, M.D. Edinburgh (gold medallist), St Paul's Road, Highbury, of King's College, July, 1869.
Parker, Rushton, M.B. and B.S. London, Kirkdale Road, Liverpool, of University College, April, 1869.
Smith, Herbert Alder, M.B. London, Christ's Hospital, of St. Bartholomew's Hospital, January, 1870.
Wall, Alfred John, L.R.C.P. London, South Lambeth Road, of St. Mary's Hospital, November, 1869.
Four other candidates were examined, but were not approved. The next examination for the fellowship of the college will be held in May, 1873.

Prizes.—We have previously announced that the Riberi Prize has been obtained by Prof. Corradi. The Actonian Prizes of £105 each have been adjudicated to Mr. B. Thompson Lowne, of the Middlesex Hospital, and the Rev. G. Henslow, of St. Bartholomew's Hospital, for essays on the Theory of the Evolution of Living Beings.

Apothecaries' Hall.—At a court of examiners held on the 12th instant, the following gentlemen, having passed the necessary examinations, received the L.S.A. diploma, viz.:—Messrs. Edmund Lewis Archer, of Junction Road, Kentish Town; John Maddern Bromley, of Penzance; James Dewar, of Diddleton-Cheney; and Herbert William Page, of Carlisle. And at the same court the following passed the primary professional examination, viz.:—Messrs. Richard Brayn, of King's College; William Henry Patmore Sheehy, of St. Bartholomew's Hospital; and Arthur Turle, of St. Thomas's Hospital.

Professor Mymott Tidy, of the London Hospital, was last week elected Medical Officer of Health for Islington.

L'Indépendente announces that a new monthly journal, with the title of *Il Galvani*, will next week be published at Urbino. It is to be especially devoted to electro-therapeutics, and edited by Dr. Santopadre, assisted by Drs. Bonfigli, Brunelli, Cinielli, Concato, Gozzini, Namias, Schivardi, Serpieri, Viziosi.

The Charge against T. H. W. Croft, Esq., Surgeon.—A fund is being raised to enable Mr. Croft to defend himself. The charge arises from the manner in which a certificate of death was filled up. Mr. Croft is in delicate health, and has a large family growing up. We have before commended the case. Post Office Orders may be made payable to Mr. Francis James, Snitterfield, Stratford-on-Avon.

The West Ham Local Board of Health, following the example of Birmingham, decline to receive any financial aid from the Government in respect of the salaries of either their Medical officer or inspector of nuisances.

University of London.—In compliance with an opinion expressed by Convocation in May last, that "it is desirable that Convocation should meet twice at least in every year," the Senate have appointed a meeting of Convocation to be held on Monday, January 21st, 1873.

Warren's Essence of Rennett.—We are informed that this preparation, respecting which we have on our own experience already expressed a favourable opinion, has within the last year achieved an immense popularity. It would be a great gain to the Profession if it could place dependence on so ready a means of preparing "junket" or rennett whey, and there can be no doubt that the sweet essence of rennett serves such purpose to perfection, and is applicable in gastric cases, in which the solutions commonly sold for the purpose could not be used.

The Medical Microscopical Society of London.—A meeting was held in the library of St. Bartholomew's Hospital, on Friday evening week, for the purpose of inaugurating this new Microscopical Society among the already established Societies of London. The meeting was numerously attended, and Mr. Jabez Hogg was unanimously chosen to fill the Presidential chair. This society has been established for the laudable purpose of promoting the study and pursuit of Medical Histology among the students of the various hospitals in this metropolis. It is also hoped that this Society will bring together qualified Medical men, for the purpose of promoting more systematic researches in structural and pathological histology. The Secretaries are Messrs. J. W. Groves, St. Bartholomew's, and Golding Bird, of Guy's.

NOTICES TO CORRESPONDENTS.

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

All communications intended for insertion must bear the name and address of the writer; not necessarily for publication, but as a voucher of good faith.

SUBSCRIPTIONS IN THE UNITED STATES.—A correspondent has drawn our attention to the fact, that some of the houses in the United States are charging the enormous figure of 15 dollars per annum (more than 25) for supplying this Journal to different parts of the States. We beg, therefore, to state that we shall be happy to supply the same regularly, post free, per annum, if paid in advance, for considerably less than half this amount, viz., six and-a-half dollars (about £1 6s. 0d.), either direct from our offices in this country, or through our recognised agents in the United States.

STUDENT.—We believe the work is published at two guineas, with coloured illustrations. Write to the publishers.

DR. J. F. S. is thanked for his kindly note; suggestions are at all times acceptable, more especially when coming from a subscriber of twenty-nine years.

DR. S. MONTES.—You may implicitly rely upon the care with which all analyses published in our Reports on Foods, Beverages, &c., have been made. You are quite correct to say that all pure Manzanilla comes from Sanlúcar, of which we were well aware. The samples named were bought (as stated at the time) of Denyer and Co., and were quite pure. We have since tried, from the same house, Amontillado of Sanlúcar, and agree with you that both these wines are far preferable to sherries, especially for invalids.

DR. CLARKE.—The subject is scarcely suited for the columns of a Medical journal.

DR. REX.—Your wishes have been complied with.

R. E.—We shall be glad if you will execute the translation.

DR. DEL TORO.—The review has been received, and a copy of this is forwarded.

DR. R. DEL CASTELLO.—The pamphlets have been placed in the hands of a competent contributor to our columns.

ANTI-QUACK.—A correspondent who signs himself thus, sends us a case which came under his notice in practice, a few weeks since, requesting its publication as a corollary to that which appeared in our columns last week, signed by Dr. Edmunds. Unfortunately, our space is too valuable just now to accede to his request; and were we to publish a hundred of such letters, it could do but little good until Parliament steps in, and makes it impossible for any vagabond to style himself doctor, or practice as a Medical man, without having first obtained his diploma from some recognised Licensing Body. We expect and hope that such a measure will be framed and passed during the forthcoming session.

MR. LISTER.—The packet has been received, and the engravings will be published in due course.

DR. DE PASCALE.—Your letter, with the MS. enclosed, arrived just as we were going to press. The enclosure for the Editor of *The Doctor* has been forwarded, according to your request, to the office of that periodical.

DR. MACARIO.—We published an account of the case at the time, and it was copied into several other journals.

J. S., New York.—Dr. Waring Curran's communications first appeared in this journal, whence they were taken by several of our American contemporaries.

MR. TERVAN.—The cases of stone have not yet been received, nor have the descriptions of the instruments.

PROFESSOR CORRADI.—The message was conveyed to Sir H. Thompson by our London Editor, as requested in the letter sent to him.

DR. PROLL.—We regularly forwarded the numbers for the time requested. The article to which you draw our attention will be referred to at an early date.

DR. WAGNER.—Please write full particulars on receipt of this, and state your views of the matter in detail. We shall then perhaps be able to judge.

DRS. PALASCIANO, Kriahber, Sperino, Giordano, Pacchiotti, Pascal, Kraus, Schmeitz, Patraubon, Herzog, Hitzig, and others, are thanked for their communications, which will receive attention in due course, and are highly appreciated.

DR. ANDREW SMITH.—We should be glad to hear further on the subjects discussed.

DR. A. HIND.—Not a single line has reached us for these two years in reference to it.

DR. SIMPSON.—Your letters must have miscarried. Since the photo. nothing has reached us.

DR. HOGG, Netley.—We regret being unable to find space in this week's number for the continuation of your paper "On Marriage in the Army," which we hope to publish in our next or following number. The same remarks apply to about a dozen other communications in type. With every desire to accommodate our many contributors, we find ourselves compelled to crave their indulgence for delays which are unavoidable.

B. A. M.—"Tis distance lends enchantment to the view."

MR. GRAY is thanked for his letter.

DR. EDMUNDS.—Your communication came to hand after the first sheet was on the press.

DR. WALSH, Chorlton.—The case of "Popliteal Aneurism cured by Ligature after failure of Compression," will, if possible, appear next week.

DR. MCGUIRE'S Notes on the Flora of Cong. co. Mayo, are also unavoidably postponed.

THE SPECIAL SUPPLEMENT FOR IRELAND.—The Supplement to our Journal, which is devoted to Irish Poor-law Medical intelligence, is necessarily omitted this week, in order that we may comply with postal requirements. It will regularly appear for the future, and will be forwarded to all Irish subscribers gratuitously with their weekly copy of the Journal.

RED HEART RUM.—We have frequently heard the question asked, what is the meaning of Red Heart Rum? and as it has now taken a promi-

ment position as a stimulant in many of our large hospitals, it may not be considered inappropriate to answer the query in this column. The spirit thus designated is simply the oldest Jamaica rum, which, having been in wood a goodly number of years, time has mellowed and softened to such a degree, that it ceases to have the ordinary attributes of the bilious compounds sold under that name. During the Franco-Prussian war it was sent out by the Medical Committee of "The National Society for Aid to the Sick and Wounded," and as the attendants of the ambulance and nurses had the distinguishing mark of the Red Cross, the spirit used and administered by them was branded with a red heart, and is now become "Red Heart Rum" of commerce.

THE STEWART INSTITUTION FOR IDIOTS.—We avail ourselves of the opportunity which the present issue gives us, of advocating the cause of the Stewart Institution for the Education and Maintenance of Idiots, situated near Dublin. This most deserving and much-needed charity, conceived by Dr. Kidd and a few benevolent men, and generously and liberally endowed by Dr. H. Stewart, whose name it bears, has a rôle of real usefulness to fulfil, and it is deserving of the best report which our readers can give of it, and the most generous support that they can secure for it.

MEDICATED SPRAYS.—The simplest and cheapest atomiser is that invented by Dr. Prosser James, and exhibited by him last year at the Medical Society of London. It is made by Maw, Son, and Thompson. A figure of it will appear shortly.

ANOTHER CHLOROFORM BOTTLE.—We have seen many chloroform bottles. Perhaps the most convenient of any is Dr. Hime's (of Sheffield) of which a description will shortly appear in our columns.

THE PUBLISHERS OF THE "IRISH MEDICAL DIRECTORY" request us to state that it is now in the press, and will be in the hands of the subscribers early in January. The addition of a large quantity of new matter has made a brief delay in its issue unavoidable.

THE FISH CURING NUISANCE AT BETHNAL GREEN.—With reference to our strictures upon the poisonous effects upon the health of the people at the East End of London from the enormous number of chemical fish-curing houses, one of the Medical officers naively remarks that more than two-thirds of the "real Yarmouth boaters" are cured in Bethnal Green, and some in such a disgusting way that if people were to see the process they would never eat another. Yarmouth, whose boaters were twenty years ago an excellent relish, is now adopting the Bethnal Green mode of curing. He further remarks that "In a rich parish one such Stygian pest would not be tolerated. In this poor parish one hundred such factories turn the place into a miniature Erebus without help or redress. Two courses are open to the parishioners. One is to grin and bear them—the other is to let them lose their business and break up their homes."

COMMUNICATIONS, with enclosures, &c. received from:—Sir Henry Thompson, London. Mr. Critchett, London. Dr. Herbert Davis, London. Mr. Rivington. Dr. Thorngood. Dr. Locke Johnson. Dr. Embleton, University of Durham. Dr. Carpenter, University of London. Dr. Stokes, Dublin. Dr. Stanley Gale, Manchester. Dr. Curran, Dublin. Mr. Hyslop, Stretton. Dr. Morgan, Dublin. Dr. Hansel Griffiths, Dublin. Mr. James Hogg, London. Dr. L. Heby, London. Dr. Walbaum, Dalston. Mr. Peacock, Mr. Cox. Dr. Aspray, London. Dr. Brydale. Mr. Timothy Holmes, London. Dr. West, Norwood. Mr. Baker. Mr. Stuart. Dr. Paley, Ripon. Dr. Herbert, Paris. Mr. Savory, London. Mr. Gurnell, Bow. Mr. Ruding, London. Dr. Hogg, Netley. Dr. Smith, Dublin. Dr. Bathurst Woodman. Mr. Teevan, London. Dr. Gohlke, Romford. Mr. Townshend, Bristol. Mr. Gray, the Board of Trade. Mrs. Baines, London. Mr. J. Parkinson, London. Mr. Parkinson. Dr. Edmunds, London. Dr. Montes, Madrid. Dr. Calvert, Manchester. Mr. Grace, Bristol. Dr. Fitz-Gibbon, London. Mr. Jolliff, Tuffnell. Dr. Griffith, Fimlico. Dr. Bayes, London. Mr. Crookes, F.R.S. Dr. Walshe, Chorlton. Dr. Evered, Belfast. Dr. McGuire, Mayo. Dr. Copeland, Florence Court. Dr. Quinlan, St. Vincent's Hospital. Dr. O'Keely, Celbridge. Dr. Murphy, Killarney. Dr. Woods, Parsonstown. Dr. Kidd. Dr. Crawford, Tandragee. Dr. Little, Sligo. Dr. Long, Stephen's Green. Dr. Pardon, Belfast. Dr. May, Rathfriland. Dr. Hamilton, Lower Sackville Street, Dublin. Rev. Andrew Carney, P.P., Ballybay, Monaghan.

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

Text-book of Anatomical Plates. Designed in columns by Professor Masse. Edited by F. Bellamy, F.R.C.S. London: Baillière, Tindall, and Cox.

English Midwives, their History and Prospects. By H. Aveling, M.D. London: J. and A. Churchill.

Hospital Hygiene. By C. Langstaffe, M.D. London: J. and A. Churchill.

Notes on the Treatment of Chronic Diseases of the Skin. By H. Stanley Gale, M.D. Manchester: Cornish.

The New York Medical Journal; The Boston Medical Journal; L'Indipendente di Torino; Lyon Médical; Nature; The New York Medical Journal; Medical Record.

VACANCIES.

German Hospital, Dalston. Assistant Physician. Honorary. (See advt.)

Derby General Infirmary. Assistant House-Surgeon. Board and residence free. No salary.

Dorset Lunatic Asylums. Assistant Medical Officer for the Frome Asylum. Salary £100, with board and residence.

Plumstead Board of Works, Kent. Public Analyst.

Howden Union, Newport District. Medical Officer. Salary £10 per annum.

Samaritan Free Hospital, London. A physician and a surgeon.

Sligo Union. Apothecary for the Sligo Dispensary. Salary £60 per annum. (See advt.)

Add-nbrooke's Hospital, Cambridge. House-Physician. Board and residence free. No salary.

Manchester Clinical Hospital. House-Surgeon. Salary £61.

West Coast of Africa. Medical Officer to take charge of station there. Applications to the African Association, Exchange Buildings, Liverpool. Minimum salary, £300.

Worcester General Infirmary. House-Surgeon.

Oldham. Medical Officer of Health to the Borough. Salary £400 per annum, with offices, &c.

Kildalton in Islay. Medical Officer of Health. Salary £70 per annum, including medicines.

Malton Union. Medical Officer. Salary £10 per annum, exclusive of vaccination and midwifery fees.

Royal Portsmouth Hospital. Superintendent under the Contagious Diseases Acts. Salary £10, with board and residence.

Metropolitan Free Hospital. Assistant Physician. Honorary.

Hackney Union, Middlesex. Dispenser. Salary £100 per annum.

APPOINTMENTS.

BABBER, O., M.R.C.S.E., Assistant House-Surgeon to the General Infirmary, Sheffield.

EVANS, J. T., jun., M.D., C.M., L.R.C.P.L. (temporarily), Medical Officer to the Hertfordshire Gaol, Hertford.

FARR, A., L.R.C.P. Ed., Chloroformist to the Charing-cross Hospital.

FORD, T. H., L.R.C.P. Ed., Assistant-Surgeon to the Leith Hospital.

HARRIS, J. D., L.R.C.P.L., a Surgeon to the Exeter Dispensary.

JONES, R. A., M.R.C.S.E., Admiralty Agent and Surgeon to the Coast-guard Station at Carnarvon, also Certifying Surgeon under the provisions of the Factories' Acts.

LITTLE, J., M.D., F.R.C.P.L., L.R.C.S.I., Professor of the Theory and Practice of Medicine, Royal College of Surgeons, Ireland.

LUSH, W. J. II., M.R.C.S.E., Resident Medical Officer to St. George's, Hanover Square, Dispensary.

MACNAMARA, P., M.D., L.R.C.S.I., Medical Officer, &c., for the Galbally Dispensary District of the Mitchelstown Union, co. Cork.

MEADOWS, G. F. W., M.R.C.S.E., Medical Officer for District No. 4 of the Woodbridge Union, Suffolk.

REARDON, T., L.K.Q.C.P.I., L.M., L.R.C.S.I., Medical Officer, &c., for the Kildonery Dispensary District of the Mitchelstown Union, co. Cork.

SAVORY, Mr. A. II., House-Surgeon to the Royal Westminster Ophthalmic Hospital.

SNEEL, J., L.R.C.P. Ed., M.R.C.S.E., Medical Officer for the Holme District of the Howden Union, Yorkshire.

STEPHENS, T. P., L.R.C.P. Ed., Medical Officer for District No. 1 of the Westbourne Union, and for District No. 3 of the Havant Union.

TURNER, J., M.D., Medical Officer to the Leicester Provident Dispensary.

Marriages.

CAREW—OLDHAM.—On the 5th inst., at West Hartlepool, Arthur Hutchinson Seaton Carew, second son of Mr. Thomas Hutchinson, J.P., of Howden Hall, near Stockton-on-Tees, to Edith Wright, eldest daughter of Riton Oldham, J.P., F.R.C.S., of West Hartlepool.

HOLMAN—PARKER.—On the 11th inst., at Isleworth Church, Middlesex, W. Holman, M.R.C.S., son of the late Captain Holman, R.N., to Sarah Ann Parker, stepdaughter of the late T. Debenham, Esq.

SUTCLIFFE—MAUD.—On the 3rd inst., at All Saints', Norwood, W. G. Sutcliffe, M.R.C.S.E., of Ashville Place, Battersea Park, to Marion Elizabeth, daughter of the late Captain Maud, of Thornton Heath, Surrey.

Deaths.

EVANS.—On the 10th December, at the residence of his father, E. T. E. Evans, Esq., M.R.C.S. and L.S.A., late house surgeon of the Salford Royal Hospital, Manchester, aged 28.

KIDGER.—On the 4th of December, A. A. Kidger, M.R.C.S.E., Resident Medical Officer to the Infirmary and Dispensary, Newport, Monmouthshire, aged 36.

MAUGHAM.—On the 23rd November, W. Maugham, M.D., of Northgate House, Carnarvon, aged 40.

MORGAN.—On the 9th December, William F. Morgan, F.R.C.S. of Bristol, aged 72.

NICHOLSON.—On the 9th December, J. A. Nicholson, Esq., M.A., B.Sc., D.L., J.P., at Balrath, Barry, county Meath.

THOMPSON.—On the 11th December, at Jarrow-on-Tyne, Robert James Thompson, M.D., M.R.C.S., L.M., aged 48.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, DECEMBER 25, 1872.

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Original Communications.

CLINICAL LECTURE ON LUPUS.

BY HENRY EAMES, M.D., Dub.,

Physician to Mercer's Hospital, Lecturer on Practice of Medicine in the Ledwich School, &c.

GENTLEMEN,—From time to time you have had many opportunities of observing and studying this disease of the skin. The name I need hardly tell you is derived from the Latin, signifying either a wolf or a pike, both distinguished for their voracity, and hence comparable to this malady. Not, indeed, as Divergie seems to suppose, from a visual resemblance, when he asks—"What analogy is there between the face of a person affected with lupus and that of a wolf?" The *noli me tangere* of the Romans is by most believed to have been this disease. The old English name was "the eating tetter."

There are three species of this disorder—*L. exedens*, *L. non-exedens*, and *L. erythematous* or hypertrophicus. I shall give you a brief account of each of these disorders.

L. exedens is the most destructive and disfiguring variety. It most commonly commences on the face, though its ravages are by no means limited to that part; extending in the case before you to the neck, and appearing in large isolated patches on both hands and forearms. The exact situation that it selects by preference for its assaults is one or other ala of the nose. The destructive process is sometimes almost simultaneously commenced on the inner and outer aspects, and advances equally from both sides till the cartilage is entirely destroyed, the result being such deformity as is well seen in the case of T. E. The commencement of the disease is usually a small papule or nodule, which is brownish red in colour, and causes no pain or itchiness. It appears hard, but if you press it with the point of a probe you find that it is easily penetrated and bleeds freely. Other similar papules form around this first one, all, in some cases, shedding continually dry scales of epithelium. The disease may remain for a long time in this stage. These papules are composed of numerous cells proliferated from the rete

Malpighii, mingled with granules of sebaceous matter, and traversed by a large number of blood vessels, many of which are of new formation, chiefly derived from the papillary vessels which have increased in size. At the same time fibrous tissue of new formation is developed, which connects the papular growth with the tissues beneath. The inflammation, which is essentially chronic, is of a special plastic character, being in *L. exedens* accompanied by a cellular hyperplasia, which, from incomplete nutrition, becomes the seat of an ulcerative process, with purulent exudation and formation of crusts.

As the malady advances from the papular stage previously mentioned, the skin around grows red tense and shining. A scab forms on the summit of one of the nodules; this quickly increases in size by the addition of fresh matter at the base, and thus the scabbing process proceeds till the part is covered. On removing forcibly the overlying scabs, the surface, which is sunk below the general level of the surrounding skin underneath, is found coated with a thin purulent ichorous fluid, through which granulations are protruding. These vary in size, some being little larger than a millet seed, and others the bulk of a split hazel nut. These larger ones will, on examination with a moderate lens, be seen to be formed by the aggregation of a number of smaller granulations collected on a common base, which is often of a grayish hue. They are very vascular, bleeding freely when touched with a probe.

The opinions of Rindfleisch are of great value. He regards the disease as always an adenoma of a sebaceous or sudoriparous gland, and that the lupoid tubercles are so characteristic in origin and structure as to be recognisable by the microscope quite as certainly as cancer. The process begins as a luxuriant corpuscular proliferation in the interstitial and capsular connective tissue of the sebaceous and sudoriparous glands. The disease advances by the extension of this cell-proliferation to a variable distance.

The disease may now remain for a long period stationary and at length heal, as will presently be described. Or it may extend in depth or laterally by the continued formation of the special plastic tissue in either direction. This will be again followed by the ulcerative process, which may

rapidly destroy the cartilages, and even bones, or the adjacent portions of the skin. Thus, in practice we find, as remarked by Bielt, two forms of *L. exedens*, the one profoundly, the other superficially, destructive.

During the progress of the case you will probably observe a few attempts at cure, secretion from the surface becoming arrested, and a whitish growth, composed mainly of fibrous tissue, appearing at the edges of the sore. Your hopes will often be disappointed by renewed outbreaks of the disease. At last, under suitable treatment, the healing process really occurs. From the whitish edge just alluded to, thin trabeculae stretch inwards towards the centre, and gradually the surface is covered with a thin, smooth, transparent layer of fibrous tissue, through which the subjacent blood vessels are visible. The layer in time becomes thicker, concealing the vessels beneath, and closely resembles the cicatrix produced by a severe burn. But the process does not end here, for the inherent tendency of this tissue is to contract, and thus some of the most hideous effects of the disease result. The eyelids are drawn down (ectropium), the lips are drawn apart, exposing the gums, and the cheeks are dragged towards the neck.

Whilst this healing is taking place at one portion of the sore the malady may be extending at its edges. This form is called *Lupus serpiginosus exularans*.

