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CANADA
MEDICAL & SURGICAL JOURNAL.

ORIGINAL COMMUNICATIONS.

Cyanopuon Laryngis : Thyroiditis with blue suppuration.

By SIR G. DUNCAN GIBB, BART., M.D., LL.D.,
Physician to Westminster Hospital, London.

At the recent annual meeting of the British Medical Association held in London, in the month of August, 1873, under the presidency of my distinguished friend, Sir William Fergusson, Bart., the following paper was read, and as it has a bearing upon Canadian Medicine, I would request its insertion in the pages of the *Canada Medical and Surgical Journal*.

Three-and-twenty years ago, a case of mine was published in the *British American Medical and Physical Journal* for September, 1850, of what I then called cyanopuon, or cyanuret of iron in the purulent discharge occurring in chronic disease of the breast. The pus imparted a distinct dark blue colour to the linen and dressings, and afforded much interest at the time. In dwelling upon it, I entered into some speculations as to its origin, and gave a summary of the cases that had been published. That paper has been quoted, and is especially referred to in Mr. Holmes Coote's article, "Abscess," in vol. i of *Holmes's System of Surgery*.

In October, 1870, an instance more remarkable still came under my observation, and is unique in the annals of medicine; so much so, indeed, that it seemed to me desirable to place it upon record at once. Independently of the blue suppuration that was present, the pathological lesion

was of great interest from its uncommon character, danger, and subsequent good recovery. The particulars are briefly as follows. A single lady, aged 27, consulted me on the 21st October, 1870, with the following history. She had been delicate about the throat for some years, although the general health had always been good. About six months previously, she had suffered from a severe cold, with aphonia for a few days; this was followed by tenderness and subsequent swelling over the right wing of the thyroid cartilage. The former subsided, but the swelling remained permanent, became rather hard, and was sensitive to the touch. About five weeks before I saw her, the swelling again became painful and increased further in size; she applied poultices to it with some relief, and although it did not decrease nor subside, it became quite soft.

On presenting herself to me, a decided prominence was observed in the situation described, with distinct fluctuation, and the skin covering and surrounding it was discoloured of a brown and dark blue, as if from ecchymosis, but in reality not so. There was clearly an abscess present, consequent upon inflammation of the wing of the thyroid cartilage in the first instance; and the indication seemed clear enough to evacuate the matter with the lancet, although the propriety of doing so caused me some reflection; yet, if it were allowed to become chronic, the cartilage would be attacked and serious mischief might ensue. In the laryngeal mirror, the integrity of the larynx was seen to be perfect; and the voice was good, whether in speaking or in attempts to utter contralto notes. With a narrow sharp-pointed bistoury, a puncture was made, and a drachm and a half of pus was evacuated, of a dark blue colour, not quite so dark as Prussian blue, but more of an azure tint. The relief was decided, the swelling subsided a good deal, and bread-and-water poultices were prescribed until her next visit. A chemical examination of the pus yielded clear evidences of the existence of iron, by similar tests to those used in my first case. The patient had taken preparations

of steel internally some years ago, but not lately; the discoloration of the pus, therefore, was due to some physiological change analogous to that which gives rise sometimes to indigo in the urine.

In the course of two or three days, the swelling of the abscess had greatly gone down, with some discharge of blue pus that stained the linen and dressings. On the 7th day, there was a little oozing only of a thin bluish pus, which tinged the linen of a fainter blue colour. At this time, the parts were a little swollen and indurated; the cartilage, however, did not seem to be involved, and there was no foetor from the pus. By the twelfth day, the discharge had almost wholly ceased, with no discoloration at all; the general swelling had further subsided; the skin looked more natural, and of a better colour; a little tenderness was present over the abscess, the original seat of which seemed to have been beneath the perichondrium of the thyroid cartilage. On the twenty-fifth day, the opening had closed and all swelling had subsided, yet a little discoloration remained and the merest tenderness. She was considered to be cured. When seen on the subsequent February 1st—fourteen weeks after her first appearance—she was perfectly well and complained of nothing, nor was there anything to be seen beyond the slight cicatrix to mark the site of the abscess. The thyroid cartilage had escaped great danger; for, although it must have participated to some extent in the inflammation which involved its fibrous covering, yet no subsequent symptom occurred to show that the cartilage itself was injured; and, as upwards of two years have elapsed, we may reasonably infer it has permanently escaped.

It may be observed, however, that suppurative inflammation of the external surface of the thyroid cartilage is extremely rare; and when to this is added the transformation of the well-known yellow into a distinct blue pus, the case is invested with many points of interest, both in a physiological and pathological sense. Blue stains occasion-

ally occur in the linen dressings, from chemical changes which pus sometimes undergoes, when the matter itself is not blue ; and this, I believe, has been the experience of several surgeons, including the late Sir Benjamin Brodie. The actual blue color of the pus within an abscess, however is a phenomenon of the highest degree of rarity, although the nature of the pus is perfectly harmless. If iron in any form has been given, we can readily understand its presence as the result of certain well-known chemical changes ; but otherwise, we must look for an explanation in something more subtle and profound, involving a combination of certain elements to produce compounds analogous (as has been already stated) to indigo, which, in its composition, is wholly different from a salt of iron. If Physiological chemists were correct in their views, that the source of the indigo-forming substance in the animal economy was or might be due to destruction of some of the proteine compounds, and more especially hæmatosin, then we have an explanation of the colour of blue pus ; but in the present instance, the pigment was due to a salt of iron, and not to indigo. Dr. William Bird Herapath brought an instance before the British Association for the Advancement of Science at Bath in 1864, in which pus or the liquor puris was shown to contain blue pigment, and which he believed to be the first instance recorded of that character, whereas I gave a summary of ten cases in 1850. In this case, purulent secretions from the surface of an inflamed leg stained the clothes of a blue colour ; whilst in mine the pus of an abscess was blue previously to being evacuated, and had been so for many days before, which is a wholly different thing.

The experiments to determine its nature were these.

1. Liquor potassæ, added to the blue pus, discharged the blue colour, which it does with Prussian blue.
2. The addition of dilute muriatic acid, for the most part, restored the blue colour, which it also does with Prussian blue.

3. Some of the pus was evaporated to dryness and ignited; the calx, acted upon by a solution of ferrocyanide of potassium, gave a distinct alteration of Prussian blue.

I may remark, that these tests are wholly different from those of indigo. Moreover, on boiling some of the blue pus with distilled water, filtering, adding an equal quantity of liquor potassæ, which removed the blue colour, and then, again boiling, a dark brown colour was produced, showing that sugar was present, a phenomenon that I was the first to demonstrate upwards of twenty years ago. Under the microscope, no granules of blue pigment were observed; but the puscorpuscles seen were those of healthy pus, only coloured of a transparent beautiful blue colour, which was dispelled by adding a drop of liquor potassæ.

In my first paper, published in 1850, the chemistry of the subject was so fully gone into, as well as the consideration of pus of all colours, that it would be a needless repetition to go over the same ground in the present instance. Suffice it to say, that we place upon record a case thus far unique in its combination of thyroiditis running into suppuration, the pus being charged with a salt of iron, giving to it a decided dark blue colour.

HOSPITAL REPORTS.

Case of Double Aneurism—Popliteal in left leg.—Femoral in right leg.—Cure.

John Lennan, 38 years of age, dark complexioned, over six feet high, stout in proportion, and altogether powerfully built, was admitted to the Montreal General Hospital on the 9th September 1873, under care of Dr. Ross.

History.—Was a soldier for twelve years, and got his discharge in 1865; was in the Red River expedition four years ago, and last winter served in the Battery of Artillery at Quebec; during the past summer has been in the employ of the City Corporation as an ordinary laborer. After his return from Fort Garry he was admitted to this hospital for stricture and treated by dilatation, being much relieved. The cause of stricture was a gonorrhœa contracted while in the army; there is no history of syphilis, although some of the inguinal glands are slightly enlarged, and he thinks he once had a sore on his yard; there is no evidence, however, of constitutional taint. When in hospital three years ago with the stricture, just mentioned, there appears to have been nothing noticed in connection with his heart or circulation, and when he enlisted in the Battery he was not examined, strange to say. During the past summer, and especially for the past two months, has noticed that his wind was short, being unable to make much exertion, or walk up a hill without being soon *blown*. Occasionally he experienced a soreness over the heart, and constantly noticed a feeling of general throbbing from arterial pulsation. For the six weeks before admission his legs would be stiff in getting up in the morning, and about this time also he noticed a swelling in the right thigh, and in a few days a similar one in the left popliteal space, both of which pulsated strongly

and persistently. He positively declares that he had not been lifting heavy weights, or doing unusually hard work before he noticed those tumours. The man, however, has been most intemperate in habits for many years and he had delirium tremens on more than one occasion,—once in this hospital. He became grey about two years ago, and now has the appearance of a man of fifty ; altogether he has lived a pretty hard life, and is in consequence prematurely old.

The *physical signs* are nearly as follows : There is a loud double heart murmur heard over the entire chest, in front and behind, being loudest at mid-sternum ; in position they are aortic, and in character the systolic is blowing, while the diastolic is longer, louder, and has a rasping and at times a musical note. There is no undue dullness in the precordial region ; the apex beat is displaced about half an inch outwards ; all the arteries pulsate more violently than normal, and are visible in those parts of the body where they are placed superficially. In short, all the signs of both obstructive and regurgitant aortic disease are present in the case. As to the *aneurisms*,—one is situated on the right femoral, in position of Hunter's canal ; the other on the left popliteal, in the exact centre of the space ; the femoral aneurism is as large as a turkey's egg ; the popliteal a very little larger ; the first had the appearance of the fusiform aneurism ; the second is more sacculated.

