

catarrh had arisen in connection with imperfect emptying of the bladder through enlarged prostate. From a physician whom he met at Contrexéville, he ascertained that, in giving the water for stone, the best plan was to give a large quantity early in the morning before breakfast; whereas, for catarrh or gout, the better plan was to give it in divided portions during the day. To clear away gravel, he had recommended patients to drink a bottle before breakfast. But, in catarrh of the bladder, he had recommended a certain portion before breakfast, luncheon, and dinner.—Dr. H. KENNEDY said that a large number of persons were unable to visit those baths, and it was well to remember that Dr. W. Roberts, of Manchester, had said that, by medical treatment alone, not only could calculus in the bladder be modified, but even brought away.—Dr. FINNY had employed Contrexéville water in some cases of bladder-affections where cystitis was a common symptom; but he was disappointed in the results.—Mr. T. E. CAHILL also joined in the discussion.—Dr. CRUISE, in reply, said they had not sufficient knowledge of the therapeutical value of silica to attach much importance to it. There were no traces of caesium, rubidium, or strontium in the waters, according to Debray. With regard to the chloride of lithium in the Royat water, he was correct in the quantity given. Dr. Kennedy's reference to Dr. Roberts's observations recalled the celebrated cures published in old times; but these were effected with soft or phosphatic calculi. Dr. Finny said that the waters sometimes did not give the relief required. That was his own experience in some cases, but that was also the fate of all drugs and mineral waters.

Primary Sarcoma of the Right Kidney.—Dr. WALTER SMITH exhibited a specimen of primary sarcoma of the right kidney. The tumour weighed nearly 4 lbs., and its microscopic structure was that of a spindle-celled sarcoma. It was removed from the body of a man, aged 53, admitted into Sir Patrick Dun's Hospital, October 25th, 1884. His family history was good, and he was in perfect health until about two years ago, when he felt a slight pain in the right side, and soon after noticed a swelling. The tumour slowly increased, but he was able to work as a brass-finisher up to a month before admission to hospital. The tumour extended from the ribs to within two inches of the ileum, and laterally about two inches to the left of the umbilicus. There was no ascites at any time, and the cutaneous veins, anteriorly and laterally, were permanently enlarged. The fingers could be depressed readily into the groove, between the tumour and the ribs; and, notwithstanding that no evidence of intestine in front of the tumour could ever be detected, the diagnosis of malignant renal disease was easily made. The urine constantly contained a considerable amount of albumen, with some tube-casts, and, although usually bright and clear, always became turbid (mucin) with acetic acid. From time to time he passed, by the urethra, curious tassel-like and vermiform fragments of fibrinous clots, mostly decolorised, and sometimes three inches in length. The man's strength very gradually gave way, and he died on April 14th. At the necropsy, twelve hours after death, there was very little fluid in the abdomen, and no evidence of peritonitis, except a few old adhesions. No part of the intestine lay in front of the renal tumour; the colon was adherent to its lower edge. The vena cava beneath the liver was occupied by a large laminated thrombus, terminating above in a blunt cone. The right renal vein was likewise filled with a soft thrombus; the left renal vein was free from clot. The liver and left kidney were amyloid. There was a double ureter on the left side. The bladder was healthy. The thoracic viscera were healthy, except for a mass of caseous glands behind the bifurcation of the trachea. No vestige of healthy renal tissue could be made out in the tumour, which was enveloped in a loose capsule of connective tissue. The right ureter was pervious, not dilated. The pelvis of the kidney was filled with a firm, fibrinous plug. The right adrenal was loosely attached to the tumour. The tumour, upon section, exhibited a mottled patchy appearance, and was intersected by numerous fibrous bands. Under the microscope, it proved to be a spindle-celled sarcoma.—After some remarks from the PRESIDENT and from Dr. HENRY KENNEDY, Dr. JAMES LITTLE said he never saw a case of cancer of the kidney; but he emphasised the fact, mentioned by Dr. Smith, of the great importance of noticing the condition of the colon in the diagnosis of renal tumours.—Dr. FINNY, having seen Dr. Smith's case, confirmed what he had stated about the position of the ascending or transverse colon; but the peculiarity here was that it did not pass in front, but below, the tumour. That was the difficulty. The illustration of the presence of mucin, and the peculiar objects passing down from the urethra, gave the case additional interest.—Dr. WALTER G. SMITH, in reply, said it was a singular circumstance, but by no means peculiar to his case, that there was a comparative absence or slight degree of pain, the disease being a slow, infiltrating affection.