Lupus non-exedens is characterised by the development of tubercles on the surface, as in the case of *L. exedens*; but there is this marked difference between these two varieties, that the non-exedens does not proceed to ulceration. Hence, we do not find the destruction of cartilages and bony structures as a consequence of this form of the disease. The cellular elements of the formation undergo fatty degeneration and absorption, whilst the fibroid tissue, attached to the deeper structures, contracts, depressing the surfaces, and leaving a deep reticulated scar.

Lupus erythematosus commences as somewhat circular patches of persistent erythema. These at first are level with the surrounding cuticle, but after a time become elevated to a greater or less degree. The fibrous tissue of the corium is greatly hypertrophied. Overlying it is the new growth, composed of numerous cells, which also fill the masses of the fibrous stroma. The sebaceous and hair follicles are also crowded with an exuberant formation of cellular elements. These cells also surround the hair shafts and the ducts of the glands, leading in this, as in the other varieties, to complete destruction of the glands of the affected part.

The gravity of this form of the malady varies much. In a case which has just been before us, it seems as if a circular patch, the size of a five shilling piece, had been hollowed out of the cheek to a little depth, and the excavation filled with currant jelly. Though the part appears so red and vascular it does not bleed so readily as in the other varieties. In another case, which I saw a few days since, the elevation is not so marked, whilst the superficial extent of the disease is much greater. The surrounding edges are slightly elevated, indurated, and of a dusky colour. In both these cases the malady affected the cheek, but it may also appear on the trunk or limbs. Any very chronic erythema should awaken your suspicions, such as a dull red patch upon the cheek, scalp, or nose, or chilblains, so-called, persisting during summer.

The amount of deformity left after the healing of *L. erythematosus*, varies with the extent to which the heteroplastic and fibrous formations have proceeded. Whilst the edges are advancing, the disease at the point of origin shows a tendency to subside. Hard white interlacing cords are seen to traverse the centre, and the contracting force of the cicatrices may be as great as in either of the other forms. In some cases there is merely left a white glistening appearance of the integument traversed by a few enlarged red vessels.

Though we have described the three varieties of lupus as distinct, it must be remembered that they may all co-exist, or one may pass insensibly into the other. The tendency being usually to pass from the non-ulcerating to the ulcerating.

The disease may also appear on the mucous surfaces, only secondarily, if at all, implicating the skin. Thus the septum narium may be destroyed before the exterior of the nose is engaged. The palate or pharynx may be deeply ulcerated, dangerous narrowing of the throat being so produced. Lupus of the vulva, *mons veneris*, and genital folds also occurs.

I cannot agree in the view that this disease is merely local. Many persons affected with lupus seem to be in perfect health, but minute examination and close enquiry, will detect some flaw in the constitution either congenital or acquired. The fact that the malady appears simultaneously on parts widely separated, such as the face and hands or feet, would strongly suggest some constitutional cause. Is this to be sought in derangement of hæmætois leading to the formation of unhealthy bioplasm, as in the somewhat analogous case of fibroid phthisis? Or in the weakening of nervous force, permitting the morbid proliferation of perishable cells? The connection admitted by most authors between lupus and scrofula, would lend support to the former view, whilst the benefit derived from treatment by nervine tonics, especially phosphorus, would point to the latter as correct. In some cases in which no history of struma could be discovered, I have found mental depression, weakness, and unconquerable lassitude, which symptoms disappeared *pari passu* with the improvement in the condition of the sore. These remarks more especially apply to those cases in which the disease first manifests itself in the third and fourth decades of life.

Having already expressed my opinion of the constitutional origin of lupus in its various forms, you will be prepared to learn that I recommend a treatment addressed to the constitution as well as local applications. Of internal remedies I would assign the first place in merit to phosphorus. It is especially in cases where the disease has appeared in connection with failing nerve power that this remedy gives such happy results. In such failure, whether from overwork, continuous anxiety, excessively prolonged bodily labour, or venereal excesses, no medicine with which I am acquainted will give results at once so striking and reliable (a). I am in the habit of giving the metalloids dissolved in oil, and enclosed in capsules containing 1-30th, 1-20th, and 1-10th of a grain of pure phosphorus. The first of these you should commence with after meals, and if no symptoms of the drug disagreeing appear, you may, after a week, give the 1-20th, and after another week proceed to the 1-10th capsule. The symptoms alluded to are a burning sensation in the epigastrium, relaxed bowels, lassitude, loss of appetite, and a white silvery tongue. Should these present themselves you may give the mineral acids in infusion of bark.

When the disease is connected with a history of struma, manifested either in the individual or the family, you will not neglect to give cod-liver oil, and will persist with this remedy for a long period, remembering that you are dealing with a diathesis. Remedies hardly inferior in such cases are fresh air, and an abundance of it, by night as well as by day, plenty of animal food, moderate exercise without fatigue, and recreation for the mind. Iodide of potassium and iodine are also recommended, as well as arsenic. I have not found this last drug at all so useful in this malady as in other chronic skin diseases. Various preparations of mercury, especially the bichloride, are said to have given good results. To the anæmic you will, of course, give iron, and you can vary the preparations from time to time, taking care to give an occasional purgative. I have lately tried in cases of chlorosis and anæmia Bland's pills, recommended by the late Niemeyer, with excellent effects. The following is the formula—

R. Ferri sulph. pulv.,
Potas. carb. et tartrat. āā ℥ss.,
Trajacaouth, q. s. u. f.,
Pill, xcvj.

Two to four of these to be taken thrice daily.

(a) See cases in *Dublin Journal of Science* for January, 1877; and
"On the Use of Phosphorus in Diseases of the Skin."

If there be dyspepsia and mal-assimilation of food, you must treat this:—*Nux vomica* with the mineral acids in bitters is very useful, and generally pepsine will be a good addition to the treatment.

Local treatment must depend upon the condition of the sore, but should not be solely relied upon. When the disease is spreading there is a development of a cellular growth amidst the fibres of the surrounding cutis, which must be destroyed, whilst at the same time we endeavour by general remedies to remove the tendency to this heteroplastic deposit. The choice of the particular caustic does not so much matter. The acid tritrate of mercury, or potassa fusa, with an equal quantity of water, applied around the edges will answer well, taking care, however, not to cauterize too large a portion at once. Others prefer nitric acid, chloride of zinc, or nitrate of silver, whilst others again favour the potential cautery or the galvano-cautery.

After such applications as the foregoing, you will generally need to apply soothing remedies, such as lead lotion with opium. When the granulations of the sore have the bluish gray tint already mentioned, a lotion containing the Friar's balsam, with a little carbolic acid, will be found very useful. The erythematous variety usually requires stimulation, and the above will be a good application. The pyroligneous oil of juniper with olive oil is also an excellent stimulant.

When there is a visible tendency to heal, you must be careful to foster the general health, and to use such astringent lotions as may be needed (the tannate of glycerine is a good one). You will, however, occasionally need to change your hand, and alternate with mild stimulants.

When the part has cicatrized over it will be well to protect the newly-formed tissue from the air by coating it over with collodion for some considerable time. I would also advise you not too hastily to withdraw the treatment addressed to the constitution, but to continue it even after the disease has been apparently cured, recollecting how apt lupus is to recur.

ABSTRACT OF CLINICAL NOTES

ON

SOFT TUMOURS OF THE LARYNX (a).

By DR. EMILE NICHOLAS DURANTZ,

Physician to the Marseilles Hospital, and Fellow of the Medical Society of London.

The author first brought under observation the case of a gumma without ulceration, which presented some interest from a clinical and in a pathological point of view.

R. B., an officer of the City Toll, *æt* 41, had enjoyed good health up to December, 1867, when he caught a severe cold and had an attack of pharyngitis. In August, 1869, he complained of difficulty in deglutition, his voice became hoarse and husky, and laryngoscopic examination discovered circumscribed *œdema* of the mucous membrane occupying the posterior third of the aryteno-epiglottic fold on the left side. Cauterisation and an astringent gargle promptly improved the pathological state. The man continued in good health until December, when the symptoms recurred, pain was felt in speaking, and the sound of his voice was nasal; respiration likewise was painful. On examination, a smooth tumour was seen by the aid of the laryngoscope, on the right side in the thick part of the aryteno-epiglottic fold, about the size of a large hazel-nut. The tumour was hidden during regular respiration but became prominent when a long breath was drawn. In a few days the size of the tumour increased, and it changed to a dark red colour; and as it yielded to pressure, it was evidently a phlegmonous abscess that had to be dealt with. This diagnosis being confirmed by the Medical Society of Marseilles, the author opened the abscess with one of Dr. Morell Mackenzie's

lancets, matter and blood flowed and the patient was instantly relieved; the symptoms, however, returned, and a second incision was made, as the former became closed—there was a fresh discharge of blood and matter, but the patient gradually recovered in about a fortnight.

The author then remarked on the objective signs as furnished by the laryngoscope. Abscess of the larynx can be confounded with circumscribed *œdema*, a gummatous tumour, or a cyst. The first presents the appearance of a tumour more or less limited, of a bright red colour; circumscribed *œdema* also presents itself in the form of a tumour, but the *œdematous* parts are generally pale or whitish, the ulceration can only be distinguished by causing the light to pass through different inclinations. Sometimes, however, the *œdema* hides the ulcerations, and then their existence can only be conjectured. A gumma without ulceration might also deceive, as its appearance is similar to that of an abscess. The author then described a second case:—

Madme. S., *æt* 56, married, mother of six children, came under observation in March, 1866. She had enjoyed good health up to that period, with the exception of a disease of the skin, and at the time she was seen there was an eruption on the forehead of reddish yellow spots covered with thin white squamæ, there was no history of syphilis to be arrived at. She was suffering from difficulty of breathing, hoarseness of voice, and an increasing cough. The eyes were prominent, lips bluish, and the respiratory sounds feeble. She had become thin though her appetite was good; deglutition was natural and without pain. The dyspnoea, however, was so great that Dr. Durantz hesitated before attempting an examination with the laryngoscope, and eventually introducing the instrument with the greatest caution was enabled to perceive a tumour, the size of an olive, occupying the place and space of the vocal cord of dirty red colour, the other parts of the larynx were healthy. The first impression was, that an abscess had formed, but the slow progress of the disease, the absence of inflammation, and the squamous eruption on the forehead caused the author to believe it was a gumma. Diagnostic precision was now of the greatest importance, as the patient was suffocating. If it were an abscess, it would be necessary to incise and empty the tumour to establish a passage for the air; if a gumma, one could wait a few hours, and then perform tracheotomy if symptoms were urgent;—in such case making an incision would not diminish the size of the tumour, but would set up inflammatory *œdema*. The patient was placed in bed, supported with broth and wine and a drink composed of water, 150 grammes, iodide of potassium, 4 grammes, syrup, 30 grammes, was given, a tablespoonful every hour. She survived the next day. The same treatment continued, and on the second day the suffocating feeling and anxiety diminished. Restoring regimen was given, the general state of health improved by degrees; and under the influence of continued doses of iodide of potassium the woman recovered, as on a laryngoscopic examination, on the 10th of May, no trace of the tumour could be seen.

Circumscribed *œdema*, abscess, and gumma can be easily distinguished, but the diagnosis of the two latter by sight only, without the rational signs is almost impossible, and though the positive diagnosis of abscess of the larynx, and in general of disease of that organ, can only be made with the laryngoscope, the greatest attention should be paid to the subjective signs. The rational symptoms, the antecedents and lesions of other organs ought always to serve as a guide to establish the diagnosis and treatment. After the diagnosis of the abscess is completed exit must be given to matter. This rule is as formal as for abscess occurring in any other part of the body, for if the abscess is not incised spontaneous discharge takes place, and the matter thus voided comes in contact with the cartilage and produces necrosis, which occurring, lesions might arise that would endanger the patient's life. Purulent infiltration taking place in or

(a) Read before the Medical Society of London, December 9th, 1872, by Dr. Ernest Sanson, Secretary for Foreign Correspondence.

around the tissues of the small muscles of the larynx would produce retraction, induration, and baneful cicatrices, and aphonia would be the sure consequence. To incise an abscess the patient should be placed as if an examination by the laryngoscope is to be made. An assistant should grasp the tongue gently and firmly, without pulling too hard. The operator then, with the laryngeal mirror in the left hand, holds the lancet in the right. The author considers Dr. Morell Mackenzie's lancet preferable to any other. It consists of a small knife with a double edge placed in a bent tube convenient for introduction into the larynx, the point remains concealed, while the length of the blade is regulated by a screw in the handle; when the operator has placed the end of the tube near the point to be operated on, he presses the spring with the forefinger; the incision made should be large enough to allow the issue of the matter, yet not too long, lest the flow be too rapid and a fit of suffocation ensue. Hæmorrhage is not to be feared, although sometimes on the lateral parts varicose veins may be seen. After the incision emollient gargles are to be used.

AN ADDRESS

DELIVERED AT

THE OPENING MEETING OF THE SURGICAL SOCIETY OF IRELAND.

BY FREDERICK KIRKPATRICK, F.R.C.S.I.,

President of the Royal College of Surgeons in Ireland.

Mr. VICE-PRESIDENT AND GENTLEMEN,—The honour of being the President of the Royal College of Surgeons is much enhanced by having attached to it the additional dignity of presiding over this learned Society, which is now about to enter upon its fortieth session, with every prospect of being as successful, as pregnant with interest, and as useful to its members and the cause of Surgery and Medical science as any of its preceding ones. From the large attendance of members upon this, our first meeting, and the great array of talent that I recognise around me, I confidently anticipate a most productive and prosperous session. The first matter I am called upon to mention is the loss we have sustained by the resignation of Dr. Benson, our highly respected secretary, who for a period of thirty-five years has devoted his best energies to the interests of the Surgical Society. It would be vain for me to attempt to review his labours, or to enumerate the many contributions he has from time to time laid before the Society. Out of a very long list of his communications I beg, however, to instance those admirable ones upon diseases of the heart, upon aneurism, and upon complaints of a malignant nature. He was rarely absent from our meetings, and his wise judgment was always at hand in the council of the Society. I am sure, Mr. Vice-President and gentlemen, you will cordially join me in presenting the grateful thanks of the Society to Dr. Benson for his valuable and long-continued services, and in wishing him every happiness and prosperity in his honourable retirement (applause). I now approach a subject to which I devoutly wish I was able to do justice, the mention of which must touch with sorrow every heart. Since we last assembled in this hall death has waved his pale flag but once over our heads, but one of our best and worthiest has been taken; Thomas Beatty, the accomplished physician, the generous, unchanging friend, the polished gentleman, our delightful companion, is no more. His loss to the Profession at large and to this Society, is, indeed, a heavy one; for years he acted as our secretary, and to the last continued to attend our meetings and to enrich our debates from the stores of his vast and varied experience. He formed a bond of union—"a silver cord, a silken tie"—between this college and that of the Physicians, having served both, long and faithfully, and having been chosen president by each, an honour never before bestowed upon the same individual. At the conference meetings lately held at this college for the con-

struction of a joint scheme of education, it was mainly owing to his gracious presence and harmonious intervention that agreement was arrived at between the three principal bodies, and that difficulties, which at first seemed to be quite insurmountable, were removed. The loss of his services to the public at large may be supplied, for there are in this our city many men of the highest ability in his department of the Profession to replace him, but the space left vacant in our hearts and affections by the death of Thomas Beatty can never be refilled.

"He was a man, take him for all in all,
We shall not look upon his like again."

I now ask your attention whilst I address you for a brief period upon a subject which, although not connected with our Society, yet vitally concerns the honour of this college and of each of its members. The subject to which I allude is the meeting of any of our body with homœopaths, or other irregular practitioners. I might hesitate to introduce upon this occasion such a matter were it not that I have a worthy precedent in Richard Carmichael, that noble benefactor of his Profession, who at all times held aloft the standard of Medical honour. When he presided over this Society, he devoted his entire address to the subject of Medical ethics. It will be in the memory of some of my hearers that in the year 1861 a special meeting of the college was held for the purpose of taking this subject into consideration. This meeting was summoned in consequence of a requisition signed by twenty-seven fellows. It was there stated that fellows of this college were in the habit of meeting in consultation with persons who practised homœopathy in this city. After a full debate, in which the strongest feeling was expressed as to the impropriety of such conduct, it was finally agreed that the matter should be referred to the council; and they, at a meeting held on the 2nd August, 1861, passed the following ordinance:—

"No fellow or licentiate of the college shall pretend or profess to cure diseases by the deception called Homœopathy, or the practices called Mesmerism, or by any other form of quackery; neither shall they or any of them seek for business through the medium of advertisements, or by any other disreputable method. It is also hereby ordained that no fellow or licentiate of the college shall consult with, meet, advise, direct, or assist any person engaged in such deceptions or practices, or in any system or practice considered derogatory or dishonourable to physicians or surgeons.

"JAMES S. HUGHES, Sec. to Council."

I am not going to speak upon homœopathy itself, nor to say one word about those individuals who practise it, nor against those who choose to entrust their lives to the system; doubtless, if they had not homœopathy to extol they would soon become equally enamoured of some other delusion. What I wish to impress upon you is the extreme impropriety of any of our body meeting in consultation or conniving in the remotest degree with any of those parties. In a paper which appeared in *Fraser's Magazine*, in January, 1861, Sir Benjamin Brodie thus speaks:—"To join with homœopaths in attendance on cases of either Medical or Surgical disease, is neither wise nor honest. The object of a Medical consultation is the good of the patient, and we cannot suppose that any such result can arise from the interchange of opinions where the views entertained by one of the parties as to the nature and treatment of disease are wholly unintelligible to the other." As surgeons you are more likely to be placed in the difficulty of being called to meet these parties than our brethren the physicians. The sudden emergency of a hernia, a dislocation, or a hæmorrhage, may summon you at any moment, and you should be prepared with your reply. You are ready to go at once to the relief of the patient, but under no circumstances whatever can you confer with or meet the irregular practitioner. The urgency of the case must not be admitted as a plea for the breach of the ordinance; the greater the urgency, the more will be the readiness of the patient and his friends to obtain relief upon stated terms. This occasion of the opening meeting of the Surgical Society is the only one which the president has for impressing his views upon the younger members of this college, and I, therefore, embrace it for the purpose of most earnestly entreating you to keep entirely free of this scandal. For myself I say, in the words of the ancient Roman—"I had rather coin my heart and drop my blood for drachmas than contaminate my fingers with baser gold derived from such a contact" (applause). I had intended to address some observations to you upon the past history and future prospects of your Society, but the subject has been so fully and ably dealt

upon by my predecessor in this chair, that I will not enter upon it, but conclude these observations with the hope that you will bear with and permit your officers to carry out with strictness and fidelity during the session the rules of debate, upon which the success and harmony of our meetings so much depend (applause).

Hospital Reports.

LONDON HOSPITAL.

(Under the care of MR. RIVINGTON.)

(Continued).

CASE 4.—*Stricture with several Fistulae in the Scrotum and Perinæum.—Closure of all the Fistulae but one.*

John Barrett, æt. 28, was admitted into the London Hospital in September, 1871. Five years ago the patient had an attack of gonorrhœa which lasted for about eighteen months. About three years from the attack he noticed a difficulty in making water, and the stream was smaller than usual and sometimes forked. About nine months ago a small lump came in his perinæum and he was advised to poultice it. In about ten days it broke, and ever since then he had had a trickling of urine through the opening.

At the date of admission he had three or four fistulous openings in his scrotum through which urine passed. The stricture was in front of the bulbous portion of the urethra. No. 9 passed easily.

On the 13th of October the galvanic cautery was applied by Mr. Rivington to the fistulous passages in the hard and brawny scrotum and perinæum. Some of the tracks ran for a considerable distance, and three of them met deeply in the perinæum. On the next and following days there was some constitutional disturbance; local inflammation of the scrotum and perinæum had been set up, and on the 16th the parts were tense and hard, and felt as if an abscess were in process of formation. Accompanying the topical phenomena were surgical fever, hot skin, headache, nausea, and sickness. The pulse was 120, and the temperature 105°. Mr. Rivington then laid open all the fistulae, and let out some foetid pus. The wound was ordered to be syringed out with Condy's Fluid.

On the 18th the temperature had fallen to 99.8°; on the 19th it had fallen still further to 98.6°.

All sickness ceased on the 17th, and appetite returned. The wound was dressed daily with lint dipped in a solution of carbolic acid, and syringed out, as directed, by Mr. George Morgan, the dresser, who paid assiduous attention to the case.

On the 23rd he was again feverish and thirsty. A swelling was observed on the left side of the scrotum—painful and throbbing. Temperature 104°; pulse 120. Mr. Rivington made an incision and let out matter.

On the 24th he was very much better, having passed a good night. There was free discharge of pus from the abscess, and the temperature had fallen to 100°.

On the 25th the temperature was 99°. Pus passed or was washed out with the urine.

From this time the wound gradually granulated and filled in, so that by the beginning of December there remained only one fistulous opening through which urine passed occasionally, and from which pus discharged.

Attempts of various kinds were made to close this opening without success. The sizes of the catheters passed daily was increased, and applications made to the fistula.

On the 27th of January, 1872, the external opening was enlarged, and the opening in the urethra, which was about three-quarters of an inch from the surface, exposed as far as possible, and strong carbolic oil was applied to stimulate the edges. A catheter was retained in the urethra. As this and some subsequent efforts failed, and it was deemed advisable to be content with the great improvement already obtained, the patient was allowed to go out.

CASE 5.—*Extravasation of Urine.—Penile Fistula.—Recovery.*

Frederick Marsh, æt. 30, labourer, was admitted into the London Hospital on the 28th of November, 1871.

Three or four months ago the patient was at work, excavating, and contused one of his testicles. He began to experience difficulty in passing water, and occasionally was quite unable to do so. He had had gonorrhœa some years ago.

On Wednesday, the 22nd November, the patient experienced great difficulty in making water which he passed very slowly, and on the Monday following (viz, the 27th), he noticed that his penis was swelling, and that the foreskin was gradually closing over the glans. He had only slight pain in the organ, and on obtaining advice was told that it was trifling, and would be better when he had recovered from the ague (!) which at the time afflicted him.

On Monday evening, however (the 27th), he was in so much pain and required to pass his water so urgently that he strained severely in doing so, and suddenly the water gushed out from an opening which was torn in the under surface of his penis about midway between the glans and the scrotum. Through this opening the patient continued to pass his water till the next day (Tuesday, the 28th), when he was brought to the hospital.

On admission, the patient was shivering, with hot moist skin, foul tongue, rapid pulse, and high temperature (100.8°). His penis was much swollen, fluctuating, and tense, and the glans was completely covered by the foreskin, also extremely swollen. On the under surface of the penis, extending to the junction with the scrotum, was a ragged opening having foul sloughing edges. Through this his water was constantly dribbling.

Mr. Reeves, who was acting for Mr. Rivington, made several small incisions in the penis, and the swelling somewhat subsided. Towards evening the patient gradually began to pass his water properly through the meatus, only a small quantity escaping through the fistula.

On the 29th the penis had diminished much in size; Mr. Reeves made two or three further incisions in the penis; a gum catheter was passed through the strictured portion of the urethra, and kept in the bladder, as it was found extremely difficult to pass it regularly morning and evening. A large part of the urethra having been destroyed it was only after prolonged patience that the end of the catheter could be introduced into the urethra beyond the ulcerated opening.