As the man had been drinking rather heavily for some days before admission, and was suffering from the effects of his dissipation, it was thought advisable to improve his general condition before directing special attention to the aneurisms.

The plan of treatment chosen was *digital compression* ; so accordingly on the 16th September, the students attending hospital at the time, to the number of twelve or fourteen, under the superintendence of Mr. Cline, the clinical clerk of the case, commenced operations on the left femoral with a view to curing the popliteal aneurism. Compression was

exerted over the vessel throughout the length of Scarpa's space. During the first twenty hours the work went on uninterruptedly, and a change for the better was noticeable in the feel of the tumour, but about this time some misunderstanding occurred, after which things did not go on so satisfactorily, until after fifty two hours, no further improvement occurring, all pressure was removed. The patient, besides was beginning to grumble loudly from the pain experienced, and indeed, where the pressure had been applied most vigorously, immediately below Poupart's ligament, a superficial slough was threatening. To induce sleep about a quarter of a grain of morphia had been given hypodermically every sixth hour. He experienced some difficulty also in making water, and on one occasion had to be catheterized. The man remained in hospital only a few days after the work of compression was discontinued, preferring to leave, to submitting to further treatment of the same kind.

On the 7th November, 1873, Lennan again applied for admission, more, however, to "sober off" from a heavy drinking bout, than for the treatment of his aneurisms. He was now admitted under Dr. Wright's care. The project of ligation of one or other of the femorals was now suggested, but taking into consideration the condition of degeneration of the man's entire arterial system, this was soon allowed to drop. Dr. Wright, however, determined on giving the plan of cure by *flexion* a fair trial, and to that end, had the left leg flexed firmly on the thigh, and secured in that position by bandages,—placing at the same time a large pad of lint in the popliteal space. After the first thirty hours the pulsation was thought to be diminished in volume and area, and the tumor had a firmer feel. Flexion was continued uninterruptedly for nine days, but in the end it was thought that no real benefit had been effected. All attention had hitherto been directed to the popliteal aneurism, and two much lauded forms of treatment, namely, digital compression, and flexion, had been tried and failed

to change the character of the tumour for the better in any one particular. It is but just to say, however, that the first plan did not get as fair a trial as the second, and certainly not as its simplicity and frequent success merited.

As a *dernier resort*, after the patient had had a few day's rest, a third plan of treatment, namely, *compression by tourniquets* was decided on, and consequently on the 26th November, two of these instruments were adapted to the right thigh, the treatment being now directed to the femoral aneurism. Carte's and Skey's tourniquets were those employed; they were adapted along the line of the vessel; and at a distance of about three inches from each other. The patient being an intelligent man and most anxious for a successful result was soon taught the *modus operandi* of the treatment, being instructed to relax the pressure exerted by one tourniquet as it became painful, not, however, until the vessel had been secured by the other.

Pressure was applied in this position uninterruptedly for six days, when the patient became so thoroughly fatigued and pained that he begged to be released, and the tourniquets were accordingly removed on the 2nd December.

The effect for good on the aneurism was admitted to be *nil*.

The general health of the man during all this time, it must be remembered, continued remarkably good; pulse tranquil; tongue comparatively clean; appetite fair; bowels moved regularly every second day, the bed pan being always used. He slept for one hour at a time, occasionally during the night, having some persons who understood it to watch the tourniquets and the pulsation in the tumour. He would, however, invariably waken when the pressure required to be changed.

On the 29th December, a final attempt at instrumental compression of the femoral aneurism was decided upon, accordingly at 7 o'clock on the morning of that day the same tourniquets were adapted to the thigh, and identically in the same positions as before. In eight hours there was a deci-

ded firmness in the feel of the tumour, and it had lost to a great extent its lateral pulsation; there was considerable pain on pressure; the leg and foot became slightly œdematous. The pulsation continued to become less and less distinct during that night until at 7 p.m. of the following day [30th] nothing of it remained or could be made out by the most careful examination. The time occupied in affecting such an important cure was only thirty-six hours. The tumour has now a firm—almost bony feel, and in size is about that of a large hen's egg; there is positively no pulsation in it; there is slight œdema of the foot only.

1st January, 1874.—No sign of pulsation; œdema has left the foot. At 12 o'clock, noon, to-day, arranged tourniquets on left thigh, to commence same treatment with the popliteal aneurism.

2nd January.—About mid-day the patient commenced to complain sorely of pain in the popliteal region. Notwithstanding, however, he was encouraged to persevere, and the pressure was positively never relaxed until 4 p.m., Sunday, when the tourniquets had to be removed; this made sixty-four [64] hours of uninterrupted pressure. On examination the tumour was found to be firm to the feel, painful but still pulsatile, though in the smallest degree. There was little or no œdema of the leg or foot.

January 6th.—Pulsation has entirely ceased in the popliteal aneurism, and the tumour is rapidly becoming smaller and less painful. The femoral aneurism has also all appearance of being permanently cured. The patient's general health remains excellent.

Case of Multiple Fracture of Arm.—Under care of DR. FENWICK.

J. P., a French Canadian machinist, aged 26, was brought to the Montreal General Hospital in October, 1878, having been caught in the belting of the machinery he was working, and sustained the following injuries to his right arm:

There was a simple fracture of both bones of the forearm, about an inch and a half above the wrist joint ; a compound fracture of the ulna, and simple of the radius at the middle of the forearm : and a simple fracture of the humerus at the middle third. About half an inch of the lower fragment of the ulna protruded through the wound, and was with difficulty reduced ; the wound was about half an inch in length and ran in the direction of the bone. The limb, had in fact, been carried between the belting and the wheel, and had been made to accommodate itself to the convexity of the of the latter.

Treatment.—The wound was first thoroughly injected with 1 x 20 solution of carbolic acid and the edges brought together with a couple of wire sutures. The limb was arranged in a wooden splint placed along its under or flexor aspect. The whole was secured with a cotton bandage, the wound having been dressed with carbolized lint and oil silk.

On the third day the sutures were removed, and the wound injected with the ordinary carbolic lotion, and dressed with the same.

Things progressed favorably until about the twentieth day, when an abscess of considerable size made its appearance above the position of the compound fracture. Poultices were applied, and in three or four days an incision was made, and about one ounce of pus extracted.

On the fourth week the dressing was removed, and it was found that the *simple* fracture of the forearm and the humerus had united as strongly as could be expected. As to the compound injury the bones were noticed to be in good position, the lower fragment of the ulna being perhaps slightly displaced. This, however, was soon rectified by placing a pad of lint over the protruding point, and producing sufficient pressure with a bandage to bring the bone nearly into its place. There was as yet little attempt at union. The external opening continued to granulate nicely.

During the seventh week, he begged to be allowed to go to his home. The simple fractures by this time had united. The compound fracture was also strong in comparison. The old and bulky dressings were removed, and a simple anterior splint applied to the forearm. The abscess had now ceased discharging, and the original wound was all but healed.

He appeared at the hospital on the seventeenth day after his discharge, when the bones were found to have united sufficiently firmly to permit of the removal of all dressings, and he was ordered some soap liniment to be applied to the elbow and wrist joints, which, as always occurs in such cases, had become stiff from long confinement in one position. The man's health remained excellent throughout, and of late he has become quite stout. His good condition may, no doubt in part, be attributed to a pint of ale, which he received daily during his stay in hospital,—taking it with his dinner. He was also remarkable for his good temper, which virtue, from its infrequent occurrence in hospital practice, always deserves special mention.

Case of Jaundice with Atrophy of the Liver, of four weeks duration.—Delirium.—Coma and death.—Under the care of DR. ROSS. Reported by Mr. THOS. NORTON.

W. McL. æt 25, mechanic, unmarried, was admitted into the Montreal General Hospital on the 23rd November, 1873, suffering from well-marked jaundice. In August last he contracted a chancre, which we were informed by the Physician who attended him, was followed by mild secondary symptoms. At present he shows no traces of the disease remaining. He has never drunk to excess. Has always enjoyed remarkably good health until three weeks ago, with the exception of occasional bilious attacks. About this time, however, he began to complain of slight aching in the back and loins, some pain in the umbilical and epigastric regions, with constipation, flatulence and loss of appetite : and at the

same time he observed that his urine was of a deeper and more decided yellow than usual. About a week after he took to bed, all the above symptoms having meanwhile persisted. The skin now began to change color, and he vomited several times every day. Observed his stools clay-colored.

Nov. 24.—He is deeply jaundiced. The whole surface and the conjunctiva being of a full golden-yellow color. No appetite. Tongue coated, and bitter taste in mouth; occasional pain in epigastrium, none elsewhere. Belly soft and flaccid; no tenderness over the epigastrium, nor along the edge of the ribs. No tumor or fullness to be felt in either of these regions; edge of liver undistinguishable; liver dulness $3\frac{1}{2}$ inches in width, extending from lower border of 6th rib to near the costal cartilages. Has vomited 7 or 8 times since yesterday. Has had no motion for three days. Urine normal in amount, very deeply stained, looking as black as porter in the chamber. Sp. gr. 1015. With nitric acid it gave a very fine play of colors. With Pettenkoffer's test for the bile-acids, no reaction was obtained. No albumen. The pupils were dilated, but he is bright and intelligent. Pulse 50; respiration 17; temperature 97 3-5. Ordered a milk diet and a black draught.

