

to his intended victim. That this is no mere fancy picture, will be readily conceded by men of large experience in the profession.

I have taken some trouble to ascertain the custom which obtains in other countries in this respect, and have found that, with the only exception of Germany and Austria, complete liberty of the subject seems to exist everywhere as far as this point is concerned. In Holland and Belgium, there is no law restricting the chemist from again and again compounding the same prescription. Dr. J. Morel of Ghent tells me that, in Brussels and some other large towns, chemists' shops are hardly anything but magazines for the sale of patent medicines, which anybody may procure without trouble. In the smaller towns, there is less of this; but the doctors are in the habit of telling their patients to keep their prescriptions and have them made up again and again, if found useful. The consequence is, that the patient gains confidence in a prescription, instead of in the judgment of the doctor; he labels certain receipts as good for certain diseases or symptoms; thinks himself, after a time, perfectly able to judge as to what ought to be given in a special case, and, when a friend is ill, takes some formula out of his pocketbook and advises him to have it made up.

In Spain, patients can do exactly as they like. Dr. Jelly of Madrid says, however, that less mischief is done by Spaniards in this respect than by others, because Spanish doctors generally only write prescriptions for some simple infusions, or a small quantity of some advertised French nostrum, just sufficient to last for a day, and order their patients to come back to the doctor every day until they are cured. Dr. Jelly has, however, found many English travellers come to him with a pocketful of receipts from London physicians, and a plan of treatment laid down sufficient to last them a lifetime, and he thinks that the profession are as much to blame in the matter as the patients.

As for Italy, Dr. Erhardt of Rome tells me that prescriptions may be made up again and again without the sanction of the prescriber; but it sometimes occurs that, if they be very frequently asked for, the chemist will refuse to make them up again without receiving the doctor's assent. Italians, like Spaniards, take, as a rule, very little medicine, and Italian practitioners rarely order potent medicines, so that less harm is done in that country in this respect than elsewhere.

Dr. Frank of Cannes says that the same evil of which I complain here exists in France, and that he has no doubt that a great deal of harm is often done in consequence.

I understand from Dr. Marion Sims that, in the United States, there is absolute liberty to procure any quantities of powerful drugs from a single receipt, given perhaps many years ago, and that to his personal knowledge patients have ruined their health by the indiscriminate use of medicines at a time when these were no longer required.

Legislation on this subject exists, as far as I have been able to ascertain, only in Germany and Austria. Professor Westphal of Berlin says that, in Prussia, as long ago as 1801, a law was enacted requiring that all prescriptions written by either physicians or surgeons, and containing drastic purgatives, emetics, remedies used for bringing on menstruation and increasing urinary secretion, opiates and similar powerful drugs, shall, after having once been made up again, not be prepared a second time without the knowledge and approval of the prescriber, in consideration that such means may have been beneficial at the time they were ordered, while they might cause the death of a person at another time. As some inconvenience has arisen from too frequent applications to the prescriber for renewal, it has become of late years the custom in Germany for the prescriber, in case he thinks renewal desirable, to add the word *reiteretur* at once, and he may add to this the words *bis, ter, etc.*, at his discretion. Unless this appear on the prescription, no good chemist will renew an old formula; and, if he did so, he would be punishable.

Professor Benedict of Vienna states that, in the Austrian pharmacopœia, the more powerful medicines, more especially the narcotics, ergotine, etc., are marked with a cross, and that the chemist is legally bound to give no more than one supply for a prescription containing any such drugs. Some physicians add at once the word *repetatur* or *bis, ter, etc.*, where they consider it proper. All prescriptions have to be stamped by the chemist who makes them up, and who is also bound to put down the price he has charged for the medicine. Opium-eaters endeavour in all possible ways to circumvent this law; but the chemist who supplies them to excess lays himself open to an action at common law, and, where real harm has been done, even to criminal proceedings. Professor Benedict has mentioned to me, as an instance of the conscientious manner in which chemists in Austria generally discharge their functions, that, quite recently, when a physician, suffering from a painful affection, prescribed large doses of hydrate of chloral for himself, the chemist sent word back to say that he must request a prescription written by another doctor, as the prescriber might, under the influence of pain, take poisonous doses.

