insomnia, dyspnœa, or paralysis—occurs from causes which have no renal connection.

If this be the case with uræmia, still more is it necessary to be cautious when hepatic insanity is put before us as a special type. There is, indeed, in the case of the liver an inevitable complication with the direct effect of alcohol upon the nervous system, and it becomes increasingly difficult to ascribe nervous symptoms to the special action of a diseased organ, when we know that alcohol is capable of affecting both the nervous system and the viscus too. Dr. Cullerre, in an able article,[1] argues that insanity with marked liver disease, which may even be supposed to have been brought on by the disease, does not differ from the ordinary types; that in the insane the supervention of liver disease does not modify the type, and that therefore it is less prudent to look upon the visceral disorder as an exciting cause, than to suppose that its effect upon nutrition predisposes to nervous degeneration.

It is not long since certain signs of senile degeneration were ascribed to the absence of a hypothetical internal secretion of the testicle. Few would now be found to maintain that theory or to prescribe the injection of testicular fluid on that argument, though, like most of the proteids which have been extracted from various tissues in the last few years, it has at times a considerably stimulating effect. But psychical disorders have been so long and so generally referred in women to the organs of degeneration that here, if anywhere, we should expect to find a neurotic type. Yet though these patients are extremely prone to neurosis it does not appear to follow any special or separate form; it is as protean here as in other relations—there is, in fact, no special ovarian insanity.

We can best appreciate how weak is the foundation in these cases for a theory of specific poisoning, by contrasting them with the case of myxœdema, where a known and distinct secretion is concerned. The nervous changes proper to this disease are both peculiar and constant, and offer none of the varying and irregular characters of the neuroses ascribed to the other viscera. It is probable, therefore, that in these latter the immediate causes of the nervous symptoms are themselves too many in number and too loosely connected with the visceral functions to produce any distinct group of symptoms in each case; but this does not preclude us from believing—what, indeed, most persons have hitherto believed—that disease of a gland such as the liver or the kidney will give rise to many impurities in the circulation, some of which may, perhaps, directly affect nervous tissues, but whose general effect upon nutrition is undoubtedly disastrous.

PROFESSOR VIRCHOW ON THE VALUE OF EXPERIMENT IN PATHOLOGY.

PROFESSOR VIRCHOW has just republished (Berlin: Aug. Hirschwald) his famous general address to the International Medical Congress held in London in 1881. He thereby confers an additional obligation upon all lovers of scientific truth, and gives renewed pleasure to the numerous body of admirers of his own intellectual vigour and rectitude. The lecture itself occupies a firm place in the minds of all who have devoted any attention to the steady march of biological science. So sober, so compact, and yet so convincing a statement of the claims of the experimental method has probably never before or since appeared. The perfect balance of argument and diction, the simple directness of the phraseology, and the wealth of historical illustration are—and higher praise cannot be given—worthy of the illustrious author, who advances his arguments with an openmindedness and a temperateness which, if wasted upon his adversaries, must at least command the respect of all thinking men and women. The present reprint is enriched by an appendix arising out of Professor Virchow's recent visit to England. He remarks that the antivivisectionist movement, while abating in England, has during the intervening seventeen years assumed a truly maniacal form in Continental countries previously believed to be inhabited by an enlightened and unprejudiced people. Nevertheless, the sphere of experiment upon living animals has at the same time enormously extended. This extension is the inevitable concomitant of the progress of bacteriological knowledge, for the living animal is the sole test of the toxicity of micro-organisms and their products. Hence the method of direct experiment is not only necessary, but in many cases affords the sole and indispensable means of determining the nature of microbic diseases. It has led also to the successful study of antitoxins and has proved in consequence the foundation of serum-therapeutics. That the public is beginning to realise the practical value of experimental physiology and pathology is shown, as Professor Virchow points out, by the enthusiasm evinced by the whole population of Liverpool on the occasion of the opening of the Thompson-Yates Laboratory. And, as he does not fail to remark, the fact which must cause most consternation among the enemies of science is that the munificent and pious founder whose name is commemorated in this great institution is a clergyman. For these reasons he is glad to read his old lecture again; it honestly seems to him a good one, and he thinks it his duty once more to bring it before the world. "It may be," he says, "that no antivivisectionist enemy will be convinced by it, but I am not without hope that it may immunise many who are healthy. Let it go forth and preach to the unbelievers!" And all will unite in hoping that its mission may not be in vain.

[1] *Gazette Hebdomadaire*, 1898, vol. vi, p. 531.

POST-MORTEM EXAMINATIONS.