Nov. 25.—Bowels freely moved. Stools light-colored. Vomiting continues. Quantity of urine about 30 to 40 ounces.

Nov. 26.—No change. Repeat black draught and give the following: R. Potass. Acetat. 1 oz., Tr. Scillæ, 2 oz., Aquæ ad 8 oz. One teaspoonful in water three times a day.

Nov. 27.—Continual vomiting, even water being rejected. Urine still freely voided, and bowels moved three or four times.

Nov. 28.—Vomiting continues. Ordered effervescing powders of Sodæ Bicarb. and Acid Citric to replace the previous diuretic mixture. Is quiet and intelligent as usual to-day, but complains of feeling weak, and seems rather listless.

Nov. 29.—At 5 p.m. yesterday he suddenly became quite delirious, getting out of bed and being very uneasy. Remained so for about four or five hours when he gradually became dull and apathetic. At the visit hour he was found very dull and sleepy and with difficulty to be roused. Pupils dilated. Has not vomited as often as before, and has passed much less urine. Percussion over the liver gives only two inches of vertical dulness, whether from distension of colon or not could not be determined. Pulse 60; resp. 16; temp. 98 3-5.

10 p.m.—More soporose. Found no urine. By catheter 12 oz., urine drawn off—much lighter color. Sp. gr. 1025. Reacts freely for bile-pigment but not for bile-acids. Ordered black draught.

Nov. 30.—Bowels well moved by an injection. About midnight became suddenly delirious for about three hours, when he again became semi-comatose. Pulse 60; Resp. 12. Quite comatose. Pupils widely dilated; constant hiccough; incontinence of feces and urine. 9 p.m.—Pulse 120. Resp. 24.

Dec. 1st.—Died comatose at 8 a.m.

Autopsy.—All the tissues deeply stained of a yellowish colour. Heart normal. *Lungs* considerably congested. *Brain*, normal; very small amount of fluid in the ventricles. *Liver* very small; weight $27\frac{1}{2}$ ounces. Measurements, extreme transverse, across the two lobes, 9 inches; antero-posteriorly across widest part of right lobe, $6\frac{1}{2}$ inches; thickest part of right lobe $2\frac{1}{2}$ inches. The substance of the liver appeared remarkably soft and flabby although not very friable under pressure. The surface of the right lobe was of a mottled yellowish color, intermingled with parts of the natural tint. The left lobe was brownish-yellow in color, and more uniform. Section of the right lobe was of a prevailing, pretty-deep, yellow color, but apparently with the central parts of the acini of a browner hue. A section of the left lobe was much less yellow, more of a natural liver color. *Gall-bladder* collapsed, and containing only a small quantity

of thickened bile and mucus. The cystic duct was found to be impassable even for a small dressing probe through about its middle third. *Hepatic* and *common* ducts quite pervious and natural. *Duodenum* and small intestines generally stained deep green externally. *Pancreas* also greenish-black on side next liver. *Kidneys* normal. *Urinary bladder* contained about 15 oz of urine, which was high-colored but not dark.

Correspondence.

LONDON CORRESPONDENCE.

LONDON, ENG., Dec. 8, 1873.

To the Editor of the Canada Medical Journal.

DEAR SIR,—Although two months have passed since my arrival here, it is only now that I sit down to redeem the promise I made you when leaving Montreal. Not having yet become acclimated to London smoke and fog, you must excuse the dullness of this epistle. Londoners affirm that this has been an exceptionably fine autumn, and that November has been singularly free from fog. I, however, being a Canadian, cannot endorse their views, and think that English autumn weather might be improved upon. The London Hospitals have fully come up to my expectations with regard to the facilities they afford to students for acquiring knowledge. St. Thomas's is the largest, though perhaps there are not so many celebrated men on its staff as at some of the smaller Hospitals. It seems to be a favorite with Canadian and American students, of whom there are quite a large number attending there. Dr. Murchison is one of the Physicians to the Hospital, and much may be learned from following him. He is very particular in making students examine cases for themselves, and may be

safely called the best teacher of medicine at St. Thomas's. Dr. Murchison is at present delivering a course of lectures on the Practice of Medicine, at the School of the Hospital, which is well worth attending. His lectures are much condensed as he only delivers two a week. His style of delivery is easy, and the interest in the lecture never slackens. Dr. Barnes is also connected with St. Thomas's and delivers one lecture a week on Practical Midwifery.

Our little Canadian coterie has just been diminished by the loss of one of its number, Dr. L. St. John, who left for Canada last week, having passed his final examination for the M. R. C. S., Eng., most creditably. With regard to the examination for the M. R. C. S., Eng., in the Primary, Oral Anatomy seems to be the main subject, only a very superficial knowledge of physiology being required. They examine one very practically, the examination being mainly on prepared specimens, the freshly dissected subject, and microscopic specimens. In the final examination the oral lasts forty minutes, twenty minutes out of the forty being given to pathology, and the rest to surgical anatomy, and the examination of cases.

Here the Anatomy seems almost entirely to be learned in the dissecting room. The demonstrators, (of whom there are generally three) attend daily from nine A.M. to three P.M., and are *always* ready to afford information to students. Sharpey and Quain, and Heath's Practical Anatomy are the chief text-books; Wilson has been "shelved" for the last five or six years, and Gray is not considered an authority. Students from Canada find themselves more deficient in *Practical Anatomy* than anything else, and often regret that their early training has not been more thorough. It might be as well to inform intending candidates for the M. R. C. S., Eng., that they are required to have certificates of four years study *after* matriculation. [The year's study with a medical man does not count here]. Some of our graduates have been prevented taking their diploma, from having had only a three years' course, and even

four year students have found themselves in the same boat, owing to their having matriculated in their second year. For the double qualification of Edinburgh a McGill graduate is exempted from passing his Primary examination in Anatomy, Physiology and Chemistry. For the M. R. C. S., England, he is exempted from the examination in Medicine. It would be as well to inform graduates of McGill, and other Canadian Universities that their degree does not allow them to go up for the examinations of the Army and Navy Medical Services, a qualification in Medicine and Surgery *registerable in the United Kingdom* being required. I make this statement owing to the fact that the Calendar of the McGill University states that M.D., C.M., qualifies candidates to compete for those services. But such is not the case, as no foreign or Colonial degree is *registerable in the United Kingdom*.

At St. Thomas', the other day I saw Mr. Croft perform excision of the wrist. He made use of the bloodless method with the elastic bandage which is at present very popular here. All the carpal bones were removed as well as the ends of the radius and ulna and the bases of the metacarpal. The case is doing remarkably well, and Mr. Croft expects that the patient will have a useful hand. In this case carbolic acid dressing was applied.

Mr. MacCormac, a short time since performed Wood's operation for the radical cure of Hernia. This case is also doing well. Speaking of this operation, Professor John Wood yesterday exhibited a man at King's College Hospital on whom he had performed his operation eight years ago; there had been no return of the hernia although the man had been doing heavy labouring work ever since. Much may be learned by attending the practice at the Royal London Ophthalmic Hospital, Moorfields. The staff includes some of the most celebrated oculists of the day, viz: Messrs. Bowman, Critchett, Soelberg Wells, Couper, &c. This is a very favorite hospital, and strangers are exceedingly well treated, every facility being afforded them of

acquiring knowledge. The House Surgeon, Dr. Buller, [a Canadian], is very kind and obliging. Any day you go you are sure of seeing a host of operations. The last time I was there I saw three cataract operations, two excisions of the eye-ball, one operation for symblepharon, and three for strabismus. Mr. Bowman advises iridectomy in all cases of immature cataract where the growth is slow. To hasten the maturity of a cataract he recommends what he calls "the bruising" operation. He first evacuates the aqueous humour, and then bruises the lens by pressure from without the cornea by means of a spatula. To evacuate the aqueous humour he makes a conical section and then generally performs iridectomy. I saw Mr. Bowman trephine in a case of conical cornea. He had performed iridectomy in this case six years ago, and believed that it had arrested the growth of the conical cornea. Mr. Critchett operated for symblepharon; he divided the frænum, and then transplanted a piece of conjunctiva to the raw surface. The case is doing exceedingly well. In the out-room much may be learned. One sees examples of every affection of the eye, and is allowed to examine cases with the ophthalmoscope. The other day there was a case of severe syphilitic iritis, to which Mr. Critchett ordered four leeches, to be applied to the temple; as soon as applied the leeches fell off, killed, Mr. Critchett said, by the syphilitic poison. He told us that four more would be sacrificed if necessary. Nearly all the surgeons of the Royal Ophthalmic use bichloride of methylene in their operations, but from what I myself have seen of its use, I should consider it to be far from safe. Mr. Couper prefers anhydrous Ether.

Mr. Hutchinson's Skin Hospital is well worth a visit now and then. It is extraordinary what numbers of cases of lupus one sees there. Mr. Hutchinson says the most successful mode of treatment of this affection, he has found to be the actual cautery with a hot iron. He also recommends the application of the solid stick of nitrate of silver, and pure carbolic acid. The cases of Eczema and Psoriasis to be

seen are almost without number. In Psoriasis compound creosote ointment is used externally, and the mixture of Arsenic and Potash internally.