The patient went on well for nearly three weeks, a good deal of the skin covering the penis sloughed, and a large granulating surface was left on the under and lateral aspects of the organ.

On the 19th there was a rigor accompanied with sickness; an abscess was forming at the root of the penis on the dorsum.

On the 20th an incision was made into it, and the finger introduced into the wound could feel the exposed suspensory ligament, and could be carried right round to the under surface of the corpus cavernosum.

On the 4th of January, 1872, an abscess, which had formed in the scrotum, was opened by Mr. Beech. The granulating surface requiring stimulation was dressed with a solution of nitrate of silver, and under this treatment cicatrization was effected. Granulations sprang up at the edges of the opening in the penis until gradually the fore part was entirely roofed in, and a small opening left just at the very junction of the penis and scrotum running obliquely backwards.

On February the 12th the patient asked leave to go out, and he was made an out-patient under Mr. Reeves, with the understanding that he should come in again if the whole opening did not close. At the beginning of March he came back, and it was then determined to dilate the stricture to the full size of the urethra, to stimulate the edges of the opening, and failing cicatrization to perform a plastic operation.

Owing, however, to some delusive notion on the part of the patient, as to the propriety of the means to be used, the treatment could not be pursued. Mr. Becch was about to pass a larger catheter than the one in use when the patient objected, and declined to submit to the treatment. Under these circumstances the matter was represented to the house governor, and the patient was discharged. Probably he will have found his way to another hospital.

CASHEL UNION HOSPITAL.

Forcible Rupture in firm Anchylosis.

(Under the care of Dr. LAFFAN).

THE two following cases illustrate the safety and efficacy of the above line of treatment:—

J. and C. L., husband and wife, *æt.* 40 and 45 years respectively, labourers, were admitted some time since under my care into the Cashel Union Hospital. They were stout, strong, country people, albeit, a good deal cut up by the illness under which they laboured. Their previous history was as follows:—

The female contracted some months before a gonorrhœa. This she communicated to her husband. He in a few days afterwards, got also acute rheumatism. The right knee and ankle joints became inflamed. The wife subsequently became affected with rheumatism, which involved the same joints.

State on Admission.—Faulty position had produced firm fibrous anchylosis of the affected knee-joint in each case; in the female the leg was so bent as almost to touch the thigh; the deformity was not as great in the man's case. To complicate matters, the wife was in the eighth month of her pregnancy. Some pain, swelling, and tenderness, were also present in both the affected joints; the anchylosis being judged to have gone too far to leave much to be hoped for from medical treatment. Forcible rupture was resolved on. The advanced pregnancy of the woman surrounded her case with special difficulties. It was deemed, however, after careful consideration, better, on the whole, to operate on her at once than to give the anchylosing process the scope which the necessary delay till after delivery would afford it. Complete rest was meanwhile enjoined, and evaporating lotions used for a few days before operating. The husband was first operated upon, chloroform having been previously administered. The connecting bands were easily broken through, and the leg having been straightened, a long splint was applied.

The wife was next operated on, chloroform having been also administered, but the anchylosing bands were found in her case so strong, that it was deemed more prudent to devote two operations to their complete rupture. Some increase in the local inflammatory signs followed in both instances, but they were easily subdued by appropriate treatment.

After a few weeks, the man's knee joint was completely restored. The wife's progress was more slow, but she too gained in time a completely flexible and perfect joint.

Transactions of Societies.

MEDICAL SOCIETY OF LONDON.

DECEMBER 2, 1872.

THOS. BRYANT, Esq., F.R.C.S., President, in the Chair.

DR. SANSON exhibited a child, *æt.* 13 months, who had suffered from

LOCAL SUPPURATION IN THE RIGHT CHEST.

The child was under his care at the North Eastern Hospital

for Children since April 29th, 1871. There had been signs of—1st. Pleurisy existing with symptoms of phthisis. 2nd. Absorption of pleuritic effusion, leaving density of the upper lobe of the right lung. 3rd. Softening of pulmonary structure with subsequent suppuration over the site of such softening, the abscess bursting externally. Directly afterwards the child progressed towards recovery until May 21, 1872, when a like suppuration took place over the lowest lobe. After evacuation of the pus, the child rapidly gained strength and was now in a fair condition. Dr. Sansom thought that in this case the commencement of suppuration was in the lung structure and not *ab initio* of empyema.

The PRESIDENT brought forward a man, *æt.* 24, suffering from

A TUMOUR OF ORBIT GROWING FOR FIVE YEARS.

He thought it was an ivory exostosis growing from air cells. The sight of the eye was good, although much displaced. He advised non-interference at first, as the vitality of such growths was low, but as the growth had become rapid he thought interference necessary; even the base of the growth was broad. He thought no harm could be done by operation.

Mr. HAINWORTH recollected a similar case twenty-five years ago, but it suggested a different view to that the President had taken. At the autopsy a fungoid growth was found at the base of the brain.

Dr. WILTSHIRE asked Mr. Hainworth if the case he mentioned presented any cerebral symptoms?

Mr. HAINWORTH said there were at the later stages of the case.

Mr. HOGG thought operation would be useful, and he looked for a hopeful result.

Mr. ROYES BELL also thought it a case for operation.

The PRESIDENT was not very sanguine, but thought interference was called for.

Dr. SYMES THOMPSON read a case of PNEUMO-THORAX FOLLOWED BY EMPYEMA AND NECESSITATING OPERATION.

Sarah B., *æt.* 23, was admitted into the Brompton Hospital for Consumption, Jan. 30th, 1872. Had been ill two years, suffering from bronchitis, inflammation of the lungs, and pleurisy (left side) three or four times. Had hæmoptysis also twelve months ago lasting three or four days, and two or three times since to a less extent. She was a delicate, clear-complexioned person with bright eyes and flushed cheeks, and on admission complained of difficulty in breathing, pain after food, palpitation with troublesome cough, and mucopurulent expectoration; the tongue was furred, appetite variable. On examination the physical signs were, left apex, respiration hard and feeble, crackling crepitus in front. Rhon. and crep. in spinous fossa behind breathing normal elsewhere. Pulse, 108; afternoon temperature, 100°.

February 23rd.—Crepitation extends throughout left side to base.

March 28th.—To-and-fro friction sound heard in the left spinous fossa.

April 6th.—Seized with severe pain in the left side, great dyspnoea and excited action of the heart, the breath sounds were almost inaudible, tympanitic percussion sounds were on the front and back of the left chest, and it was evident that pneumo-thorax had occurred. The pulse which had been since perforation occurred too irregular and feeble to be counted, became steadier (136 a minute), and on April 11th, the patient looked less distressed and the respiration was only 86.

April 13th.—The patient was raised in bed for the first time to examine the bases of the lung, the tympanitic percussion note was found to be replaced by an absolutely dull sound at the lower quarter of the chest. The daily morning temperature varied from 98 to 100, and the evening temperature from 100 to 102.

May 19th.—The dulness at the left base extended as high as the scapular, no respiratory murmur could be heard, but on the right side some crepitation was heard near the base of the lung.

June 13th.—Patient losing ground daily, paracentesis determined on and 3½ pints of offensive purulent fluid drawn off; great relief followed, but on June 26th, diarrhœa set in with much abdominal pain. Early in October a small opening was made to let out matter which had burrowed beneath the superficial tissues. The mouth became apthous, exhaustion increased, and the patient died on the 10th October, 1872. At the *post-mortem* the right lung was found attached to the ribs by a few soft adhesions, unsoftened tubercle scattered thickly

throughout the upper middle lobe and at the apex. The left lung was collapsed and occupying one-third of the chest. There was a cup-shaped depression on the surfaces, the mouth of a communication through which a probe could be passed into the interior. The heart was pale and flabby. Liver internally fatty and much enlarged.

Remarks.—1. Perforation was preceded by signs of spreading disease, especially on the surface calling for careful management, e.g., rest in bed, poultices or counter-irritants, cooling dietetics and medicinal treatment. 2. Was the distress and dyspnoea due to the presence of fluid? It was evident that the upper part of the pleural cavity contained air in free communication with the bronchi. The pressure, therefore, of the retained fluid could not exceed that of the atmosphere, but the situation of the head to the right of the sternum and the decided increase of dyspnoea, with increase of dulness, showed that the fluid exercised an injurious influence by its mechanical pressure, it was accordingly left off and with unmistakable relief. 3. The question may be discussed whether it would not have been wise to keep both openings patulous. The anterior one was allowed to heal, the posterior one remaining free being evidently in the most dependent position possible. A drainage tube was introduced, but this opening was unintentionally allowed to heal and the fluid to accumulate. 4. But for the occurrence of diarrhoea, due to ulceration of bowel, recovery in this case might have occurred. Perfect compression of lung, implying no adhesions, and therefore slight previous disease being a favourable circumstance.

The discussion which followed referred to the case brought forward by Dr. Sansom and also to Dr. Symes Thompson.

Dr. THOROWOOD thought that when such symptoms occurred in the course of chest disease it was important to take special care of the patients; paracentesis appeared to be called for in this case and relief followed the operation. The complete collapse of lung after perforation showed the non-existence of adhesions and was favourable. With reference to Dr. Sansom's case mischief commenced in the lung, but whether the abscess was in the lung or on the surface was difficult to determine. The case suggested whether it was justifiable to puncture and let out matter. If the admission of pus into the pleural cavity could be prevented such a course was advantageous.

Dr. HARE could not understand cavity of the lung resulting in so much contraction as was seen in Dr. Sansom's case, and thought it rather empyema secondary to lung mischief. He mentioned a case in which a quantity of foetid pus mixed with air was evacuated. The patient recovered. There was circumscribed empyema which was followed by shrinking of the chest walls. He thought that under the acute conditions mentioned a free use of leeches would be of great service.

Dr. C. T. WILLIAMS agreed in Dr. Hare's view of Dr. Sansom's case; was there much expectoration, and if so, was there much yellow elastic tissue? In Dr. Symes Thompson's case he had quite agreed in resorting to operation. He should like to know the condition of the cavity at the *post-mortem* examination. He thought the prognosis in pneumo-thorax was very bad in hospital practice, in private practice it was much better.

Dr. THOROWOOD thought adhesion of lung to chest was the salvation of the patient and prevented perforation.

Dr. DOUGLAS POWELL considered that adhesion of the pleura depended on the nature of the disease.

The PRESIDENT thought the surgical question of the mode of dealing with pneumo-thorax was important; he had a strong feeling that making a free opening and inserting a drainage-tube was much the better plan, he condemned the simple tapping and the seton. German surgeons went so far as to suggest the removal of part of a rib, and though he did not advocate this, he thought it a step in the right direction.

Dr. SANSON thought that any difference of opinion depended rather on terminology than anything else. The pleuritic effusion in his case had entirely disappeared and then this was followed by circumscribed dulness. He thought the first lesion was in the lung—*viz.*, caseous pneumonia which set up the empyema. The child was too young to enable him to collect any expectorated matters.

Dr. SYMES THOMPSON agreed with Dr. Hare in believing leeches were useful, but he thought the cases were exceptional. The shrunk cavity was about the size of a walnut, its walls were composed of dense tissue which sunk in water. Treatment might influence the character of inflammatory effusion. As regards the surgical aspect of the question, he

thought bold measures were most successful, possibly the removal of a rib might promote approximation of chest walls and lung in bad cases.

Dr. DOUGLAS POWELL brought forward a case of
MEDIASTINAL TUMOUR

occurring in a man, set 29, who was of healthy family, and had enjoyed good health up to November, 1870, when he had a severe attack of inflammation of the lungs, since when he had failed in strength and flesh, and in May, 1871, he attended the Brompton Hospital, and came under his care. There was puffiness of the face, but no lividity nor any venous enlargement or alteration in the shape of the chest. The heart, however, was displaced to the right of the sternum, and its impulse was of a peculiar diffused heaving character giving the impression that it was pressed forwards or to the right against the ribs. There was no mediastinal dulness in front, the left side anteriorly being hyper-resonant, except for an inch and a-half at the extreme base. Posteriorly, however there was dulness below the scapular spine limited in the axilla by a slanting line corresponding with the division of the two lobes. The respiration was very feeble or absent over the dull region and the vocal fremitus diminished or annulled. Dr. Powell pointed out how these two conditions of great displacement of the heart to right of sternum, with dulness and absence of respiration confined to the lower lobe of the left lung could scarcely be accounted for on any other hypothesis than that of a morbid growth invading the left lung and heart from the posterior mediastinum. Subsequently, the patient found relief from a copious hæmoptysis. In August the dyspnoea became urgent, the dulness invaded the whole left front, except a small space at the top of the sternum, the heart's displacement was increased and a rough systolic *bruit* became for the first time audible. Some venous engorgement and general œdema were now present. An exploratory trochar was inserted in the hope of removing some fluid, but without result, and the man died two days later. At the *post-mortem* examination the diagnosis was confirmed by the discovery of a large lymphomatous growth occupying the posterior mediastinum, invading the left lung, consolidating the whole lower lobe and the lower four-fifths of the upper lobe, pressing aside the heart and involving the left auricle. Dr. Powell spoke of the difficulty there was of being sure of the absence of fluid in such cases, and regarded a puncture with a fine trochar as the only certain method of clearing up the diagnosis.

Dr. SYMES THOMPSON as one of those who had diagnosed fluid in the pleura when no fluid existed, asked himself whether such an error could be avoided, and he felt that it could not, and he justified the exploratory puncture.

The PRESIDENT asked whether the pneumatic aspirator would not be better than a trochar?

Dr. POWELL had seen it used with success, but had not one at hand at the time.

Dr. C. T. WILLIAMS asked whether the glands of the body were affected?

Dr. POWELL said that no other glands than those of the posterior mediastinum were involved.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, DECEMBER 10th, 1872.

T. B. CURLING, F.R.S., President, in the Chair.

PATHOLOGY OF CHRONIC BRIGHT'S DISEASE WITH CONTRACTED KIDNEY, WITH ESPECIAL REFERENCE TO THE THEORY OF "ARTERIO-CAPILLARY FIBROSIS."

BY GEORGE JOHNSON, M.D., F.R.S.,
Physician to King's College Hospital.

THE author began by referring to his discovery of hypertrophy of the muscular walls of the minute arteries in cases of chronic Bright's disease, published in the 51st volume of the "Medico-Chirurgical Transactions." This result of a quarter of a century's careful observation is now called in question by Sir William Gull and Dr. Sutton, who, in the recently issued volume of the Transactions, propound doctrines of great novelty relating to the pathology of Bright's disease. They give a brief summary of their conclusions at pages 295-6. Dr. Johnson now proposed to inquire whether these conclusions are in accordance with pathological facts and with physiological principles.

To prove that hypertrophy of the heart is a consequence

of "arterio-capillary fibrosis," and not of degeneration of the kidney, they refer to six cases in which it is said that the cardio-vascular changes were present, while the kidneys were healthy, or but little altered in structure. In each of these cases Dr. Johnson maintains that the hypertrophy of the heart was due, not to changes in the minute blood-vessels, but to other obvious causes. In one case (No. 7), set. 42, there was emphysema of the lung and bronchitis; in one (Case 10), set. 69, there was senile gangrene, and, of course, degeneration of the larger arteries; in one (Case 20), there was disease of the aortic valves; one patient, who was sixty-three years of age (Case 2), probably had senile degeneration of the arteries, and her kidneys weighed fifteen ounces; another (Case 3) was seventy-seven years of age; while in a sixth case (No. 19), set. 62, there was atheroma of the cerebral and probably of other arteries, his lungs were very emphysematous, and his kidneys weighed only eight ounces. It is assumed by Sir William Gull and Dr. Sutton that kidneys weighing as much as fifteen ounces and as little as eight ounces were alike free from disease.

Although it is maintained (pp. 289-90) that there is a constant relation between the "hyalin-fibroid" change in the vessels and hypertrophy of the heart, it is stated (p. 292) that in a few cases this change was seen in the vessels of the pia mater, unassociated with hypertrophy of the heart. The "hyalin-fibroid" change is supposed to lessen the elasticity of the walls of the minute arteries, so to impede the circulation, and to cause hypertrophy of the left ventricle (p. 290). Dr. Johnson maintains that in this explanation the elasticity of the larger arteries, which acts in aid of the heart as a propelling force, is confounded with the muscularity of the smaller arteries, which antagonises the heart. Degeneration of the muscular walls of the arterioles would involve, not an increase, but a decrease of resistance, and therefore would not explain the cardiac hypertrophy. It is stated by Gull and Sutton (p. 295) that thickening of the arterial walls is always associated with atrophy of the adjacent tissues. Yet they state (p. 287) that these arteries are thickened in the walls of the hypertrophied heart, and they are also thickened in the large white kidney.

Going on to discuss the nature of the "hyalin-fibroid" change, Dr. Johnson maintains that it is not an *ante-mortem* pathological change, but a *post-mortem* physical result of the distension of the fibrous tunic of the arteries by the mixture of glycerine and camphor water, in which all the specimens had been mounted before they were examined by the authors of this theory. He maintains that the appearance in question is never seen in vessels examined minutely after their removal from the body, or preserved in dilute spirit, or in a solution of salt of specific gravity 1030, while it is frequently, but not constantly, observed in specimens mounted in glycerine. Normal arteries from the pia mater mounted in these different fluids present a striking contrast; those in dilute spirit or in salt-and-water appearing quite normal, while those in glycerine are constantly thickened and hyaline.

The "hyalin-fibroid" appearance thus produced may be seen in vessels from subjects at the two extremes of infancy and old age, where death has resulted from diseases having no relation to Bright's disease, and quite unconnected with hypertrophy of the heart. Specimens are preserved from the pia mater of a woman, aged forty, who died of diabetes, and whose heart weighed only 6½ ounces; from another woman, aged forty, who had cancer of the ovary, the heart weighing eight ounces; from an infant, aged eleven months, who died from spasm of the glottis, the kidneys, heart, and all the viscera being quite healthy; and from a boy, aged fifteen, who died from typhoid fever, having been in good health until the attack of fever. There was no *post-mortem* evidence of disease except such as resulted from the fever. Arteries from the pia mater are preserved in three different fluids. Those in weak spirit and in salt and water (specific gravity 1030) appear quite normal, while those in glycerine and camphor water have their fibrous tunic much distended and extremely "hyaline."

The imbibition of fluid by the arterial tunics is a result of physical conditions. A fluid slightly acidulated rapidly passes in, and distends the fibrous tunic, rendering it "hyaline;" then the neutralisation of the fluid of ammonia occasions a rapid shrinking of the tunica adventitia, which again assumes its normal fibrous appearance.

The physical conditions which favour the imbibition of the simple unacidulated mixture of glycerine and camphor

water would be influenced by various circumstances, such as the mode of death, and the period after death at which the examination is made. It is incumbent on those who maintain that the appearances in question are the result of pathological processes to demonstrate them in vessels which have been unchanged by artificial agents. The glycerine renders the muscular structure in some vessels indistinct; and this has been described as atrophy of the muscular elements. In other vessels it separates the inner from the muscular coat; and this has been mistaken for thickening of the internal tunic of the artery. (See plate v., figs. 3 and 4, in the last volume of the Transactions.) The author denies that the capillaries are thickened; and maintains that arterioles in the pia mater distended by glycerine have been mistaken for capillaries. With regard to the changes in the kidney, their "hyalin-fibroid" character is denied by Dr. Johnson; and reference is made to a paper by Mr. Simon, and another by Dr. Johnson, in the thirtieth volume of the Transactions. Referring to fig. 7, plate vi., in the paper by Gull and Sutton, Johnson declares that they ignore the fact that, in the renal arteries, there is an inner longitudinal, and an outer circular, layer of muscular fibres; and in a transverse section of such an artery they mistake the outer circular layer for the analogue, in position and structure, of the "hyalin-fibroid" condition of the fibrous tissue of the arteries of the pia mater. They deny the existence of muscular hypertrophy yet some of their own specimens and drawings exhibited at the *conversazione* of the Society in June were good examples of hypertrophy of the muscular walls of the arteries. Reference is made to a footnote at p. 277 of their paper, in which a doubt is expressed as to the possibility of casts escaping from the convoluted tubules of the cortex (*a*). Dr. Johnson maintained that in the microscopic appearances of some forms of tubercles we have abundant evidence of their origin in, and their escape from, the convoluted tubes. The more frequent occurrence of hypertrophy of the heart in connexion with the contracted than with the large white kidney he explains partly by the more watery blood in the latter cases exciting less contraction of the arterioles, and partly by the occurrence of waxy or lardaceous degeneration of the minute arteries, which thereby have their contractile and resisting power impaired. To doubt the causative connexion between contracted kidney and hypertrophy of the heart because they are not constantly associated would be as unreasonable as to deny that a large white kidney is a cause of dropsy because dropsy is sometimes absent. The author disputes the statement that the morbid changes in cases of contracted kidney "are the result of causes not yet ascertained." The most common causes are excess of food and of stimulants, with or without decided gouty symptoms, but he has seen many cases in which the disease has been a result of chronic dyspepsia in persons of strictly temperate habits. The proximate cause of the renal degeneration is the excretion of abnormal products by the gland-cells. This applies to all forms of Bright's disease, whether acute or chronic. The term "arterio-capillary fibrosis" is a misnomer, for the capillaries, except the Malpighian capillaries, are unchanged, and there is no "fibrosis" of the arteries.

The author concludes by thanking Sir William Gull and Dr. Sutton for having so forcibly directed attention to the cardio-vascular changes in chronic Bright's disease. Differing entirely in their pathology, they agree in thinking the subject one of great interest and importance.

EPIDEMIOLOGICAL SOCIETY.

DECEMBER 11TH, 1872.

H. LAWSON, Esq., President, in the Chair.

DR. MONAT read a paper on
MEDICAL STATISTICS, WITH ESPECIAL REFERENCE TO CHOLERA
AND SYPHILIS.

The object of which was to make known to the Medical Profession in England the labours of the recent International Statistical Congress at St. Petersburg, in relation to the subjects above mentioned. After preliminary observations on the uses and advantages of the application of the numerical

(a) In the note referred to, the word *tubercles* is, without doubt, a misprint for *tubules*.

method to the interpretation of the facts of Medical science, and the difficulties incidental to this mode of inquiry, Dr. Monat dwelt upon the necessity of subjecting the past many observations collected to the rigid scrutiny which mathematical science can alone supply, in order to formulate the past, utilise the present, and prepare the future. He then proceeded to detail the resolutions of the Congress as to the nature of the facts which should be observed and recorded in the study of cholera when epidemic, and syphilis at all times. The interest of the former inquiry was shown to be of particular urgency in Russia as adjoining India, as being the gate through which the pestilence is more likely to find its way to the rest of Europe, and as being now, in all probability, a country in which the disease has become localised and endemic. The state of insalubrity of St. Petersburg in particular was dwelt upon, and facts were related which afford strong grounds for presuming that the pestilence has taken root in that city, which was said to be almost in a sea of sewage. Hence, it is not only a matter of immediate importance in the interests of Russia herself that this state should be amended, but it is of equal consequence to the rest of Europe, from the risk of cholera originating in the Capital of the Czar, being propagated by its great and increasing land and sea communication with other countries. The cholera inquiry related to ascertaining all the facts connected with individuals and localities in considerable detail. The importance of a careful statistical study of syphilis was next dwelt upon, and the nature of the facts to be collected was pointed out as determined by the Sub-Section of the Congress which considered the matter. Dr. Monat mentioned with approval the eminently scientific spirit and absence of dogmatism and foregone conclusions, with which the above questions had been considered and discussed by the Russian Medical members of the Congress, and referred to the researches in cholera of Dr. Hübner and John Erichsen, of St. Petersburg, which would hereafter be communicated to the Epidemiological Society.

