

communication by which the specific poison is supposed to spread. Dr. Murray suggests that my remarks to the effect that I know of no case in which the poison supposed to be contained in cholera evacuations has spread by means of water in India, apply only to the experience of 1872; but I apply it in its widest sense, and I assert that in India, even in those parts of it in which cholera has its home, there is absolutely no evidence of anything of the kind; and I would ask Dr. Murray, and all others who believe in this theory, to adduce one single instance, that it may be thoroughly sifted.

I could dwell much longer on these matters, and I should like to discuss others; but I shall not detain you longer. In conclusion, I would only remark that I object to the current theories of the day in regard to cholera—1. Because they are founded on altogether insufficient bases to warrant their acceptance as scientific truths; 2. Because the quarantine and other restrictive measures to which they lead are impracticable; 3. Because, so long as mankind believe in such theories, they will never wake up to a proper sense of the great importance of the real work which has to be done—the improvement of the conditions under which they live; and 4. Because the prohibitions which flow from such theories are so vexatious, that the people are set against everything under the name of sanitary reform. I am quite willing to learn in a very difficult inquiry, and to weigh every piece of fresh evidence that can be brought forward; but let us see that the facts are really what they profess to be. And, as regards India, where there are special opportunities of studying cholera, let there be no error in statements, and no hurried rushing to conclusions.

### ON VALERIANIC ETHER.

By W. F. WADE, F.R.C.P.,

Physician to the General Hospital, Birmingham.

SEVERAL years ago, Messrs. Southall, chemists of this town, prepared, at my request, some valerianic ether.

At that time, I was not much in the habit of using valerian or its preparations, and consequently allowed this one to fall into desuetude. Of late years, I have recognised more fully the frequency and importance of neurotic elements in mixed diseases, as well as of neurotic disorders pure and simple.

Some of these conditions are most decidedly alleviated by valerian, but the inelegance and nauseousness of its ordinary forms militate against its sufficiently frequent employment. My mind consequently reverted to the ether, and Messrs. Southall have again, at my request, prepared it; and also, for convenience of dispensing, a spirit of it, containing in twenty parts one of ether. The price is about ten per cent. dearer than chloric ether. Fifteen drops of the spirit is a convenient dose.

This preparation seems to me to possess the good qualities of the infusion and tincture, but to be more agreeable to patients both in odour and in appearance. Messrs. Southall inform me that the ether is free from alcohol, water, and valerianic acid, and is as pure as can be readily obtained. I may add, that Messrs. Southall affirm that both their wholesale and retail trade prove that valerian preparations are much more extensively employed of late years than formerly.

If any of our members try the spirit of valerianic ether, I should be glad to hear, after a due time, their opinion as to its merits as compared with those of other valerianic preparations. It is scarcely necessary to add that it is easy to combine it with arsenic, zinc, ergot, bromides, or indeed any ordinary drug.

### THERAPEUTIC MEMORANDA.

#### AMYL COLLOID IN SHINGLES.

I AM anxious to call the attention of the profession to the great efficacy of the "amyl colloid" in removing the pain attendant upon shingles, which, as every practical man knows, is thoroughly out of proportion to the appearance of the eruption, and is often the cause of sleepless nights and great general discomfort. As far as my experience goes, no drug, applied externally or given by the mouth, can be compared to the soothing effect of the amyl colloid painted for three or four coats round the clusters of the eruption. It may be applied as soon as the pain sets in, and continued twice daily as long as required; but it must not be applied on the eruption. In severe cases, the addition of three or four grains of morphia to each drachm of the colloid will be found advantageous. Of course I do not wish this treatment to banish any general or special treatment that may be required in individual cases, but only as a great help to our means of easing pain.

HERBERT M. MORGAN, Lichfield.

## REPORTS OF SOCIETIES.

### ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, JANUARY 13TH, 1874.

C. J. B. WILLIAMS, M.D., F.R.S., President, in the Chair.

LARGE ADENOCYCLE, COMPLICATED WITH MILK-CYST. BY F. LE GROS CLARK, F.R.S.

E. H., aged 24, married, was admitted into St. Thomas's Hospital in November, 1872. At the age of sixteen, she first noticed a swelling in the breast, which had gradually increased to its present large dimensions, but unattended by pain. She had been married two years, and had an infant seven months old. The bulk of the tumour was below the nipple, and the entire mass measured twenty-six inches and a half in circumference. It was removed on December 4th, and the true gland, being almost entirely distinct, was only partially removed with it. The patient made a good recovery. The solid tumour weighed between eight and nine pounds, and proved to be adenoid growth, resembling, on section, the structure of healthy breast-tissue. In its interior was a large cavity, containing about two pints of thick, creamy milk. Its lining membrane was ragged and fibrous. Its microscopic characters were those of true gland-tissue. The patient had been again recently confined, and suffered only temporary inconvenience at the early period of lactation.

Mr. BIRKETT said that such cases as that described by Mr. Clark were very rare. He had recorded a case in *Guy's Hospital Reports*, in which gland-tissue was formed and milk was secreted. There was a marked distinction between these and the so-called adenoid growths; the former might be regarded as true glands. In Mr. Clark's case, the growth was first noticed at the age of 16; and in Mr. Birkett's it appeared early, but it was long (in consequence of the patient being either pregnant or suckling) before there was an opportunity of removing it. It was found to be a small cyst containing matter like cream cheese or condensed milk. Hanging from the walls of the cyst were imperfect ducts. These growths might be regarded as developments of true mammary glands without nipples or ducts. In another case, he removed a rapidly growing cyst, in which lay many adenoid growths. It contained thickened milk which, he thought, came from the neighbouring normal gland. Another case was operated on by Mr. Luke, in which milk was found in a cyst like an adenoid growth.

REMARKS ON DISLOCATIONS OF THE FIRST AND SECOND PIECES OF THE STERNUM. BY WALTER RIVINGTON, M.S. LOND., F.R.C.S.

The object of the paper was to give an explanation of the mode of occurrence of dislocations of the sternum, illustrated by cases coming under observation at the London Hospital; and to account for their peculiarities by the anatomy of the superior sternal articulation. That dislocations and fractures of the sternum might be produced by direct or indirect violence, and that they frequently complicated fractures and dislocations of the spine, were well recognised facts; but as to the mode of their occurrence, conflicting and indefinite explanations had been offered. Of fourteen cases collected by Mr. Poland, the displacement was due or was attributed in four to force applied immediately to the sternum; in one, to violent lateral compression of the chest; in one, to muscular action; in one, to flexion of the body forwards as the result of a fall; in three, to falls from a height on to the back; in two, to falls from a height, the part struck not being mentioned; whilst in one the cause was not stated. Precisely similar causes had been assigned to fractures of the sternum, and the two classes of injury had so much in common that some writers included displacements of the sternum under the head of fractures. In the large majority of cases of both, the upper fragment was found lying behind the lower. In displacements, for instance, the manubrium was almost invariably found lying behind the gladiolus, the second pair of ribs remaining attached to the manubrium, and the strong posterior layer of periosteum unbroken, but stripped up from the bone, holding the two segments together. The only recorded exception to this disposition of the segments known to the author was a case recorded by Sabatier. The position of the manubrium behind the gladiolus had been generally attributed to the direct force of the blow, pushing it backwards; but the same effect might be produced, in all probability, by force applied to the body of the sternum, the elasticity of the ribs and costal cartilages attached to it, causing it to rebound after it had been depressed. This was M. Maisonneuve's suggestion, and it appeared the more probable because the gladiolus was more exposed to violence. The question might arise whether a particular fracture or displacement had been the