I saw Sir William Fergusson at King's College Hospital perform excision of the knee joint on a child about ten years old. He made use of the "bloodless method," and said that the remark of a friend of his some years ago that "excision of the knee joint was a *bloody operation*," could no longer hold. He was high in his praises of the bloodless method. The excision was performed by the straight transverse incision. The patella though not diseased was entirely removed. Carbolic Acid dressing was not applied in this case. At the Hospital for diseases of Women, Soho Square, operations are performed every Saturday morning at half past nine. Last Saturday I saw two ovariectomies. One was performed by Dr. Meadows, for malignant tumour, and the other by Mr. Heywood Smith. Dr. Meadows secured the pedicle by means of an ordinary pile clamp, after dividing the pedicle, he applied the actual cautery. Dr. Smith used a smaller clamp, and left it attached, not using the cautery.

Mr. Heath showed us a case on which he had performed colotomy for malignant disease of the lower bowel two weeks previously. The case seemed to be a very successful one.

Much excitement has been caused here lately by the loss of the "Ville de Havre." The survivors came to the Charing Cross Hotel where they received every kindness and attention. It appears from statements made by the crew of the "Loch Earn," who arrived at Plymouth yesterday, that the conduct of the French Captain and crew was anything but praiseworthy, that in fact it was exceedingly cowardly. The rights of the case have not yet been settled, but an enquiry is impending at Paris. The weather this month has been very mild, and the rainfall has not been great. To-day we have a real old-fashioned London fog, it is so dark that there is no traffic in the streets, and all the gas lamps are

lighted in the streets and houses. One of my friends who went to the city this morning in a hansom affirms that the fog was so great that he could not see the head of his horse.

Sir Samuel Baker delivered his long expected lecture on Central Africa last evening, which he was prevented before from doing by a severe attack of Pneumonia. The Prince of Wales was present and delivered a short address at the termination of the lecture. The public attention at present is much occupied by the Ashantee War; the Illustrated and Daily papers are full of it. It seems to have entirely eclipsed the Tichborne trial, which still drags on, though hopes are entertained of its speedy termination. Reports from the Gold Coast say that Sir Garnet Wolsely is prostrated by the fever of the Country. Much anxiety on his behalf is felt here, and it is hoped that his recovery will be speedy and complete. Everybody here is preparing for Christmas, and the shops are beginning to put on their holiday garb.

Hoping that I have not intruded too much on your valuable space,

I am, Sir,

Yours, truly,

F. S.

BERLIN CORRESPONDENCE

BERLIN, Nov. 25.th

Nature could hardly do less for a place than she has done for this. A barren, sandy plain surrounding it on all sides without a vestige of anything that might be called a hill; and the muddy, sluggish Spree, just deep enough to float barges, flowing through it towards the Baltic, form the sole natural features. Being a modern city it is well laid out, with wide but wretchedly paved streets; while the houses, though of brick, are stucco-covered and uniform, so that the general appearance of the place is clean. Unfortunately the cleanliness goes no farther than looks, being the very opposite in reality. The drainage is everywhere deficient,

and in the greater part of the city the sewers are not even covered but skirt the pavement on each side, sending up a constant odour, which, until one gets acclimatized, is peculiarly disgusting. The Berlineses have, however, at last roused themselves, and the council has voted two millions sterling for sanitary purposes, so that a striking reduction in the present high death rate from Typhoid and kindred diseases may be shortly expected. It would be superfluous to speak of the advantages here offered for medical studies, the name of Virchow, Traube, and Frerichs in medicine and Pathology; of Langenbeck and Bardleben, and in surgery, of Du Bois Reymond, and Hetenholtz in Physiology and Physics are sufficient guarantees; all of these men, who, though they have been prominent figures in the medical world for a long time, are still in their prime as teachers and workers. A contrast to London, where the teaching is spread over some twelve schools, it is here centralized and confined to the Royal Charité,—for though there are several smaller Hospitals in the city, yet they have no schools in connection with them, but are used chiefly for training nurses. The Charité is not a very imposing-looking building, but is pleasantly situated; and has large and nicely laid out grounds about it, within which, also, are the new Charité, and the Pathological Institute. The total number of patients at present is about 1300, and they can accommodate an extra hundred or two if necessary. There is nothing special to be remarked about the arrangements or ventilation of the wards save that in all, the beds are far too close together, so much so that a patient can, without moving, easily shake hands with his neighbor. Indeed in one of the wards of the new Charité, occupied by insane patients, I counted six contiguous beds, but here there was a day room for such as could use it. At a sort of branch hospital called the "University Clinique," Baron Langenbeck has his wards and daily clinique. The University itself is some distance from the Hospital, on the famous street "Unter den Linden," just opposite the Emperor's Palace. The primary Lec-

tures, except anatomy (with dissection) which has a separate building not far from the Charité, are delivered there. The Science and Art Courses attract very many foreign students, more so, even than the medical; still the attendance in the latter is very varied; as, for instance, at a Lecture the other day when representatives from Russia, England, Brazil, the United States and the Dominion sat peacefully next each other. There are only three or four Americans here, and the same number of Englishmen. They go chiefly to Vienna, where greater advantages are offered in all the specialities. The native students seem a hard-working set, much given to long hair and slouched hats, and a remarkable number of them wear glasses. They possess the virtue, quite unknown as far as my experience goes, among their English or Canadian brethren, of remaining quiet while waiting for a Lecture, or in the operating Theatre. There is never the slightest disturbance, though most of the Lecturers give what is called the "The Academic quarter," that is they do not begin till fifteen minutes past the appointed hour. At Langenbeck's Clinique only, are students allowed to smoke, and often by the time a patient is brought in, the condition of the atmosphere is such that as you look across the large theatre from the top, the men on the opposite side are seen through a blue haze. Quite a number of the students, more than I expected, are badly marked with sword cuts received in duels. One hopeful young Spanish American of my acquaintance has one half of his face—they are usually on the left half—laid out in the most irregular manner, the cicatrices running in all directions, enclosing areas of all shapes,—the relics of fourteen duels! The custom has decreased very much of late, and is now confined to a few of the smaller University towns. A great diminution has taken place in the attendance here within the last few years, and I am told it is greater than ever this session, due to the increased cost of living. Speaking from a six weeks' experience, I find it quite as dear as London. Field-sports, such as Cricket and Foot-

ball are entirely unknown among the students ; but they have a curious habit of forming small societies of ten or twelve, who have a room at some Restaurant, where they meet to drink beer, smoke and discuss various topics. If tobacco and beer have such a deteriorating effect on mind and body, as some of our advanced Tee-totallers affirm, we ought to see signs of it here ; but the sturdy Teuton, judging from the events of the past few years has not degenerated physically, at any rate, while intellectually he is still to the fore in most scientific subjects ; whether, however, in spite of—or with the aid of—the “fragrant weed,” and the “Flowing bowl,” could hardly be decided. Drunkenness is not common, at least not obtrusively so, but they appear to get a fair number of cases of delirium tremens in the Charité.

The general method of clinical instruction differs from that followed at the English and Scotch schools, in as much as the patients are taken into the theatre and then lectured upon. Of course this in a large institution necessitates having a number of theatres, some of which, however, are common rooms, with ordinary marble benches. The two great Clinical Teachers in Medicine are Traube and Frerichs, known the world over, as the most eminent of German Physicians. The clinique of the former is held daily from 9 to 11, three days in the wards, three in the theatre, and as he has over 120 beds to select from—Frerichs the same—there is no lack of suitable material. Indeed, at first, one wonders how such a large number of patients can be properly attended to by one man, but with a staff of their assistants, numerous clinical clerks, and a daily visit, it comes much to the same thing as a London Hospital Physician, with 20 to 30 beds, one house physician, and two visits a week. When a patient is brought into the theatre, a student is called out to take the case, and after the professor has examined it before him, he is asked the diagnosis and treatment. This does not amount to very much for the student, and is nothing like the rigor-

ous examination that Dr. Murchison would subject him to ; still those on the benches are, perhaps, more benefitted, and time is saved, while the student retains his case, and has access to the ward at any time to see him. Traube goes into his cases very fully, more so than Frerichs, and moreover, possesses those necessary adjuncts to clinical teaching, a pleasant manner and a fluent style. Typhoid fever [or Ileo-Typhus, as they call it here], Dysentery and Pneumonia are the prevalent diseases at present. Among the interesting cases lately in this clinique were the following : bronchorrhea, putrida, followed by diffuse gangrene of the lungs and death. A case of lead poisoning in a young woman, accompanied with epileptic convulsions and slight albuminuria, the former, however, in Traube's opinion, not depending on the latter, but due as I understood him, to an increased arterial tension, and consequent œdema of the brain. A previous poisoning, some twelve months ago, with similar attacks had been entirely recovered from. Another case was that of a man who four months ago had had erysipelas faciens, and ambulans which was followed by suppuration of the glands of the neck on the right side, which still remain enlarged and open. He has now amyloid degeneration of the liver, spleen and kidneys, and is rapidly becoming cachectic. The previous history was good. Cohnheim had noticed similar cases during the last war.