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PATHOLOGICAL SOCIETY OF DUBLIN.
DECEMBER 7TH, 1872.

SIR DOMINIC CORRIGAN, Bart., M.D., M.P., Vice-President,
in the Chair.

EXTREME PERICARDITIS WITH A LARGELY-DILATED HEART.

DR. WALTER G. SMITH exhibited the heart of a large, strongly-made man, *æt.* 40, who was admitted into the Adelaide Hospital in the beginning of last September. He was in good health up to the middle of last July when his appetite failed, he had great thirst, and his health broke down in a few days. He afterwards suffered from dyspnoea and oppression in the chest, and three weeks before admission *anasarca* of the legs set in. While in hospital his pulse ranged from 110 to 120, and the respirations from 35 to 44. The heart's sounds were excessively feeble, and at one time scarcely audible; but there was no murmur nor other physical sign of valvular disease. The urine was scanty, non-albuminous, and at first amounted only to 18 or 20 ozs.; but, under the influence of digitalis and iron, it soon ran up to 70 and 80 ozs. There was a moderate amount of ascites, and a good deal of cough, attended with frothy sputa, sometimes tinged with blood. The state of debility gradually increased, the respiration became more embarrassed, and he died four weeks after admission. At the *post-mortem* examination, made twelve hours after death, the lungs were found to be intensely congested and *œdematous*; but there was no fluid in the pleura, which was adherent to the pericardium and speckled over with fibrin. The pericardium contained about half a pint of straw-coloured fluid, and it was excessively thickened, in some places fully one-third of an inch, dense and leathery. Internally, there were large, irregular, intensely injected patches on its anterior surface, and elsewhere it was thickly coated over with a layer of soft, custardy lymph, rugose and reticulated in parts, but smooth and glistening on the posterior surface. The weight of the heart and pericardium was 2 lbs. and 8 ozs., and when the heart was held up by the apex it was so soft and flabby that it fell over the hand like a mushroom cap. The vertical and oblique diameters were about seven inches, and the colour of the muscular tissue was a light chocolate-brown. The most interesting points in this case were the development of this grave form of exo-cardial disease without any previous history of rheumatism or other assignable cause, and the comparative obscurity of the symptoms during life.

THE SURGICAL SOCIETY OF IRELAND.

THE opening meeting of the Society for the Session of 1872-73, was held on the evening of Friday, 29th November, in the Albert Hall, Royal College of Surgeons.

The President of the College, Dr. KIRKPATRICK, in the Chair.

The minutes of the last Meeting having been read by the Honorary Secretary, Dr. Richardson, and signed,

The PRESIDENT delivered the address, which will be found at page 544.

MARJOLIN'S ULCER.

MR. H. G. CROLY exhibited a specimen of the warty ulcer of Marjolin. He had removed it from the arm of a man who was admitted to the City of Dublin Hospital some weeks ago, and its appearance and position were shown in the drawing he now exhibited. The man was burned thirty years before admission to hospital, and his arm was webbed to his side by one cicatrix, and his elbow was flexed by another. Three years ago a fissure formed near the bend of the elbow, and this well-marked specimen of Margolin's ulcer was developed and extended along the cicatrix.

MELANOTIC TUMOUR IN EYEBALL.

DR. JACOB presented a specimen which to him had some points of peculiar interest. It was the eyeball of a man which he removed in the Dublin Eye Infirmary on Monday last. The point of interest was the occurrence of melanotic disease, or rather what he should call melanotic sarcoma in a very unusual part of the eye. The man was aged 68, and was sent to him by Dr. Lyster, of Kilkenny. The disease commenced six months ago, when it was observed by his relatives as if a little bit of a leaf had got on the sclerotic. It was not attended during its progress with any inconvenience; there was no pain, but there were luminous coruscations, as might be expected from the compression of the vitreous humour, and there was considerable loss of sight. It presented the appearance of a layer of velvet overlying the upper portion of the cornea, including the scleral junction and extending backwards. At first he was unable to observe this growth internally. However, he subsequently succeeded, by observing in an oblique direction, in ascertaining a bulging tumour in the neighbourhood of the ciliary processes. Mr. Wilson concurred with him in the diagnosis, that it was a melanotic growth of a malignant nature, and he accordingly removed the eyeball. It was from the novelty of this disease involving the cornea, that he brought the case before the Society. In all the works he had consulted, it was stated that the cornea was an extremely rare position for this malignant sarcoma. This was a disease developed especially in the connective tissue. He believed the origin of the disease was in the pigment of the choroid membrane, and this part was of a black colour. It resembled a fungus *hæmatodes* though it was not so. Nevertheless, it was a malignant growth very liable to affect the organs in the neighbourhood of the orbit, and it was therefore necessary to remove it, which he did under the influence of ether. This growth was developed outside, and increasing in the cornea bulged inwards the ciliary process, and formed a very considerable tumour in the inside of the eye. There was nothing special in the performance of the operation, except that in making the upper section of the muscles, it was necessary to go further backwards than was usual in enucleating the ball. He was obliged to remove the greater portion of the superior rectus, in order to remove the whole growth.

DISEASED KNEE-JOINT.

DR. W. T. STOKER exhibited the leg and part of the thigh of a female child, 9 years old, which he removed on last Friday in the City of Dublin Hospital. The child had been some months in hospital, and from the time of her admission, the joint was in a very advanced stage of disease, the stage of suppuration having set in. She was afforded every chance that rest and treatment could offer of saving the limb, but without avail, and as she was rapidly running down by hectic, amputation was performed. It was under the influence of ether he removed the limb, and the child was going on well. He considered the joint presented a somewhat rare condition—namely, that of scrofulous deposit in the bone. There were two conditions of bones in the neighbourhood of diseased joints produced by scrofula—viz., simple scrofulous, osteitis, and tubercular deposition in the tissues. The latter condition was rare,

ULCER ON BACK OF HAND—DISEASED BLADDER.

MR. CROLY exhibited a specimen of epithelioma on the back of the hand, which he had recently removed, and which he said had the appearance of a soot wart. He also exhibited a specimen of diseased bladder, which showed very well the enlargement of what was known as Home's lobe, or the middle lobe of the prostate gland. This was removed from the body of a patient, *set.* 89. He was admitted into hospital suffering from retention of urine. He was in a very low state on admission, and it required some little care to get the instrument into his bladder. The urine was drawn off night and morning, but the symptoms of urinary fever set in, and he gradually sank. The bladder was columnar, was greatly thickened, and sacculated. There was one very large pouch. The sacculatation at the right side was larger than at the left. The middle lobe of the prostate was enlarged, and indeed so was the entire gland. The kidney was sacculated, and the interior congested.

THE RELATIVE MERITS OF ETHER AND CHLOROFORM AS ANÆSTHETICS.

MR. MORGAN, Surgeon to Mercer's and the Lock Hospitals, then proceeded to bring this subject under the notice of the Society. He said he was anxious to bring before the Society the question of anæsthetics as connected with the relative advantages and safety of chloroform and ether. The issue to be tried before that special Jury of surgeons of great practical experience was this—Did chloroform deserve the reputation it had acquired, had it that hold on their confidence which it was reported to have? Would, in fact, any surgeon in that room put his hand on his heart and say, "If I had an operation to be performed on myself, would I inhale chloroform?" Would any surgeon go so far as to say with Dr. Jones—and it was an astounding admission—that, though he had administered chloroform to 6,000 persons, nothing could persuade him to subject himself to such influence? The *Lancet* lately made the following observation on the same subject:—"It is vain to conceal the truth that since the fatal dangers of chloroform were fully discovered, no practitioner has ever put a patient under the influence of that vapour with a perfectly serene sense of security." The question now was—Whether ether did not come to the front, whether, with all the difficulties that might hitherto have attended its administration, it had not a greater claim on their confidence as being safer than chloroform? It was not necessary to occupy time in discussing the history of the various anæsthetics which had been brought into use. It might be said broadly that, from the commencement of this century when Sir Humphrey Davy suggested nitrous oxide gas, we had the first attempts made to apply anæsthetics for the purposes of surgical operations. After that, Wells, in America, used the gas, and it had since been introduced with success; but there were difficulties connected with this agent, which rendered it generally unsuitable. Then in 1846 we had the introduction of ether, which had held its ground in America since that date, and shortly afterwards we had the introduction of chloroform by Sir James Simpson in these countries. It showed the power which one man might exercise in promoting any great object, that from November, 1847, when he introduced chloroform, it continued to be the anæsthetic generally used by the practitioners of the United Kingdom. Although at first, of course, it was used on a small scale, and the greatest caution was exercised in its administration, yet, within two months and fourteen days of its introduction, the first death from its use was recorded. This was the case of a girl, *set.* 15, who died at Newcastle on the 28th January, 1848, and her death was attributed to "congestion of the lungs, induced by the use of chloroform." It was administered to her for the removal of a diseased toe-nail, and it was remarkable that the girl had been previously submitted to ether with a successful result. One would naturally suppose that the effect of such an accident would be to cause greater attention to be directed to the administration of ether. Instead of that, however, strange as it might appear, every zeal was displayed, and attention directed to improve chloroform. Since that date, 28th January, 1848, with all their experience and all the instruments that had been invented for the administration of chloroform, he asked, were they in a better position now than they were then? The deaths from chloroform might be practically divided into those which are unavoidable, those which are avoidable, and those that occurred through mischance, by the depressing influence of the anæsthetic. The unavoidable deaths were those where the persons seemed to die at the first inhalation. A case occurred in this city where

the patient died before a drachm of chloroform had been used, though it was administered by an accomplished chloroformist, and every care had been taken to ascertain that there was no internal disease. Some cases of a similar kind were fully recorded by Mr. Green, late Senior Surgeon to the Bristol Infirmary. Mr. Green observed—"Death from chloroform is now an announcement unhappily appearing so often in the Medical journals, that it becomes the duty of those who have seen them to bring the cases before the Medical Profession." Mr. Green has recorded three cases of death occurring immediately on the inhalation of chloroform. These were examples of unavoidable deaths, where after one, two, or three inhalations death occurred immediately, due to the sudden cessation of the heart's action. Mr. Green advocated the use of galvanism in these cases, and gave five instances of recovery by that means. One case was that of a boy on whom he had operated for stone. Mr. Green had left the table when he was suddenly called back, and found the pulse of the patient had stopped; he immediately applied a galvanic battery and the patient recovered. In the case of an elderly man, to whom chloroform had been administered, the pulse stopped, and the man seemed dead; the galvanic battery was applied, and the man started up into a sitting posture, and eventually recovered. The third case was that of an elderly woman, who had been chloroformed for the purpose of having the trachea opened. Her pulse stopped, and she appeared to be dead, but was restored by galvanism. Mr. Green mentioned two other cases of the same kind; but these might be taken as examples of cases where death was avoidable by the use of proper means. It was evident from looking at such cases as these that chloroform carried with it unavoidable dangers—dangers which the surgeon could not foresee; and, in addition to the difficulty of being unable to foresee them, there is the greatest diversity among surgeons as to the precautions that should be taken. All admitted that the greatest care should be exercised in the administration of chloroform; that a physician should examine all internal organs; that the greatest caution should be observed in administering the vapour; and that, at the same time, there should be a skillful person constantly watching the pulse. In Dublin the greatest care and precaution were taken with respect to all these points; but, on the other hand, they found that Mr. Lister, in his article "On Anæsthetics" in Holmes's "System of Surgery," took a contrary view with respect to the importance of the pulse. He says:—"The very prevalent opinion that the pulse is the most important symptom in the administration of chloroform is certainly a most serious mistake. As a general rule the safety of the patient will be most promoted by disregarding it altogether. Preliminary examination of the chest often considered indispensable is quite unnecessary, and more likely to induce the dreaded syncope. The notion that extensive experience is required for the administration of chloroform is quite erroneous, and does harm by weakening the confidence of the Profession." On the other hand the Chloroform Committee, appointed in 1864, came to exactly the opposite conclusion. In the first instance (they say):—"The heart is first stimulated, and its contractile force augmented; but after this, its action is depressed, although the respirations go on properly, its action as shown by the mercury of the hæmodynamometer when connected with the circulation of the animal fails; and the mercury falls." The conclusion, therefore, of the Chloroform Committee is opposed to that of Mr. Lister. They say:—"Strong inhalation of chloroform caused the pulse and respiration to cease nearly simultaneously. In the majority of cases the pulse stopped before the respiration, and the heart's action could be distinguished for some time after the pulse had ceased." The conclusion formed by the committee was, "that it is desirable to obtain an agent which shall produce the required insensibility, and yet is not so dangerous in its operation as chloroform." The number of deaths from chloroform it was not easy to arrive at, and surgeons might be almost excused for not detailing every death that occurred from this cause. By combining the American statistics, collected by Dr. Andrews, of Chicago, and those of England by Dr. B. Ward Richardson, of London, the following general view of the mortality, caused by the several anæsthetic agents in use, was obtained:—Ether inhalation produced 1 death in 23,204 cases; chloroform, 1 in 2,873 (and Dr. Richardson, of London, believes 1 in 2,500); mixture of chloroform and ether, 1 in 5,588; and bichloride methylene, 1 in 5,000. Thus, it appears that chloroform was eight times more dangerous than ether; and, assuming that these statistics

represented the real circumstances, it might be fairly said that chloroform was not the least dangerous of all the anaesthetics in use. There was, therefore, a strong reason for looking for improvement in the use of anaesthetics, and the question was—Did ether present superior claims to their attention, and were the objections to it stable ones, or such as could be easily overcome? Chloroform, apart from its dangers, had inconveniences, the excitement first caused by its inhalation, also the attendant sickness, and often the depression and weakness which remained for some days afterwards, neither should it be administered while the patient was in a sitting posture. It might be, that in the defects of chloroform they would find a solution of a difficult problem which presented itself in Dublin surgery. Turning then from the dangers of chloroform to the safety of ether, they had to ask themselves—Was it true that ether was eight times safer than chloroform, and did it still, since 1846, command the confidence of the American surgeons? The answer was in the affirmative. In the General Hospital, Boston, there was a rule on the books that nothing should be used but ether. Chloroform was altogether excluded. The American surgeons gave ether in very large quantities, and if a patient came in, the hospital Porter thought nothing of dashing half a pint of ether on a sponge and giving it to the patient. No accident had ever occurred from that mode of proceeding. In England numerous apparatus had been made for the administration of chloroform. Some advocated the mixing of air with the chloroform, others said it was no matter, and others said that when mixed in certain proportions it did not follow that the patient inhaled it in the same proportions. When they came to consider ether there could be no doubt it had certain advantages. Chloroform acted directly on the nervous system. Ether acted as an intoxicant, and experience in the North of Ireland proved that it did act in that way. He had taken the trouble of obtaining a letter from a gentleman in a northern town, which was the head quarters of ether drinking in the North, and he would read it to the Society.

“ ‘Ether’ drinking is of very old date in this locality, even so far back as the time of Father Mathew’s temperance movement, nearly a quarter of a century ago. It began then as a substitute for a more potent spirit; and from small beginnings it soon reached a very large consumption; in fact, becoming the general drink of the whole country. At first it was sold by one or two who kept shops for dispensing drugs, and were considered Medical men, and after a little it was sold by almost all the shops in this town. One of those who first established its use here, is still living, and on speaking to him the other day he told me that at first the quantum taken was small, but very quickly turned to more common use, and that he has known young men to come into his shop, and before they left, in a few hours to have drunk not less than six or seven ounces (I mean each person drank as much). Some would get over its effects very soon owing to its volatility, it acting mostly as a carminative, and was, to use their own words, belched from the stomach; the others on whom it had not such effect would remain a long time in a stupid state, but *as yet none have suffered or died from the use of it.* He alone generally sold from nine to ten pounds of ether in the week. There were I may say at least a dozen others selling it.”

In answer to my inquiries as to the effects of ether intoxication, or any bad results, the gentleman writes:—

“ I have never known any ill effects, and I do not consider it as injurious as whiskey drinking, neither, indeed, is it injurious at all to the general health. For upwards of twenty years I have known many tolerable consumers of ether, and they seem as well as ever; some of them would occasionally take so much as six, seven, or even eight ounces, in the course of the day or night, but not as a constancy, taking whiskey too. It is now sold in the public houses, and is more drunk by young bold women to act as a carminative or stimulant, very few of the male population confine themselves to ether alone. They seldom use water in the drinking of ether, and one young man assured me that he was in the habit of taking a wine-glassful at a draught without any inconvenience.

“ There is no doubt that although ether leaves no permanent injurious effect on the health, still at the time it renders the drinker of any large quantity perfectly stupid and unconscious, more so, I should say, than when whiskey is used.”

He now came to the objections to ether. The Chloroform Committee made a clear distinction between ether and chloroform. While chloroform, they said, depressed the heart’s

action, they found that with ether the muscular action was but little influenced; even after insensibility was produced the action of the heart was more violent. They were warned of the danger of ether by a difficulty of respiration, and of chloroform by its depressing influence on the heart. The conclusion of the committee was that, while it was “desirable to obtain an agent which shall produce the required insensibility, and yet not be so dangerous in its operation as chloroform;” that “ether, to a certain extent, fulfils these conditions—it is less dangerous than chloroform, but its odour is disagreeable; it is slow in operations, and it gives rise to greater excitement than chloroform.” In addition to this, others had said that it was apt to cause sickness, and that it filled the room with its vapour. He could not agree with these conclusions. He found that ether was directly the reverse of what it was stated to be. So far from being slow in its operation he found it was absolutely quicker than chloroform. On the previous day he had witnessed an operation at the hospital. The man was given chloroform most carefully. It took thirteen minutes before he ceased to talk, and fifteen minutes before he was insensible; whereas, a fortnight ago he (Dr. Morgan) etherised the same man, and he was insensible in three minutes. In several cases he had etherised the individual in two and three minutes. He did not say that ether was always shorter in its operation than chloroform; but, at the same time, he did not think it was desirable that a patient should come quickly under the influence of chloroform. He would rather see it take effect slowly and gradually, and by writers, directions were given to administer it gradually as far as possible. The question then arose—[What were really the inconveniences of giving ether? The first and still most usual method was with the sponge, by pouring on it a large quantity of ether, and by placing it over the mouth and nose to let the patient inhale it. Some experiments he believed were performed with this means before the Society some years ago, and it was found that the subjects of them became considerably excited. This is one of the objections still urged against its use. He believed that arose from the admission of air. It was supposed that air should be freely mixed with the ether during inhalation, but he thought that was essentially a mistake, and that the ether should be given without any admixture of air. The American surgeons had made an improvement on the sponge by putting round it a cone of paper, or a towel; but these expedients did not altogether get rid of the difficulty of its administration. He believed that the inconveniences of etherisation had arisen from the imperfect way in which it was administered; that the sickness of stomach was produced by the patient not being quickly put under its influence. He himself had arrived step by step at that conclusion. In June and July last he began investigating the subject. The remarks of an American surgeon here, who was present at some operations in our hospitals, particularly impressed him. He said the operations were very nicely performed, but he was severe in his strictures on the administration of chloroform. He said, what we must all agree in, “You have the surgeon looking up every moment at his patient’s face, another watching his pulse, another observing his respiration, all evidently apprehensive of the effects of the chloroform. Why, such a thing never occurred in America. We use ether, and do so with perfect confidence in its safety.” This gentleman etherised some patients for me after the American plan with the sponge and cone, taking from fifteen to twenty minutes to produce insensibility. He said that in the hospitals in America and with the proper appliances, about eight to ten minutes was the usual time, but he added “We don’t much care about the time; we know we are right in using ether because it is safe.” Dr. Morgan then mentioned the various plans he had tried to improve the mode of administering ether, and exhibited an inhaler which he had contrived, and which he considered successfully met all the difficulties and requirements of the case. The principle of it was a very simple one, viz., the exclusion of air and causing the patient to breathe the same vapour over again. The question arose whether the ether underwent any, and if any, what change by this process? The committee of investigation, as to the applicability of nitrous oxide, came to the conclusion that the gas did not undergo any change, and he found it to be the same with the ether. He found that lime-water was hardly whitened by passing through it the air which had been breathed; there was a very small portion of carbonic acid formed, but not sufficient to do any harm. The inhaler which he exhibited was constructed so as to collect the ether vapour rapidly, and have it inhaled through the flexible tubing which

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MR. MORGAN, Surgeon to Mercer's and the Lock Hospitals, then proceeded to bring this subject under the notice of the Society. He said he was anxious to bring before the Society the question of anæsthetics as connected with the relative advantages and safety of chloroform and ether. The issue to be tried before that special Jury of surgeons of great practical experience was this—Did chloroform deserve the reputation it had acquired, had it that hold on their confidence which it was reported to have? Would, in fact, any surgeon in that room put his hand on his heart and say, "If I had an operation to be performed on myself, would I inhale chloroform?" Would any surgeon go so far as to say with Dr. Jones—and it was an astounding admission—that, though he had administered chloroform to 6,000 persons, nothing could persuade him to subject himself to such influence? The *Lancet* lately made the following observation on the same subject:—"It is vain to conceal the truth that since the fatal dangers of chloroform were fully discovered, no practitioner has ever put a patient under the influence of that vapour with a perfectly serene sense of security." The question now was—Whether ether did not come to the front, whether, with all the difficulties that might hitherto have attended its administration, it had not a greater claim on their confidence as being safer than chloroform? It was not necessary to occupy time in discussing the history of the various anæsthetics which had been brought into use. It might be said broadly that, from the commencement of this century when Sir Humphrey Davy suggested nitrous oxide gas, we had the first attempts made to apply anæsthetics for the purposes of surgical operations. After that, Wells, in America, used the gas, and it had since been introduced with success; but there were difficulties connected with this agent, which rendered it generally unsuitable. Then in 1846 we had the introduction of ether, which had held its ground in America since that date, and shortly afterwards we had the introduction of chloroform by Sir James Simpson in these countries. It showed the power which one man might exercise in promoting any great object, that from November, 1847, when he introduced chloroform, it continued to be the anæsthetic generally used by the practitioners of the United Kingdom. Although at first, of course, it was used on a small scale, and the greatest caution was exercised in its administration, yet, within two months and fourteen days of its introduction, the first death from its use was recorded. This was the case of a girl, *æt.* 15, who died at Newcastle on the 28th January, 1848, and her death was attributed to "congestion of the lungs, induced by the use of chloroform." It was administered to her for the removal of a diseased toe-nail, and it was remarkable that the girl had been previously submitted to ether with a successful result. One would naturally suppose that the effect of an accident would be to cause greater attention to be paid to the administration of ether. Instead of this, however, so strange as it might appear, every zeal was directed to the attention directed to improve chloroform. The case of the girl, 28th January, 1848, with all their apparatus, and the instruments that had been invented for the use of chloroform, he asked, were they in a better state than they were then? The deaths from chloroform were practically divided into those which were avoidable, and those which were unavoidable, and those which were avoidable, by the depressing influence of chloroform, and those which were unavoidable deaths were those which occurred at the first inhalation

the patient died before a drachm of chloroform had been used, though it was administered by an accomplished chloroformist, and every care had been taken to ascertain that there was no internal disease. Some cases of a similar kind were fully recorded by Mr. Green, late Senior Surgeon to the Bristol Infirmary. Mr. Green observed—"Death from chloroform is now an announcement unhappily appearing so often in the Medical journals, that it becomes the duty of those who have seen them to bring the cases before the Medical Profession." Mr. Green has recorded three cases of death occurring immediately on the inhalation of chloroform. These were examples of unavoidable deaths, where after one, two, or three inhalations death occurred immediately, due to the sudden cessation of the heart's action. Mr. Green advocated the use of galvanism in these cases, and gave five instances of recovery by that means. One case was that of a boy on whom he had operated for stone. Mr. Green had left the table when he was suddenly called back, and found the pulse of the patient had stopped; he immediately applied a galvanic battery and the patient recovered. In the case of an elderly man, to whom chloroform had been administered, the pulse stopped, and the man seemed dead; the galvanic battery was applied, and the man started up into a sitting posture, and eventually recovered. The third case was that of an elderly woman, who had been chloroformed for the purpose of having the trachea opened. Her pulse stopped, and she appeared to be dead, but was restored by galvanism. Mr. Green mentioned two other cases of the same kind; but these might be taken as examples of cases where death was avoidable by the use of proper means. It was evident from looking at such cases as these that chloroform carried with it unavoidable dangers—dangers which the surgeon could not foresee, and, in addition to the difficulty of being unable to foresee them, there is the greatest diversity among surgeons as to the precautions that should be taken. All admitted that the greatest care should be exercised in the administration of chloroform; that a physician should examine all internal organs; that the greatest caution should be observed in administering the vapour; and that, at the same time, there should be a skilful person constantly watching the pulse. In Dublin the greatest care and precaution were taken with respect to all these points; but, on the other hand, they found that Mr. Lister, in his article "On Anæsthetics" in Holmes' "System of Surgery," took a contrary view with respect to the importance of the pulse. He says:—"The very prevalent opinion that the pulse is the most important symptom in the administration of chloroform is certainly a most serious mistake. As a general rule the safety of the patient will most promoted by disregarding it altogether. Prolonged examination of the chest often considered indispensable, is quite unnecessary, and more likely to induce the danger of syncope. The notion that extensive experience is required for the administration of chloroform is quite erroneous, and does harm by weakening the confidence of the Profession. On the other hand the Chloroform Committee, appointed in 1864, came to exactly the opposite conclusion. In the instance (they say):—"The heart is first stimulated, and contractile force augmented; but after this, its action is depressed, although the respirations go on properly, and action as shown by the mercury of the hemodynamometer when connected with the circulation of the animal falls, as the mercury falls." The conclusion, therefore, of the Chloroform Committee is opposed to that of Mr. Lister. They say:—"Strong inhalation of chloroform caused the pulse and respiration to cease nearly simultaneously. In the majority of cases the pulse stopped before the respiration, and the action could be distinguished for some time after the respiration had ceased." The conclusion formed by the committee was to obtain an agent which would be equally safe, and yet is not so depressing as chloroform. The result of the committee's inquiry was to recommend the use of ether as a safer anæsthetic than chloroform.

represented the real circumstances, it might be fairly said that chloroform was not the least dangerous of all the anaesthetics in use. There was, therefore, a strong reason for looking for improvement in the use of anaesthetics, and the question was—Did either present anaesthetic claim to that position, and were the objections to it stable ones, or were they to be easily overcome? Chloroform, even when used in a simple form, had inconveniences, the existence of which could not be overlooked, and the attendant sickness, and other effects, and various other reasons which rendered its use very objectionable, either should it be administered while the patient was in a sitting posture, or should it be administered in a sitting posture.

