had resided some time at Lagos, West Africa. His illness began acutely with vomiting after dining with a friend, who likewise suffered, but speedily recovered. The patient could not stand next day, and nine months after onset was brought to England. He supposed himself suffering from sasswood poisoning, which was said to produce rapid paraplegia, ending fatally. He had had malaria, rheumatism, gonorrhœa, and there was a history of alcoholic excess. He was profoundly anæmic, could hardly stand, had little power in his limbs, double wrist and foot drop, no knee-jerks, atrophy of interossei and thenar muscles, tenderness on squeezing calf muscles, reaction of degeneration in muscles of thumbs and extensors of legs. No lead line, no mental peculiarities; urine contained a trace of albumen, and lead was detected in it. Dr. MAJOR said that the case was undoubtedly peripheral neuritis, and iodides were given and massage persevered with, and this last had undoubtedly restored the man to the good state he was in. Mr. OFFORD said poisoning by sasswood or sassywood was usually fatal on the second or third day, and resembled tetanus somewhat in symptoms. Drs. CARTER, KERR and RABAGLIATI continued the discussion.

Melanotic Sarcoma of Brain.—Mr. PETTITT read notes of the case of a man, aged 43, who had the right eye removed some months after a severe blow. On admission to hospital seven months later he was totally deaf and blind, knee-jerks gone, face paralysed, ; a tetanic spasm occurred about ten days before death. On *post-mortem* examination numerous inky black growths were scattered over the surface of the brain.—Dr. MAJOR showed specimens, showing them to be melanotic sarcoma invading the membranes and extending to the cortex; he also showed the growth starting in the neighbourhood of vessels. The eye was, on examination, found affected with melanotic growth.—Messrs. HORROCKS, ALTHORPE, KERR, and RABAGLIATI discussed the case.

Strangulated Hernia.—Dr. RABAGLIATI read notes of a case of strangulated inguinal hernia in which the symptoms were very acute, and where he had effected a radical cure.

LEEDS AND WEST RIDING MEDICO-CHIRURGICAL SOCIETY.

FRIDAY, FEBRUARY 5TH, 1892.

A. RABAGLIATI, M.A., M.D., President, in the Chair.

Influenza.—Dr. GODFREY CARTER (Ilkley) read a paper on quarantine in influenza. He regarded the disease as highly infectious, and like measles, especially in the early stages, so that when one inmate of a house was affected, precautionary measures when adopted were often too late to prevent the disease spreading; still, such measures should be insisted on. He strongly advocated greater precautions in such details as not allowing children from an infected house to go to school. The disease in his experience could be traced along the lines of human communication.—Dr. ORLANDO JONES (Harrogate) read a paper on influenza, its cause and treatment.—A good discussion on the two papers followed, several members taking part in it.—Dr. GODFREY CARTER replied.

Cases, etc.—The following cases, etc., were shown:—Mr. LITTLEWOOD: Case of Congenital Deformity of Both Shoulders.—Dr. HELLIER: Portable Instrument Case for Immediate Perineorrhaphy.—Mr. E. O. CROFT: Large Hydrosalpinx.—Dr. J. IRVING (Huddersfield): Large Gall Stone Passed by Bowel.—Dr. TREVELYAN: Brain from a Case of Sudden Hemiplegia with Aphasia in a Child, aged 8 years, convalescent from diphtheria.

CORRECTIONS.

Animals and Influenza.—Dr. SISLEY writes with reference to a report which appeared in the BRITISH MEDICAL JOURNAL of February 27th, of a paper which he read before the Epidemiological Society, that what he intended to say was that as long ago as 1875 Professor Fleming pointed out clearly that equine influenza was contagious, and that as late as May, 1891, doubt was expressed, at a meeting of the Epidemiological Society, as to the contagious nature of influenza, and that the highest veterinary authorities were in advance of most medical writers on human influenza. For "Copeland" read "Creighton"; for "Sir J. Caird" read "Mr. Caird of Lochgoilhead." M. Ollivier's observations were on a disease supposed to be influenza, which affected *cats*, not horses. As to the spread of the disease from man to animals, and from animals to man, he said that the evidence at present at our disposal seemed to him to point to the fact that although the spread of influenza to man from animals and from animals to man was certainly not the usual one, there was sufficient evidence that both these ways of infection might occur to make the subject worthy of careful and thorough study. The balance of evidence appears to be in favour of the view that, although protection afforded by an attack of influenza is of much less force than is the case in many other diseases, yet, *cæteris paribus*, a person who has had an attack of influenza is less likely to take the disease than one who has not had it.