In talking this matter over with eminent members of the profession in London, I have been met with the reply that England is a country of free trade; that, when the patient has once given a fee for a prescription, it belongs to him; and that, in endeavouring to bring about a change, we should lay ourselves open to the suspicion of wishing to multiply our fees. Such objections, however, seem to me utterly untenable. Ours is not a trade, but a profession; there can be no earthly objection to a patient continuing as long as he likes the use of compound rhubarb pills or of simple tonics and alteratives, which, even when taken in excess, can produce no serious damage. As soon, however, as poisons come into play, the matter assumes an entirely different aspect, not only with regard to the individual, but also to the community. It seems to me the duty of the state to carry out the principle of the Sale of Poisons Act, not simply in the letter, but in the spirit; and to this end a legal check must be placed upon the indiscriminate supply of medicinal poisons. The public, if fairly reasoned with, must understand that it would be absurd to charge us with mercenary motives in such matters; and I have never experienced the slightest difficulty in convincing intelligent laymen, before whom I have occasionally laid this subject, that the change which I advocate is really desirable and proper.

It will be for the profession to give such an expression of their opinion on this matter as to induce the Royal College of Physicians, or the General Medical Council, to take action upon it in the proper quarter.

NOTES ON A CASE OF EMPYEMA FOLLOWING PLEUROPNEUMONIA IN A CHILD, TREATED BY INCISION AND DRAINAGE-TUBE.

By WILLIAM CAIRNS WICKS, M.B.E.din.,

Honorary Physician to the Newcastle-on-Tyne Dispensary; Assistant-Physician to the Newcastle Hospital for Sick Children.

E. J. M., A GIRL aged 7, came under observation on September 30th last, suffering from pleuropneumonia affecting the right side. She continued to progress satisfactorily till October 12th, when I found that she had passed a very restless night, and complained of pain in the affected side. On the 14th, a physical examination revealed the presence of an effusion in the right pleural cavity. On the 21st, as the fluid had accumulated in spite of ordinary treatment, I intimated the necessity for operative interference. The parents were not anxious that anything should be done, and it was with difficulty I got permission to operate on the following day if there should be no improvement. The right side measured nearly an inch and a half more than the left side. She had a distressing cough and great dyspnoea.

On the 22nd, I was called to see the child, as she was thought to be dying. She had had a "fainting fit", but was somewhat pallid when I arrived. The dyspnoea was urgent, and she was extremely weak. Some brandy was given, and I went for Mr. Angus, who kindly came to perform the necessary operation. The aspirator was used, the puncture being made in the seventh interspace in the infra-axillary region. About four ounces of thin inodorous pus escaped when the needle became occluded. A large one was carefully introduced; but in a short time the flow stopped, and it was completely blocked up by shreds of fibrine. Altogether about nine ounces of pus were evacuated; but, as the greater part still remained, we determined to make an incision and insert a drainage-tube.

On the 23rd, an incision was made, and about a pint of pus escaped, mingled with large shreds of fibrine. A drainage-tube was introduced, a pad of "tenax" applied, and over all a broad bandage.

October 24th. She had passed a good night. The discharge was free. The drainage-tube was removed, and the cavity syringed out with warm carbolic lotion (1 to 100); the punctures dressed as before.

October 25th. She was going on well. Pulse 100; temperature 98.8 deg.; respirations 34. Previously to the operation, the temperature was 103 deg.; and the pulse varied from 120 to 130. The discharge was considerably less.

October 28th. Pulse 90; respirations 32. The cavity was washed out daily with warm carbolic lotion (now 1 to 80), and the drainage-tube gradually shortened. The discharge had almost entirely ceased. The appetite, which before the operation was lost, had daily improved, and she was now taking chop, beef-tea, milk, and eggs.