MOST of our readers will have noticed in the daily papers of last week comments and letters respecting a charge of perjury made by Mr. Braxton Hicks, coroner for the South-Western District and Surrey, against a medical practitioner who gave evidence at a recent inquest, and stated on oath that he had made a *post-mortem* examination on a child, and that he had examined all the various organs of the body, which led him to the conclusion that the death occurred from congestion of the brain and convulsions. The coroner having formed the opinion that no adequate *post-mortem* examination had been made, adjourned the inquiry, and requested the divisional surgeon of police and two other practitioners to examine the body, which was done, and the evidence given at the adjourned inquest resulted in confirmation of the belief that no adequate examination of the organs of the body had previously taken place, and the jury found that the cause of the death was pleuro-pneumonia. At the termination of the inquest the coroner charged the practitioner in question with perjury, and he subsequently appeared before Mr. Plowden at the South-Western Police-court, one of the solicitors from the Treasury appearing to prosecute. For some reason or another the magistrate seems to have quite misunderstood the gravity of the charge, and to have regarded the matter as a question of disputed opinions between medical witnesses; and after making some undignified and inaccurate observations concerning the proceedings at the coroner's court, and showing marked want of courtesy to the coroner himself, he dismissed the case, and the accused was discharged. The whole purport of the

Br Med J: first published as 10.1136/bmj.2.1983.1945 on 31 December 1898. Downloaded from http://www.bmj.com/ on 19 April 2024 by guest. Protected by copyright.

proceedings lay in the fact that a medical practitioner stated on oath before the coroner and jury that he had made a *post-mortem* examination of the various organs of the body, whereas the coroner came to the conclusion that he had failed to do so. If the police-court failed to grasp the character and importance of the charge, or to perceive the prejudicial effect, as regards the safety of public life, which the treatment of such cases with levity is likely to produce, we on the other hand enter our protest against the magisterial method of dealing with so grave and important a matter. Upon the results of *post-mortem* examinations often depends the verdict of juries, which may determine the liberty or the very existence of a fellow human being charged with manslaughter or murder. We can, however, feel assured, from the high standard of uprightness and integrity which prevails in our profession, that this important duty is generally discharged by members of the profession conscientiously and with a due sense of the responsibility which rests on them. When making *post-mortem* examinations, especially for medico-legal purposes, the importance of making the investigation as complete as possible, and of recording the results in writing for future reference, is generally recognised. The order issued by the coroner for these purposes contains general instructions as to what should be done, and directs an examination of all the organs and the viscera of the body, and an analysis of the contents of the stomach if necessary.

SANITATION IN HEALTH RESORTS.

We have before us the last annual reports of the health officers of Bournemouth, Morecambe, and the Isle of Wight rural district, and find in them much that is of more than local interest. It is always refreshing to read the reports of Dr. Groves to his rural council in the Isle of Wight, and to note the kindly, and withal telling, manner in which he presents his arguments to the council. In his last report he very lucidly lays down the line of argument that the attempt to isolate small-pox near populous centres is inadvisable, and that it is wiser to provide accommodation for all other infectious fevers rather than withhold assent to the latter proposition, because the powers that be decree that from a particular site small-pox cases must be entirely excluded. Dr. Groves further disabuses his council's mind of the fallacy that school closure promotes the spread of disease more than the attendance of healthy and sick in the confined space of class rooms. At Morecambe, Dr. Watterson chronicles the following as one year's work—the adoption of a new scheme of sewerage, the opening of a sanatorium for fever patients, the provision of a small-pox hospital, the inauguration of a system of gratuitous domestic disinfection, and the appointment of an whole-time sanitary inspector. Such progress is highly to be commended, and more is still in prospect. At Bournemouth garden refuse is collected by the Corporation for cremation in the borough destructor, for the purpose of putting an end to the nuisance which has been caused by the system of burning this refuse in private gardens. As a matter of fact, we assume that in many localities, especially in suburban London, the dustmen collect such refuse weekly when clearing the housebins.

UNDERMANNING OF LUNATIC ASYLUMS IN ADELAIDE.

