

TABLE VI.

No.	Occupation.	No.	No.	Occupation.	No.
1.	Waiters .....	5	18.	Bargeman .....	1
2.	Compositors .....	3	19.	Bookbinder .....	1
3.	Labourers .....	3	20.	Tailor .....	1
4.	Carpenters .....	2	21.	Coach-builder .....	1
5.	Cabmen .....	2	22.	Militia Officer .....	1
6.	House Painters .....	2	23.	Tobacconist .....	1
7.	Silversmith .....	1	24.	Thames Policeman .....	1
8.	Butcher .....	1	25.	Grocer .....	1
9.	Tailor .....	1	26.	Scene-painter .....	1
10.	Millwright .....	1	27.	Ostler .....	1
11.	Porter .....	1	28.	Blacksmith .....	1
12.	Hatter .....	1	29.	Scale-maker .....	1
13.	Tradesman .....	1	30.	Groom .....	1
14.	Clerk .....	1	31.	Bricklayer .....	1
15.	Waterman .....	1			—
16.	Coachman .....	1			—
17.	Paper-stainer .....	1			—
				Total .....	42

Dr. Dickinson, in a paper recently communicated to this Society, assumes that all men not engaged in the liquor traffic, and not known to be drunkards, may be placed in a "non-alcoholic" class. Now it appears from the preceding table (Table VI) that, while the list is headed by five waiters, the remaining thirty-seven men, of acknowledged intemperate habits, were engaged in no less than thirty different pursuits, not one of them connected with the manufacture or sale of liquor. In his book on *Albuminuria*, Dr. Dickinson employs an argument to disprove the alleged morbid influence of alcohol which appears somewhat inconsistent with the above-mentioned assumption. He says (p. 236): "Among hospital patients in England, there are but few male adults who cannot be convicted of a somewhat liberal use of beer or gin; while in Scotland, whiskey drinkers are relatively as numerous. There is probably no disease which is common in London or Edinburgh a majority of the men who suffer from which could not be convicted of intemperance in the matter of alcoholic liquors. But to suppose that every disease which affects a person of such habits results from the action of the liquor, is equivalent to believing that drunkenness confers a protection from all diseases except such as are consequent upon itself."

Such a supposition would certainly be very unreasonable, but not more so than the assumption that men of the class of hospital patients who are not engaged in the liquor traffic and not notorious drunkards, may, as a rule, be placed in a non-alcoholic class; and then, from a comparison of the amount of renal disease found after death in the two classes of traders and non-traders in liquor, to argue that alcoholic excess has but little influence in the causation of Bright's disease. Formerly, Dr. Dickinson's argument was that the habit of intemperance is so general among male hospital patients, that its influence cannot be estimated; now, on the contrary, the dealers in liquor are supposed to have almost a monopoly of intemperance. There is but one trustworthy means of ascertaining the habits of our patients, and the influence of their habits in the causation of disease, and that is by making a careful inquiry not only of the patients themselves, but also of their friends and associates. Such an inquiry I have made in all the cases of Bright's disease that have come under my observation for many years past.

Without doubt, much care is required in judging of the morbid effect of any widely diffused habit or influence, but we are not therefore to abandon the attempt to estimate it, or to assume that it is *nil*. A very large proportion of men in hospitals, suffering from a variety of diseases, have been exposed to cold and wet; but we do not therefore conclude that such exposure has little or no influence in exciting disease of the kidney, or that its influence cannot be approximately estimated.