On the motion of Dr. DUFFEY, seconded by Dr. MOSWINEY, the re-

maining papers were referred to the Council for publication, and the Section adjourned.

REVIEWS AND NOTICES.

THE NON-BACILLAR NATURE OF ABRUS POISON. By C. J. H. WARDEN and L. A. WADDELL, M.B. Calcutta. 1884.

THE introductory part gives an interesting account of the way in which the seeds of the *abrus precatorius* (the Indian liquorice-plant, the jequirity of the Brazilians) have been since long time widely used in India for poisoning cattle, and less frequently for destroying human life. When taken by the mouth, these seeds are almost innocuous, and they even form an article of diet in Egypt among the poorer classes; but when the powdered seed, in a dose of about two grains, is introduced under the skin of cattle, death occurs in about 48 hours. It was fully accepted, one and a half years ago, that these fatal consequences were due to a generalised bacterial condition, and that the conjunctivitis excited by the introduction of the powder, or its infusion, between the lids, was due to the growth of a bacillus which was always present in the air, but took on pathogenic qualities when grown in an infusion of abrus-seeds; but it is now fully established that their poisonous nature is, in reality, quite independent of the development of bacteria, being due to the presence of a chemical principle.

The authors deal experimentally with the various questions that have suggested themselves during the discussion. Their microscopic examinations and their culture-experiments have failed to detect any specific bacilli within the seeds themselves. Hypodermic injections were used, mainly on cats and fowls, in order to determine whether a general bacterial condition was necessarily associated with the toxic action of the seeds. Since boiling destroys their toxic powers, it was almost, or quite, impossible to sterilise their infusion. Bacilli were found at the seat of injection in every case; few where death resulted early, and more where it was longer postponed. In most cases, there were evidences of bacilli in the blood generally. From the general results of their experiments, the authors conclude that the presence of bacilli at the seat of injection is purely accidental, and that these gain entrance to the wound from the air during the process of injection, or soon afterwards; and also that the number of bacilli in the blood is directly proportionate to the time the animal has survived, though it is, in no case, sufficiently large to account for death. The bacilli are by no means of one kind only, but present a variety of forms, of which one or more may be entirely absent in any given case. The authors, therefore, do not believe in the existence of a specific jequirity-bacillus, as was maintained by Sattler.

Instead of subcutaneous injection of small doses of abrus-poison conferring immunity from subsequent inoculations, as has been maintained by Cornil, the authors find that preliminary small doses rather predispose to a fatal issue.

Granting, then, that the toxic effects are not due to bacilli, the difficulty remains to isolate the chemical principle upon which its deleterious action depends. This essential principle, "abrin," was at length extracted, and is an amorphous tasteless solid of a pale grey colour. In thin layers, it is not unlike dried white of egg; it dissolves readily in cold water, and is thus extracted from the powdered seeds after previous percolation with chloroform and alcohol. Precipitation is then effected from the aqueous solution by the addition of alcohol. The authors prefer simply to designate abrus-poison as a chemical poison of a proteid nature, and they see some analogy between it and snake-poison.

Abrin produces great changes in the blood, causing undue fluidity and the presence of enormous numbers of blood-plates. Hence occur numerous and widespread capillary hemorrhages by diapedesis. The lymphatic glands are congested, and the body-temperature falls.

The authors suggest iron as a remedy, both locally, by subcutaneous injection, and by the mouth. The action of this drug must, however, be regarded as not settled, notwithstanding the apparently favourable results of their experiments.