The tension between the Government of South Australia and the profession in the Colony is responsible for some unhappy results, which were partially disclosed at an inquest recently held at the Parkside Lunatic Asylum. It appears that there are two lunatic asylums—the Parkside Asylum, situated two miles from the city, and the Adelaide Asylum, in the city; for twenty years there had been two medical officers of these asylums. The senior, Dr. Patterson, the Colonial Surgeon, resided in a house at the Adelaide Asylum, in North Terrace, in close proximity to the Adelaide Hospital. Dr. Cleland presided at the Parkside Asylum. About two years ago Dr. Patterson resigned, and of course vacated his house. At that time the Government were unable to find a suitable residence for Dr. Leith Napier. Dr Cleland was then appointed Colonial Surgeon and Senior Medical Officer to the Adelaide Asylum, but he was still to reside at Parkside; whilst Dr. Napier was appointed Assistant Medical Officer to the Adelaide Asylum, and was installed in Dr. Patterson's house. Dr. Napier is Gynæcologist to the General Hospital, Adelaide, is the Senior Surgeon in charge of the surgical wards, and is allowed private practice. The amount of time, therefore, that he can devote to lunacy work cannot apparently be large. Dr. Cleland made a protest at an inquest against the amount of work thrown on his shoulders. The inquest was held by the city coroner (Dr. Whittell) to inquire into the cause of death of John Flanagan, which occurred at the Parkside Asylum on November 13th. The deceased had been an inmate of the asylum for many years, and had previously been a labourer. He was a quiet patient, and had lately been entrusted with the oversight of a number of boys. He seemed as well as usual about an hour before he was found hanging in the store. He was cut down immediately but was quite dead. Dr. Cleland was sent for but did not arrive until an hour and a-half after the event. At the inquest he deposed that he was the only medical officer of that asylum, and, in addition to his duties there, he had the oversight of the North Terrace Asylum, and was Colonial Surgeon, a position which involved medical oversight of country hospitals. There were 706 patients in the Parkside institution, and he did not know of any other asylum in the world where one medical man had the care of so many patients. He was not at home when the death occurred, but immediately on his return he went to the room where the body was. Everything possible had been done for the man. The coroner, in addressing the jury, said that the number of patients was too great for one man. He sympathised with the policy of economy, but if the Government could see their way to afford assistance to Dr. Cleland, he was sure it would be to the benefit of the institution, and would relieve Dr. Cleland's overstrain. The jury also expressed the same views in a rider attached to their verdict. It would appear that something like a 1,000 lunatics are practically under the charge of one medical officer, which is an indefensible state of things, and one which the Government of South Australia ought to remedy without delay in the interests of the unfortunate lunatics under their care.

THE "KNOCK-OUT" BLOW

At the Headmasters' Conference at Shrewsbury on December 23rd, the Rev. Dr. Wilson, of Lancing, moved "that the Committee be requested to communicate with the authorities in the Aldershot Gymnasium with a view to modifying, in the interests of school physical training, the rules of the boxing contests at the public schools' gymnastic competitions." He held that boxing should be taught so that boys might learn how to defend themselves; but, from what he had seen at Aldershot, the hits seemed to count for more than the defence, and it was not the kind of boxing contest suited for boys. The resolution was carried unanimously, after a speech by the Rev. the Hon. E. Lyttelton, of Haileybury, seconding Dr. Wilson. The meeting really condemned the "knock-out blow," which was meant to incapacitate the competitor. Delivered not straight from the shoulder, but sideways and on the tip of the chin, it produced unconsciousness, and, if given with a great deal of force, sometimes inflicted a serious injury on the base of the skull. A small boy at Haileybury was boxing with a professional—the latter, of course,

Br Med J: first published as 10.1136/bmj.2.1983.1945 on 31 December 1898. Downloaded from http://www.bmj.com/ on 19 April 2024 by guest. Protected by copyright.

merely playing; but the youngster struck him on the tip of the chin, so that he fell on the ground and was incapacitated for a second or two. From the remarks of the headmasters we see that the schoolmaster is indeed abroad, after Lord Brougham's original application of that expression. The allusion to damage to the base of the skull and the clinical record of the effect of a blow delivered by a small boy on the chin of a powerful trained athlete, show that the pedagogues knew what they were talking about. A fall on the chin may drive one condyle of the lower jaw into the skull, so that we cannot wonder if a smart tap on the chin causes a fracture of the base passing from the glenoid fossa in any direction in the track of very important arteries, sinuses, and nerves. At the least, concussion of the brain must ensue when a vigorous and dexterous youth lands his fist well against the chin of his opponent. The force may be simultaneously transmitted to both condyles, so that the base of the brain receives a shock to the right and to the left. In fact, the "incapacitation" at which the striker aims is due to concussion. This injury is bad enough, but worse may be inflicted by the blow. Clearly schoolmasters cannot tolerate the concussion of their boys' brains even by a recognised blow in boxing.

GREEN STOOLS IN ENTERIC FEVER.

