

miting came on, which disappeared on the appearance of a purpuric eruption on the legs. The drug was of course discontinued, and in a few hours the wheezing, which had ceased, returned. This was the only instance of bad effects following.

I will not take up your time by relating any of the above cases, some of which you have watched for yourselves, but I will conclude by strongly urging the claims of chloral to a fair trial at your hands in the treatment of neurotic asthma.

In conclusion, a word on *prognosis*. Patients do not die of asthma, although they sometimes seem on the verge of suffocation. The question of recovery is to a certain extent a question of (1) age; (2) of whether the attacks increase or not in frequency; and (3) what the state of the chest and breathing is in the intervals. If the patient be young—say under fifteen,—the chest well formed, the attacks diminishing, and the chest free in the intervals, a most hopeful prognosis can be given. If, on the other hand, the patient be over forty, the attacks increasing in number and severity, and the breathing more or less short in the intervals, the prognosis is unfavourable.

TAPPING IN HEPATIC ASCITES.

(*Dublin Journal of Medical Science*, August, 1873).—Dr. John M'Crea reports two cases of ascites which were greatly benefited by repeated tapplings. In the first case the disease was of a rachitic nature, and the treatment, in addition to the withdrawal of the fluid, consisted of the free administration of sal-ammoniac. In the second, diuretics and purgatives failed to make any impression; the operation was repeated fifteen times and about forty gallons of fluid were withdrawn from the patient. In both cases the accumulation of fluid ceased, and was followed by almost perfect restoration to health.

Dr. M'Crea claims the following advantages for early tapping in hepatic ascites:

1. It relieves intra-portal pressure, and prevents the backward pressure generated by the obstruction from seeking vent in diarrhoea, hemorrhoids, hæmatemesis, ect.
2. The removal of the pressure which the effusion exercises on the liver will facilitate the development of collateral circulation through the more healthy parts of the viscus.
3. The relief of the abdominal tension will make it easier for the vena cava, vena azygos, and parietal abdominal veins to establish a collateral circulation between the abdomen and the chest.
4. The removal of tension from the vena portæ and its branches will promote the absorption of remedies.
5. We clear away an impediment to the digestion and absorption of nutriment.
6. We relieve the kidneys, which exhibit increased activity after each tapping.
7. In ordinary cirrhosis we remove a pressure which is assisting to produce contraction.
8. We afford relief to other important organs, the distress of which makes tapping at least an absolute necessity.

9. We avoid the danger of typhoid peritonitis, which attends late tapping. Finally, we may hope for better results in liver dropsy by looking on tapping not merely as a palliative, but even as a radical, method of treatment.

DIGITALIS IN ACUTE FEBRILE DISEASES.

(*The Practitioner*, September, 1873).—The question of the power of digitalis as a heart tonic in the adynamic fevers is a very important one, and is becoming more so as we recognize the frequency with which sudden failure of the heart is a cause of death in diseases running a protracted course, or occurring in subjects whose tissues were damaged by disease or intemperance.

Dr. Anstie believes that we are entitled to view muscular heart-failure in acute febrile diseases as essentially dependent upon an enforced rapid action, under high temperature, prolonged for a period which is excessive in proportion to the vital recuperative power of the cardiac muscular tissue. The same result will be produced in a shorter period if the tissues of the heart have been previously so modified by pathological degeneration as to render their restoration to a healthy state unusually difficult. The practical effect at which we should aim in such cases, merely for the sake of preserving the soundness of the muscular tissue, if for no other reason, is the simultaneous slowing and strengthening of the ventricular contractions; and clinical experience has shown that this effect may be most safely and surely produced by the use of digitalis.

Dr. Grimshaw has given one and a half ounces of the infusion of digitalis every three hours for five or six days together, not only with impunity, but with seeming benefit, in some cases of typhus fever; Wunderlich has administered daily thirty to fifty grains of the powdered leaves; and Trousseau in uterine hemorrhage has given in 24 hours one gramme (15.6 grains) of digitalin, the normal dose of which is from one-seventeenth to one-eleventh of a grain. The true explanation of the tolerance of such enormous doses must be sought in the experiments which have shown that the real action of digitalis on the heart is that of a stimulator, instead of a paralyzer, of the cardiac muscular substance, which, weakened and exhausted by over-work, high temperature, or profuse hemorrhage, would sustain and even require a dose of digitalis merely to support a sufficient amount of contraction to continue life, which dose in health would fatally tetanize the heart.

SURGERY.

A CASE OF SPLENOTOMY.

In the *Raccogliatore Medico*, Dr. Sonzino gives an account of a case in which, on June 20, Dr. Attilio Urbinato of Casena removed a hypertrophied and mobile spleen. The incision was made in the middle line, and prolonged above the umbilicus, being at least seven inches in length. The operation was performed without much difficulty. After tying three or four cutaneous arteries, opening the peritoneum, and drawing aside some loops of intestine, the spleen was seen, free

of all abnormal adhesions, and of enormous size. At the inferior part was seen the gastro-splenic epiploön, which was adherent; and the vessels here were extremely dilated. At the upper part was seen the lower portion of the pancreas. The epiploön was detached, and the vessels tied. The ligatures, seven in number, were left inside without further precaution. The few adhesions of the pancreas were overcome without difficulty, simply by means of the finger. The largest vessels, and the connective tissue which surrounded them, were secured by a metallic loop and hempen ligature. The "toilette" of the abdominal cavity was made with great care. The patient lost but little blood. The ligatures of the vessels tied were passed out between the sutures, of which there were five deep and five superficial. The spleen weighed two and a half pounds. The operation lasted an hour; the patient bore the chloroform well, and subsequently appeared to be progressing favourably, but died of peritonitis three days after the operation.—[*British Medical Journal*.

THE ORIGIN OF EPITHELIAL CANCER.

A paper on the mode in which epithelial cancer develops has been contributed by Dr. Vajda, of the General Hospital of Vienna, to a recent number of the *Centralblatt*. He finds that in all instances there is a remarkable system of vessels, usually of very minute size, which form a kind of bed for the epithelial outgrowth, the two standing in such intimate relation with one another that the epithelial cells may almost be regarded as resulting from the proliferation of the nuclei imbedded in the walls of the vessels. This view is further supported by the fact that in the early stages of the affection the nuclei of the vascular walls exhibit a process of endogenous multiplication, the several nuclei becoming surrounded by protoplasm, or, rather, as it may here be called, deuteroplasm. The incipient cells are at first arranged tangentially to the walls of the vessels, but subsequently become vertically placed. When the cells have accumulated in large numbers, forming irregular masses and nodules, their vitality becomes impaired by the mutual pressure, and they undergo retrogressive metamorphosis, sometimes in the form of mucous degeneration, as in the epithelial cancer of mucous membranes, sometimes in that of fatty degeneration, as in epithelial cancer of the lips and labia, and sometimes horny degeneration, as in epithelial cancer of the limbs and eyelids. Clinical observations teach that the degenerated cancerous parts often present numerous pale cellular elements, which, when examined on the warmed stage, exhibit lively changes of form, and throw out processes, but do not undergo any changes of place. Epithelial cancers develop rapidly wherever the tissues are loose, and where consequently, there is little resistance to the extension of the vessels which form their substratum.

CALOMEL FOR PILES.

Calomel applied once or twice a day to tumid and tender piles rarely fails to cure in a few days.—*Western Lancet*.