Frerich's clinique, from 11 to 12 daily, except Saturday, is the favorite one with the students, for whom seats are provided in the arena, and they patronize it most extensively. It has a special merit for foreigners not yet proficient in the language, and who find a difficulty in following other lecturers, as Professor F. speaks in a slow, measured, almost monotonous way ; which would tend to act rather as a sedative, were his subject matter less interesting. The patient, as in the other cliniques, is brought in on a bed, or if able, walks in, and then sitting on the edge of a small table, the learned Professor enters into the history of the case, and asks a student one or two questions on it. Usually

three cases are seen within the hour, not, of course, always a fresh one, for as much as possible, every opportunity is given of watching the progress of particular cases, so that anything of special interest may be brought in daily. Frerichs does not go round his wards, but the students can do so with his assistants, at the morning or evening visit. Several cases of pneumonia treated on the expectant method for the benefit of the students occurred lately. As an illustration of the plentiful material I may mention that on one day three cases of Hæmoptysis were brought; one bronchial hæmorrhage proper, in a young girl; another from the passive congestion of heart disease, and the third from erosion of a vessel in the course of chronic phthisis. A case of particular interest was that of a young man with chronic dysentery, in whom symptoms of peritonitis and Ileus developed, after a protracted constipation of eight days. The diagnosis was cicatricial narrowing of the bowel, with probable external compression by the thick exudation. The constipation was overcome with clysters and *Ol. Ricini*, while opium was constantly administered, and the case seemed progressing favourably till an intercurrent pneumonia abruptly terminated it, and gave the opportunity of confirming the diagnosis by a post-mortem. Two cases of phosphorus poisoning have occurred in this clinique within the last few weeks, the first for more than a year. Formerly these cases were very numerous, as this was the poison commonly used by the lower classes; now, however, it is out of fashion, because they now know that death by it is neither speedy nor pleasant. Mineral acids are also much employed here for this purpose; so that altogether, the Berlineses seem unhappy in the choice of means wherewith to make their "quietus," far more so than the Londoner, with whom the orthodox way is a leap from Waterloo bridge, which, in its turn, is not to be compared to the pleasant charcoal fire of the Frenchman. The heads of lucifer matches dissolved in water is the substance used, and often, as in one of these cases, heads and all are taken.

The first case was somewhat chronic, while the second ran an unusually acute course, accompanied with hæmatemes, death taking place within five days. The post-mortem appearances were very characteristic, the fatty degeneration being evident enough to the naked eye in the internal organs, while the microscope showed degrees of fatty change, unknown in any other pathological process, except in the acute yellow atrophy of the liver.

But it is the master mind of Virchow and the splendid Pathological Institute, which rises like a branch hospital in the grounds of the Charité, that specially attract foreign students to Berlin. This most remarkable man is yet in his prime, (52 years of age), and the small, wiry, active figure, looks good for another twenty years of hard work, when one knows that, in addition to the work at the Institute, given below, he is an ardent politician, evidently the leader of the Prussian Opposition, and a member on whom a large share of the work of the budget falls; an active citizen, member of the Council, and the moving spirit in the new canalization or sewerage system; an enthusiastic anthropologist as well as a working member in several smaller affairs, some idea may be formed of the comprehensive intellect and untiring energy of the man. On Monday, Wednesday and Friday from 8.30 to 11 he holds his demonstrative course on Pathology, the other mornings of the week, the course of Pathological Histology, while on the fourth day at one o'clock he lectures on general Pathology. Virchow himself, performs a post-mortem on Monday morning making it with such care and minuteness that three or four hours may elapse before it is finished. The very first morning of my attendance he spent exactly half an hour in the description of the skull-cap!

On Wednesday and Saturday the demonstrations take place in a large lecture room accomodating about 140 students, and with the tables so arranged, that microscopes can circulate continuously on a small tram-way let into them. Generally the material from 10 to 12 post-mortems

is demonstrated, the lecturer taking up any special group and enlarging on it with the aid of sketches on the black-board, and microscopical specimens, while the organs are passed round on wooden platters for inspection. A well provided Laboratory for Physiological and Pathological Chemistry also exists as well as rooms where men may carry on private investigations; and a Library and Reading room is now being fitted up. A description of some of the other classes and things of interest must be reserved for another letter.

W. O.

Peresopic Department.

SURGERY.

Lecture on Infantile Purulent Ophthalmia. Delivered at the Middlesex Hospital, March 4, 1872. By J. W. HULKE, F.R.S.

GENTLEMEN,—The purulent ophthalmia of newly-born infants is a complaint so destructive when allowed to run its course uncontrolled, and still more so when injudiciously treated, yet so amenable to proper measures, that no apology is necessary for again bringing the subject under your notice. In the lower classes of London population it is the most common cause of blindness in childhood. The mothers of infants attacked by it have so commonly at the time of their confinement a puriform vaginal discharge that it seems more than probable that the ophthalmia is often due to the direct inoculation of the child's eye with the maternal discharges. For the production of the ophthalmia there need not be gonorrhœa,—indeed, very often we feel confident that the vaginal discharge was not the result of impure sexual congress: the products of a simple leucorrhœa transferred to the ocular conjunctiva will provoke an acute suppurative ophthalmia. Analogy makes it probable (and

observation, I think, confirms it) that infantile ophthalmia consequent on gonorrhœa is more severe than that induced by leucorrhœa. The condition of the infant also is not without its influence on the affection ; for in puny, weakly infants the cornea offers less resistance, and more readily sloughs than it does in strong, healthy children.

Usually on the next or the second day after its birth the infant's eyelids are noticed to be a little swollen, the ocular conjunctiva is slightly reddened, and if the lower eyelid is drawn down so as to expose its inner surface, this also is found unduly red, and perhaps a flake or two of mucus is noticed on the loose folds of the membrane where it joins the eyelid and the eyeball. By the following morning the conjunctiva is much redder, it has also become slightly œdematous, and it exudes an abundant mucus ; the swelling and redness of the eyelids are also greater. By the end of the day the dropsy of the conjunctiva (*chemosis*) is often so great that the distended membrane overlaps the border of the cornea and bulges between the distended eyelids. The discharge is now purulent. The child evidently suffers much ; It is fretful and restless, and cannot sleep. If the intensity of the ophthalmia does not soon abate, the surface of the cornea loses its polish, it sheds its epithelium, the lamellar tissue becomes whitish-grey, sodden-looking, and opaque, it then sloughs and opens the anterior chamber, on which the aqueous humour, followed by the iris, gushes out. Upon this the lens, unsupported in front and pressed upon behind, is pushed forward against the back of the cornea. When the corneal breach is small and the protruded piece of iris is not large, the eye is not necessarily lost. Often the exposed iris inflames, it becomes thickened and coated with exudation, granulations spring up in this and also from the edges of the corneal opening, the hernia shrinks, and there results a scar, technically called a leucoma, in which the iris is permanently entangled. Although very disfiguring, such a scar—when its edge is definite, and when it does not overhang the whole area of the pupil, but leaves

part of this unobstructed—is not incompatible with useful sight. In course of time small scars often become inconspicuous, partly by a slow assimilation of the cicatricial tissue to the structure of the normal corneal tissue, and partly by the disappearance of the exudation and young cell-broods—inflammatory products evolved during the early stages of the process which ended in the gangrene of the cornea. In eyes bearing marks of a limited perforation of the cornea in early infantile life, and less frequently also where a faint corneal opacity without any corresponding adhesion of the iris (*anterior synechia*) points to a corneal lesion short of actual perforation, a minute white dot may sometimes be seen in the front on the lens. This is, I believe, the mark of a former contact of the lens and the back of the cornea. Where the cornea was actually perforated during the ophthalmia, the mechanism of this contact is perfectly plain; but even where the integrity of the anterior chamber was not broken, a little reflection renders it intelligible. The much greater convexity of its lens makes the distance between the anterior pole of this and the cornea much less in the infant's eye than in the adult's; hence, in ophthalmia, pressure exerted on the cornea by the œdematous conjunctiva and the distended eyelids, helped by the greater resistance to the recession of the eyeball into the orbit offered by the over-fulness of the orbital vascular system, and assisted possibly by a repletion of that of the choroid heightening the intra-ocular tension, may so lessen the small space between them as to bring the cornea and lens together. There they touch a minute bead of exudation shed from the cornea or iris on the lens (which latter becomes a little web of fibro-nucleated connective tissue), lessening the permeability of the capsule, checks the evolution of the developing lens-tissue, and cause a minute necrosis (an effect which simple pressure may also occasion), the residuum of which is an atheromatous speck. Where great part of the cornea sloughs away, the lens, together with some of the vitreous humour, is not

infrequently instantly extruded, followed by collapse of the eyeball. Where this has happened the scar replacing the cornea is apt to bulge, although its thickness may after some time much exceed that of the normal cornea, and it may become so prominent that the eyelid can be closed with difficulty over it, or not at all. In some such case a weak spot in the scar may burst from time to time, some of the fluid contents escape, and the projection temporarily lessen.