THE occurrence of green stools in enteric fever which has recently given rise to some discussion in the BRITISH MEDICAL JOURNAL, is dealt with in an article in the *St. Bartholomew's Hospital Reports*, vol. 33, by Drs. A. E. Garrod and Drysdale, and the late Professor Kanthack. They describe the character of this kind of stool in 3 cases of enteric fever. The stools consisted of particles resembling chopped parsley suspended in a liquid which on filtration was turbid but almost colourless. They were acid in reaction and devoid of offensive odour. Chemical examination of the solid particles showed the absence of urobilin or its chromogen, to which the normal colour of stools is due, and the presence of biliverdin; and this the authors believe to be the colouring matter present in all green typhoid stools. The biliverdin probably exists in combination, since it can only be extracted by the use of acid alcohol, while free biliverdin is readily soluble in neutral alcohol. This view as to the causation of the green colour was held by the older writers, but lately Lesage and others have asserted that the pigment is frequently of bacterial origin. In consequence of these statements the authors made cultures of organisms from these stools, and obtained as the predominant organism the bacterium coli commune or some member of an allied group. Proteus vulgaris was found in 2 cases, but no organism capable of forming a green pigment when grown in artificial media. Presence of unchanged bile pigment in the stools may be due to hastened peristalsis associated with extensive ulceration or catarrh about the lower end of the ileum and the colon, that is, at that portion of the bowel where the normal conversion process of the bile pigment into urobilin takes place. Possibly, however, bacterial action may be concerned in some way or other with the absence of the usual processes of transformation of the biliverdin into urobilin.

VENTILATION OF TUNNELS AND BUILDINGS.

A PAPER on this subject was recently read by Mr. Francis Fox at a meeting of the Institute of Civil Engineers. He laid it down as a fundamental proposition that if the amount of carbon dioxide in the air of a railway tunnel did not exceed 20 parts in 10,000 the ventilation might be deemed satisfactory. He next gave a formula by which to find the volume of air which must be introduced into a tunnel per minute, and remarked that the ventilation of the Severn and Mersey tunnels had been determined by this rule, and had been declared satisfactory by a departmental Committee of the Board of Trade. In the Metropolitan Railway tunnels the amount of carbon dioxide in the air was sometimes as much as 86 parts per 10,000. The Mont Cenis tunnel, which is eight and a-half miles long, is at a higher altitude at its centre than at either end; this is inimical to good ventilation, and at times great difficulty is experienced in carrying on the traffic. The men working in the tunnel are subjected to great discomfort, and the corrosion of the rails is excessive, about 300 tons having to be relaid every year. The St. Gothard tunnel, 9⅓ miles in length, is nearly level from end to end, so that natural ventilation almost suffices. Experiments made at the Pracchia tunnel, on the line between Florence and Bologna, showed that without ventilation the tunnel was filled with dense smoke, that the temperature was 107° F., with 97 per cent. of moisture, or nearly complete saturation; but under the Saccardo system of ventilation, by which 210,000 cubic feet of air per minute were passed through the tunnel, the thermometer indicated 80° F. (the temperature of the external air), and the moisture was normal. With regard to the ventilation of buildings, Mr. Fox animadverted on the inconsistency of keeping houses clean, streets swept, and sewers flushed to preserve the air pure, while allowing it to become absolutely foul for want of proper ventilation. Air passed through human lungs had been well designated "air sewage." It was highly poisonous, and the breathing of it over and over again was fraught with the gravest consequences to health. In Great Britain 70,000 deaths occurred annually from tuberculous disease, nearly all of which could be saved were the value of fresh air both understood by the community. Carbon-dioxide in the air of rooms should not exceed 10 parts per 10,000. Ventilation of 20 cubic feet a head a minute was sufficient for ordinary purposes. The impurity of air in schools and dwelling houses was often greater than that in sewers. The air in a room might be quite cold and very foul; whilst it might be warm and yet perfectly fresh. To avoid draught the air should enter through a large number of small orifices so as to thoroughly diffuse the current, but gratings were apt to diminish the volume of air passing between them. Probably no large building could be successfully ventilated without mechanical force furnished by steam, electricity, or other such agency, since automatic extractors not infrequently become inlets, thus reversing the whole system. The inlets should be Tobin or similar tubes, about 5 feet above the floor. It was most desirable—and in this we cordially endorse the views of the author—that the public should be educated to appreciate the value and merits of fresh air.

THE GRIEVANCES OF IRISH POOR-LAW MEDICAL OFFICERS.

A MEETING of the Poor-law medical officers of the Kells Union was held in Kells, county Meath, on December 7th, to consider and, if possible, devise a remedy for the present deplorable condition of the Poor-law medical service in Ireland. The Chairman delivered an address in which he said that when the Poor-law system was originated by some charitably-disposed persons, the doctors accepted paltry salaries so as to aid the charity. People were starving all over the country, and typhus fever was raging, and for these poor people the system was originated. The workhouses were never meant to be hospitals; nor was the dispensary doctor ever expected to attend on a ticket any one except a pauper. Now, the bulk of the patients were not paupers at all except in spirit, and those who issued tickets to such persons were thereby unnecessarily burdening the rates as well as defrauding the doctors of their legitimate fees. They were also doing a great injustice to the really poor, who were properly entitled to gratuitous medical aid. No persons should be em-

Br Med J: first published as 10.1136/bmj.2.1983.1945 on 31 December 1898. Downloaded from http://www.bmj.com/ on 19 April 2024 by guest. Protected by copyright.

