

ministered. The diarrhoea stopped; and the child, except for the weakness, was to all intents well the next day, and has continued so to the present.

An infant of a month old, whose mother I delivered, was seized a few weeks since with intense vomiting and purging. The same treatment with frequent iced-water injections dissipated every bad symptom, and the child recovered in a week, but not perfectly till the mother and nurse at length recognised the necessity of refraining to keep the child in arms for hours together. It is now well.

In my mind this is not a doctor's question at all. No medicine whatever is required. If the mother, the nurse, the attendant, knew that an infant should be stripped of its flannels when the intense heat of summer appeared, should cease to be smothered in blankets, should be laid on a mattress after suckling, should be dipped into a cold bath the moment diarrhoea came on (which would become a rare and exceptional case), and persevered in till it ceased—should such knowledge, in a word, become part of the education of the people, as physiology actually is now, what is to prevent death from this cause from entirely ceasing, not only here, but all over the world? I answer, nothing whatever; it would cease. Recollect that it is nature that is here restoring herself, and that she is not depending on the action of drugs or chemicals or systems, whose results show, and have ever shown, so unsatisfactory a result.

A well-founded diffidence has hitherto withheld me from enlarging on the influence of temperature, climate, &c., on disease further than by a few disjointed notices in colonial journals; but the subject is so important, and the medical public is becoming so imbued with the desire for investigating the origin of diseases, that the views of even so humble a labourer in the cause may be considered worthy of investigation.

SLIGHT POISONING FROM THE MEDICINAL USE OF PHOSPHORUS.

Dr. Anstie (*Practitioner*, August 1873), publishes notes of a case in which poisonous symptoms resulted from administering phosphorus in pills in doses of one-thirtieth of a grain thrice daily. The patient appears to have been more susceptible than usual to the poisonous influences of the drug. He was a gentleman, aged thirty-three, who in boyhood suffered from monthly attacks of migraine, which, at the age of nineteen, became of a more decidedly neuralgic character, affecting the anterior two-thirds of the left side of the head. There was a family history of neuralgia and insanity. After December, 1871, the vomiting and vertigo, which had hitherto been symptoms of the attacks, ceased to occur. 'There never has been any marked lacrymation, but it is noteworthy that, since the attacks have become more like ordinary neuralgia than migraine, the tendency to conjunctival congestion has markedly increased.' There was no history of indigestion. The remedies first prescribed were quinine, iron with strychnia, arsenic, and cod-liver oil, with a liberal allowance of food and more mental relaxa-

tion. The patient had improved during the last twelve months; still he had not got rid of his neuralgic tendency, and it was then decided to give the phosphorus in the dose stated above.

The drug was first taken on May 5. From May 5 to May 11 or 12 he took the pills regularly, but during the last two days suffered from a constant and increasing burning sensation in the epigastrium. The urine was now dark-coloured, being both bloody and albuminous, but free from casts. The renal symptoms had almost disappeared in two days, and the stomach was much easier, but a burning pain between the scapulae was felt for some time. There was an increase of neuralgic pain during the period the phosphorus was taken, but the 'rhythm of recurrence of pain was quite changed. There were now two exacerbations daily, but the pain was altogether more of a continuous and less neuralgic type. On the 14th, after two days rest from the phosphorus, he took one five-grain dose of quinine about an hour before the morning exacerbation was expected, and, singularly enough, since then, never had a recurrence of actual pain afterwards, though there were a few occasional threatenings.' Dr. Anstie thinks it probable that the quinine would not have answered so well in this case, had it not been for the strong impression previously made by the phosphorus.

GYNECOLOGY.

ETIOLOGY AND TREATMENT OF UTERINE CANCER.

Dr. Edward Martin (*Berliner Klinische Wochenschrift*, No. xxviii., July 14, 1873), says that in a disease like this, where the cause is little known, everyone who has opportunity of observing numerous cases owes a duty to his professional brethren in making known the result of his observations.

In ninety-three necropsies made on patients dying in the hospital at Berlin, Dr. Louis Blau has already recorded (*Inaugural Thesis*, 1870), that in no fewer than eighty-seven the disease commenced in the vaginal or cervical portion, in six cases only was it confined to the fundus alone.

Observation of numerous cases confirms the opinion that the first commencement of new growth shows itself in the folds of the posterior vaginal *cul-de-sac* near the cervical portion, as small knobs and granulations spreading thence to the cervix. In three cases the first commencement was in the form of minute red, granular, condylomatous looking, flat granulations in the margin of the anterior or posterior lip. In one case operative interference was recommended but refused, and the patient died a twelvemonth afterwards from well-marked cancer of the uterus. In the other two cases the *écasseur* was employed to remove the diseased portion, and both recovered, the Vienna paste being repeatedly applied to obtain cicatrization. One was operated on in 1859 and the other in 1866; both are now living. Microscopic examination of the portions removed left no doubt of their malignant nature.

The frequent extension of cancer to the neighbouring organs, vagina, bladder and rectum, as well as to the pelvic cellular tissue, lymphatics,

Fallopian tubes, ovary and peritoneum, as well as to the pelvic bones, with the extensive destruction by long continuance of the disease, are sufficiently known, as recorded by recent authors. Besides the secondary or metastatic deposits in the pelvis and lumbar glands we find them in the liver, abdominal walls, breasts, lungs, kidneys, bones, stomach, brain, &c., much oftener than was previously thought. Cancerous infiltration of the pelvic glands occurred thirty times in the ninety-three cases; twenty-four times in the lumbar glands, and fifteen times in the retro-uterine glands.

Enlargement of the inguinal glands, in advanced cases of cancer, is not uncommon; whilst, according to Blau, only five cases presented evidence of cancerous infiltration.

In regard to the disposition to cancer of the uterus, hereditary tendency is said by authors to play an important part. Dr. Martin cannot, however, agree with this; for out of more than five hundred cases, in sixty-five only was it well pronounced. In forty it was distinctly acknowledged that cancer existed in the family; in twelve it was excluded from the next preceding generation at least; in thirteen only was it capable of direct proof or exceedingly probable. Dr. Martin regards as important the oft-verified fact, that the daughter and grandchildren of a patient who has died of cancer not unfrequently remain free from it.

The statement of French authors that the unusually early appearance of the catamenia disposes to cancer has been as little confirmed by Dr. Martin's observations, as the assertion that women who have borne many children are especially liable to be attacked by it. Of those treated by himself, there were not a few who had only borne one to three children, and some who had never had any.

SURGERY.

ON THE PREVENTION OF HÆMORRHAGE DURING AMPUTATION.

M. Verneuil, surgeon to La Pitié, proposes, in a lecture reported in the *Gazette Médicale de Paris*, to do away with digital compression of the arteries during the amputation of limbs. He considers that digital compression of the artery requires much skill, intelligence, *sangfroid* and strength on the part of the assistant exercising it, and the patient must present certain qualifications also. M. Verneuil believes that phlebitis and thrombosis not unfrequently result from digital compression. He holds that it should not be employed, and that amputation should be performed in a manner similar to that in which a tumour is removed, when the vessels are tied as they are divided. Amputation after this method may be performed by an anterior and a posterior flap fashioned by a small knife, dividing at first only the skin and cellular tissue. The principal arteries are then sought for by slowly cutting the muscles which cover them. When the vessel is exposed, it is tied with two ligatures and divided between; the larger veins are treated in the same way. Division of the remaining soft parts is