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cover that (ter) that a cannot, so ther by the person" is the Council of the roll of would not therefore, election were every oppo- the illegality present the Col- representative for each succes- of April, 1863; one year only. selected for four for five years December, 1873.

Just election the system of annual every office in the seors, Examiners, successors for five exercise absolutely unwise, would not that the method of and improper. In in December, 1865, vacated until two forejudged the candi-

attended offering them- filled. This circum- ke waste paper of Mr. method of proceeding on the illegality previously meeting of Council it had ded and passed, that Mr. tion being obviously that as it had been previously, quent meeting, however, on the the minutes were about being of the Council had assembled,

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stitutingly declare that the election of Mr. Har- an office which was not vacant by means of an al alteration of the minutes is illegal and improper, and we repeat that, until the lawfulness of the transaction be put beyond question, or a new election held, the Col- lege is without a representative.

A NEW DEVELOPMENT OF THE PROVIDENT SYSTEM.

IN the present day when Societies abound, on the addition of a new institution to the already numerous list, the

with the mouth piece suits any position of the patient. The respiration is allowed to be carried on freely by means of an india-rubber diaphragm at the top of the instrument which by corresponding with each respiration is self-accomodating. The internal arrangement is such that ample provision is made for the collection of the ether vapour. With this inhaler a patient could be etherised in three minutes. There was no difficulty in using ether for minor operations, whereas for such operations chloroform was put out of the field on account of its danger. He had etherised 1 person fourteen times, another thirteen times, 2 eleven times, 2 five times, 3 eight times, and in all with the utmost success. During the last three months he had etherised thirty-two cases for eye operations. For example, in the case of the eyeball, exhibited by Dr. Jacob that evening, he etherised the man in three minutes, and in forty minutes he heard the man ask for his breakfast, and he said "give me a good one," from which it was evident that he had no irritability or sickness of stomach from the use of the ether. The child, whose leg and thigh had been removed by Dr. Stoker, was also placed under the influence of ether. The patient was greatly debilitated and the pulse was 120, but the ether had the effect of strengthening it. Within the last few weeks ether had been tried with success in amputations of the thigh, the breast, the penis, of both feet, &c. He had performed Syme's operation on one foot, and removed a considerable portion of the other. The boy was put under the influence of ether in three minutes, the colour never left his face; during these operations, both of a serious nature, the patient lay all the time on the table, knowing nothing of the operation till he was in bed again, and had not the slightest sickness of stomach or any inconvenience whatever. He performed amputation of the penis in an old man, who had adherent pericardium. He was a heavy unwieldy patient; ether was given him with the most successful result, and after the operation he was able to walk to his bed. That he thought was one of the strongest arguments in favour of ether; that it produced so little effect on the patients after operation. Ether had proved equally efficacious in various dislocations, as of the shoulder, the thumb, and the ankle joint, in the reduction of strangulated hernia, and many minor operations for deep seated abscesses, cancer of lip, &c. In some cases where the individual was of an hysterical nature, excitement might be caused by ether. He saw one gentleman of a very excitable nature, but he was excited not during the administration of the ether, but when it was over. In these cases a fifteen grain dose of bromide of potassium acted in the happiest way, but such cases were extremely rare. The only possible risk as far as he could judge was in having head congestion. It was important, therefore, that in administering ether the head should be kept well raised, and he had some doubt whether it did not act more pleasantly when the patient was in a chair, than otherwise. That day a patient came to him with a sore on the lip; while in a chair, the inhaler was applied, and the sore touched with a strong acid. He found that there was no necessity for placing the patient in a declining position as in chloroform inhalation. The only question then was as to the cases of death by ether. He could not give the Society much information on that point. According to the statistics they were only one in 23,204, and that represented such a minimum of risk as to amount to almost absolute safety. One case of death from ether which happened in America, so far from affording an argument against, was a strong argument in its favour. It was the death of a man of 68 years of age, with a fracture just below the trochanter, of eighteen days' standing. The lower lobe of his right lung was oedematous; the lower part being in a state of red hepatisation; he had thickening of the bronchial tubes, and old adhesions of the lungs. It was not mentioned that he had been examined by a physician before being etherised. He was first submitted to etherisation for ten minutes, and then he showed evidence of difficulty of breathing, notwithstanding the condition of his lungs, he was capable of resuscitation; they tried ether again, and he succumbed. Dr. Bigelow, of Boston, writing on this subject, compared death from chloroform to the death of a healthy person by a stroke of lightning, it came without giving any warning. "We hold (he says) that ether has never produced such a result, but always gives fair and adequate notice of danger." He now left it to the gentlemen around him to say whether chloroform deserved their confidence, whether ether was not a safer anæsthetic, and whether its difficulties might not be overcome by a simple arrangement which will exclude the admission of air, and secure the full admission of the vapour to the patient. He contended that when these conditions were

complied with, there would be no excitement, no sickness of stomach, and the patient would come quickly under the influence of the anæsthetic. He should have mentioned that in administering ether, the snoring of the patient would form a guide to the operator. As soon as a patient began to snore, he thought it a good thing to withdraw the mouth-piece altogether, and let the patient breathe the air freely; then put on the mouth-piece again and submit the patient to the ethereal vapour, ordinary discretion should of course be used by the administrator.

Dr. ROBERT McDONNELL moved the adjournment of the debate. He thought the Society was much indebted to Dr. Morgan for bringing this matter before it. He (Dr. McDonnell) was anxious to speak upon it; for he had lately been in America, and had seen the practice of American Surgery, and had been greatly struck by what he had seen there.

Dr. WILSON seconded the motion for an adjournment which was agreed to.

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The Medical Press and Circular.

“SALUS POPULI SUPREMA LEX.”

WEDNESDAY, DECEMBER 25, 1872.

THE REPRESENTATION OF THE IRISH COLLEGE OF SURGEONS AT THE APPROACHING DELIBERATIONS OF THE GENERAL MEDICAL COUNCIL.

THE Fellows and Licentiates of the Royal College of Surgeons in Ireland—for whom the subject should possess the deepest interest—were by the announcement in our last issue fully and candidly advised as to the dilemma in which their College is placed by the incapacity of Mr. Hargrave duly to fulfil his duties as representative of the College in the Medical Council. In our recent observations we demanded from the Council of the College an earnest consideration of the patent fact that Mr. Hargrave had been compelled by the impaired state of his health to resign the Professorship of Surgery in the College after a brief and melancholy effort to discharge its duties, and we

endeavoured to impress it upon them that the most vital interests of the College—nay, even the contingency of its dissolution, or its reduction to the rank of a nonentity—depended on the legislation now imminent in the Medical Council or in Parliament, in the framing of which the College is, in Mr. Hargrave's state, without a voice.

The Council met on Thursday last, but separated without making any move in the matter; and we have heard it positively stated that Mr. Hargrave has declined to listen to the earnest representations which colleagues have made to him, and avows his unflinching intention to hold his office. In the face of such determination tacitly expressed by Mr. Hargrave, the Council feels itself placed in a difficulty, inasmuch as its power to remove the representative of the College from his office is a matter of question, and we attribute, therefore, the hesitative attitude of its members to an apprehension that the Council may not have jurisdiction to enforce the decision at which they would arrive. As we shall presently show, we do not in the least share in this doubt, nor can we hold that the Council has been true to the interests of the College, or the trust which the Fellows have placed in its hands until it has by a decided vote conveyed to Mr. Hargrave its opinion that he is no longer capable of doing justice to the collegiate interests in the Medical Council. We cannot do any member of the governing body of the College the injustice to believe that he still considers Mr. Hargrave to be a delegate to whom the affairs of the College ought to be entrusted, and we therefore feel bound to say that Councillors (especially that section known as the "reform" party) evince but a lukewarm regard for the good of their College if they are not ready to sacrifice their own inclinations or Mr. Hargrave's egotism to the obvious requirements of the College and of the Irish School of Surgery in the present legislative crisis. We have to tell these gentlemen individually and collectively, that they cannot render up a fair account of their stewardship to the Fellows of the College next May unless they have unflinchingly done what in them lies to protect the College from the probable results of inefficient or bungling representation.

We promised our readers and the Fellows of the College last week that we would offer for their consideration some important facts bearing on the legality of Mr. Hargrave's present attitude, and we revert to the subject now with the double object of unfolding the entire circumstances of his election and of relieving the Council from any hesitation as to their authority to deal with the matter.

On behalf of the Fellows of the College, we now challenge the legality of Mr. Hargrave's election, and repudiate his authority to speak for the College in the Medical Council or elsewhere, and we call upon the Council to satisfy its constituents and the Medical Council that its representative is accredited with credentials to which no exception can be taken. On the 10th of May, 1861, Mr. Hargrave was, for the first time, chosen representative of the College, in succession to Dr. W. H. Porter. This election was held in pursuance of the 4th Clause of the Medical Act of 1858, which declares that "the General Council shall 'include' one person chosen from time to time by the Royal College of Surgeons in Ireland; and the 8th Clause, which provides that the members of the General Council shall be chosen and nominated for a term not exceeding five years, and shall be capable of re-appointment, and any member may at any time resign his appointment by letter addressed to the President of the

said Council, and upon the death or resignation of any member of the said Council, some other person shall be constituted a member of the said Council in his place in manner hereinbefore provided; but it shall be lawful for the Council during such vacancy to exercise the powers hereinafter mentioned.

It would thus appear (and we are unable to discover that any subsequent enactment deals with the matter) that a representative appointed for a specified period cannot, *so long as his appointment is valid*, be displaced either by the Council or the College, and that, as any "person" is eligible, the removal of the representative from the Council of the College, nor even his being struck off the roll of the Profession—if such course were justified—would not necessarily disturb his tenure of office. We are, therefore, bound to confess that, if Mr. Hargrave's election were legitimate, he could hold office in the teeth of every opposition; and it is, therefore, on the ground of the illegality of his election that we deny his right to represent the College. As we have said, he was elected representative for the first time on the 10th of May, 1861. In each successive year, *i.e.*, on the 6th of June, 1862; 24th of April, 1863; and 7th of April, 1864; he was chosen *for one year only*. On the 16th of February, 1865, he was re-elected for four years, and on the 17th of December, 1868, for five years longer, which will not terminate until December, 1873. It will thus be perceived that, at this last election the Council thought fit to depart from the system of annual election, which is universally applied to every office in the College, Presidents, Councillors, Professors, Examiners, and Secretaries, and to impose upon its successors for five years an officer over whom they could exercise absolutely no control. But this course, however unwise, would not invalidate the election were it not that the method of election was, in itself, wholly unlawful and improper. In the first place the Council proceeded in December, 1865, to elect to an office which was not vacated until two months later, and by so doing they forejudged the candidature of persons who might have intended offering themselves when the appointment was unfilled. This circumstance is sufficient of itself to make waste paper of Mr. Hargrave's commission, but the method of proceeding on the occasion was such as to confirm the illegality previously committed. At the previous meeting of Council it had been duly proposed and seconded and passed, that Mr. Hargrave be re-elected, the intention being obviously that his tenure of office should be, as it had been previously, for one year. At a subsequent meeting, however, on the 17th of December, when the minutes were about being signed, and a bare quorum of the Council had assembled, this resolution was amended by an interlineation of the words "for five years," which were never a part of the original resolution, but which are now relied on by Mr. Hargrave as constituting his patent of office.

We unhesitatingly declare that the election of Mr. Hargrave to an office which was not vacant by means of an informal alteration of the minutes is illegal and improper, and we repeat that, until the lawfulness of the transaction be put beyond question, or a new election held, the College is without a representative.

A NEW DEVELOPMENT OF THE PROVIDENT SYSTEM.

In the present day when Societies abound, on the addition of a new institution to the already numerous list, the

question as to its necessity naturally arises, and possibly to some of our readers this thought may have suggested itself on noticing the announcement we made last week—on the eve of going to press—that at a meeting just held at the London Tavern, the Provident Surgical Appliance Society had been established. We have since received a report of the meeting, from which we gather that whilst there are in the Metropolis four societies—and valuable institutions they are—for supplying trusses and other instruments, yet the recipients of their aid are the indigent, and a letter of recommendation must be procured before assistance can be afforded. It is not for this class that the Provident Surgical Appliance Society has been founded, but for those who are both able and willing to pay for the required instrument if it can be obtained at a reasonable price, and in some instance—when the cost is great—on easy terms of payment. There are, however, some persons who cannot command the whole of the money, and to such, subscribers can render assistance by giving a ticket or tickets towards purchasing the instrument. We know that in many cases subscribers to existing institutions are often in doubt as to the propriety of giving letters of recommendation to applicants not in very needy circumstances, and they either refuse or yield to the request because they know not how the instrument can otherwise be procured. Now the point can easily be settled, by referring such applicants to the new Society, for which no letter of recommendation is required, and where the office will be open all day, and the surgeons attend at stated hours both in the morning and evening.

To the Profession this Society must commend itself, as every Medical man from time to time meets with cases—either Medical or surgical—to remedy or alleviate which instruments can be had, but to procure them in the ordinary way is beyond the power of many patients. This difficulty will henceforth no longer exist. Without delay—and delay too frequently intensifies the disease—the sufferer may obtain the appliance that is necessary, and thus be enabled to pursue his or her avocation. We shall watch the progress of the Society with much interest, and we wish the managers of it a large amount of success.

THE FUTURE OF MEDICAL EDUCATION IN IRELAND.

A RUMOUR has reached us, to which, from the source from which it comes, we attach much importance and credit, and which we give to our readers, as it involves the whole question of Irish Medical Education, and of the recent negotiations between the Irish licensing bodies for an amalgamate system of examination. We have been assured that the question of Irish University Education and the reconstruction of Trinity College, which, it is well known, is at the present moment engaging the attention of the Government and the Castle, will deal with the granting of Medical Degrees in Ireland in a very wide and reforming spirit.

We are, we believe, justified in saying that a measure is actually in preparation by the Irish Government, the object of which is to extend and de-sectarianize the Dublin University system. As it will be a matter of great difficulty to draw a line of religious neutrality in the curriculum of the Faculty of Arts, and impossible to touch the Divinity School, and inasmuch as the Faculties of Law and

Engineering are comparatively insignificant branches of University education, it is stated to us that the Faculty of Medicine will be a principal object of the contemplated reform. We are assured that the Government desires, if possible, to make a comprehensive Medical qualification part of their scheme, and are considering whether the arrangement for conjoint examination, which has been so long in course of settlement, cannot be made part of their plan.

If this information be accurate—and we have expressed our confidence in its source—we may expect that the question of Irish Medical and Surgical licensing is much nearer a settlement than was anticipated. We should hope that a determination of the moot questions by such means would be likely to be to the advantage of Irish Medical education—because in Ireland alone the University interest is capable of a coalescence with that of the Licensing Corporations, and this rumour affords us a hope that the matter may be settled without the intervention of English or Scotch interests in the question.

Notes on Current Topics.

Spurious Patent Medicines.

Two cases of poisoning last week, which it is the habit to call accidental, make manifest the fact that a vast trade is pursued amongst the lower classes in England in preparations made out of the first trash which comes to hand, and sold under the names of some favourite patent medicines, which they do not remotely resemble, either in constitution or effect. A child, a month old, was dosed with two tea-spoonfuls of stuff sold as Godfrey's Cordial, and it died. The chemist who sold the mixture, said that he sold about half a gallon of Godfrey's Cordial per week, and the greater portion went out in cups, which he did not label, he sold one ounce for a penny, and made the Cordial himself of 4 lb. treacle, 40 drops oil of sassafras, 2 oz. sweet nitre, and 2lb. boiling water. That was not the true Godfrey's Cordial, which was a patent medicine. Every druggist had a formula of his own for what he called Godfrey's Cordial. His cordial never contained any opiate or any poison whatever.

In the second case, a woman died at Sheffield after taking a quantity of cough mixture, sold by a chemist as "Essence of Linseed." The surgeon, who was called to the deceased after death, gave it as his opinion that death had been accelerated by a narcotic. The mixture obtained from Mr. Lockwood was a narcotic. It was labelled "Essence of Linseed." The label was calculated to mislead, as there was no linseed whatever in it. It was composed of morphia, chlorodyne, treacle, and some other sweet substances.

It is a question whether, as neither Godfrey's Cordial nor Essence of Linseed are legitimate preparations, the sophistication of them would bring the culprit under the operation of the Adulteration Act.

Death from Chloroform.

ANOTHER death from chloroform has just been announced of a labourer, æt. 28, who had his thumb so crushed by an injury as to require amputation. The chloroform was administered on a napkin. In a few

minutes he "began to struggle a little, his face became suffused, and his eyes turned up;" he continued to breathe for ten or fifteen minutes afterwards, but he did not again regain consciousness. An inquest was held, which, as there was no *post-mortem* made, may be looked on as a mere formality. The cause of death was guessed at as being due "to giving way of a vessel in the brain," "there must have been some disease in the man," or there was disease of the kidney, certainly leaving a wide margin for the accuracy of "crowners' 'quests'" conclusion. We may fairly conclude, however, that if chloroform had not been used the man would be still alive and as he was described as a labourer of 28, we may presume he was at least, in circulation and respiration, a healthy man.

We have reported to us again this week a death from chloroform occurring at King's College, London, on the operating table which, with the weekly record of deaths already accumulated arrests attention; at the same time we are aware that ether has been put to a crucial test in Dublin, during the past week a patient having been subjected fully to its influence for over 2½ hours, there was no sickness, excitement, or untoward circumstance whatever, in fact, it left nothing to be desired.

Extirpation of the Parotid Gland.

DR. J. H. B. M'CLELLAN reports in the *American Medical Journal* for October, a case of extirpation of the entire parotid gland, for the removal of a fibroid tumour in that region, with ligation of the external carotid artery and jugular vein, and division of portio dura nerve. The subject was a female, *æt.* 32, otherwise healthy. The tumour was enormous, and not only disfigured the patient, but endangered life by pressure. The operation was a protracted one, and ether was used for anæsthesia. Complete recovery ensued, without return of the tumour, a year having elapsed.

Puncture of the Iris in Glaucoma.

DR. TAVIGNOT (*L'Abeille Médicale*, Nov. 11) has found in a certain number of patients attacked with glaucoma, and submitted to Graefe's operation, that the amelioration obtained, or, to speak more exactly, that the time of arrest of the disease had only been temporary, and that it recommenced its course after two or three years of delay. Hence the idea occurred to him of substituting for iridectomy a simple puncture of the iris, which he thinks acts only by the reflex action on the nerves of the fifth pair. The first effect produced by puncture of the iris in inflammatory glaucoma, as in iritis, is a sudden arrest of the morbid process; the circum-orbital pains cease as if by enchantment, and soon the congestive condition itself becomes weaker. This puncture of the iris is executed with a needle, with a collar on it, to limit its depth of penetration; and is practised on the external segment of the membrane, and at a point between its large and small circumference. The operation may be repeated several times on the same subject, which cannot be done in Graefe's operation; and it is confessed that iridectomy does not put the patient out of chance of relapses of glaucoma. He also possesses several cases of successful treatment of glaucoma by puncture of the iris, where the disease had not relapsed for years. Glaucoma is only a progressive disorganisation, rapid or slow, of the constituent parts of the eye; a kind of general atrophy *sui generis*.

The Homicide at the Limerick Lunatic Asylum.

THE report of the Inspector, Dr. Nugent, upon the homicide of the lunatic Danford, and, generally, into the administration of the Limerick Lunatic Asylum, has been presented to the Lord Lieutenant, but not communicated to the Board of the Asylum, and, therefore, His Excellency, on the advice of his law officers, has ordered into custody the warder, Connell, who perpetrated the homicide, for prosecution for manslaughter. This result was communicated to the Board at its last meeting with the further notification that "pending the result of the prosecution, His Excellency must defer the consideration of what further steps it may become his duty to take in the matter." This pledge, of course, suspends judgment on the management of the Asylum, and is, so far, very satisfactory. It seems to us, however, that the public has a much deeper interest in the question of the management of the Asylum, and the perpetuation of the rules which have been productive of such a complete *bouleversement*, than in the punishment of the warder. It is quite right that when such a crime is committed, the author should meet with his deserts, but it is a higher necessity to ensure that the future system of inspection and administration shall leave the least possible chance of a repetition of the transaction.