powered to issue tickets who might use them for private or business purposes. The system required immediate revision, as it was now so much abused that one could not be surprised to see any resident in a district applying for free relief. Committees were increasingly unsympathetic, and considered the medical officers sufficiently paid, although their work increased alarmingly, and their private practices decreased. Their professional attainments were valued at *nil*. They were on duty twenty-four hours every day all the year round, including Sundays, and they were allowed no holidays whatever. Was it any wonder, then, if their health prematurely broke down? One would think that such hardworked officials would be well pensioned, but what did one find? They got no pension at all unless the guardians pleased, and if a pension was granted it was not as large as a police constable's. There was no body of men which so fully devoted its whole time to any service as the Irish Poor-law medical officers did to the Poor-law service. It was not possible to indicate any practitioner in the country districts in Ireland who could afford to retire on the amount amassed from his attendance on private patients, independent of a Poor-law pension. With reference to the abuse of the medical relief tickets, a remedy would be that a committee should be formed in each dispensary district at the beginning of every year to consider applications from the resident paupers of the district as to their eligibility for receiving free medical attendance, drugs, appliances, etc., and that the doctor should have the right to attend the meeting. A list of those found eligible should be formed, and tickets issued only to those on this list for the ensuing year, with the exception of new comers. The doctors practically worked the whole Poor-law system, and they should be suitably remunerated. A prolonged discussion took place upon the various points brought forward by the Chairman, and finally it was unanimously agreed that a deputation from the medical officers of the Kells Union should wait upon the senior medical officer of each neighbouring union, and ask him to call a meeting of the medical officers of his union, and that they in turn should send deputations to the neighbouring unions further on. Then a meeting of the medical officers of the whole county should be held at a central place, and they should endeavour to send a deputation from the county meeting to wait upon the members of Parliament for the county, and lay before them the grievances of the Poor-law medical officers.

MEASLES AND RUBELLA.

VERY extensive epidemics of infectious diseases have recently occurred in the Australian colonies and New Zealand, and from a study of them some questions of interest in regard to measles and rubella present themselves. First with regard to measles. While no age affords protection against this disease, it is especially a disease of childhood, and the great preponderance of cases in children is stated to be due to the fact that in civilised countries few individuals escape infection in childhood. In 1893 there was an extensive epidemic of measles, and during 1898 a still more extensive and severe form of the disease has prevailed; one point of interest in connection with which has been the large proportion of adults who have been affected. In some cases the temperatures have been high and the symptoms severe. In a great many of these cases the patients were stated to have had an attack of measles either in the previous epidemic or in childhood. But in addition to these cases of genuine measles occurring in adults, that is, cases which have presented all the usual catarrhal symptoms, with well-defined measles rash, a number of adult patients have shown what are commonly described as the symptoms of German measles or rubella, that is, very slight febrile movement, a modified measles rash, enlargement of the cervical glands, etc. Another group of cases has also been observed; several children of the same household have all had an attack of genuine measles, and in the course of three or four weeks have had a return of all the symptoms, fresh eruption of the rash, but with more moderate temperature and less catarrh than in the first disease; so that some have been disposed from these characters to regard them as instances of relapses or second attacks. With regard to rubella more particularly, while it has undoubtedly been present along with measles and scarlet fever on the Australian Continent, it appears to have been the chief epidemic disease prevalent in New Zealand, or at any rate in the South Island. Here the cases all presented what may be said to be now regarded as the characters of this disease—a peculiar rash resembling sometimes scarlet fever and sometimes measles, but not so crescentic in outline; absence of catarrh; enlargement of lymphatic glands, especially the cervical; moderate fever, the temperature rarely reaching 103°; mild constitutional symptoms; an incubation period of from fourteen to twenty-one days; and absence of pulmonary or renal complications or sequelæ. An interesting fact bearing on this is reported by Dr. Jackson, of the Brisbane Fever Hospital. He states that cases of measles and rötheln at the beginning of the epidemic were kept together in the same tent, yet, in his experience, no patient suffering from one disease had taken the other. Scarlet fever patients had taken measles, but no patient with measles had taken rötheln, or conversely. From this he concluded that at that time in Brisbane there was only one disease, either measles or rötheln, and he did not consider it "sufficiently proven that so-called rötheln was not second-attack measles." It is generally agreed that an attack of either measles or rubella does not confer any immunity from an attack of the other disease; on the contrary, it appears probable that measles may predispose to rubella. But, according to Dr. Clement Dukes, second attacks of either disease do not occur, and instances of reported second attacks of the same disease are not really so, the difficulty of diagnosis in some cases being very great. In the cases of adults with severe symptoms of true measles, who were reported to have had an attack of measles in infancy, we must suppose that that illness was really rubella, or else that second attacks of measles can occur, as is not, *a priori*, improbable. To say that, if a patient suffering from measles is said to have had measles before, the former attack must have been rubella and not true measles, is simply begging the question. Second attacks of other infectious diseases, such as scarlet fever and small-pox, do occur, and there seems no reason why the same thing should not hold good for measles also. The experience of the Australian physicians, during this last epidemic at any rate, affords evidence of the possibility of second attacks of genuine measles in some cases.