November 1st. There was no discharge on the dressings. The drainage-tube escaped from the pleural cavity, and the opening closed up (ninth day). The percussion-note was good anteriorly, and respiratory murmur was heard distinctly as low down as the wound anteriorly and posteriorly. There was evident flattening of the right side.

November 8th. The child had been up daily since the wound closed. The right side measured three-fourths of an inch less than the left. She was rapidly improving, and gaining in flesh and strength.

November 23rd. There was still a marked flattening of the right side. The percussion-note was good, and the respiratory murmur was heard as low down as the eighth rib anteriorly; but there were dulness and feeble breath-sound at the lower and posterior part. Her general health was good.

REMARKS.—In the above case, though carbolic lotion was used to wash out the cavity, no antiseptic spray was used at the time of operation, nor at any of the subsequent dressings. The patient is a strumous delicate child, with a bad family history; and the home surroundings were very unfavourable. The short time during which it was necessary to use the drainage-tube is also worthy of remark; the only similar instance I have noticed being recorded in the *Lancet* of December 6th, 1873, in which case it was removed on the ninth day. That case, however, had been treated antiseptically from the first. The treatment after operation consisted of quinine and tincture of iron, with a liberal diet; and, after the wound closed, of syrup of iodide of iron and cod-liver oil, with tincture of iodine externally.

Since writing the above, I have again seen the child, now eleven weeks after the operation. The area of dulness at the base of the lung is considerably less, and the respiratory murmur is more distinct. Her condition is most satisfactory, and the friends say "she never was so well in her life as she is at present".

THE MARKET HARBOROUGH FASTING GIRL.

By FREDERICK GRANT, L.R.C.P., M.R.C.S., etc.,
Market Harborough.

I SEND the following notes of this remarkable case, which has lately gone the round of the London and many of the country newspapers, as well as having been the subject of interest and curiosity to the neighbourhood for some years.

The patient, Martha White, who was the daughter of highly respectable working people in this town, had always been healthy, and was a good-looking fresh-coloured girl up to seventeen, who had menstruated pretty regularly for a year and a half. She first became ill in the early part of 1872, with symptoms of disturbed digestion, which soon subsided under treatment, when she complained of inability to swallow, which gained such ground that for a few days she took no food; but, on the stomach-pump being produced and its use threatened, she swallowed some liquid nourishment. This convinced the parents that the supposed inability arose from nervous disorder; and, no further indulgence in the idea being allowed or encouraged by them, she rapidly recovered, and returned to her work at a coffee-manufactory.

All went well till Whitsun week in 1873, when she was again ill with pain in the bowels and sickness, which were evidently principally, if not entirely, hysterical; but on this occasion moral force was futile, and all we could do was of no avail. After this had been going on for some weeks, I had the advantage of a consultation with Dr. Shaw of Leicester, who recommended the hypodermic injection of morphia and nutritive enemata, as the girl seemed sinking for want of food. At this time, she took nothing excepting butter-candy, of which she sucked nearly a pound daily. Even with this, her chosen diet, she was frequently sick.

This state of things continued until April 1874, when violent convulsions set in, the patient biting and hurting herself, and damaging the bedclothes and furniture. From this time, according to her friends, she took absolutely nothing, with the exception of one occasion, when I persuaded her to attempt to swallow a few drops of water in a teaspoon. She willingly tried; but, as soon as the food entered the pharynx, the most violent convulsions supervened, which continued throughout the day.

About the end of 1874, she became insensible and lost her sight. This continued for a year and a half, consciousness and sight returning at the same time, after a more than usually severe convulsion, which she described as excruciatingly painful. From this time, the convulsions occurred at regular intervals; namely, at 6.20, 6.50, 7.20, and 7.50 every evening, and continued in this succession until the day before her death (December 14th, 1877), when she complained of stiffness of the muscles of the face and constriction of the roof of the mouth and throat, dyspnoea increasing until she died.