Medical Witnesses and their Fees.

A VERY valuable judgment has been delivered in the Irish Probate Court last week by Judge Warren in the case of *Ryan v. Dolan*, and a principle has been enunciated by the learned judge, which does justice to the members of the Profession who are called on for expert evidence. The suit was instituted in the Court of Probate, Dublin, to propound the will of the late Wm. Augustine Murphy; the defendant opposed it on the grounds of mental incapacity and the other usual legal grounds.

The case was tried before a City Special Jury last June, and resulted in the will of the deceased being upheld; the defendant was given his costs as between solicitor and client.

It was material for the defendant's case to show that the deceased was incapable to make a will from the facts that he was a victim of the disease of dipsomania, and also that, he having at the time of the execution of the will been labouring under small-pox, such two diseases combined rendered it impossible that his mind would be so unclouded that he could properly understand the nature of such a serious matter as a will, and that, in point of fact, he was at the time in a state, if not comatose, at least bordering upon it.

To sustain this case it was necessary for the defendant to retain eminent Medical testimony. Accordingly, Dr. John Hamilton, Dr. Forrest, and Dr. White were retained. The former was called in to see the deceased when he was in the last stage of small-pox, and his evidence was to show that he could not have been in a state hours previously to understand the nature of a will, also to prove the weakening effect of dipsomania upon the frame.

Dr. White was intended to prove the habits of the deceased for years, his intemperate habits, and his having been frequently the victim of delirium tremens.

Dr. Forrest was a skilled witness, or an expert to prove what dipsomania was, and its effect upon the brain.

These three witnesses were not examined, as the case

was settled by consent, but the costs were given to the defendant as between solicitor and client.

When these costs were taxed, the officer decided that, though these Medical gentlemen were paid £5 5s. a day for attending from day to day, to hear the evidence of the other side, and be able to rebut it, still that he (the Registrar) could allow only £1 1s. a day, the sum allowed witnesses by the schedule of fees.

Against this decision, Mr. Saunders, one of the firm of Casey and Clay, appealed to the Court, the ruling of the officer having disallowed £30 paid to the said Medical men.

Judge Warren stated that the principle to be decided was, whether the schedule of fees for witnesses' expenses was to be looked on as applicable, not only to costs between party and party, but also to costs between solicitor and client; or whether the Registrar had any discretion in the matter when the costs were taxable under the latter head. In this case, the Medical witnesses, Drs. Hamilton and Forrest, were required to attend from day to day to hear the evidence of the other witnesses, and though they might be compelled to attend to give their evidence, still it was not reasonable to suppose that they could attend for the purpose required at the fee set down in the schedule. The client having authorised the payment of these extra fees to the Medical gentlemen, Judge Warren considered the Registrar should have exercised his discretion as to fees paid, and not bound himself by the schedule of fees. Accordingly the order should be that the Registrar be directed to review his taxation, and that the appellant should have his costs of the appeal out of the assets.

The principle thus decided is, that Medical men are not longer to be paid only £1 1s. a day for their services, but that when costs are taxable under solicitor and client rate, a fair and proper fee be paid them for their valuable services and time.

Diplomas for Trinidad Practitioners.

At a meeting of the Royal College of Physicians of London last week this matter was referred to the Council. It is proposed for the College to hold an examination by means of sealed papers, to which holders of foreign degrees resident in Trinidad should be admitted with a view to enabling those who passed the examination satisfactorily to be accepted as members by the Medical Board of that island, membership of this body alone giving the right to practise in the place. It will be remembered that the College was asked by the Government to undertake the examination of all such persons as claimed to be allowed to practise in the island, with a view to certify to their fitness to do so, the College not bestowing any title, but the successful competitor being officially recognised as a practitioner by the Trinidad authorities. Lord Kimberly has now transmitted the rules drawn up by the Medical Board of Trinidad, and it is probable they will be acted on.

Condurango at the College of Physicians.

Our readers will remember that Lord Granville referred to the Royal College of Physicians the samples of this drug sent him by the projectors of the new cancer-curing substance. A full report has been brought up, and was ordered at a late meeting to be sent to Lord Granville.

It states that in 1871 a quantity of this drug was received from Lord Granville together with a paper lauding

its use in cancer and syphilis, and the College was requested to make a report on its supposed properties, and a committee consisting of Dr. F. J. Farre, Dr. A. B. Garrod, and Dr. Odling, was appointed. The plant belongs to the order Asclepiadaceæ, but to what genus has not at present been made out. Dr. Odling could detect no alkaloid in the bark, no crystalline, no starchy, and no saccharine matter. He found certain extractive matters and insoluble matter to the extent of 79 per cent. Professor Humphry, of Cambridge, Professor Rolleston, of Oxford, the Middlesex and St. Bartholomew's Hospitals, and Dr. Garrod, received supplies of the condurango. Dr. Brunton made certain experiments on rabbits, and found that it was physiologically inert; a granule was injected into the peritoneal cavity of a rabbit without any poisonous action, or disturbance of the nervous or muscular systems, or of the circulation or respiration. Dr. Brunton took two grains of the extract without any perceptible effect. Dr. Garrod gave the decoction in cancer without any appreciable result, and Mr. Callender arrived at the conclusion that the drug is inert. Mr. Hulke gave the drug very largely in cases of cancer, and in many cases he describes condurango as "inert and useless." Drs. Humphry and Rolleston give similar testimony as to the value of the drug in cancer, but believe that it may be looked upon as a light general tonic. The report concludes by declaring the value of condurango as a remedy for cancer to be *nil*—a conclusion anticipated by all who were able to judge.

The Clinical Society of London.

At a late meeting of the Clinical Society, Mr. Campbell de Morgan in the Chair, Dr. C. T. Williams read a paper on "Cold Baths in Phthisis." The President spoke freely respecting the water cure, and quoted the following verse and parody:—

"The solid rock the Hebrew smote, Amidst the desert wild; The bounteous waters issued forth, And all the desert smiled."	"His stolid head our prophet smote, As rugged and as wild: The water-system issued forth, And all the doctors smiled."
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Dr. Poore exhibited a patient with heart disease, in whom he demonstrated a cardiac murmur to bystanders at a distance of several feet by the simple plan of placing a walking-stick on the sternum, and a sounding-board in the shape of a guitar on the top of this.

Surgical Instruments at the International of 1873.

THE second meeting of the Committee on Surgical Instruments and Appliances was held on Monday, at three o'clock in the offices, Gore Lodge, South Kensington. Among those present were Mr. Caesar H. Hawkins, F.R.S., in the Chair; Sir Wm. Fergusson, Bart., F.R.S.; Dr. P. Allen; Mr. W. Bowman, F.R.S.; Mr. R. Brudenell Carter; Mr. W. White Cooper; Dr. W. T. Downville, R.N.; Dr. Arthur Farre, F.R.S.; Dr. G. T. Gream; Mr. Prescott G. Hewett; Mr. J. Hilton, F.R.S.; Mr. J. Hinton; Professor J. Marshall, F.R.S.; Mr. T. W. Nunn; Dr. W. S. Playfair; Mr. R. Quain, F.R.S.; and Mr. Edwin Saunders. Letters received from the Royal College of Surgeons and the Royal Medico-Chirurgical Society were read, and it was stated that many of the leading surgical instrument makers in London, Dublin, Paris, and other capitals, had signified their intention to contribute.

SPECIAL REPORTS ON FOODS,

INCLUDING DIFFERENT KINDS OF

FARINACEOUS PREPARATIONS FOR INFANTS AND INVALIDS,

MEAT EXTRACTS, AUSTRALIAN MEATS, &c.,

Together with Reliable Chemical Analyses by Competent Professors.

[PREPARED EXPRESSLY FOR THE "MEDICAL PRESS AND CIRCULAR."]

AUSTRALIAN PRESERVED MEATS AND MEAT EXTRACTS.

(Continued from page 481.)

"RAMORNIE

BOILED MUTTON WITHOUT BONE.

Clarence River, New South Wales.

The Australian Meat Company, 52 and 53 Crutched Friars, London."

The meat was in hermetically-sealed tins, containing a little over six pounds net.

It was perfectly fresh and good when opened.

The pieces of meat when separated from the jelly gave

Moisture	59	per cent.
Albuminoids	23.2	"
Ash		"

Insoluble after artificial digestion. { 20.9 " of the dried meat at

The jelly in all the boiled meats opened was almost identical, and this may be taken as a specimen of the others. It contained when free from fibres of meat, 15.5 per cent. of solid ingredients, which on combustion, gave 17.1 per cent. of nitrogen. It is therefore a gelatinous extract from the meat.

"RAMORNIE MINCED MEAT.

Clarence River, New South Wales.

The Australian Meat Company, 52 and 53 Crutched Friars.

Prize Medal, Paris Exhibition."

Hermetically-sealed in tins as the previous specimen. Perfectly fresh and good.

It gave a per cent. of nitrogen to the dried meat which represented 21. of albuminoids.

Moisture 66 per cent.

This meat could not be separated from the fluid portion. Digested forty-hours with pepsine, the dried meats left 18 per cent. of insoluble matter.

This sample was very finely minced, evidently by machinery, and appeared rather unsightly. We think that some repugnance would probably be shown towards such a preparation by the public, as they would be unable to judge of the kind of meat they were eating. It was perfectly wholesome, and appeared digestible.

"RAMORNIE MEAT AND VEGETABLES.

Clarence River, New South Wales."

The meat portion of this tin when open, was so identical with the boiled mutton, that it is not necessary to enter further into details than to state that the contents (meat and vegetables), were perfectly fresh and good. The vegetables had retained their shape and structure admirably, and were cut up into small pieces. Flavour excellent.

"JOHN M'CALL AND CO'S, BOILED MUTTON WITHOUT BONE.

137 Houndsditch, London.

Prepared by the Melbourne Meat Preserving Company, contained two pounds net."

The analysis gave

Moisture	64.2	per cent.
Albuminoids	22	"
Ash . . . . .	.78	"
Insoluble after the digestion	{ 18.9 " of the dried meat	

This meat was everything that could be desired as regards flavour and tenderness. It could hardly be considered as fully cooked, a most desirable point as regards the Australian tinned meats.

"JOHN M'CALL AND CO'S ROAST BEEF.

137 Houndsditch, London.

Prepared by the Melbourne Meat Preserving Company."

2 lb. tin contained 2 lb. and 1/2 oz. net.

Moisture	39	per cent.
Albuminoids	20.9	"
Ash . . . . .	.8	"

Insoluble matter after treatment with pepsine 35 "

This meat was very good as regards flavour, superior to any of the cans opened, but it presented one objectionable phase, it was extremely fat, 10 1/2 oz. of that substance being easily separated from the contents of the can. This also will account for the large percentage of undigested matter.

"TOOTH'S AUSTRALIAN MUTTON WITHOUT BONE (BOILED).

W. B. Tooth, Clifton, Darlings Downs, Australia.

Agent, W. O. Hancock, 85 Gracechurch Street, E.C. London."

Moisture	65.3	per cent.
Albuminoids	23.2	"
Ash . . . . .	.84	"
Insoluble left after digestion experiments . . . . .	.20	"

This meat was surrounded with a large quantity of the jelly, which on analysis, proved to be simply the juices of the meat. It gave 13.4 per cent. of meat extract on evaporation.

6 lb. net good weight in hermetically-sealed tins.

This meat was quite fresh and excellent in flavour.

"TOOTH'S AUSTRALIAN BEEF (BOILED).

Agent, W. O. Hancock, 85 Gracechurch Street, London."

This meat on examination proved very like the last, except that it was more over done, and on re-cooking, fell very much to pieces. It was, however, perfectly fresh, tender, and good flavour.

It contained flesh being the following composition :

Moisture	65.3	per cent.
Albuminoids	23.14	"
Ash . . . . .	.89	"
Insoluble portion of dried flesh after digestion . . . . .	.23	"

The jelly gave 14 per cent. of dry extract, and constituted a larger percentage of the contents of tin. The can contained considerably over 6 lbs. net.

Foreign Medical Literature.

D. BEAUGRAND, ON WOMEN DOCTORS.

(Translated from the *Gazette Hebdomadaire* for the MEDICAL PRESS AND CIRCULAR, by M. C. A.)

(Continued.)

WE now arrive at the great question of the physical and moral equality of men and women, and of the part the latter are called upon to play in society. Of course under the name of women we do not include those masculine women, those viragos, who with fanatical shrieks claim for the sex to which they say they belong, an emancipation in favour of which their persons and teachings are sorry specimens; we here speak of the true woman, of her whose modesty and delicacy show her to truly deserve that name. Here we cannot do better than to quote in full the admirable observations written by our regretted fellow-worker Moutanier, in the *Gazette des Hôpitaux*, in answer to Madame Gaël's remarks on the same subject.

"Nature," said Moutanier, "in spite of what some women and bold minds may say, has marked out the woman her path, and obliges her to follow it. She is above all destined to be a wife, a mother, to live in the household, busying herself almost entirely with the housekeeping and the family. But if a woman can and should engage in a career which permits her to stay at home, she ought, even if she has a certain competence, to shun those nomadic careers which would constantly separate her from her family, and keep her on the trot. A practitioner's life is especially of this description, and it is impossible that a woman-doctor can be a wife and mother."

A correspondent of Mme. Gaël's has quite understood this, and she wishes lady doctors to remain single. She herself grants unhesitatingly that they could not suckle their children, so that, to attain a rather useless result, a whole set of women must be vowed to celibacy or hindered from performing that noble sequence to maternity, that is to say, the nursing of their own children. I ask you how then will a lady doctor manage?

And wherefore are such sacrifices demanded? Mme. Gaël speaks of the modesty of women always wounded by the examinations a doctor makes in cases of ordinary illness, hurt and wounded especially when under examination for diseases peculiar to themselves; this very natural feeling prevents many women from confiding themselves to a doctor, and thus their ailment progresses irretrievably. This is true, but it will be seen that too heavy a price must be paid in order to obviate it. To the objections raised Mme. Gaël answers that there is no need for alarm, as women doctors will always be exceptionally few; that a Medical career needs too much courage and self-denial to tempt many women, and that those alone will enter it who have a peculiar and irresistible inclination. So true an argument is this that it upsets the proposition.

If you have a very limited number of women doctors, they will not give the required services, or it will be on so small a scale that but a few favoured ones will profit. What avail will a hundred women-doctors be to attend as you wish all the women and children? There are in France about 20,000 doctors; therefore it requires that at least 10,000 women should replace 10,000 doctors. Otherwise you will have only a few women doctors established in the large centres of population. If, to be logical, 10,000 women-doctors are needed, at what sacrifice can they be obtained? I leave on one side for the moment the questions of marriage and maternity, though it must be allowed that there is not a more serious difficulty, at a time when France is, amongst other causes, becoming depopulated by celibacy and the mortality of children put out to nurse.

Woman has her part well defined by nature, who has endowed her with a constitution and temperament adapted to her requirements. Women will not contradict me if I

say that they are characterised by warmheartedness, by love, gentleness, timidity, and a bearing which does not appertain to the other sex—all these must be first destroyed in order to make a woman-doctor; she must be made to lose sensitiveness, timidity, delicacy, be hardened by the sight of most horrible and alarming objects and learn not to tremble before the most hideous spectacles, and to regard with coolness that which would move the strongest natures.

But this is not all, there is another point on which attention has been bestowed in England and even in America, that is to say, in those countries where a certain number of lady students have presented themselves, it is the presence of both men and women in the amphitheatres and hospitals. Can they dissect in the same room? Can lessons in physiology, medicine, and surgery, be given to young men and women seated on the same benches? Will not the Profession, with a very natural feeling of reserve, be obliged to pause at some details, to curtail some descriptions? In surgical practice, many operations on the male require that the body should be exposed, the professor giving explanations into which it would be impossible for him to enter before women. Here, certainly there is something shocking to the sense of decency. The surgeon is embarrassed in his behaviour, and this is detrimental to both science and the patient. How many diseases peculiar to men are of such a kind that they can neither be seen or studied by women.

Literature.

THE PHARMACEUTICAL GUIDE (a).

MR. BAKER SMITH'S "Pharmaceutical Guide," is a work of instruction intended for the major and minor examination.

Mr. Baker Smith has attempted to condense in one book, as he puts it himself information that hitherto could only be supplied from several; and yet the book is not very extensive in size. The Nosological Table is partially drawn out from "Squires' Companion," and the *British Pharmacopœia*, while he acknowledges his indebtedness to Attfield, Bentley, and other authorities.

Thus it contains a clear and condensed Latin grammar, followed by a modicum of the higher branches of arithmetic, viz., vulgar and decimal fractions, metrical measures. The "Materia Medica," with columns showing classification, glossary of botanical terms used, and the chemical synopsis.

The method of describing the preparations of an indefinite composition, is, we think, somewhat dangerous, although intended as an aid to the student's memory, thus:—

UNGUENTUM.

Cetacei spermaceti, 1; W. wax, 2-5th; Almond oil, 4; Hydrargyri nitratis mercury, 1; Nitric acid, 3; P. lard, 3½; Plumbi subacetatis comp. sol. subacet. lead, 1; Almond oil, 5½; W. wax, 1½; Almond oil, 3½; Camphor, 1-48th; &c., &c.

The rather short part devoted to the Latin of prescriptions is useful and is well arranged, it might have been extended to a few pages more with advantage. The work is, however, well done, and we have no doubt that if the student fairly knows the contents of this *multum in parvo* he will have no difficulty in passing an examination in general pharmacy.

(a) "The Pharmaceutical Guide." By John Baker Smith.

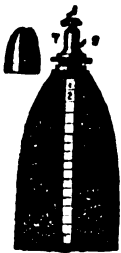
Inventions.

CHLOROFORM BOTTLE.

Devised by Dr. HIME,

Medical Officer to the Women's Hospital, Surgeon-Accoucheur to the Public Hospital, and Lecturer on Obstetrics and Diseases of Women and Children, School of Medicine, Sheffield.

ALL surgeons have at one time or another experienced some of the many inconveniences arising from the want of a really good and usable chloroform bottle. The common glass, stoppered bottle, which is usually employed in administering chloroform, is not only inconvenient and wasteful, but may very readily lead to dangerous accidents; and the same may be said of all bottles with a loose top. In the operating theatre, where one gentleman devotes himself exclusively to chloroforming, these disadvantages are of course, less felt. But who has not seen the difficulty the chloroformist sometimes has in avoiding the escape of a much larger quantity of chloroform than he requires? Besides it is no easy matter to manipulate the stopper and hold the bottle in one hand, while the other hand is occupied with the inhaler. Sometimes business is brought to a standstill by the stopper stopping the bottle so well that it cannot be extracted. In private practice, as there are fewer hands to work, these difficulties are, of course, greatly magnified. This is especially true in obstetric practice. It is impossible to have a brilliant light on the bed, and otherwise it is most difficult to see how much chloroform is pouring from the bottle. If it be left on the bed, there is the serious danger of the bottle overturning and the stopper going astray, and the chloroform escaping. Dr. Hime has anticipated most of these difficulties. From his great experience in administering chloroform, which he employs largely in his obstetric practice, he has devised a bottle which will be a boon not only to private practitioners, but also to professional chloroformists. It may be had of metal, or glass covered with leather, with a space left uncovered (graduated in drachms) to show the contents. There is a metallic top (P in the accompanying figure) which is screwed off when the bottle is to be filled.



Pressure on the nob (N), when the bottle is inverted, causes the chloroform to issue from the spout (S) dropwise, or in a fine stream. A cap (C) is provided for the top, when the bottle is not in use. The size is 4 oz., and the appearance is very neat. It can with perfect safety be carried in the pocket, or left lying on a bed, in any position. The metallic bottle must be very useful to persons who have rough work, as army surgeons in the field, as a fall will not break it. We have ourselves used the bottle and can strongly recommend it. The manufacturers are the well-known firm of Joseph Grey and Co. Sheffield.

Obituary.

BENJAMIN GODFREY, M.D., F.R.A.S., of Enfield.

On November 27th, the remains of Dr. Benjamin Godfrey were interred in the cemetery at Enfield, in the pre-

sence of two thousand sincere mourners, from all classes of the community.

Dr. Godfrey was only forty-three years old at the time of his decease, and for the last twenty years had carried on a very extensive practice in Enfield and its neighbourhood. He had never once been disabled from work by illness till he fell sick last November with an inflammation of the lungs, which confined him to his room for about two weeks, and then, despite assiduous nursing and skilful attendance, proved rather suddenly fatal in an attack of syncope, due doubtless to old standing heart disease, the result of rheumatism.

Dr. Godfrey was a native of Romsey, in Hampshire, and there served as a pupil with Messrs. Beddome and Taylor, surgeons, &c., Romsey.

While at Guy's Hospital, Dr. Godfrey gained much distinction by his earnest and unceasing devotion to the study of his Profession, and he met with great kindness and encouragement from the late Dr. Golding Bird and the present Sir William Gull. After passing the College of Surgeons, Dr. Godfrey graduated at St. Andrew's in 1852, and in the same year succeeded to the practice of Dr. Astley Holt, at Enfield. In Dr. Godfrey's hands the practice increased rapidly, and it was surprising that so large and extensive a practice should have been so long carried on by one man.

Recently, Dr. Godfrey had published a very interesting work on the "Hair and its Diseases;" and often in the midst of incessant toil he found time to contribute articles to the MEDICAL PRESS AND CIRCULAR, and other journals.

In 1859, he published in the paper named a very important article on "Internal Uterine Hæmorrhage;" and his paper on "Diphtheria," published in the *Lancet*, in 1857, was one of the earliest records in this country of that terrible disease.

Dr. Godfrey, though devoted to his own Profession chiefly, took interest in all matters of science, and for some years had been a Fellow of the Royal Astronomical Society. He also belonged to the Medico-Chirurgical, Medical, and Pathological Societies of London.

FRANCIS M. DOWSLAND, L.R.C.S., EDIN.

THIS respected practitioner's death took place on the 19th inst. at Weaverthorpe, in Yorkshire. Deceased had practised at Weaverthorpe for thirty-eight years, and his loss is much regretted in the neighbourhood. He was in the sixty-fourth year of his age, the immediate causes of death being broncho-pneumonia and apoplexy.

Correspondence.

NUTRITION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Much has been written upon this subject, and upon the relative proportion and value of nutritive properties in the solids and fluids in different animal substances, and various names have been given to certain particles said to contain nutritive properties, and extracts, and other things have been made which are said will support animal life, but I have some doubts on this subject. The blood is forced to assist in supporting itself, as if it did not yield gastric juice no food could be digested, and if it were not supplied with food, there would be no gastric juice; few things are put into the stomach which it will not make productive; the stomach cannot do without solid food of some kind, the gastric juice requires more than mere fluids to act upon. Extracts may be very good, but is it all absorbed? When it has undergone the action of the gastric juice what is it like? How much of that teaspoonful say, of "Liebig's Extract" in half-a-pint of water will be absorbed? Perhaps not one-half, nor even one-fourth, and this to support a weak body. I do not think that one drachm of this extract is equal to four ounces of good roast beef, or beef-steak with the gravy, or even the pure gravy itself.