Treatment.—It would seem almost superfluous to tell you that you will not wisely employ alike in every case one inflexible mode of treatment. Ever keeping before you a guiding principle, you must always adapt your measures, whatever these may be, to your patient's circumstances. Thus, topical applications, which can only be safely applied by the skilled hand of a competent medical attendant, are out of place where, as in many country districts and in large poor-law and club practices, great distances and large demands on the practitioner's time make it impossible for him to see the patient daily. For this reason we seldom use the pure or diluted solid stick of nitrate of silver—a remedy recommended by foreign surgeons. This again is the reason why ice, an auxiliary much in favour with our foreign *confreres*, is so little used by us in these cases, because, unless the ice or ice-water is constantly applied, it promotes a greater reaction—its proper use demands such incessant attention as few patients in the working and in the lower middle classes can bestow or command; besides which, ice is mostly beyond the reach of the poor in towns, and not generally procurable in the country. The treatment which has been followed for more than a quarter of a century with much success at the Royal London Ophthalmic Hospital, the oldest and largest institution in this country specially devoted to eye diseases, consists in the frequent use of alum-water (generally gr. vj. ad oz. ij. aq. dist.). First, the eye must be thoroughly cleansed from the discharge; and, as this cannot be done without some pain

and struggling, it is well for the safety of the child's eyes, and in order to lessen the chance of the accidental inoculation of the nurse's eyes, to have the child completely under control. For this it is neither necessary or proper to give chloroform. A simple and efficient way is to place the child with its arms straight by its sides upon a shawl or on a long towel, and then swathe it round a few times in this, leaving only its head out. So swathed it cannot move, and one person, unassisted can do all that is required to the eyes. The eyelids being now gently separated without pressing on the eyeball, the discharge should be wiped away, and the eyelashes cleansed with tepid water and small pieces of rag, which should be immediately burned. Next, if the nurse is intelligent and has not clumsy hands, the conjunctival pouch under the upper and lower eyelid should be carefully syringed out with tepid water; for this a common pewter squirt will do. When the pus is thoroughly removed, some of the alum-water should be dropped into the eye, and diffused beneath the eyelids by moving these lightly over the cornea, or it may be injected under them with the squirt. After this the eyelids are dried, and a little simple ointment is smeared along their edges in order to prevent the eyelashes becoming glued together. If the ointment is softened to the consistence of cream by warming it, it may be very neatly applied with a brush. In an acute case the alum-water should be repeated frequently. At first every second hour will not be too often, and then as the ophthalmia yields the intervals may be increased, until, in a couple of days or so, six or four applications in the twenty-four hours will suffice. If the surgeon can see the child daily, and he prefers to use nitrate of silver, the eyelid should be everted and cleansed in the same way, and the exposed conjunctival surfaces should be lightly wiped with a caustic-stick, or [which I think preferable] brushed with a solution of salt—gr. x. to oz. i. One such thorough application a day is enough and in the intervals a little alum-water, pure or mixed with ext. belladonnæ [in the proportion of oz. viij. ad 3j.], may be

dropped three or four times into the eyes. The more powerful astringents or stimulants are to be used at longer, the milder at shorter, intervals. If you employ alum-water in the way I have described, you will rarely have to regret the loss of an eye. Such an occurrence is quite exceptional, and it seldom happens unless the cornea is already sloughing when the child is first brought to you. Implication of the cornea does not necessitate the discontinuance of the astringent remedy ; its use should be persevered in, because in the speedy arrest of the ophthalmia lies the best hope of averting or limiting the destruction. A small hernia of the iris through a limited breach in the cornea may generally be left to itself ; it will nearly always shrink as cicatrisation proceeds. Surgical assistance is seldom required except a considerable part of the cornea has perished, and a large piece of the iris, perhaps distended by the lens, protrudes. Under these circumstances the removal of the lens will hasten cicatrisation, and give a better scar ; the eye is greatly damaged or wholly lost as regards sight. For this no special operative skill is required. Chloroform may be given ; the iris should be cut with a thin, sharp knife, on which the lens will escape—if not, it may be removed with any small convenient scoop. After this the eyelids should be closed, and a small pad of cotton-wool secured on them with a roller. This is only exceptionally required. Not unfrequently, however, young children from two to four years old will be brought to you who have suffered from infantile purulent ophthalmia, and have the cornea replaced by a bulging opaque white scar, termed an anterior staphyloma. Such a prominent scar may prevent the eyelids closing, it is very liable to become inflamed, and it is very disfiguring. On these grounds the abscission of the front of the eyeball may be required. For this anæsthesia is almost necessary. The eyelids are held apart with a speculum and the eyeball being fixed with a hooked forceps, a small puncture is made into it with a pointed knife behind the line of the ciliary processes, large enough to admit one

blade of a scissors, with which the bulging part is cut off, care being taken that the line of the incision lies just behind the ciliary region. The lens is generally included in the piece cut off, but if not it must next be removed. If towards the horizontal equator of the eyeball the line of the incision is taken a little further backwards in the sclerotic, the lower and upper half-circles will fall together more neatly, and will not form the troublesome angle resulting from a truly circular abscission, which sometimes makes the fitting of an artificial eye so difficult, and its use painful. In little children I never sew up the wound, and seldom apply anything but water-dressing.

An occasional and very troublesome sequel of infantile purulent ophthalmia is inflammation of the lachrymal sac. I think it is more frequent where an acute ophthalmia instead of thoroughly ceasing has lapsed into a subacute chronic form. If the sac suppurates the abscess cannot be opened too early, and if after the subsidence of the inflammatory swelling epiphora and a chronic mucous discharge continue, the lower lachrymal punctum and canaliculus should be slit up into the sac. Through this the contents may be pressed out several times daily; and once a day after emptying the sac in this manner a few drops of a solution of sulphate of zinc [gr. ij. and oz. j] may be dropped into the corner of the eye. If the nasal duct is strictured you will best adopt an expectant treatment until the child is older.—*Medical Times and Gazette.*

On the Antiseptic and Disinfecting power of Iodate of Calcium. By E. SONSTADT.

In the first of my papers, "On the Presence of Iodate of Calcium in Sea-Water," I referred to the action of this salt on putrescible matter. Since that paper was published I have continued to make experiments on the properties of iodate of calcium as an antiseptic and disinfecting agent;

the experiments have been made with the dry salt, and also with a solution of the salt made by dissolving 1 grm. of the iodate in 1 litre of water. The principal putrescible substances experimented upon have been urine, albumen, fish, meat, and rain-water.

The experiments on urine were begun in the spring of last year. Equal quantities of fresh urine were put into two test-tubes, and to one portion a small pinch of the solid iodate was added: the specimens were placed close together. After a few days the specimen to which nothing had been added became very offensive, and I added to it about a fourth of its volume of the solution containing 1 part of iodate to 1000 parts of water. The next day the offensive odour was gone, but still enough odour remained to make the nature of the fluid recognisable. The specimen to which the solid iodate had been added at no time took any offensive odour, and after several weeks could not even be recognized for what it was by the smell. The minute quantity of solid iodate that had been added to it remained apparently undissolved; up to the present time no sensible odour has been given off by this specimen. I have repeated this experiment several times with like result.

The experiment on albumen was begun on July 30, last year. Two fresh eggs were taken, and the whites put into two similar bottles. $\frac{1}{2}$ decigram. of iodate of calcium was added to, and shaken up with, the white in one of the bottles, the white in the other bottle being left as it came from the egg, for the sake of comparison. The two bottles were kept side by side, sometimes corked, sometimes uncorked, but were always treated exactly alike. The white of egg to which the iodate had been added remained sweet for about six months, after which it began to get discoloured and to smell disagreeably. It is now of a dirty yellow colour, and has a whitish deposit. The other specimen, containing no iodate, smelt disgustingly after about a fortnight, and is at present of a brown colour with brown

deposit. The odour is perhaps now equally strong from both specimens, but there is as great difference between the quality of the odours as in the appearance of the specimens.

The experiments on fish have been chiefly made on herrings. Freshly-caught herrings immersed in iodate water (containing 0.1 per cent of iodate) remain in hot weather perfectly good for about four days, after which they begin to slowly change. If dry iodate is sprinkled over the fish (1 or 2 decigrams of iodate to a dozen fish) instead of immersing them in the solution, the result is the same, and in neither case is it possible to detect the slightest foreign flavour in the taste of the fish. It is remarkable that the solid, and very sparingly soluble, iodate of calcium, which, so sparsely sprinkled over the fish, can only be in contact with very small spots here and there; should still exercise its preservative power throughout as completely as when a solution is used; that such is the case has, however, been proved, not by one or two experiments, but by many, since both last season and this, I have very frequently eaten fish kept fresh for a few days after being caught, by the dry or wet method indifferently. Salt herrings, a staple article of food in the Isle of Man in the winter time, have more or less of a disagreeable rancid flavour, whether eaten with or without removal of the salt they have taken up. But if salt herrings are first soaked in water long enough to remove as much of the salt as is considered desirable, and then immersed in iodate water for twenty-four hours, they lose entirely this disagreeable flavour, and are completely restored to the condition, as to flavor, that they were in when freshly caught.

I have made several experiments on the preservation of meat by the iodate, and have obtained results similar to those described for fish. In the case of meat, the solution of the iodate cannot advantageously be used, since the juices are extracted, and the meat thereby injured. A very minute proportion of the solid iodate, sprinkled over meat,

will keep it good for three or four days (in summer time) longer than it will otherwise keep, and, if the meat has acquired a taint before the application, the taint is completely removed; this applies to the cooked as well as to raw meat. In one case I sprinkled over a small joint of beef, which, after cooking, proved to be tainted to the bone and in every part, about a decigram. of the iodate. The iodate was simply dropped from between the finger and thumb over—and, of course, only very partially over—the surface of the meat; yet the next day the meat was as good as it was possible for meat to be, and was eaten with much relish. How the nearly insoluble iodate can have produced such an effect over parts that it could not come near to, I do not understand; I only vouch for the fact.

