

tion could be found. He pointed out that the formation of the non-contractile fibre-cells afforded a favourable field for investigation, since the details of the process have not yet been described.

SPECIAL CORRESPONDENCE.

PARIS.

[FROM OUR OWN CORRESPONDENT.]

Pathological and Chemical Laboratories.—Tubercles of the Choroid.—Comparative Pathology.—Syphilitic and Non-syphilitic Bubo.—New Council of Hygiene.—The Weather.—Illness of M.M. Nélaton and Claude Bernard.

AMONG the innovations and improvements introduced by M. Jules Simon, late Minister of Public Instruction, for the better teaching of the science and art of medicine in France, I may mention as not the least important, the formation of laboratories, which have been attached to those hospitals in Paris where clinical medicine and surgery are specially taught by professors of the faculty. These laboratories, due principally to the efforts of Professor Béhier, seconded by M. Wurtz, the Dean of the Faculty, are intended for pathological and chemical researches, where ocular demonstration is given of the different changes that take place in disease, and which, whenever practicable, is done during the life of the patient. These useful institutions, though as yet very incomplete, are certainly a great boon; they are highly appreciated by the students, and have already done good service. Those of the Hôtel Dieu and La Charité are the most frequented; and if one may judge from the number of students who voluntarily resort to them, one is forced to the conclusion that a better time is in store for both patients and doctors. Demonstrations are given weekly by the *chefs de laboratoires*, as well as by the chemical preparators, in presence of the clinical professor, and with such a trio one must be very dull indeed if he cannot form some idea of the mechanism, so to speak, of the different morbid changes that take place in the body. On Wednesday last I attended, or, as the French would say, "assisted," at one of these demonstrations, at the Hôtel Dieu, which was opened by M. Ernest Hardy, the chemical director of the laboratory, and so well known for his work on biological chemistry, who delivered a very able lecture on the relative proportions of the different carbonates of the urine, which he illustrated by experiments in a very ingenious apparatus made for the purpose. As the pupils progress in their studies, they will be permitted to manipulate for themselves, not only in chemical researches, but in pathological histology, the part allotted to Dr. Liouville, *chef du laboratoire*, who immediately followed, I was struck with the clearness and ability with which he mastered his subject; in fact, this is to say nothing new of him, for those who have walked M. Béhier's wards during the last eighteen months or so, would have recognised in M. Liouville, then *chef de clinique*, the qualities necessary for practical teaching. He is very obliging to foreign visitors, and, like his illustrious master Béhier, is ever ready to bring to their notice and explain the most interesting cases that present themselves in the ward. This, I regret, cannot be said of all the clinical teachers, for some of them are so gruff that I have known even native pupils desert them on that account.

The subject treated of by M. Liouville was "Tubercles of the Choroid." A certain number of cases had recently been observed in the wards of M. Béhier, of patients affected with generalised miliary tuberculosis, and M. Liouville was induced to examine the choroid of some who died from the above affection. This membrane was often found implicated, and M. Liouville had a few years ago prepared some specimens of tubercular cerebro-spinal meningitis, which he presented to the Anatomic-Biological Society of Paris, copies of which may be seen in the proceedings of that society, in the form of beautiful chromo-lithographic plates, accompanied with the description, for the years 1869 and 1870. In following up these interesting researches, M. Liouville resorted to experiments on animals, and the result was as follows. He injected hypodermically into a guinea-pig the blood of a man affected with generalised tuberculosis of the miliary form, and, on examining the eye of the animal, the choroid was found studded with tubercles of the same character, and was handed round to the class for inspection. The effect was most striking, and the experiment at the same time afforded a good illustration of the utility of the study of applied pathological anatomy, which forms the natural complement of the clinical lectures, which are demonstrated, when necessary, even by comparative experimental pathology. Such a combination of studies cannot but be attended with the best results, as it constitutes the proper system of medical education, and this is so true that even the school of

medicine has become alive to its utility. A new impetus has been given in that direction, and didactic lectures on comparative pathology are now regularly delivered at the Faculty of Medicine by Professors Vulpian and Charcot, both of whom have earned for themselves, in that branch, as well as in physiology, a reputation almost unequalled in Europe. Indeed, it may be said, that the same thirst for knowledge prevails everywhere; but whether from the disasters that had overtaken the country, or from some other cause, the French seem bent upon regaining their position, and of showing to the world that, if they have been unfortunate in war, they are still, as they ever have been, second to none in the cause of civilisation, and in the cultivation of the arts and sciences.