REMOVAL OF THE VERMIFORM APPENDIX.

THIS operation is very familiar to surgeons. The great majority of cases of perityphlitis call for no operative treatment, according to Mr. Treves and many other authorities. The indications for surgical interference are fairly understood, and we hear much of operation with recovery, and also know something of deaths after excision of the appendix. But those who are true surgeons and hold that a successful operation does not always mean a successful case will attach great importance to cases of excision followed by no benefit after convalescence. A discussion on this subject took place at a recent meeting of the Société Médicale des Hôpitaux de Paris. Brissaud reported two years since a remarkable case of hysteria; clinical symptoms of inflamed appendix appeared, and the structure was removed. It was found to be distinctly inflamed and sclerosed. All the local symptoms vanished, but immediately hysterical flexion of the right leg set in and has lasted ever since. The symptoms

Br Med J: first published as 10.1136/bmj.2.1983.1945 on 31 December 1898. Downloaded from http://www.bmj.com/ on 19 April 2024 by guest. Protected by copyright.

of appendicitis are clearly magnified by the hysteria, which in turn seems to have played a part in stopping all local pain after operation. Follet related a new case of much interest in many respects quite the opposite to Brissaud's. A healthy lad, aged 17, free from any sign of hysteria, was suddenly attacked with all the characteristic symptoms of "appendicular colic." About five attacks occurred within two months. Follet found that the pain was greatest at McBurney's spot, and there was distinct resistance in the right iliac fossa. The usual operation was performed. The appendix was perfectly free, and there was not a trace of adhesion. Its insertion was invaginated into the cæcum, and the abdominal wound closed without drainage. There was a certain amount of disease in the appendix, as some infiltration was found in the submucous tissue near the cæcum, greatly reducing the calibre of the canal. Had the patient been lost sight of after convalescence, it would doubtless have been said that his severe pains were due to this morbid condition. Very naturally the case would have been quoted as showing how very severe symptoms are caused by trifling disease of the appendix, and some would argue that operative interference is indicated more often than authorities admit. But the case was traced, and six months after the patient left the surgical home, where he underwent the operation, he was seized with symptoms precisely similar to those which had troubled him before operation. They recurred twice in two months. There was, as before, both pain and tenderness in the right iliac fossa. These cases offer much food for reflection, for recovery from an operation and cure of the patient's disorder are not synonymous.

JUBILEE OF THE NORWICH MEDICO-CHIRURGICAL SOCIETY.

THE Medico-Chirurgical Society of Norwich has now been in existence fifty years. It was originated in 1848 under the first presidency of Mr. John Greene Crosse, with the name of the Norwich Pathological Society. After some years this was amalgamated with the Norwich Medical Book Society, with the new name of the Norwich Medico-Chirurgical Society, under which title it now exists. The result of this amalgamation was that the members of the medical society became possessed of a large and very valuable library. This being the Jubilee year of the Society, the President (Mr. W. E. Wyllys, of Yarmouth) most hospitably invited its members to a banquet at the Royal Hotel, Norwich, on December 8th, to celebrate the occasion, an invitation which was accepted by seventy-eight gentlemen, including three of its honorary members —namely, Dr. Robert Barnes, Mr. Richard Barwell, and Mr. A. Pearce Gould, of London—and two of the earliest members, Sir Peter Eade and Mr. W. Hanks Day. It may be mentioned that the Norwich Medico-Chirurgical Society has one hundred and thirty-six members, and now includes almost the entire profession of Norfolk, as well as many residents in Suffolk and adjacent districts. Presidents are chosen alternately from Norwich and from outside districts. After the usual loyal toasts the President congratulated those present upon the long-standing usefulness and present great prosperity of the Society; and other speakers spoke of its excellent professional as well as social influences and of the splendid hospitality of its President.

THE TYPHUS FEVER OUTBREAK IN EDINBURGH.

JUST when it seemed that the Edinburgh outbreak of typhus fever had been overcome—only 1 new case had been reported in the week ending December 24th, as against 7 in each of the two preceding weeks—it has to be stated that 4 fresh cases were admitted to the City Hospital on Christmas Day and 1 on the day following. Unfortunately, while doubtless they may all be traced to known pre-existing cases, these new ones come from Greenside Row, a hitherto uninfected district of the city. The public health authorities have promptly met this recrudescence, and have put in quarantine a large number of persons who have been in contact with these 5 new patients. Since the beginning of the outbreak, early in October, wellnigh 80 cases have been treated in hospital, and there have been 9 deaths—a low mortality for typhus fever. Besides these, there have been a dozen or more cases undiscovered or specified under some erroneous diagnosis and treated outside hospital. These may have been responsible for 4 or more deaths. On Wednesday morning, December 28th, 22 cases remained under treatment in the City Hospital.