The treatise deals, in an original, clear, and exhaustive manner with one of the most interesting and suggestive subjects of recent times.

PRESENTATION.—Dr. J. A. Magrath has been presented with a purse of £200 and an illuminated address, on his being about to leave Teignmouth, after upwards of twenty-six years' practice there. The presentation was made by General Lucas, C.B., on behalf of the subscribers.

DEACONESS HOUSE, CARLSRUHE; HINTS ON VILLAGE NURSING. By E. A. E. London: Francis Hodgson. Harrogate: R. Ackrill. 1885.

THIS pamphlet contains a graphic and interesting account of one of those most useful institutions, the Deaconess Homes, which abound in Germany. E. A. E. speaks from personal experience. Having met with an accident while travelling, she became an inmate of the Deaconesses' Home at Carlsruhe. The pamphlet is another attempt to interest people in the establishment of similar institutions in our large villages and towns, especially in the north of England. There seems, however, as past experience has shown, very little possibility of any scheme of the kind ever being carried out in this country. In the first instance, how could a nursing-staff be supplied? E. A. E. says "the nurses are the daughters of the peasant proprietors, tradesmen, etc., though some few are of higher rank." The daughters of small farmers in this country, who would answer to the peasant proprietors, seek well paid employment, and would by no means see their advantage in providing their own clothes and linen until becoming probationers (food and lodging being free); or afterwards, on becoming deaconesses, giving their services in return for food and clothing. Further, those of "higher rank" in this country, many of whom are willing and ready to give their time up to nursing, would most of them be altogether useless in assisting "largely in the culture of their flowers and vegetables," and in the art of cooking, a most essential one in nursing the sick, would be lamentably deficient. The sufferings of the invalids would thus surpass even those which the Carmelite sisters used to undergo under the willing, but ignorant and inexperienced hands of Madame Louise de France. Then again, E. A. E. justly observes that the expenses of such an institution in England would be greater than in Germany. How, indeed, could any institution of this kind, trying to be self-supporting, supply, for four shillings and sixpence a day, a comfortably furnished room, a breakfast, beef-tea (if desired afterwards), a dinner of sweetbreads or calves' brains, an excellent vegetable, piece of roast chicken or meat, with stewed fruit; at 3 P.M. coffee, and at 6 P.M. soup, or tea, with cold meat and light pudding, or *soufflé*? The room at this price was the largest, the other patients paying three shillings. Medical fees, medicine, baths, and laundress were not included in this payment. The first rule of the institution is as follows. "The object of the Deaconesses' Institution is to train sick-nurses and deaconesses for service in hospitals and private houses." Ladies in this country who wish to learn nursing generally prefer to go to one of the hospitals, where they live in a nursing home, and pay a fixed sum weekly, by which the hospital benefits. While thus well cared for, and relieved from the drudgery of household management, commonly detested by English ladies, they spend their days in the wards, under the immediate supervision of the sister of the ward, and are enabled to gain much knowledge and experience; as they are changed from medical to surgical wards, they have every opportunity afforded them of becoming acquainted with all kinds of disease, acute as well as chronic. It is not easy to believe that anyone desirous of learning nursing would be willing to exchange these advantages for the experience they would be able to gain in a limited home such as E. A. E. describes. The system of deaconesses' homes is of purely German growth, and is intimately connected with the social and religious characteristics of the people. Transplanted to this country, it would be an exotic doomed to die unless fostered with peculiar care. The question of nursing-stations in villages and country towns is one of great importance, and it is a good omen to find many earnest women taking an interest in its solutions. The question, however, is too large to enter upon here, but the final solution will probably be arrived at through the extension of cottage-hospitals, and the utilisation of workhouse-infirmaries as training centres for nurses.

NOTES ON BOOKS.