Putrid rain water becomes odourless, and agreeable to drink twenty-four hours after the addition to it of one-fourth its volume of the 0.1 per cent. iodate water. A litre of unfiltered rain-water to which 1 centigram. of the iodate (1-100,000th) was added on the 10th of January, and kept in a bottle, is still, to all the senses, as it was on the day the specimen was taken.

Eggs, immersed in the iodate of calcium solution, were after a month not to be distinguished by smell or taste from perfectly fresh eggs; how much longer than a month they may be thus preserved, experience only can determine.

Fresh butter covered with the iodate solution, loses nothing in quality during three weeks, and would probably have kept good much longer. Butter that has begun to get rancid is greatly improved by soaking for a day or two in the solution, especially if once or twice worked up in it. Salt butter, after the salt has been washed out, and steeped in the solution for a day or two, is, if originally of good quality, made nearly equal to fresh.

Such small quantities of iodate of calcium as may be introduced into food by the treatment described, do not in any way alter the normal taste of the food; the only modification produced is to restore the original flavour when

that has been disguised or impaired by commencing decompositions.

In order to ascertain if much larger doses than any that could under any circumstances be introduced into the food eaten at a meal, could produce any injurious effect, I took at various times different doses of the iodate, the largest dose taken being 1 grm. This dose left a slight after-taste in the mouth, but I perceived no inconvenience, except a slight head-ache next day, an increased appetite, and, generally, such effects as might follow taking an ordinary dose of quinine. Some of my friends have tried small doses, such as a decigram. at a time, in some cases with no sensible effect, in others with marked increase of appetite and increase of vigour. But it is in cases of fever and of attack by diseases such as typhus and cholera, propagated by some specific organic poison, that I should expect the exhibition of iodate of calcium to be followed by marked effects. A layman has small opportunity of making experiments in such directions. On one occasion, however, after exposure for some time to foul putrid odours, I found myself attacked by the usual premonitory symptoms of a typhoid fever, and all these symptoms *entirely* disappeared within a few hours after taking about a decigram. of the iodate: one of my friends can give similar testimony. It appears to me that the iodate acts simply as a tonic on persons in health, but that, when there is an organic virus in the system, it is a potent agent in destroying such virus and in purifying the system. As a minor application, I may mention that the iodate has given speedy relief in cases of tooth-ache arising from caries.

I have made some experiments on the iodates of sodium, potassium, and of magnesium, in reference to any power they might have as antiseptics or disinfectants, but find them, although not quite without effect, very feeble as compared with iodate of calcium.—*Chemical News.*

The Relief of Intussusception by Gastrotomy.

A recent meeting of the Royal Medical and Chirurgical Society was of peculiar interest for the surgical members, in consequence of a discussion which arose on a very remarkable case which had been under Mr. Jonathan Hutchinson's care. The details of the case will be found in our report of the Society's proceedings at page 661. This remarkable case gave Mr. Hutchinson an opportunity of suggesting a revision of the opinions of surgeons on the propriety of operations for intussusception. There can be no question that they are in general opposed to operative interference. Thus, Mr. Pollock (*Holmes's System of Surgery*, iv, 619) says: "The proposal to open the abdomen should not be entertained"; Mr. Bryant (*Practice of Surgery*, p. 318): "Operation in intussusception is scarcely justifiable"; Mr. Holmes (*Surgical Treatment of Children's Diseases*, p. 570): "With regard to cutting into the peritoneal cavity, I would entirely abstain from any such proposal in a case which I regarded as one of intussusception"; and other opinions to the same effect might easily be quoted. But a perusal of the context will show that these surgeons, in condemning so decidedly the operation in cases of intussusception, were thinking of cases in which the symptoms are urgent and the intussuscepted bowel tightly strangulated: so that adhesions rapidly form between the opposed serous surfaces at the point of invagination (which is the neck of the stricture), soon followed by ulceration in the line of the stricture itself, whereby the protruded bowel is often cast off into the cavity of the intestine, and life is, comparatively often, saved.

The merit of Mr. Hutchinson's paper (and a very great merit it is) consists in calling the attention of surgeons and of surgical pathologists to the occurrence of cases which bear more resemblance to incarceration of bowel than to strangulation, and to the probability—hitherto certainly unsuspected by pathologists—of finding the opposed serous surfaces of the invagination unadherent, even after a pro-

longed period of such incarceration. That this was so in Mr. Hutchinson's case, was undeniable; whether it will be found to be the general rule, or a happy exception only, cannot be decided without further experience. For the attention of pathologists seems hitherto to have been but little bestowed on these cases of chronic intussusception; and it seemed rather to take the audience by surprise to hear that, after the continuance of intussusception for a month, the gut might be as easily withdrawn as it would have been an hour after its invagination.

But, though we can hardly doubt that Mr Hutchinson's paper marks a real advance in the treatment of a disease which is usually fatal, it would, we think, be a mistake to suppose that it has revolutionised this treatment, or was intended to do so. The opinions, quoted above, appear to us at least (and we believe to Mr. Hutchinson also) quite sound, if limited to the acute form, which their authors probably had in their mind. In this form the natural cure is at any rate not very improbable; nor does it seem that the cure by insufflation or injection is rare—at least many instances are recorded in which the symptoms have yielded to this treatment, the invagination being presumably seated in the large intestine. And Mr. Hutchinson, far from wishing to supersede this treatment, on the contrary recommends that it should be carried on perseveringly; thinking, contrary to the opinion of most authors, that there is not the risk which has been alleged of bursting adhesions or rupturing half-ulcerated portions of bowel by repeated sudden distension. The operative treatment he would therefore reserve mainly for chronic intussusception. To quote his own words: "The cases best suited for operation are those which have persisted for some considerable time, and in which the intestine is only incarcerated, and these cases are also precisely those least likely to be relieved by any other method; and in the cases just referred to, after failures by injections, bougies, etc., an operation is to be strongly recommended."

Obviously, the chance of success in this attempt is measured by the probability of finding the intestine bound down by adhesions at the neck of the invagination. Until we have (what is wanting at present) an adequate number of careful observations on this point, we cannot form a definite opinion as to the chance of success; and the operation must under all circumstances, be looked upon as a desperate measure, and should be ventured upon only under the pressure of the most urgent necessity and on the clearest indication. But, given these necessary conditions, the surgeon will be amply justified in following Mr. Hutchinson's example; and he has laid the whole surgical profession under a debt by the judicious boldness with which he treated so formidable, indeed so inevitably fatal, a disease.—*British Medical Journal.*

On effects of Atmosphere in Cutaneous Affections. By
GEORGE GASKOIN, M.R.C.S., Surgeon to the British
Hospital for Diseases in the Skin.

There is a prejudice existing among the profession in London against sending patients to the seaside when suffering from eczema and some other skin complaints. This arises, no doubt, from common experience, though some more than others have partaken of it. Indeed, it is not uncommon to meet with patients who cut short their holiday and return to town with disgust. Instances of this, however piquant, need scarcely be given. The following I take from my note-book:—A. B., *Eczema*, presumably gouty.—“The seaside is sure to bring it on.” C. B., *Eczema manus*, supposed to have come from drinking cold water when heated—“Only the seaside carries it away,”—so that I remain without a conclusion. Again, I see extensive and constitutional eczema, with or without asthmatic complication, in young people who return from the coast generally.

improved by their autumnal trip when allowed to accompany their brothers and sisters in the family circle.

So much may serve to introduce the notice of a case which has come before me in the course of the year. A young lad presented himself to me afflicted with that general and, so to speak, constitutional eczema that is seen in the lower classes, and which for the most part goes uncured while they struggle courageously with existence. This lad tells me that he has had it always, except once that he took a dip in the sea at Brighton, when he got freed from the eruption for three days, but he never had the opportunity of repeating the experiment. This seems to stand on a level with another case which has occurred during the year. It occurred in a child two years of age. The mother informed me that the hooping-cough had cleared off the eczema in three day's time. On subsidence of the hooping-cough the eruption returned. The custom now much prevailing, of giving school-treats to parish children, is likely to furnish some items of disease. One of the worst cases I have seen of eczema capitis occurred in a school teacher in that way. This young man was of lymphatic constitution, and of Jewish parentage, residing in Houndsditch. The excitement, the heat, the sudden change to the air of Brighton, though but for a few hours, developed in him an eczema, whose copious flow and lingering effects made him an invalid for several months. "Disturbance" is the word which best explains such cases. I have known it in others who from London went for a day's holiday, or for a short spell into the country, and, curiously enough, sometimes when they visited their native place. In London shopgirls and shopwomen—rather a favoured class as regards diet and protection from weather—acne rosacea is very apt to follow on direct exposure, especially at the seaside, and when the day is warm. It is a complaint which is very apt to come on the coast, especially under a full diet, when there is a constitutional tendency. Among those of my patients who this year have received most benefit from

country air, I may mention a case of urticaria in a national schoolmistress, which was wholly refractory to treatment. I recommended her going into the country for a while. The cure was rapid and complete. Two cases of alopecia have much benefited by the seaside. Let me here say a few words of the kind of weather which patients with eczema complain of most. This is what is generally termed "coarse weather," windy, damp, and wet. In another case of urticaria the patient complained more of the wind than of any single thing as increasing his distress: from whatever quarter the wind might come. In a French shoemaker from Toulouse now under treatment for eczema, I find him insist on the change of the moon as operative in increasing his discomfort. By a man of the condition of master mariner, who superintends work down the river, now suffering from a tedious sycosis, I am asked if "any of those fellows could have put it on him," which may be worth mention here as it serves to show that the superstition of the "evil eye" is not yet, even in England, extinguished.