The notorious excess of Bright's disease amongst males, as compared with females, is probably explained by the fact that, as a rule, men are more intemperate and more exposed to cold and wet than women. Out of my 200 cases, 152 or 76 per cent. were males; 48 or 24 per cent. were females. Amongst the 58 sufferers from albuminuria who were of intemperate habits, 47 or 83.03 per cent. were males, while 11 or 18.97 per cent. were females. Again, of the 36 who had been exposed to cold and wet, 23 or 77.77 per cent. were males, and 8 or 22.23 per cent. were females. The intimate physiological relationship between the skin and the kidneys suffices to explain the influence of cold and wet, and the consequent repression of the cutaneous secretion in exciting disease of the kidney. And there is little difficulty in understanding that renal disease may be set up by the continual elimination of an excess of alcohol with the products of alcoholic excess through the kidneys. We hold to this doctrine notwithstanding the conflicting re-

sults of experiments for determining the amount of alcohol excreted by the kidneys. The powerful diuretic action of alcoholic liquors is notorious, and not only have we daily opportunities of witnessing the influence of alcohol in exciting disease of the kidney, and in aggravating renal disease which has resulted from other causes, but the cases are not few in which complete abstinence from alcohol has been followed by the cessation of albuminuria, which had, with good reason, been attributed to alcoholic excess.

A reference to the various causes of albuminuria will show that all cases may be arranged in two classes: 1. Cases in which there is some abnormal quality of blood, the results of the introduction of a morbid agent from without, or of some product generated within the system, or of the loss of some normal constituent. Long continued suppuration, for instance, must impoverish the blood by a copious drain of albumen; while deficiency of wholesome food has a more direct impoverishing influence. By far the greater number of cases of albuminuria are included in this class, and are grouped together under the name of Bright's disease. 2. There are cases in which albuminuria arises from passive congestion of the kidney consequent on a mechanical hindrance of the return of blood. In this class of cases are included—albuminuria, the result of heart-disease, of emphysema with bronchitis, of a copious dropsical effusion into the peritoneum, and some cases occurring in the advanced stage of pregnancy when the enlarged and heavy uterus presses on the vena cava, and causes passive congestion of the kidneys.

I have notes of several hundred cases of albuminuria, which have come under my observation during the last fifteen years; about nine-tenths of these cases have been private patients. I have not yet found time to analyse these records, but I am confident that one result of such an analysis would be to show that, while alcoholic excess would preponderate less than amongst the class of hospital patients, excessive eating and drinking, and certain forms of dyspepsia unassociated with intemperance, are amongst the more frequent causes of albuminuria and degeneration of the kidney in all classes of society. It seems reasonable to assume that the products of ill-digested food may, during the process of being eliminated by the kidneys, cause irritation, disease, and ultimately complete disorganisation of the gland. Cases having this etiological origin occur not rarely in persons of strictly temperate habits, but they are more numerous among those whose digestive power have been impaired by an excessive consumption of alcohol or tobacco. During the last ten years, too, I have seen a considerable number of cases of albuminuria associated with diphtheria, which found no place in my earlier etiological records.

I have also met with cases of albuminuria associated with a history of ague in this country, and others with that of tropical malarious remittent and intermittent fevers. In some few cases of relapsing fever I have found the urine albuminous, and I learn from Dr. Donne's able report on an epidemic of yellow fever at the Royal Naval Hospital at Port Royal, Jamaica (*Statistical Report on the Health of the Navy for the Year 1867*. Appendix II, p. 41), that albuminuria is an almost constant feature of that formidable disease. The result of careful clinical research has hitherto been to add continually to the long list of causes of albuminuria—a list which probably even now is not quite complete.

POSTSCRIPT.—Since the preceding paper was written I have met with three cases of temporary albuminuria, the results of prolonged bathing in cold water.

### ON A NEW KIND OF TRUSS PAD,

DESIGNED TO MINIMISE THE PRESSURE WITHOUT DIMINISHING THE RETENTIVE POWER OF THE TRUSS.

By C. HOLTHOUSE, Esq.,

Surgeon to the Westminster Hospital, etc.

In construction this pad resembles a Cole's or a Teale's, so far as its elasticity is due to a spiral spring; but it differs from both of these in its action; for whereas in both the surface which is applied to the skin is firm and convex, and undergoes no alteration of form under any circumstances, the surface of the pad in question becomes changed, under the impulsion of a rupture, from a convex or flat to a concave form. To ensure this result it is necessary that the strength of the pad spring should be a very little inferior in power to the body spring, so that when the patient coughs and the hernia is thrust outwards, the pad, instead of rising *en masse* or at some part of its border, yields to the impulse of the rupture at its centre only, while its circumference is kept firmly in its situation by the stronger resistance of the body spring.