ANOTHER PLAGUE-INFECTED LINER AT PLYMOUTH.

PLYMOUTH was on December 24th again visited by a plague-infected steamship, the ss. *Golconda*, belonging to the British India Company, having on board an officer of the company ill of plague of a mild type. The patient was removed to the floating hospital *Pique*, and all due precautions were observed and carried out under the supervision of Dr. Williams, the port medical officer. The case of plague, it is said, only became known on board after the vessel left Marseilles, but the patient had apparently been out of sorts some time before. On the diagnosis of the disease strict isolation was enforced on the vessel, and seemingly all else were well on arrival at Plymouth. The *Golconda* proceeded later to London. Despite the Christmas season no delay of any moment occurred in pushing the vessel forward at every stage of her channel voyage. A medical inspector of the Local Government Board has watched the matter on behalf of the State.

EPIDEMIC MENINGITIS IN CHICAGO.

THERE has lately been issued the abstract of a report on a recent appearance of epidemic cerebro-spinal meningitis or cerebro-spinal fever in Chicago, compiled by Dr. William J. Class, the Medical Inspector of the Department of Health of that city. "Cerebro-spinal fever," it must be admitted, is one of those diseases the diagnosis of which is too often a "refuge for the destitute." It is probable that many of the cases so certified are really cases of tuberculous meningitis, or cases of meningitis due to the pneumococcus, or the so-called "cerebral" cases of typhoid fever or other acute infectious diseases. It is believed by those responsible for this report that the true epidemic meningitis, popularly known as "spotted fever," is on the increase, and that the epidemics which have occurred within the last eighteen months or two years in France, in Boston, in California, and elsewhere threaten a general diffusion of the disease, and should arouse the custodians of the public health to increased watchfulness. Notes of 38 cases which were treated in the city hospitals are published in the abstract of the report; of these 25 ended fatally, giving a mortality among the more severe cases, of 65 per cent., but it is estimated that if the numerous cases which were too slight to require admission into the hospitals are taken into consideration, the death-rate would probably not exceed 20 per cent. It is unfortunate that a necropsy was made in only 6 of these 38 cases. Cultures were made from the exudation on the meninges, which showed a micrococci, having all the characters of the diplococcus intracellularis meningitidis, and fluid obtained by lumbar puncture likewise contained meningococci. The only clinical feature observed that is in any sense new was a marked difficulty in swallowing; this occurred in 6 cases, all of which ended fatally, and the writer of the report is therefore inclined to attach a grave prognostic import to the symptom. Herpes labialis was present in 12 cases. Bradycardia was pronounced in several of the cases; in one the pulse-rate was only 80 with a temperature of 105° F. It is to be regretted that an ophthalmoscopic examination of the fundus oculi was not

Br Med J: first published as 10.1136/bmj.2.1983.1945 on 31 December 1898. Downloaded from http://www.bmj.com/ on 19 April 2024 by guest. Protected by copyright.

systematically made; the presence of cupping of the optic disc observed in one of the cases is probably without special pathological significance. The average duration of the disease in the individual cases was about four weeks. The evidence derived from this epidemic tends to confirm the view of the contagiousness of the disease, that the channel of infection is the nasal and buccal mucous membrane, and that insanitary conditions markedly predispose to the disease. The writer of the report considers that its infectivity resembles that of phthisis, and urges systematic notification and isolation of the cases as they arise.

ANILINE AND MALIGNANT DISEASE.

IN 1877 Grandhomme noted that the workmen in an aniline dye factory were liable to severe cystitis, with or without hæmaturia. Only three years ago Rehn, of Frankfort, stated that he had found that in aniline cystitis sarcomatous tumours tended to develop in the bladder. Leichtenstern has recently recorded three cases. A man, aged 51, still in robust health, worked at naphthaline and naphthylamine. Cystitis and hæmaturia set in, and a tumour developed. An operation was performed, and the bladder was excised; it was found to be a mass of sarcomatous growths. The patient died in two days. The viscera were healthy. The other case must bid us pause in holding the vesical growths to be true "neoplasms." A man, aged 31, worked with toluidine, and soon acquired the characteristic appearances of the cachexia which it induces—earthy-pale complexion and greenish discoloration of the hair and nails, with dysuria and anorexia. Micturition became very frequent, but only a few drops of reddish or greenish urine passed at one attempt. A tender, firm tumour developed in the bladder, rising above the pubes. The passage of a catheter and pressure in the hypogastrium caused extreme pain. Salol, uva ursi, tannin, and alkalies with demulcents did no good. Opiate suppositories, subcutaneous injections of morphine, and hot sitz baths, followed by poultices, brought about a cure in the course of over six months. Within seven months the tumour had disappeared. Leichtenstern, who seems to have proved by examination that the tumour in the first case was a sarcoma, admits that he was puzzled by the second case. Possibly it was a simple, but very acute, proliferating submucous cystitis. This subject needs much consideration. Is it a key to the mystery of new growths? May the disintegration of the highly complex groups of carbon compounds in these new dyes stimulate connective tissue cells in an unfavourable sense? Yet after all we are not sure that the aniline-bred tumour is in fact malignant.