Pepine may contain the active principle of some kind of gastric juice, but, it, as well as all extracts and essences of meat kind, are all liable to the same objection; besides, they are too soft, contain too much water, and those one and ninepenny pots of Liebigs are hardly half full. The flavour is very nice and tempting, and for very delicate and weak stomachs, may do for a short period, but if rice were added, they would be more serviceable.

I am, Sir, yours most obediently,
ALEX LANE, M.D., R. N.
Ludlow, Salop.

THE FLORA OF IRELAND.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The study of field botany forming a not unimportant element in the course of Medical studies, and affording a pleasurable alternation to the arduous duties of a country practitioner, it occurs to me that a few papers on the Flora of Cong, which, constituted as it is of an alpine, campestral, calcareous, and lacustrine flora, contains both the rarest and most powerfully medicinal plants of the British flora, would not be uninteresting to many of your readers.

This opinion is strengthened by the fact, that Cong is the point of arrival or of departure of nearly all tourists to the Western Highlands, to many of whom this subject is interesting. I take the liberty, therefore, as a subscriber to your very valuable MEDICAL PRESS, to inclose one of a number of papers written on this subject, with a hope that you may deem it worth insertion, and be good enough to give it a place in an early issue, and you will much oblige,

Your obedient servant,
EDWARD M'GUIRE.

Cong, Co. Mayo, 12th December, 1872.

PECULIARITIES IN THE FLORA OF CONG AND ITS VICINITY.

By DR. M'GUIRE, of Cong.
ORDER LABIATÆ.

MANY rare and interesting species of this order, which contributes largely to our *materia medica*, are to be found in Cong and its vicinity. *Lycopus Europæus* (gipsy wort), grows in considerable quantity on the shore at Strand Hill, on the property of Sir A. E. Guinness, quite close to where the steamer "Eglinton" lands.

I must here, before quoting from the "Cybele Hibernica," gratefully acknowledge the marked distinction which its authors have conferred on me, by presenting me with a copy of that most valuable and exhaustive work, on the Flora of Ireland, a book which ought to be in the hands of every Irish botanist.

By referring to the map prefixed to that book, I find that Cong is situate nearly at the point of convergence of the three botanical districts, numbered respectively 6, 8, and 9, to each of which, at page 220, this plant is referred, and hence, though "not a common plant" nor specially referred to Cong, one would expect, *a priori*, to find it there.

Mentha aquatica (common water mint), *Mentha sativa* (marsh mint), and *Mentha arvensis* (corn mint), are to be found plentifully in Cong. I must observe that I fully agree in the correctness of the observation in the "Cybele Hibernica," that "except in the inflorescence being whorled instead of capitate, we can find no character by which *M. sativa* can be distinguished as a species from *M. aquatica*," for I have studied both these as they grow together above the bridge in Cong, and I could observe no other distinctive mark.

Thymus serpyllum (wild thyme), clothes the rocks about Cong, with its handsome flowers during the summer months, and adds immensely to the beauty of its flora.

Origanum vulgare (common marjoram), one of the most fragrant and aromatic of this order, or (to requote from Hooker and Arnott),

"The thyme sweet-scented 'neath one's feet,
And marjoram so doubly sweet."

though by no means a common plant, grows beautifully here.

Teucrium scorodonia (wood germander), abounds on the rock about the Pigeon-hole, while *Ajuga reptans* (common bugle), abounds in the moist woods and meadow land of Ashford.

Nepeta glecoma (ground ivy), which is common throughout Ireland, abounds here also.

I have pleasure in corroborating the "Cybele Hibernica," in

stating that the following three rare plants are to be found growing together in Cong, namely: *Nepeta cataria* (cat mint); *Calamintha officinalis* (common calamint); and *Verbena officinalis* (common vervain). In addition to these, I have found near the residence of the Rev. Father Lavelle, half a mile from Cong, a plant that has not previously been discovered in the botanical district No. 9, namely, *Lithospermum arvense* (field gromwell).

Scutellaria minor (lesser skull-cap), is to be found at several places between Cong and Maom.

Scutellaria galericulata (common skull-cap), not at all a common plant, and a very beautiful one grows in the dry bottom of the canal between Cong and Drumsheel.

Medical News.

Royal College of Surgeons of England.—On December 16th, 1872, the following gentlemen were admitted licentiate of the College:—

Baker, George Bensen, 42 Grove Road, St. John's Wood.
Bird, Cuthbert Hilton Golding, Guy's Hospital.
Blake, Frederic George, 3 Dowry Square, Clifton.
Davies, George Augustus, Newport, Monmouthshire.
Dixon, John Francis, 14 Percy Circus, King's Cross.
Howse, William, New Swindon.
Moore, John Bartholomew Giles Gidley, Langstown Throley, Okehampton.

Philpot, Harvey John, East Dulwich.
Preston, Theodore Julian, General Dispensary, East Grinstead.

Robinson, Mark, Her Majesty's Dockyard, Portsmouth.
Walker, George Edward, 27 Vincent Square.

The following gentlemen, having passed in Medicine and Midwifery, will receive the College Licence on his obtaining a Qualification in Surgery recognised by the College:—
Clague, John, Castletown, Isle of Man.

Dr. Griffith, Health Officer for Clerkenwell, who was recently appointed analyst for the district, has resigned the office.

The Court of Common Council has passed a resolution in favour of constructing and maintaining floating baths in the Thames.

Dr. Alfred Hill has been appointed Medical officer of Health for the borough of Birmingham, at a salary of £500 a year.

The Local Government Board has addressed a circular to the metropolitan boards of guardians containing some excellent instructions regarding the precautions necessary to be adopted on the outbreak of contagious disease in pauper schools.

Dr. Lankester has been appointed analyst for the parish of St. James's, Westminster, at a salary of £50 per annum, the vestry having refused to accede to the proposal of a neighbouring parish that one analyst should be appointed for the whole city of Westminster.

Dr. Corfield, the newly elected Medical Officer of Health for the district of St. George's, Hanover Square, has already reported to the Committee that he has instructed his inspector of nuisances to order the waste-pipes of drinking-water cisterns to be disconnected from the traps and soil-pipes of water-closets, and to be diverted so as to discharge in the open air, either over the surface of the roof or yard, or into a rain-water pipe which is not connected with a sewer.

NOTICES TO CORRESPONDENTS.

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

All communications intended for insertion must bear the name and address of the writer; not necessarily for publication, but as a voucher of good faith.

SUBSCRIPTIONS IN THE UNITED STATES.—A correspondent has drawn our attention to the fact, that some of the houses in the United States are charging the enormous figure of 15 dollars per annum (more than

£3) for supplying this Journal to different parts of the States. We beg, therefore, to state that we shall be happy to supply the same regularly, post free, per annum, if paid in advance, for considerably less than half this amount, viz., six and-a-half dollars (about £1 6s. 0d.), either direct from our offices in this country, or through our recognised agents in the United States.

THE MEDICAL PRESS AND CIRCULAR OF DECEMBER 1872.

HAVING received numerous complaints from subscribers of the non-receipt of their copies last week, we beg to notify that a copy was addressed and despatched from our office to every duly qualified Medical man in the United Kingdom. To all, therefore, who have written appraising us of the omission, we can only express our sincere regret, and supply by duplicate the deficiencies of the Postal Authorities, whom we understand were last week so over-taxed with work, as to be utterly unable to cope with it.

Further, we shall be glad to send a copy of this particular number which contained a supplement, illustrating the various Diseases of the Throat, in chromo-lithography, by the Leighton Brothers, *gratuitously*, to any member of the Profession, upon written application to the Publisher.

Mr. BRADLEY is thanked for his kind attention.

"LONDON AS IT WAS AND AS IT IS."—We have received the first part of this new work, in course of publication by Messrs. Cassell, Petter, and Galpin. Should the succeeding parts be equal to the first, the work will be well worthy a place in the library of everyone who takes an interest in the past of his country's history, with which the now gigantic metropolis is so intimately interwoven. The work is also a curious commentary of the progress of ages, which it were well to study.

THE INDEX.—The Index to the Volume which concludes with the present number, will be given in our next.

THE SUPPLEMENT.—There will be no Supplement in our next, as an additional half-sheet will be given for the Index of Volume LXVI.

Dr. WILLIAMS.—Certainly, with pleasure.

Dr. G. GRIFFITH.—The publication of such a report would be purposeless, except to give a gratuitous advertisement to a person of whom we know nothing, and to statements for the accuracy of which we cannot vouch.

Dr. L. W. S.—Nothing.

A PASSED ONE.—1. The *Medical Register* is published in January of each year, price 4s. 2. Apply to the Registrar at the Office in Soho Square, you will doubtless obtain all the information you require.

THE MEDICAL SOCIETIES.—There will be no meetings of the Medical Societies during the present week. At the Royal Institution of Great Britain, Professor Odling, F.R.S., commences a course of popular lectures "On Air and Water," at three o'clock on Saturday next.

Dr. TODDUNTER (Dublin) favours us with an unnecessary and insignificant declaration of enmity. That gentleman is welcome to all the capital he thinks he may make with a certain party by the boast of having being impertinent to us. We advise him not to commence professional life by circulating the dirty little envy and narrowness which are the only distinctive attributes of the party in question.

INHALERS.—We have examined Dr. Lee's inhaler described in our columns, and respecting which Dr. Williams wrote in our issue of the 11th. We find that the principle of Dr. Lee's is quite different from that of Dr. Williams.

SCIENTIFIC PHRASOLOGY.—At the Royal Institution of Great Britain last week, Dr. Hoffman favoured his hearers with a disquisition on "The Synthesis of Aromatic Monamines by Intramolecular Atomic Interchange." After describing the results of a series of experiments made by him, the author proceeds: "Accordingly trimethylated phenylammonium iodide, when submitted to the action of heat, is transformed in the first place into iodhydrate of dimethylated methylphenylamine or dimethyl toluidine; this, in a second phase of the reaction, becomes iodhydrate of monomethylated dimethylphenylamine, or xylydine, which in its turn is ultimately converted into iodhydrate of trimethylphenylamine, i.e., of cumidine. The essential character of the reaction is thus seen to be an intramolecular change in the position of the methyl groups." His hearers must have been dull indeed, were they unable to at once grasp the argument of the learned professor. For curiosity's sake, however, we should much like to examine his tongue, as we find our own organ will persist in getting into knots, in the midst of some of these small words.

Mr. JAS. HARRISON (Plymouth).—The address of the inventor is Seckville Street, Piccadilly, W., write to him for the particulars you require.

Mr. JEAFFERSON.—We know of no diagrams upon Diseases of the Eye sufficiently large for lecturing purposes.

Dr. GREENWAY.—Your suggestion has previously been, to a large extent acted upon, and we shall be happy at all times to afford as much space as possible for the subjects you refer to. All vacancies and appointments are inserted without charge in the column devoted to that purpose.

Dr. HUDSON.—The article on "Chloral" to which you refer, appeared in this Journal of November 13.

COMMUNICATIONS, with enclosures, &c., received from:—Her Grace the Duchess of Somerset. Dr. Archibald Billing, London. Mr. Harrison, Plymouth. Dr. Williams, Croydon. Dr. Hunter, Newcastle-on-Tyne. The Secretary of the Medical Society of London. Dr. Thorowgood, London. Dr. Morgan, Dublin. Mr. Bryant, Dr. Johnson, Mr. Towle, Manchester. Mr. Gurnell, Old Ford. Dr. Thompson, Mr. Leighton, Mr. T. Baker, Inner Temple. Mr. Savory. Mr. A. G. Brooke, Shrewsbury. Dr. Northote Waver, Southwark. Mr. A. G. Brooke, Shrewsbury. Dr. Dowland Weaverthorpe. Dr. Francis Hogg, Netley. Dr. Handel Griffiths, Dublin. Dr. Hodson, Brighton. The Secretary of the Royal Institution. Mr. Blackburn, Ganton. Dr. Syson, Manchester. Mr. Hlop, Stretton. Dr. Hime, Sheffield. Mr. Mason. Mr. Brown, London. Dr. J. E. Brown, Shap. Dr. Griffiths, London. Dr. Leonard Sedgwick, London. Mr. Berlyn. Dr. Alexander Lane, Ludlow. Mr. Bradley, Dr. Carey, Taunton. Dr. Meadowcroft, Great Bensley. Dr. Ready, Bootle. Dr. Edmunds, London. Dr. Chevers, Jamaica. Mr. T. B. Slade. Dr. Jeafferson, Newcastle-on-Tyne. Mr. Gunther. Dr. Greenway, Grosvenor Park. Dr. J. J. Drysdale, Liverpool. Dr. Mackintosh, Callington. Dr. Harmer, Hawkhurst. Rev. E. B. Wilder, Reading. Dr. Allott, Barnsley. Dr. Barr Meadows, London. Dr. Stead, Manchester. Dr. Agar, Ponders End. Dr. Cousins, Newport. Mr. Bevan. Dr. Dickinson, Pailton. Dr. Kruse, Vienna.

Announcements in this column are inserted free of charge, if substantiated with the name and address of the sender.

VACANCIES.

Oldham. Medical Officer of Health to the Borough. Salary £400 per annum, with offices, &c.
 Howden Union, Newport District. Medical Officer. Salary £40 per annum.
 Worcester General Infirmary. House-Surgeon.
 Metropolitan Free Hospital. Assistant Physician. Honorary.
 Manchester Clinical Hospital. House-Surgeon. Salary £80.
 Royal Portsmouth Hospital. Superintendent under the Contagious Diseases Acts. Salary £10, with board and residence.
 Wandsworth District Board of Works. Analyst under the provisions of the Adulterations Act. Terms to be stated with application.
 Leamington Provident Dispensary. Dispenser. Salary £70.
 Wallasey Dispensary. House-Surgeon. Salary £100, with residence.
 Banbury Union. Medical Officer. Salary £103 16s. per annum, inclusive of all fees.
 Newport Infirmary, Monmouth. Medical Officer. Salary £35 per annum, with board and residence.
 General Lying-in Hospital, Lambeth. Two Physician-Accoucheurs.
 Victoria Hospital for Sick Children, Chelsea. Registrar and Pathologist.
 Infirmary for Consumption, Margaret Street, W. Visiting Physician.

APPOINTMENTS.

DAVENPORT, C. L.R.C.P. Ed., M.R.C.S., Medical Officer to the Workhouse, and for the Bromsgrove District of the Bromsgrove Union.
 DUNWORTH, Dr. J. J., Medical Officer, &c., for the Feakle Dispensary District of the Scariff Union, co. Clare.
 GREENFIELD, W. S., M.B., Medical Registrar to St. Thomas's Hospital.
 JONES, R. A., M.R.C.S., Medical Officer to the Carnarvon Union Workhouse.
 LEVER, Dr. J., Medical Officer, &c., for the Gowran Dispensary District of the Kilkenny Union.
 OWENS, J., L.K.Q.C.P.I., L.R.C.S.I., Medical Officer, &c., for the Capouquin Dispensary District of the Lismore Union, co. Waterford.
 REID, A., M.D., Medical Officer for the Canonbury District of the parish of St. Mary, Islington.
 RUNCORN, H., M.R.C.S.E., Obstetric Surgeon to St. Mary's Hospital, Manchester.
 RYGADE, Dr. J. J., Public Analyst for St. George's-in-the-East.
 SAVILLE, J. J., L.R.C.P. Ed., M.R.C.S.E., Medical Officer for the Kenley District of the Atcham Union, Salop.
 TINDALL, W. R., M.B., Medical Officer for the New Hampton District of the Kingston Union, Surrey.

Marriages.

DRUMMOND—MASON.—On the 16th inst., at St. Luke's, New Kentish Town, William Drummond, of Edinburgh, to Emily Anu, only daughter of the late Chas. Mason, F.R.A.S., of the London and North Western Railway.
 HORSBRUGH—DORWARD.—On the 18th inst., at Trinity Church Haddington, Boyd Horsbrugh, Esq., Madras Civil Service, to Helen Rosa, youngest daughter of J. Dorward, Inspector-General of Hospitals, Madras Army.
 WARD—ELLIS.—On the 17th inst., at St. Margaret's, Westminster, Joseph Ward, M.R.C.S.E., to Louisa Harriott, widow of the late E. Heaton Ellis, Esq., of Wyddial Hall, Herts, and daughter of the late Colonel Kingscote, of Kingscote.

Deaths.

KNIGHT.—On the 10th December, at Rook Lane House, Christchurch, Frome, Somersetshire, Geo. Campbell Knight, M.D., M.R.C.S.E. (son of the late Godfrey Knight, Esq., of Chequer Hill, co. Galway, Ireland), aged 52.
 PARKER.—Found dead on the 10th December, John H. Parker, M.R.C.S.E., of Great Clacton, Essex.

Advertisements.

DISPENSERS.—WANTED DISPENSERS for Service in HER MAJESTY'S NAVAL HOSPITALS possessing the Major qualification of the Pharmaceutical Society. Age not less than 23, nor more than 25 years.

Particulars regarding these appointments, and copies of the new Regulations, may be obtained on application at the Medical Department of the Navy, Admiralty, Somerset House, W.C. 19th December, 1873.

THE STEWART INSTITUTION FOR IMBECILES, AND LUNATIC ASYLUM, LUCAN.

PATRON:—H.R.H THE PRINCE OF WALES.

This Institution was founded in 1869, and has already attained a large measure of success. It is situated in a healthy locality, and is under the superintendence of a Resident Physician, with trained teachers, who endeavour by the most improved methods to develop the powers, mental and physical, of Imbeciles.

To the pupils who can receive such instruction useful trades are taught. In that of mat making, particularly, excellent progress has been made, and an inspection of the work is invited either at the Institution or at the office.

The Institution is the only one of its kind in Ireland, and is mainly supported by voluntary contributions.

Pupils are admitted free by election, or by payment of £35 per annum. A higher rate is payable for separate accommodation.

Contributions to the fund for the erection of the proposed extensive buildings at Palmerston are earnestly solicited.

Each donation of Five Guineas gives the donor a life-vote. Annual Subscribers are entitled to one vote for each half guinea paid.

An Asylum for Lunatic Patients of the middle classes, under a well-organised administration, also forms part of the establishment.

Full particulars as to the working of both Institutions, terms, &c., can be had at the office,

40 MOLESWORTH STREET, DUBLIN, W. O'NEILL, Secretary.

ASTHMA—SLADE'S ANTI-ASTHMATIC CIGARETTES after having been submitted to many careful trials, are found to be safe, efficient, and agreeable, are now daily prescribed by the most eminent Physicians treatment (specialty) ASTHMA, and other Bronchial and Pulmonary Affections. In Bottles, at 2s. 9d., 4s. 6d., and 11s.

Prepared by THOMAS SLADE, Pharmacia, 118 LONG ACRE, LONDON.

A liberal discount allowed to the Wholesale Houses, the Profession, Hospitals, Infirmarys, &c. Wholesale Provincial Agents:—Bewley & Draper, Dublin; Baines & Co., Edinburgh; Liverpool, and York; Jewsbury & Brown, Manchester; Charles Britten, and Banks & Richards, Birmingham.

MEDICAL DEBT RECOVERY OFFICES,

13a Great George Street, Westminster, S.W.

MR. W. T. PEACOCK, AGENT, COLLECTOR, AND ACCOUNTANT, begs to intimate that he continues to devote his personal and careful attention to the Recovery of Debts.

MEDICAL PRACTITIONERS, in TOWN or COUNTRY, who are unable to obtain a settlement of their claims within a reasonable period, will find, by availing themselves of Mr. Peacock's services, they will ensure an economical, prompt, and efficient mode of recovering their outstanding accounts.

Terms and references on application, or sent post free.

The Medical Press and Circular

OFFERS UNUSUAL ADVANTAGES

FOR the Insertion of announcements, from its extensive and largely increasing circulation in each of the three divisions of the United Kingdom and the Colonies. Being also supplied to the Hospital Libraries, &c., it will be found a most valuable medium for Advertisements of Books, Vacancies and Appointments, Sales and Transfers of Practices, Surgical Instruments, Chemicals, and Trades generally.

The scale of charges is as follows:—

Seven lines and under	£0 4 0
Per line afterwards	0 0 6
One quarter page	1 5 0
Half-page	2 10 0
One do.	5 0 0

When advertisements are given for a series of insertions, a very considerable reduction from the above scale is made.

Advertisements for Insertion in this Journal must be at the OFFICE, on SATURDAY, by Two o'Clock.

AERATED LITHIA WATER.—Messrs. BLAKE SANDFORD, and BLAKE are prepared to supply the LITHIA WATERS (of which they were the original manufacturers under Dr. Garroon's instruction) of any strength prescribed by the Profession for special cases. These in constant use contain two grains and five grains in each bottle, either by itself or combined with BICARBONATE of POTASH or PHOSPHATE of AMMONIA. Also, POTASH CITRATE of POTASH, SODA, SELTZER, VICHY, and MINERAL-ACID WATERS, as usual.—BLAKE, SANDFORD, and BLAKE, Pharmaceutical Chemists, 47 PICCADILLY

LEECHES

WARRANTED HEALTHY, WHOLESALE AND FOR EXPORT.

A Large and Choice Selection of

HAMBRO SPECKLED AND OFFICIAL GREEN

Always on hand.

McMASTER, HODGSON, & Co.,

Sole Wholesale Agents in Ireland for Messrs. FITCH and NOTTINGHAM, Leech Breeders, of London and Marseilles, are constantly receiving fresh supplies from the Marshes, which they offer at the lowest market price of the day.

AMSTERDAM EXHIBITION, 1869.

THE GRAND DIPLOMA OF HONOUR, being the first prize and superior to the Gold Medal.

LIEBIG COMPANY'S EXTRACT OF MEAT.

Paris Exhibition, 1867. Two Gold Medals; Havre Exhibition, 1869, The Gold Medal.—Only sort warranted perfect and genuine by Baron LIEBIG, the Inventor.—"A success and a boon." MEDICAL PRESS AND CIRCULAR.—One pint of delicious beef-tea for 2d., which costs 1s. if made from fresh meat. Cheapest and finest flavoured "stock" for soups, &c.

CAUTION.—Require Baron Liebig's signature upon every jar. Sold by all Italian Warehousemen, Grocers, Chemists, and Ship's Store Dealers; all Wholesale Houses; and of LIEBIG'S EXTRACT OF MEAT COMPANY (Limited), 43 Mark Lane, E.C.

NOTICE.—Various chemical analyses have been published, purporting to show a fraction more of moisture to exist in the Company's Extract than in some imitation sorts. It is extremely easy to evaporate the water almost to any extent, but it is quite as certain that the fine meaty flavour which distinguishes the Company's Extract from all others would be destroyed if the concentration of the Extract were carried beyond a certain degree. Beef-tea made from Liebig Company's Extract, with boiling hot water, will be found to be greatly superior in flavour, strength, and clearness to any other sort. This explains the universal preference it obtains in the market.

This Extract is supplied to the British, French, Prussian, Russian, and other Governments.

LEA AND PERRINS' SAUCE.

THE "WORCESTERSHIRE,"

Pronounced by Connoisseurs

"THE ONLY GOOD SAUCE."

Its use improves appetite and digestion.

UNRIVALLED FOR Piquancy and Flavour

BEWARE OF IMITATIONS

To avoid which, see the Names,

LEA & PERRINS, on all bottles and labels,

Ask for "LEA & PERRINS'" SAUCE.