Boric Acid in Foods.—Mr. C. E. CASSAL writes, with reference to the report of the meeting of the Society of Medical Officers of Health, which appeared in the BRITISH MEDICAL JOURNAL of March 5th, 1892, p. 504: I did not say that I was "the first to demonstrate the presence of boric acid in butter and cream." I said that I believed I was the first public analyst to certify milk, butter, cream, and other foods containing borates as adulterated under the Acts, and that it was not possible for a public analyst to deal with the matter otherwise. It was in 1887 (not 1882) that Dr. Dudfield and I reported on the subject, but to the Kensington Vestry (misprinted Kennington). The opinions of Sir A. Clark, Sir H. Thompson, and Dr. Brunton, were not sought for by that body at that time, but in 1891. Dr. Brunton did not refer to the investigations of Förster. I referred to them in my paper. It was not Förster, but L. Hötter who found that boric acid and borates acted injuriously on plants. The amounts of boric acid stated by me to have been added to butter were from 0.05 to as much as 0.5, and even 1 per cent.

REVIEWS.

A HISTORY OF EPIDEMICS IN BRITAIN FROM A.D. 664 TO THE EXTINCTION OF PLAGUE. By CHARLES CREIGHTON, M.A., M.D. Cambridge: The University Press. 1891.

THE present work is at once an important contribution to British epidemiology and a valuable instalment of that history of English medicine of which so small a part has been written. We hasten to express our appreciation of its worth. Being formed on the best models of modern original historical research, we are no longer treated to the well-worn anecdotes and untested statements of former compilers. Monastic records, Rolls series, MS. correspondence, parish registers, diaries, Acts of Parliament, and numerous other reliable sources of information have been searched to illustrate and strengthen, or else to disprove, accepted theories and facts. And although some of its conclusions come into startling collision with many historical commonplaces, yet since each one is founded on more or less reliable evidence, it will not suffice to dismiss them with a mere expression of incredulity. An equally careful examination and comparison of original evidence will be necessary for their disproof; and since few have either the necessary knowledge, time, or industry for such a labour, there is danger lest its novel conclusions, true and untrue, will in future be adopted unhesitatingly by less competent and conscientious historians, and so in their turn become the accepted commonplaces of future writers.

From a critical standpoint, the work may be divided into three portions of varying authority and excellence: (*a*) an historical record of events of the very highest value. This may be unhesitatingly accepted with very little reserve. (*b*) Historical conclusions concerning matters of fact which, being in all cases supported by quoted evidence, demand a respectful, if critical, consideration, and are of a very interesting and stimulating character; and (*c*) theories of the origin of epidemics, which, contradicting as they do the great triumph of modern epidemiological research—namely, bacteriological discoveries—will probably be unhesitatingly rejected, both now and still more in the future.

It is impossible to discredit the positive discoveries of competent observers, carefully checked and rechecked, on the authority of historical evidence, fragmentary in character, compiled in remote ages, when neither the necessary instruments nor training for the accurate observation of obscure phenomena existed. As easy would it be to overturn the modern science of astronomy by records culled from the astrological archives of Nineveh, or to disprove a chemical equation of to-day out of some ancient alchemical treatise, as it is to upset modern bacteriology by the casual uncritical chronicles of the Middle Ages.

Leaving this debatable ground for more pleasant and profitable regions, it may be said that much novel information will be found in the historical account of the Black Death. The author, for instance (p. 200) opposes to Hecker's statement that the Black Death was succeeded by a greater fecundity in women much interesting statistical and other information. The description of the symptoms of the epidemic on page 119 is most valuable and minute. The state-