In a lecture lately delivered by M. Fournier at the Lourcine hospital, he treated of the differential diagnosis of the syphilitic and non-syphilitic bubo, which may be summarised as follows.

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| <i>Symptomatic bubo of the hard or infecting chancre.</i> | <i>Symptomatic bubo of the soft or simple chancre.</i> |
| 1. A constant symptom. | 1. An occasional complication. |
| 2. The bubo is aplegmasic or non-inflammatory. | 2. Inflammatory, constituting a painful tumour which is of some size. |
| 3. Bubo nearly always multiglandular. | 3. Unioglandular (monoadenitis). |
| 4. Bubo is resolved spontaneously, never suppurates except in cases of complications. | 4. Suppurates frequently, and almost inevitably, assuming the character of chancrous bubo. |
| 5. Bubo never secretes pus auto-inoculable. | 5. Bubo secretes pus which is auto-inoculable, which reproduces soft chancre. |
| 6. Bubo never becomes converted into a glandular chancre. | 6. Bubo almost always becomes converted into a glandular chancre. |
| 7. Bubo essentially mild in character, so much so that it is often passed unnoticed. | 7. Bubo always a serious complication. |

The above was then formulated thus: in simple chancre there is sometimes no bubo, and, when it does occur, the bubo is inflammatory. In true chancre the bubo is always non-inflammatory.

The new Council of Hygiene have entered on their functions, and their first work was to inspect the confectioners' shops, and to see that the paper which is used to envelope the confectionery is not coloured with any deleterious substance. The colouring matter prohibited for such purposes as being dangerous, and giving rise to severe accidents, are for green, the arseniate of copper; yellow, the oxide of lead; red, the sulphuret of mercury; white, the carbonate of lead or litharge; and the chrysocol, in imitation of gilt paper.

The weather is becoming very oppressive, and the heat almost tropical, the thermometer marking yesterday in the shade nearly 28 degs. Centigrade, or about 75 degs. Reaumur, and the barometer came down to 29½.

You will have heard of the serious illness of M. Nélaton, the celebrated surgeon, who is suffering from disease of the heart. Symptoms of improvement had taken place during the week in the condition of the illustrious patient, but I regret to say he has had a relapse, and little hope is entertained of his recovery.

Another eminent member of the profession, M. Claude Bernard, the great physiologist, is also seriously indisposed. He was taken ill during the week, but I am glad to be able to say that a change for the better is announced by his medical attendants.

LIVERPOOL.

[FROM OUR OWN CORRESPONDENT.]

The Necessity of Quarantine.—Cases in the Royal Infirmary.

THE necessity in large seaports for some system of medical supervision of the nature of quarantine has been exemplified by a recent occurrence in Liverpool. The mail steamer *Benin*, from the West Coast of Africa, arrived in the river Mersey on June 8th; and, when boarded by the medical officer resident at this port, whose duty is to visit and report in such cases, it was found that no fewer than eleven deaths had occurred during the passage from Bonny. Of these, four were attributed to yellow fever; five to African fever, complicated with apoplexy in two cases, and congestion of the brain in a third; one to phthisis, and one to dysentery. This fearful mortality appeared in no way due to any sanitary neglect, as the vessel was well found, and in all respects in a satisfactory condition. The fever was supposed to have been contracted at Bonny, where a steamer was lying alongside the *Benin*, having several cases of fever on board; and the sickness

had broken out a few days after leaving that port. The crew and passengers were all in good health when the steamer reached Liverpool.