"FEMALE LIVES."

A VALUABLE paper read by Dr. Hingston Fox has recently been published in the *Proceedings* of the Life Assurance Medical Officers' Association. It has always been somewhat of a paradox that while the tables of mortality for England and Wales invariably show an average lesser mortality of females, nevertheless from an assurance point of view female lives are not up to the standard of male lives. This indicates, as Dr. Fox points out, that female lives are selected for assurance in some way unfavourably to the offices as compared with the selection of male lives. Two factors in this selection have to be considered—the motive for assurance and the efficiency of the medical examination at entrance. As regards men in the middle and upper ranks of society assurance is so common that offices have to deal with a class practically identical with the community at large; but with women assurance is the exception, and in the past the majority of female assured lives were married women, and the assurance was generally effected to cover a life interest in property; hence there was an obvious motive for assuring such lives as showed any tendency to weakness. This is only an exemplification of the fact, recognised by actuaries, that nominee lives are not so good as those of individuals who take out an assurance on their own lives. The increasing share taken by women in the business of life has led to a great extension of assurance among unmarried women, especially of endowment assurance, and this cannot fail to influence beneficially the mortality of female assured lives. In the past there can be no doubt that the examination of female lives has not been conducted with the same thoroughness as has been the case in males. The examination of the urine is always a difficulty, and an investigation into the condition of the pelvic organs is not feasible. The appointment of lady doctors to examine applicants of their own sex might possibly have a good result. It is thought that it would be worth while at all events making the attempt. Dr. Fox is of opinion that having regard to the evidence of mortality both in the general population, and especially among the assured, an extra charge should be placed on female lives up to the age of 50 years.

THE WORK OF THE DISPENSARIES OF THE NORTH-WEST PROVINCES OF INDIA IN 1897.

IN the report on the dispensaries of the North-West Provinces and Oudh for 1897 there was recorded a falling off in the number of persons who attended them, amounting to upwards of a quarter of a million out of a total of about three and a-third millions. This serious decrease is attributed by the Inspector-General of Hospitals to three causes: First, that on account of the famine a considerable number of people were treated at the poor-houses and relief work hospitals; secondly, that the fear of plague measures deterred many patients from attending the dispensaries; and thirdly, that owing to the frontier campaign, together with the plague and famine, many of the civil surgeons were removed from their districts and their places taken by civil assistant surgeons and hospital assistants, "thus very seriously affecting the popularity of a large number of these institutions." This last assigned cause is of considerable importance in connection with the recently-sanctioned increase in the number of civil surgeonships that are to be given to assistant surgeons, so it may be well to look a little more closely into the figures on which this statement is based. An analysis shows that in nineteen of the districts there was a falling off in the attendance, varying from one-third to one-tenth of the total number of cases treated. In one of these districts plague cases had occurred; while in 3 more famine was very severe, and might reasonably be held responsible for the decrease. Of the remaining 15, 6 were held by the regular civil surgeons, but in 2 of them he was removed during the last three months of the year; while one was a very large station, in which the civil surgeon could only exercise a general supervision over the hospitals, the actual attendance on the patients being carried out by the hospital assistants. On the other hand, 9 were were held by assistant surgeons or hospital assistants. Turning to the table which gives the districts in which an increase—for the most part only a small one—had taken place, we find out of 11 such instances 7 were held by the civil surgeons, and 4 by assistant surgeons. These figures, then, bear out the statement of the Inspector-General, and justify the opinion recently expressed in the BRITISH MEDICAL JOURNAL, that the new scheme of the Government of India for giving an increased number of civil surgeonships to assistant surgeons educated in the Indian medical colleges is a very liberal one, and should fully satisfy the legitimate aspirations of the subordinate medical department, and go far to attract a better class of native to the Indian medical colleges.

Br Med J: first published as 10.1136/bmj.2.1983.1945 on 31 December 1898. Downloaded from http://www.bmj.com/ on 19 April 2024 by guest. Protected by copyright.