A longer paper on this subject was written, twelve months ago, for

the annual meeting of the Association at Birmingham; but there was no meeting of the Surgical Section on the day it was to have been read, and by some oversight it was never published in the JOURNAL.

The pad will be exhibited in the Annual Museum of the Association next week.

## SURGICAL MEMORANDA.

### SKIN-GRAFTING.

MR. MACLEOD, in his report of Mr. J. Bell's method of skin-grafting, treats it as if it were a new method. If he will refer to page 17 of the second edition of my little work on *Skin-grafting* (Churchill and Co.), he will see that I have from the first advocated the same plan of taking and subdividing the skin. But I have never found it necessary to use the antiseptic gauze, or to change the dressing under spray. These things are very well in hospitals, where labour and expense need not be considered; but in workhouse infirmaries they would become prohibitory. I find that my grafts invariably do well, and I treat them as follows. I place each in a slight incision, waiting until bleeding has stopped; then lay over each a small piece of Lister's carbolised non-adhesive lac plaster; then cover the whole wound with finely picked oakum and bandage, so as to keep an even pressure over the ulcer. (Sometimes I fix the pieces of lac plaster by a strip of ordinary adhesive plaster.) The oakum I find a cheap (it costs nothing in a workhouse) and efficient disinfectant, as it absorbs all the putrid discharges. This I leave on for two days; and then remove the oakum, replace it with fresh oakum, and rebandage as before. On the fourth day, I remove all the plaster, etc., and treat the ulcer with a simple carbolic or zinc lotion.

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Consulting Surgeon, Exeter Dispensary; Medical Officer,  
City Workhouse; etc.

Exeter, July 26th, 1873.

### THE ARTIFICIAL PRODUCTION OF TUBERCLE.\*

IN the *Saint Bartholomew's Hospital Reports* for 1871 are described the results of two series of experiments performed by myself. Guinea-pigs were vaccinated, and in some instances a disease resembling tubercle was produced. In the article I stated that no inference whatever was to be drawn from these experiments with regard to the production of disease by vaccine inoculation in man. All in the profession—no one more than myself—admire the patient, earnest, and laborious manner in which Dr. Burdon Sanderson (not to mention many other distinguished workmen, foreign and English) has pursued his researches. At the same time I would respectfully suggest that we can get at no satisfactory result from experiments without the aid of logic. If we insert a drop of pus, a bit of blotting-paper, or of caoutchouc under the skin of a human being, is tubercle the result? I trow not. Dr. Sanderson himself says that guinea-pigs are scarcely at all liable to natural tubercle. Then where is the analogy in the matter between man and guinea-pigs? Only in the identity of the disease. Perhaps other observers agree with these views. I can only state that I have never before seen them thus objectively put forward.

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## SELECTIONS FROM JOURNALS.

### MIDWIFERY.

EXTRAUTERINE PREGNANCIES AND THEIR TREATMENT BY GASTROTOMY.—Dr. Th. Keller of Strasbourg (*Gazette Hebdomadaire*, No. 29) publishes notes of two cases of extrauterine foetation in which gastrotomy was successfully performed by M. Kœberlé of Strasbourg, and adds to the narrative a general study of extrauterine pregnancy. He admits four forms—ovarian, tubular, interstitial, and abdominal. From the therapeutic point of view, his conclusions are as follows. In the first half of the period of pregnancy, internal abortion should be procured; and for this purpose he specially recommends the capillary injection of toxic substances. After the first half of the evolution of pregnancy, we should wait; and, when the term has been reached, we should perform gastrotomy to extract the living child; and, again, we should perform it when the term is passed and the infant dead. M. Keller has collected nine cases of gastrotomy at term for the extraction of a living child or one recently dead. The mother was saved four times; in five cases, the infant survived; and in one of these cases, the pregnancy being double, the mother and both children were saved.