—*Medical Times and Gazette.*

Sir Henry Thompson on Cremation.

Sir Henry Thompson, in the current number of the *Contemporary Review*, discusses with force, clearness and spirit, the question of cremation of the dead. The arguments in favor of such a mode of disposal of the dead carcases of men are rationally unanswerable. There is absolutely nothing to be said against it, and there is little present likelihood of argument doing much for the cause. It is a case for example, which would be of much more effect than precept. No doubt there is nothing but prejudice and an ignorant misinterpretation of certain texts, which could be advanced against cremation as a means of disposal of the dead. But there is a rooted sentiment which is opposed to it. It is ignorant; it is old fashioned; it is contrary to the

laws and the ceremonies of Nature, and to the interests and proprieties of civilization ; but there it is, and nothing short of the initiation of a Society of Incremators, like the recently formed Société de la Mort of Zurich, will produce any effect. If a few hundred men of notable character, ability, and respectability were to agree to commit their bodies to the flames after death, and make suitable arrangements, they might probably soon be imitated by many more thousands, and so the foul practice of committing a rotting body to the ground, there to poison the soil which it encumbers, would be replaced by the more reasonable and cleanly reduction of the body to ashes by the speedy agency of flame. Perhaps what Sir Henry Thompson has written may be the precursor of a plan of action. He has the ability, the courage, and the social influence, which fit him to lead the way in so useful a reform. If he succeeded, he would prepare for himself an earthly immortality.—*British Medical Journal.*

DEATH OF THE SIAMESE TWINS.

We observe in the telegraph reports from New York, dated 20th January, that the Siamese Twins died at their residence Greensboro, North Carolina, on the 17th of January instant. It appears that Chang was in ill health, being partially paralysed, and had for some time past, become addicted to drinking liquor, as a means of giving relief to his sufferings. As soon as it was discovered that he was dead, his brother Eng became very much excited and raved incoherently. This state was followed by what is reported as a deadly stupor, in which condition he died two hours after his brother. Was this from mental shock? We shall look with interest for a more full report, and keep our readers *au courant*.

CANADA

Medical and Surgical Journal.

MONTREAL, JANUARY, 1874.

A REGISTRATION ACT.

At a recent meeting of the Montreal Sanitary Association, the Rev. Father Villeneuve is reported to have said that the clergy would give every assistance to ensure the proper execution of Civil Registration, provided it did not interfere with their Ecclesiastical Rights.

We certainly are at a loss to see how civil registration, if even performed by a Catholic or Protestant priest, can in any way interfere with his ecclesiastical rights. These functions cannot, and ought not to clash. All that is desirable is to ensure accuracy. If a general law, either a Dominion or a Provincial Act is obtained, how is it to be administered without the aid of the clergy? There are places in Lower Canada where the Priest is the only person in the community that is capable of keeping a register. Registration, such as it is with us at the present day, is a civil act, a copy of the register is required to be sent to the Prothonotary to be filed or put away in the vaults of the Court House of the district. This does not interfere with any ecclesiastical right. But if a general law were in working order, the registrar, whoever he might be, would, in the execution of such duty, be a Government official, subject to such pains and penalties appertaining to his office in the case of neglect of duty. But again, are we not all, Priest and Laymen alike, subject to pains and penalties, in case we break the law, which as a society we have agreed to adopt for our well ordering. In what way, then, can ecclesiastical rights be assailed

or civil rights encroached upon by the carrying out of a general law which, as a community we all agree is necessary and advantageous as a sanitary measure. The law as it exists is inoperative simply because it is not imperative. Marriage and baptism in the Roman Catholic Church are regarded as sacraments, so that registration with them is a matter of secondary importance. Nevertheless, it is generally admitted that the register kept by that denomination is most accurate. Such cannot be said of other denominations. There are those individuals who do not believe in the necessity of infant baptism; others again, who neglect, or absolutely refuse to bring their children to their church to be baptised: with some of these latter a compromise is entered into between them and their clergyman, and the ceremony is performed in their houses. Again, there are, sad to say, in the city of Montreal a certain number of families who profess to belong to no creed, go to no church, and if children are born to them they are never registered. We know of several families who have increased and multiplied, and yet not a single name of any child born to them could be discovered on any register. These are facts which cannot but strike the reader with the urgent necessity for some change from the present system; to effect that change we must have united action.

We trust that the Montreal Sanitary Association will show something more definite on the subject than merely discussing the propriety of having a registration act. Prepare a Bill, gentlemen, have it printed and circulated fully; discuss its various clauses; obtain from other communities or cities in the Dominion suggestions or alterations that may be deemed advisable, and then submit it to the Commons of Canada with full certainty of its becoming law. By adopting this line of action the Sanitary Association of the city of Montreal will earn for itself an enviable notoriety, and deserve the thanks of the whole country—without something of the kind it might reasonably be supposed to resemble the meeting of the three tailors of Tooley Street.

THE PROFESSION IN ONTARIO.

We observe that the Homœopathic and Eclectic body of practitioners in Ontario, have applied to the Local Legislature of that Province, for an act of incorporation, giving them powers separate and distinct from the Ontario Medical Act, under which they have been admitted into the profession, on equal terms with those practitioners of Medicine who hold degrees or diplomas from our Universities, and some of the Colleges of Great Britain.

We have always opposed this unholy alliance. At the time of the passing of the Ontario Medical Act, we pointed out how degrading it was to the profession in Ontario to be in any way connected with irregular practitioners. We must say that it is a suitable retribution for wrong doing, the abandoning on the part of the Homœopaths and Eclectics their association with the regulars. In fact we présume they found the connection irksome—although according to the *Canada Lancet*, every concession was made. They were earnestly desired not to be malcontent, and yet they have severed the bond of union.

We congratulate the Profession of Ontario on having the semblance at least of freedom from their former contamination, and we trust it will be long ere they submit to be again connected with irregular practitioners.

We cannot believe that the Legislature will pass the Bill. In its present form, it is a gratuitous insult to the Profession, and will lower the standard of Medical Education in Ontario, which is bad enough already.

DR. F. J. AUSTIN, OF SHERBROOKE, P.Q.

We regret to learn that Dr. F. J. Austin, a Graduate of McGill University, who has been practicing in Sherbrooke in partnership with Dr. Worthington, since the beginning of 1868, has been obliged, owing to ill health, to go to Colorado for the winter months.

Dr. Austin was very successful in his profession ; and as a proof of the estimation in which he was held, we may mention that a few days before he left he was presented by a few friends with a purse of \$500, and a kind, sympathising address.

He carries with him the sympathies of his old teachers and classmates of McGill, and we sincerely hope he will receive all the benefit he anticipates from his trip, and that he will return in the spring in renewed health and vigor.

SMALL POX.

It is by no means pleasant to be forced again to notice the singular apathy of our Health Committee and our City Council on the subject of Small Pox. The disease is reported to be on the increase, and if we look at our weekly bills of mortality it will be observed that the number of deaths is augmenting week by week. It is true, no very prominent member of the community has been snatched away, to create a feeling of insecurity and to start a few vapouring reformers into temporary action.

What about a Small Pox Hospital—are we to have one? or two?—*or none at all?* Who will vouchsafe us an answer. It is a matter of very great importance to the community, and one which, if our life is spared we will endeavour to ventilate on all suitable occasions. We are not alone in considering it a crime to permit Small-pox patients to be admitted into either of our general hospitals. It is a crime against common sense, and in the face of all that is known not only of the course and history of the disease small-pox, but of facts which have been published enunciating the experience of other communities. There are those in our community who, in very bitter terms condemn the conscientious utterings of a certain medical Practitioner in our city who is rabidly opposed to vaccination, of course the arguments he advances possess some show of truth, but he ignores

altogether the published beneficial results of vaccination as a means of preventing the spread of small pox. So with our City Council, and so with our Health Committee. they all advance telling arguments in proof of the necessity of having a small-pox hospital separate and distinct from other institutions of that character. They even go so far as to recommend the erection of two hospitals,—one for the Catholic denomination, and the other for the Protestants. This we suppose will be sufficient for the Gentile population of the city, but what about our Israelitish fellow-townsmen should any of them require hospital accommodation for any of their sick afflicted by small pox. When shall we learn common sense?

DEATH OF DR. H. W. FULLER.

In a recent number of the *British Medical Journal* we observe recorded the death of Dr. H. W. Fuller of St. George's Hospital, well known as the author of a work on Rheumatism. He was taken ill on the 8th December with what appeared to be, and was diagnosed at the time, as Rheumatism of the Diaphragm. Symptoms of the formation of pus subsequently showed themselves, and although suffering much he still carried on some literary labour in correcting the proofs of a new edition of his work, which he was about to publish. The symptoms became urgent. He was seen by Sir W. Jenner, Dr. Barclay, Dr. Sieveking and others. The brain appeared to be affected, and he died on the afternoon of the 18th December. On post mortem examination the brain seemed filled with small pyæmic abscesses, upwards of 20 in number, scattered through it in various parts of its substance. An abscess the size of a good-sized orange was found in the posterior mediastinum, behind the pleural cavity, and close to the left side of the œsophagus, it was supposed to have originated in one of the bronchial glands. Death, in this instance, was clearly due to pyæmia, but the origin of the primary abscess is not so clear.