On a recent visit to the Royal Infirmary, we saw on the same day the following cases, exemplifying the resources of that institution as a field of surgical observation. There was a case of attempted removal of a large cystic tumour of the neck in the situation of the thyroid gland, in a woman 36 years of age. The growth had existed for several years, had attained the size of the closed fist, was increasing rapidly, and, therefore, it was decided to attempt its removal. It was found, however, that the tumour dipped down so deeply into the neck, implicating the laryngeal apparatus, and had such intimate connection with the surrounding vessels and tissues, that its extirpation *en masse* was impracticable. The operator, Mr. Bickersteth, therefore divided the mass into two portions, and, having passed a ligature round each, shaved off as much of the diseased growth as could with safety be removed. The operation was performed a week ago, and the patient, although suffering from some erysipelatous swelling of the face, was on the whole in a favourable condition.

We also witnessed the successful removal, by Mr. Bickersteth, of a large cartilaginous tumour from the angle of the jaw in a man about 50 years of age. The tumour dipped deeply down into the intermaxillary space, and its firm attachment to the surrounding parts, especially in the neighbourhood of the styloid process of the temporal bone, rendered its removal a work of considerable time and difficulty. In spite of extreme caution in the dissection, an opening was made in the jugular vein, which caused much venous hæmorrhage, in addition to rather free loss from wounded arteries.

In the wards of the hospital, our attention was directed by Mr. Harrison to a case just admitted under his care, showing the serious mischief which might follow the too free division of the frænum of the tongue in an infant. The child, thirty-six hours old, had undergone the popular but questionable process of having its tongue cut by a "midwife", who performed the operation with a pair of sharp-pointed scissors. Previously to admission, medical aid had been called in, and the actual cautery had been applied; but, the bleeding still continuing, the child was brought to the Infirmary. The loss of blood had already rendered recovery almost hopeless; and, after trying continued compression, it was found necessary to secure by ligature a considerable portion of the divided tissues before the hæmorrhage could be arrested.

A case of femoral hernia was at the same time admitted, in which the patient had been ruptured for five years. The gut had been irreducible for three days, when, symptoms of strangulation coming on, the patient was sent into the Infirmary. Mr. Harrison proceeded to operate immediately on admission; as the patient was much collapsed, the sac was opened at once, without reference to the state of the intestine, which, although of a deep claret colour, proved to be sound, and was accordingly reduced. The case is doing favourably.

Under Mr. Harrison's care we also saw a case of suicidal cut-throat, in which repeated gashes had been made, and a considerable cavity, as it were, scooped out; but the large vessels had escaped, and the man was doing well. We saw also a case of injury to the spine, with suspected laceration of the urethra: the latter injury, however, terminated in suppuration immediately in front of the scrotum, rendering it imperative to cut down into the urethra in that situation, involving of course the risk of urethral fistula. Under appropriate treatment and the frequent passage of a bougie, the case was progressing favourably.

Visitors to the Royal Infirmary can scarcely fail to be struck with the inadequate accommodation, as regards space for spectators, afforded in the present operating theatre. At the time of its original construction, the theatre was probably sufficiently commodious; but with the increase in the medical school, and consequently the large number of students attending the hospital, additional space is urgently needed. We believe the Medical Board have already called the attention of the trustees of the Infirmary to the matter, but, so far as we can learn, without any immediate prospect of any practical result.

UTRECHT.

FROM OUR OWN CORRESPONDENT.]

Snellen's Operation for Strabismus.

BELIEVING that the operation for strabismus, as performed by Dr. Snellen, has some advantages over those which I have seen on the Continent elsewhere, or in England, and that it has not been described in any English journal, I beg to forward the following description thereof, which, as Dr. Snellen has kindly looked over my notes thereon, may be relied upon as correct.