\* A paper advocating these views was read before the Sheffield Medico-Chirurgical Society in the session 1871-72.

## SURGERY

TARSALGIA.—Under the title of "Surgical Diseases of Youth," M. Gosselin describes, in his *Clinique Chirurgicale de l'Hôpital de la Charité*, vol. i, several affections which, according to him, develope between the ages of fifteen and twenty-five years. These are (*Dublin Hospital Gazette*, June 2nd): Ingrowing toe-nail; subungual exostosis of the great toe; developmental or epiphysary exostoses; fibroma, or fibrous naso-pharyngeal polypi; epiphysary osteitis (three varieties); and tarsalgia. The latter affection is characterised by a pain in the foot when in the erect position, or after a long walk; by a deviation of the foot backwards, or valgus; and by a contraction of the anterior or external muscles of the leg. M. Gosselin shows that the disease does not depend on a primary contraction of the muscles, as MM. Guérin, Bonnet, Nélaton, and Duchenne (de Boulogne) believed, but upon an osteoarthritis of the medio-tarsus pertaining to the variety of the dry arthritis. The articular alteration is primary, the contraction is only secondary, and disappears, according to the degree of the disease, either during ordinary rest, or anæsthetic sleep. When the tarsalgia lasts a long time, the muscles pass into that state of permanent shortening which constitutes retraction; it also happens that the medio-tarsal articulations, and especially the astragalo-scapoid articulation, become ankylosed by fusion. Suppuration of the bones, however, never takes place, especially if the patient be not scrofulous. Rest, and the application of an immovable bandage, so as to keep the foot quiet for two or three months, often suffice to effect a cure. But, when the peroneal muscles are retracted, division of their tendons, and placing the foot in a good position, are necessary prior to the application of the fixed apparatus. Relapses are liable until adult age is reached.

## ANÆSTHETICS.

### XX.—ETHER AS AN ANÆSTHETIC.

A CORRESPONDENT writes to us as follows.

I have had the opportunity of examining the question of the use of ether in a practical point of view, not only in the London hospitals, Scotland, and the continent, but in the United States, where, for upwards of two years, I was a resident. Every facility was afforded me of studying the subject of etherisation as practised by the most eminent professors on the other side of the Atlantic; and I availed myself to the full of the advantages thus offered. I have come to the conclusion, after having seen some hundreds of cases, that there is nothing as yet invented, that for safety, certainty, and freedom from unpleasant results, can compare to ether as an anæsthetic when properly administered; and I do not hesitate to say, from what I have seen and read, that the method adopted by the American practitioners is neither practically understood or adopted in this country. Ether, when properly administered may be given to the youngest infant and the oldest adult with impunity.

My method of administering ether is as follows, and any one who will attend to my directions will be amply repaid in satisfactory results. I use a cone of cardboard, large enough to cover the nose and mouth, having a sponge inside fully charged with ether, the whole being covered with a napkin or towel. I think this preferable to a simple towel as it prevents waste. I invariably give my patients laudanum, in doses proportionate to the age, half-an-hour before the administration of the ether. For a child four or five years of age I give two minims; for an adult, the dose varies from fifteen to twenty minims. I commence the administration with the patient in a sitting position, by which means the end is more rapidly attained of complete insensibility. The laudanum not only prepares the system for the rapid and complete evolution of the ether, but also checks the tendency to vomiting and spasmodic action. It is of the greatest importance that the stomach should not be overloaded, and therefore I direct a cup of coffee or tea, with an egg beaten in it, to be taken a couple of hours before inhaling the ether, so as to avoid all solid substances. It is no unusual thing for patients to be kept under the influence of ether for several hours, and the quantity inhaled has frequently been as much as a pint.

In all severe surgical operations it is of the utmost importance that the patient should be kept completely under the influence of the anæsthetic, otherwise spasmodic action of a very troublesome nature is very likely to arise. In the United States, death resulting from the exhibition of ether is unknown; and, considering the enormous number of cases that annually are treated, it is surprising that the system, which has been found so successful by the American operators, should have found so little support in this country.