Agents—CROSSE & BLACKWELL, London, and sold by all Dealers in Sauces throughout the World.

ISLINGTON GLASS BOTTLE COMPANY WORKS.

LONDON and YORKSHIRE.—This Company supply only the very best MEDICAL GLASS BOTTLES and PHIALS at the lowest prices. London Warehouses, 19 Broad-street-hill, Upper Thames street, City, E.C., and 28 Copenhagen street, Islington. H. HARRIS and Co., Proprietors. Established upwards of 80 years.

6 and 8 oz., any shape, plain or graduated	} Clear blue tinted	10s. 6d. per gross
2 and 4 oz. ditto ditto		9s. 0d. "
1/2 oz. white moulded phials ditto	} Of a very superior quality.	6s. 6d. "
1 oz. ditto ditto		6s. 6d. "
1 1/2 oz. ditto ditto		7s. 0d. "
2 oz. ditto ditto		8s. 0d. "

Immediate attention to country orders. No remittance required until the goods are received. Country Packages 1s. each. Goods delivered free within 7 miles. Post office orders payable to E. and H. HARRIS and Co. at the Chief Office, London.—Cheques to be crossed Alliance Bank. N.B.—Orders sent to either establishment will have prompt attention.

PLEASE NOTICE.—SUPERIOR QUALITY.—SAMPLES FREE. THE NORTH LONDON GLASS BOTTLE COMPANY

(I. ISAACS and Co.)—WORKS, LONDON and YORKSHIRE. Warehouses, 25 and 24 Francis st., Tottenham-court road, London, W.C.

List of prices for NEW MEDICAL GLASS BOTTLES and PHIALS of superior manufacture:—

6 and 8 oz., any shape, plain or graduated	} Clear blue tinted	10s. 6d. per gross
2 and 4 oz. ditto ditto		9s. 0d. "
1/2 oz. white moulded phials ditto	} Of a very superior quality.	6s. 6d. "
1 oz. ditto ditto		6s. 6d. "
1 1/2 oz. ditto ditto		7s. 0d. "
2 oz. ditto ditto		8s. 0d. "

Prompt attention to Country Orders. Terms, cash on receipt of goods, and 1s. each for package. Goods delivered free within 7 miles P.O.O. to be made payable to I. ISAACS and Co., at the Post-office Tottenham court road.—Bankers, London and Westminster Bank. Established nearly 100 years.

Irish Poor-Law Intelligence;

UNDER AUTHORITY OF THE

IRISH MEDICAL ASSOCIATION.

SLIGO UNION.

THE LATE REMOVAL OF A DRUNKEN MAN TO THE WORKHOUSE.

The following letter was next read by the Chairman :—
GENTLEMEN,—My attention having been called to the relieving officer's report, referring to the man he removed to the workhouse upon my order, and your minutes thereon, "that the order issued by Dr. Tucker was outside his duties, and that he should leave the relieving officer to his own discretion in such cases," permit me to report upon the circumstances of that case, when, I feel assured, you would not consign so dangerous a one to the discretion of a non-medical man.

A dispensary ticket was presented by one of the constabulary, requiring me to afford medicine and advice to an unknown stranger, who was unable to receive either, for he was insensible, speechless, unable to swallow; the only signs of life in him were feeble pulse and respiration.

There was no means for affording him any Medical relief in the constabulary barrack; no room except the lock up, no bed, no nurse's care there. I therefore required the relieving officer to remove this dangerous case to the workhouse hospital, where he could have all the vital comforts he might require, rather than leave him, perhaps to die, as occurred on a former occasion, when an inquest was held. I am not in the habit of sending drunken persons to the workhouse, except in cases of great danger. I don't recollect sending any for the last three years. I will be glad to meet your wishes by recommending such to any other place you may direct; but, drunk or sober, they cannot possibly be attended by the constabulary, who have other duties to perform.

I have the honour to be, gentlemen,
Your obedient servant,
J. TUCKER, M.D.

Sligo, 3rd December, 1872.

No discussion followed the reading of this communication.

THE APOTHECARY'S SALARY.

The admission business having concluded, this matter was brought under the board by

The Chairman, who stated that two notices of motion had been given on the subject, one by Mr. Walker to reduce the salary to £60, and the other by Mr. Sidley, to raise it to £100 per annum.

In the absence of Mr. Walker, it was proposed that the salary for the apothecary to the Sligo Dispensary be fixed at £60 a year.

Mr. Phibbs suggested that no salary should be named. They should advertise for a competent party to discharge the duties, and allow those who applied to state the salary they would take (cries of "No").

Mr. Doherty said he was a little conversant with the dispensary affairs, being vice-chairman to the committee, and he was sure it was only time lost and money spent to be advertising for an apothecary at £60 a year. They might make up their mind upon it, for by way of corroborative testimony, he should tell them that on a former occasion they advertised offering £100 a year, and not a single candidate applied, and what chance had they of getting a man at £60 a year?

Mr. M'Gill—We advertised in the local papers, in the MEDICAL PRESS, and in the *General Advertiser*, and three gentlemen offered under the impression that the salary was to be £100 a year. Since then it was changed to £75 and only two offered, and is there any chance of a gentleman offering to take it at £60?

Some discussion arose as to whether any candidates at all offered at £100 in the first instance, or whether a second advertisement had to be issued, when Dr. O'Reilly came forward.

Mr. Phibbs—If we are to advertise at £100 a year let us get an additional doctor, and divide Sligo into three districts and each gentleman make up his own medicine.

Mr. Doherty—You cannot compel the Sligo doctors to compound their own medicines. One of the conditions under which they were elected was, that they were to have the assistance of an apothecary.

Mr. Ormsby thought a qualified assistant could do the business for any doctor.

Mr. M'Gill—You must appoint a qualified apothecary.

Mr. Kerrigan asked the secretary of the Sligo dispensary how many tickets were issued in the year, because he seemed to think the doctors in Sligo could compound their own medicines, even as it was done in the country.

Mr. Doherty said there is plenty of work for an apothecary in Sligo. Their last apothecary in Sligo told him (Mr. Doherty) that he could not go out to walk without being sent for. He was often called out of his bed, and was one of the hardest worked men in Sligo.

Mr. Simpson agreed with Mr. Phibbs. They should declare the situation vacant, and see what a man would offer to do the work for.

Mr. M'Gill—The commissioners will not allow that. You must name the salary, and you will get no man under £100 a year.

Chairman—We cannot dispense with our apothecary. The question is what salary we will give him.

Mr. Doherty proposed £80.

Mr. M'Gill asked Mr. Sidley if he withdrew his proposition.

Mr. Sidley said he did not. The guardians at one of their meetings had already declared, by a majority, that £100 a year should be the salary, and although the commissioners did not sanction it, it was not because they were adverse to it, but because the regular legal notice was not given beforehand. A competent person would not be got at the present time for less than £100 a year. No respectable clerk in Sligo would be offered less than £80. In every place a rise of salaries took place, and the corporation on the previous day raised the salaries of their principal officers 50 per cent. Dr. O'Reilly left because better inducements were held out to him elsewhere, and no one would be got to fill his place unless they increased the salary.

Mr. Doherty—Recollect we are dealing in a very high-handed way with our doctors. The truth of the matter is that by the continued agitation of the doctors all over Ireland the Government agreed to allow half their salaries to be paid out of the Consolidated Fund. This boon reached all our doors, but the reformers who brought it to us are not benefited at all by it.

Mr. Maguire offered to say £70 a year, if Mr. Doherty would reduce from £80.

Mr. Doherty declined to do so.
The Chairman then put it to the vote.
For £80 a year—Mr. Doherty—1.
For £100 a year—Messrs. Sidley and Henry—2.
For £60 a year—Messrs. Rowlett, Morrison, Barber, Simpson, Maguire, Beatty, Homan, M'Dermott, Kerrigan, Ormsby, and Phibbs—11.
Mr. M'Gill did not vote.
The Chairman having announced that the salary was to be £60, the board adjourned.

LIMERICK UNION.

PAYMENT OF SALARIES OF UNION CLERKS OUT OF THE CONSOLIDATED FUND.

THE Chairman informed the board that on last Wednesday he had been speaking to the Right Hon. the Postmaster-General, Colonel Maunsell, M.P., about what he intended reading for them, of which the right hon. gentleman said he highly approved. He then read the following memorial to the executive:—"To the Right Hon. the Chief Secretary for Ireland. The memorial of the Board of Guardians of the Limerick Union. Humbly sheweth, that clerks of unions in Ireland were originally appointed for the purpose of transacting business solely in connection with relief of the destitute poor; that from time to time the transaction of other business quite unconnected with the relief of the poor, has been directed to be carried out by them, not only as clerks of board of guardians acting in other capacities, but by several direct acts of Parliament, such as the Parliamentary Voters and Juries' (Ireland) Acts; that as union clerks now transacting business of an imperial and national nature, quite distinct from the relief of the local poor, your petitioners therefore pray that a return of half the amounts paid by boards of guardians in Ireland to their clerks may be made from the general fund of the United Kingdom, as already the case with regard to the salaries of Medical officers, and that your lordship will be so good as to use your influence to obtain a treasury minute to that effect, and your petitioners will, &c."

The Chairman then moved the adoption of the foregoing memorial, and appointing a deputation to wait on the chief secretary with the same; and that a copy be forwarded to each board of guardians with a request to send one or more members to join the deputation. He said that if they only got half the clerk's salary paid out of the Consolidated Fund, it would be a relief to the ratepayers.

Mr. Doyle seconded the adoption of the memorial.

MEDICAL SUPERANNUATION.

Dr. Brodie suggested that a similar memorial be drawn up relative to the superannuation of the Medical officers.

Mr. Doyle—I will also second that. It is a very proper suggestion from Dr. Brodie. It was not in his interest to make the suggestions; but if we could only get half the superannuation salaries paid out of the Consolidated Fund, it will be a good thing for the ratepayers, and there was nothing to prevent the board from sending forward the two memorials at the same time.

Mr. Walker—Is it a fact that you are paying Dr. Bentley a larger superannuation salary than when he was doing duty for us.

Mr. Cronin—Thirty pounds more.

Mr. Walker—£35. I did not like to say that this day week, but there was an estimate made out by Mr. Phelps, and he had items for fees, superannuation, and other "ations" (great laughter).

Mr. Doyle—Oh, botheration (continued laughter).

Mr. Walker—Yes, "botherations" (renewed laughter). All these made up a salary of £120 a year, and we are now paying him £88 pension. As ratepayers we are paying him £25 more now than when he was on duty, besides paying another doctor. I will make no objection to the

board applying to the Consolidated Fund, to grant half the superannuation allowance to Medical officers.

The Chairman remarked that the chief secretary had power to recommend half the salaries of the clerk to be paid by treasury minutes, but in the case of Medical officers' superannuation allowances, the question was whether he had the power to override an Act of Parliament.

Mr. Doyle could not reply to that observation on the spur of the moment, but his impression was that if they applied for half the clerk's salary they might get it.

It was agreed to carry out the resolutions adopted.

SUPERANNUATION.

AT the meeting of the Board of Guardians of the Limerick Union held on the 27th ult., the sum of £82 1s was unanimously granted to Dr. Bentley, late Medical Officer of the Bradford Dispensary, for superannuation. This sum includes the seventy-third of the registration and vaccination fees.

LISMORE UNION.

CAPPOQUIN DISPENSARY.

AT a special meeting of the Managing Committee held on the 2nd inst. at the Dispensary House, Cappoquin, for the purpose of receiving Dr. Luther's tender of resignation,

Sir JOHN H. KEANE, Bart., in the chair.

Dr. Luther read his resignation as follows:—

GENTLEMEN,—I beg to thank you for having at the adjourned meeting of the Committee, held at the Board-room, Lismore, on Wednesday, the 20th ult., given me six months' leave of absence to recruit my health, which permission was confirmed by the Board of Guardians, and sanctioned by the Local Government Board. However, upon reflection I am of opinion that I could not again undertake the very laborious duties of this district in winter without injury to my health and doing an injustice to the poor in my charge. Were I merely to resume duty for the few summer months it would not serve me much, and might possibly cause the dispensary patients to be ill attended to, for £2 a week would not secure the attendance of an efficient *locum tenens*. These considerations have induced me to tender you my resignation, and in doing so I have to thank you for the fairness and liberality with which you have treated me during the eight years I have been your Medical Officer, and which by a just discharge of the duties I undertook I have endeavoured to the best of my ability to deserve.

I have the honour to be, Gentlemen,

Your obedient Servant,

FRANCIS M. LUTHER.

Dr. Luther having retired, the following resolution was passed unanimously, and a copy was sent to Dr. Luther by order of the Committee:—

Resolved—That we cannot allow Dr. Luther to sever the connection which has existed between us for upwards of eight years, without recording our deep regret at the cause which has obliged him to retire from the duties of Medical Officer of this district, and we beg now to offer him our best thanks for the zeal and efficiency with which he has uniformly discharged the arduous duties of that office, and to express a hope that his withdrawal from the exacting duties hitherto required of him may be the means of restoring him to perfect health and strength.

(Signed) SAMUEL R. FITZGERALD.
E. N. FOLEY.

JOHN H. KEANE, Chairman.

THE Bethnal Green Board of Health have appointed their Medical officer as analyst for six months. After that period they will consider the question of a permanent officer.

TABLE showing for EIGHT LARGE TOWNS, &c., the AREA, in Statute Acres; the POPULATION in 1871; the ANNUAL RATE OF MORTALITY per 1,000 Inhabitants, represented by the Number of Deaths registered during the Week ending Saturday, 14th December, 1872; the Total Number of BIRTHS AND DEATHS registered during the Week with the Number of DEATHS at certain Ages, and from SEVERAL CAUSES; &c.

TOWNS, &c.	AREA in Statute Acres.	POPULATION 1871.	WEEK ENDING SATURDAY, 14TH DECEMBER, 1872.														
			Annual rate of mortality per 1,000 inhabitants.	Total Births registered.	Total Deaths registered.	Deaths under 1 year of age.	Deaths at 60 years of age and upwards.	NUMBER OF DEATHS FROM								No. of Inquest Cases.	No. of Deaths in Public Institutions.
								Small Pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Fever.	Diarrhoea.	Violence.		
DUBLIN	9,745	310,565	29	183	176	27	42	3	1	3	...	4	13	2	10	4	67
BELFAST	20,637	132,214	26	121	92	13	17	1	1	...	1	2	3	—	2	—	16
CORK	13,816	,851	23	32	41	8	10	...	3	...	1	..	...	1	1	...	14
LIMERICK	8,509	44,547	19	20	16	5	4	...	—	...	...	...	...	...	2	...	7
LONDONDBERRY	21,865	30,893	12	17	7	2	—	—	—	1	—	—	1	—	—	—	1
WATERFORD	17,209	30,338	84	19	50	3	27	...	4	2	...	..	2	...	...	...	31
GALWAY	21,358	19,713	37	13	14	2	7	...	...	...	...	...	2	...	1	—	6
SLIGO	30,835	17,175	9	7	3	—	1	...	...	...	...	...	—	...	...	...	2

LIMERICK DISTRICT LUNATIC ASYLUM.

THE "CONDEMNED CELLS."

A LONG and desultory conversation arose on the subject of these cells, in which several of the governors took part.

The Chairman asked if anything had ever been done by the doctors as to reporting to the board in reference to their condition.

Dr. Gelston begged leave to be allowed to make a few observations. The cells to which he referred on the last day of meeting were No. 7 cells, not No. 6 cells. The patients had been removed from the cells since then, after the recommendation or order to that effect had been given by Mr. Monsell; and he would say of those cells that when he saw them that morning they were dry, &c., and would be most suitable if they were heated—they were, he reported, dry and lightsome, and in every other way what they ought to be, if they were only heated. Now as to their not being heated, that was no fault whatsoever of his or Dr. Fitzgerald's, for he could prove from official facts that in February, 1864, with Mr. O'Callaghan, then mayor, in the chair, and in the September of the same year, he would read what he had reported to the Board on these occasions.

Mr. de Vere thought it very extraordinary indeed that no movement had been made for nine years in reference to the suggestions of Dr. Nugent and the report of Dr. Gelston.

Mr. Spillane said that he was at an utter loss how on earth it could be imagined that these cells, which were considered very perfect and excellent this day fortnight, could be to-day in the condemned and utterly uninhabitable condition described to-day by Dr. Gelston. He could not account for the change that had so speedily come over Dr. Gelston with regard to those cells, and he was totally unable to account for it. This day fortnight the cells were all that they ought to be—dry, comfortable, as clean and as habitable as the lower apartments

of any of the nobility or gentry. Now it seems they are uninhabitable, dangerous to human life, and they have remained so since 1864, when they were reported as requiring a proper warming apparatus. It struck him to be very extraordinary indeed, to demand some explanation that for eight years these cells have remained, or been permitted to remain without heat; and for his, Mr. Spillane's part he would say that it was the duty of the doctors to look to them and make the Board acquainted with their position during all that time.

After tenders were declared and explanations made, Mr. de Vere in strong and indignant terms protested against the rule which had been recently laid down to the effect that copies of the rejected tenders should be sent to the office of the Inspectors-General in Dublin. It was an insulting rule and an unnecessary one. It was a rule which should not be tolerated, and it was one, he would repeat, against which he should always protest. It threw a slur on their proceedings with which no other public board was visited, and to which they ought not to submit (hear, hear.)

Mr. Spillane agreed with the observation of Mr. de Vere, and denounced that Privy Council rule in unmeasured terms.

Mr. O'Brien had fully endorsed all that had fallen from Mr. de Vere and the high sheriff.

The Chairman then read the following important letter:—

Dublin Castle, 16th Dec., 1872.

MY LORDS AND GENTLEMEN—With reference to Colonel Monsell's letter of the 2nd October last and 3rd of December, the latter forwarding a copy of a resolution passed by the Board of Governors of the Limerick District Lunatic Asylum, respecting the death on the 2nd of December, 1871, of James Danford, a patient in the Asylum, I have the honour to inform you that the Lord Lieutenant, having had under his consideration Dr. Nugent's report of the inquiry held by him on the 10th and 11th of October last into the circumstances of the matter in question,

directed that the evidence which had been taken on the occasion should be laid before the law officers of the Crown with a view to obtain their opinion whether any criminal proceedings ought to be instituted, and the law officers have advised that the necessary steps should be taken for having informations received against the attendant, John Connell, and for having him made amenable to stand his trial at the next assizes for the manslaughter of James Danford.

Pending the result of this prosecution, his Excellency must defer the consideration of what further steps may become his duty in the matter.

I have the honour to be,
My Lords and Gentlemen,
Your most obedient servant,
T. H. BURKE.

Mr. Spillane again expressed his very strong sense of dissatisfaction that Dr. Nugent's report was not sent down and laid before the Board, which ought to be furnished with a copy of that official document.

Chairman.—It would be a most unfair proceeding against the man who is now charged with manslaughter, if any statement made by Dr. Nugent in his report in reference to him were now made public. It might tend to prejudice his case before a jury.

Mr. Hunt fully agreed with the chairman.

The Chairman held that it would be a most improper thing for them just now to produce anything there, or to let anything go before the public which Dr. Nugent might have expressed in his report to the Government relative to the keeper, Connell, whilst his case was yet pending.

Mr. de Vere, though fully aware of the gratitude they owed to the high sheriff for the zeal he manifested in this case, fully concurred in the justice, the propriety, and the wisdom of what the chairman had just now stated. They must now hold their hands. They must not call for a portion of a report or a section of a report, where a certain portion of it formed the subject matter of a serious charge which may now be said to be *sub judice* against the keeper, and which report, in whole or in part, had not up to this moment been made public, and ought not to be made public now pending a judicial investigation into the merits of the case against the man charged with the crime of manslaughter. They could not call for a portion of Dr. Nugent's report without calling for the whole of it; and they could not call for the whole or for any part of it for the very obvious reasons which he had advanced (hear.) The letter just read pledged the Lord Lieutenant, when the question as to Connell's case had been fully inquired into, that all the other branches of complaint that had been made here from time to time in the course of Dr. Nugent's judicial investigation should be carefully considered also by his Excellency. Under these circumstances he expressed a hope that there would be no more about the subject for the present (hear, hear).

Mr. O'Brien entirely coincided in every word that had fallen from Mr. de Vere and the chairman. Their lips were now sealed in justice to the man accused.

The keeper, Connell, was then soon afterwards committed to the custody of the police constable of the Blackboy station, which is in the county, informations having been sworn against him for the manslaughter of James Danford, and he was sent on the warrant of one of the county magistrates to gaol, on remand, to appear at petty sessions on Thursday next, for further inquiry. The keeper appeared in the Board-room before his committal, when he was informed of the position in which he stood.

CASTLEBLAYNEY UNION.

Moved, pursuant to notice, that the salary of Dr. Anderson, Medical Officer of the Newtownhamilton Dispensary District, be increased by £25 per annum.

Moved, as an amendment, for reasons which he submitted, that the Doctor's salary do remain as at present—namely £100 a year.

On a division the motion was carried by 11 to 6 votes.

TO THE EDITOR.

SIR,—I am a Workhouse Medical officer in which there are obstetric wards. Suppose I had a difficult case of midwifery, and wished for a second opinion, what course ought I to pursue so as to obtain such, and have my consultant paid his fee by the Board of Guardians? There is a Dispensary Medical officer in the same town: now, if I sent for him through the relieving officer, and the relieving officer sent the Dispensary Doctor a red ticket to attend a patient at the workhouse, must he attend without any remuneration?

I remain, Sir, yours obediently,

"WORKHOUSE INFIRMARY."

[The Medical officer of the Dispensary *must* attend on the red ticket but he is *not* bound to meet or consult with the workhouse Medical officer, and he is not entitled to any fee. Any other Medical man not being the Medical officer of the dispensary district in which the workhouse is placed, would be entitled to his fee upon his attending and assisting, either by order of the Board of Guardians, Clerk of Union, relieving officer, or even the Chairman of the Board.—Ed. I. M. A.]

TO THE EDITOR.

SIR,—I with many others fear that abuses are tolerated and exist in the organisation of Dispensary Committees. Will you therefore kindly inform me through the columns of your impartial journal how a Dispensary Committee is legally and properly constituted. Has a clergyman of the Irish Church a right to be a member of a Dispensary Committee because he is incumbent or rector of that parish in which the Dispensary is situated?

Has a man who is neither an elected guardian nor an *ex-officio* guardian a right to be put on a Dispensary Committee, even though he may have some property in the Dispensary district? Has every Magistrate of the country who has property in the Dispensary district a right to be put on the committee, even though he may not reside in the Dispensary district? Is there any fixed number for a Dispensary Committee? as I know as many as twenty-seven, and as few as thirteen members on the committee; yet there are only six of the twenty-seven elected guardians.

I remain, Sir, yours truly,

J.

Castledawson, 4th December, 1872

[The managing committee of each dispensary district is composed of *ex-officio* and elected members.

The *ex-officio* members are the *ex-officio* and elected members of the Board of Guardians who are resident or owners of property within the dispensary district

The elected members are appointed annually by the Board of Guardians, and must be chosen from rate-payers resident within the dispensary district and liable to rates in respect to property therein rated £30.

Clergymen or any other person, no matter how illiterate rated at £30 may be elected as a member.

The Local Government Board have fixed the number of elected members for each district. The numbers vary.

The same persons are generally elected from year to year; in some districts, however, there have been sharp contests.—Ed. I. M. A.]

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