Chloroform is not administered, except to children and to adults who insist upon it, as its administration prevents the operator from judging

of the amount of correction effected for some time after the operation. Critchett's speculum being placed in position, the patient is requested to turn the eye in the direction which allows the operator to view the field of operation best, but the globe is not fixed in any way. The conjunctiva being pinched up close to the cornea by means of the usual forceps, an arm of a sharp-pointed pair of scissors is passed through the conjunctiva in a meridional direction along the middle line from before backwards. The forceps is now removed, so that the conjunctiva is separated from the bulb by the blade of the scissors alone, which drags it slightly away from the eyeball, and is cut while in this position. By this means a straight incision is made from before backwards in the conjunctiva, which inclines to shut on the eye being directed to the opposite side, while a wound having anything of a perpendicular direction is apt to gape when such movement is made. Another advantage which this direction of wound possesses is, that should it be wished to close it by a suture, which is generally done, the closure has no effect upon the amount of the operation, as the position of the tendon cannot be in any way influenced thereby, while, should a perpendicular wound be closed, the position of the tendon will almost certainly be changed. The edges of the conjunctival wound are now raised with the forceps, and, by means of blunt-pointed scissors, the subconjunctival tissue is divided equally upwards and downwards by numerous small snips. With the forceps the caruncle is next seized and raised, and, by means of the scissors, loosened from its underlying cellular tissue, the points of the scissors being always directed towards the conjunctiva, and away from the ball, so that any puncture of Tenon's capsule is avoided, which, when it occurs, allows blood so pass inside the capsule, causing exophthalmus, from the pressure thus occasioned—pressure so great sometimes that Dr. Snellen relates a case in which the speculum was with difficulty taken out. By keeping the points of the scissors in the direction indicated, a branch of the ciliary artery which runs beneath the caruncle is also avoided. The tendon is now seized by the forceps, and a small opening is made with the scissors, as close to the sclera as possible. One of the scissor-blades being passed into this opening, and the other between the tendon and conjunctiva, the capsule is cut equally in both directions upwards and downwards: this allows the muscle to act equally, and not more in one direction than another, which it can hardly fail to do if the wound in the capsule be oblique, which probably will be the case should the blunt hook be passed under the tendon before it is cut, as then a portion of the capsule is carried beneath the tendon by the hook, and, being cut at the same moment as the tendon, is cut obliquely. Any remaining fibres are sought for by the blunt hook and cut in the usual manner.

The parts of the operation peculiar to Dr. Snellen are, as far as I know, the following: the conjunctival wound from before backwards; the position of the scissors while cutting the subconjunctival tissue; the cutting Tenon's capsule equally upwards and downwards.

The advantages claimed for the operation are as follows.

1. The operation, being truly an operation *à jour*, is easy, and the danger of wounding the sclerotic is avoided.
2. Tenon's capsule being cut equally, the effect is in the proper direction.
3. Pressure on the eyeball with the blunt hook is avoided, and much pain is prevented.
4. The accumulation of blood under the conjunctiva is diminished.
5. It is more in the operator's power to cut the capsule to the required degree, and to regulate the amount of the effect.

REPORTS OF SOCIETIES.

MEDICAL SOCIETY OF THE COLLEGE OF PHYSICIANS OF IRELAND.

WEDNESDAY, APRIL 9TH, 1873.

WILLIAM STOKES, M.D., D.C.L., in the Chair.

The Late Henry Eames, M.D.—Dr. ATTHILL moved the following resolution:—"That this Society desires to express its sense of the great loss it has sustained in the premature death of Dr. Henry Eames, who for four years filled the office of Honorary Secretary of the Society, and to convey to his family its sincere sympathy with them in their bereavement."—Dr. WHARTON seconded the motion, which was unanimously adopted.

Poisoning by the Fumes of Charcoal.—Dr. J. HAWTREY BENSON read a narrative of two cases of poisoning by carbonic oxide, occurring in University students, aged 18. The lads had incautiously left in their sleeping apartment, the chimney of which was stopped up, a charcoal brazier on a cold night last March. Next morning they were both