At the *post mortem* examination, we found the body greatly emaciated and one mass of scars, produced by the continued injection of morphia; the legs tightly flexed on the hips, and the arms firmly crossed over the body. These required considerable force to displace

them, before we could make the necessary incisions. The stomach was very small and contracted, containing about half an ounce of dirty mucus. The oesophagus was small, but patent throughout. The bowels were natural, with slight congestion in some parts, probably *post mortem*. In the small intestine were from four to six ounces of the same material as contained in the stomach; and in the rectum a few small hard lumps of fæces, covered over with whitish mucus. The lungs were natural, as was the liver, which weighed forty-five ounces. The gall-bladder was full. The spleen weighed five ounces, and appeared healthy. The kidneys were congested, weighing three ounces and a half each. The urinary bladder was so completely atrophied as to be scarcely distinguishable, and was with great difficulty made out, even when aided by the ureter at one end and the blowpipe in the urethra at the other. The uterus was very small, and the ovaries very rudimentary. An examination of the brain and spinal cord was not permitted.

Throughout the whole of this long and troublesome case, there was no difficulty of diagnosis; for, although the disease simulated many disorders and implicated sooner or later nearly all the organs of the body, there could be no doubt that it was hysteria and nothing else. The prolonged starvation is, of course, its singular point; and I must leave to others to decide whether it is possible for a person to be kept alive for a period of three years and a half by morphia alone. To me, I confess, it seems incredible. But, although I have visited her at all times of the day and night; my assistants, my former partner, and many medical friends, have also watched and examined the case; no one has been able to detect any imposture, or to discover how food was given; and, from the contracted state of the patient's limbs, it was impossible for her to have helped herself. Nor, since the time when the mother states the last secretion passed (twelve months ago), have I been able to detect signs or smells of urine or fæces about the bed and body-linen of the patient.

The mother is one of the most energetic, straightforward, and useful women in the place, and, when unencumbered by nursing, could add largely to the family income. This has, of course, all been lost by the illness. They have steadfastly refused to let the girl be seen, except by medical men; and, with the exception of a water-bed which was procured by subscription raised independently, I believe I may safely say they have not made a single penny by the case; and of course the expense even for morphia alone, to persons in their position, has been a very serious matter.

ON THE ETIOLOGY OF AURAL EXOSTOSES: OSSEOUS TUMOUR FOLLOWING EXTRACT- TION OF POLYPUS.

By GEORGE P. FIELD, M.R.C.S., Aural Surgeon to St. Mary's Hospital; etc.

M. W., A LITTLE girl aged 3, was brought to the hospital on July 25th. Her mother stated that she had suffered from a severe attack of measles twelve months previously, and that she had since had an offensive discharge from the left ear. I had a few months since removed a polypus. About a fortnight ago, she noticed a hard substance in the ear, causing the child much uneasiness. When she came to the hospital, a small pedunculated osseous tumour about the size of a pea was discovered, almost filling up the meatus. This case well illustrates the etiology of aural exostoses, as seen by the light which modern pathology has thrown upon inflammation of bone and resulting new growths of this tissue, and which Dr. Cassells has recently very correctly described in the *BRITISH MEDICAL JOURNAL* for December 15th, 1877. This, however, is only one form of the disease. Such tumours are frequently pedunculated, and might, indeed, be removed by the wire, as he has suggested. On the other hand, there is another and far more serious form of exostosis of ivory consistency (still less frequently met with), partaking of the nature of a new growth, and quite independent of inflammatory changes. Such growths of bone in other parts of the body would be called hyperostoses, and as such I presume Dr. Cassells would class them. Their development is insidious, and they occur in apparently healthy organs. Their very existence is not suspected until the patient discovers that his hearing is rapidly failing him; while the absence of pain might lead him to regard it at first as a trivial matter. Such a case I have at present under my own care, in whom many hours of patient work with the American drill while the patient was under chloroform have been necessary to perforate the thick mass of ivory-like bone completely filling each external meatus. Indeed, had it not been for the kindness of Dr.