Hard Battles for Life and Usefulness. By the Rev. J. INCHES HILLOCKS. Pp. 850. (London: W. Swan Sonnenschein and Co.)—This interesting book is readable for its own sake, as an autobiographical record of much good work done under difficulties that would have daunted and overcome many men not endowed with the splendid moral courage of Mr. Hillocks. Its value, however, is enhanced by the suggestions and recommendations which long and laborious work amongst the poor and degraded enables the author to make with regard to the terrible problem of the condition and surroundings of the lowest class of artisans. As was naturally to be expected of a minister of

religion, Mr. Hillocks's observations are largely tinged with condemnations of sin and vice. In his strictures upon these and their consequences, he may be assured of universal sympathy and respect; but obviously we cannot discuss here the duty of the churches with respect to them, on which our reverend friend is particularly insistent and dogmatic. His views on remedial legislation are general rather than specific. He desires to abolish "slumdom," and, in so doing, is not concerned with the alleged rights of property that shackle repressive action. He denies that the lower classes like dirt, or are incurably filthy in their habits, and is sincerely anxious to secure the interest and co-operation of the poor in their own improvement. Work such as that to which Mr. Hillocks has devoted himself with so much self-sacrifice, does far more to lift the humbler of our fellow-creatures to the dignity and comfort of life than any number of Acts of Parliament which amateur sanitarians desire to see passed, in the fond belief that they will prove a complete and instant specific for evils which have taken generations for their growth and development.

REPORTS AND ANALYSES AND DESCRIPTIONS OF NEW INVENTIONS IN MEDICINE, SURGERY, DIETETICS, AND THE ALLIED SCIENCES.

MARSHALL'S SEMOLINA.

MR. JAMES MARSHALL, of the Ibrox Flour Mills, Glasgow, sends us a 14 lb. sample of his "semolina," and claims for his manufacture that, being made from the best hard wheats, which contain a large percentage of albuminoids, it is better, because more nutritious, than the starch-foods known as "corn-flour." On examination of this sample, the following results were obtained: water, 12.60; fat, 0.84; nitrogenous matter, 8.10; soluble matter (sugar, gum, dextrine, etc.), 1.02; starch, 77.44; ash, 0.34. The microscopical examination showed that the starch consisted of wheat-starch only. It will thus be seen that the sample is evidently prepared from the genuine wheat-flour, and contains a good percentage of the most important constituent of wheat, namely, albuminoids.

DE VRIJ'S EXTRACTUM CINCHONÆ LIQUIDUM.

THE liquid extract of cinchona, manufactured by De Vrij's process, and under the immediate supervision of the distinguished quinologist, is, we believe, far superior to anything of that kind yet produced. As is well known, it holds an established place in Continental medical practice, and is very largely prescribed. It is manufactured by a new process, and each pound of the extract is guaranteed to contain all the constituents of a pound of the very best cinchona bark. It yields five and a half per cent. of total basic alkaloids, in addition to collateral principles. It is found practically to give rise to little headache, or any of the untoward symptoms which sometimes attend the use of quinia in large doses. When diluted with water, it forms a perfectly clear solution, undistinguishable in appearance from a fresh infusion of bark. We have no doubt that it will be extensively prescribed in medical practice, and consider that its introduction is a decided advantage both to doctors and patients. The ordinary tonic dose is from five to ten minims.

INSTRUMENT FOR DILATATION OF THE CERVIX UTERI.

SIR.—There are two letters in the BRITISH MEDICAL JOURNAL of July 11th referring to my dilator. In answer to both, allow me to at once admit, or rather insist, that the idea is as old as humanity, being no other than that of natural dilatation, as seen in the commencement of parturition. But the way in which this process is imitated by the expansion of a delicate finger-stall of fine rubber is, so far as I can learn, an original one.

I believe the dilator can be used in any case where an ordinary sound will pass, and it evidently has but little in common with Dr. Barnes' bags, or their modification by Dr. Mansell-Moullin, with which he has become dissatisfied.

The delicacy of the stall when expanded to three or four times its original size, may cause some fear as to rupture, but either water or air may be used as the expansive power at the discretion of the surgeon; and, if he have sufficient trust in the natural process to accept so close an imitation of it, I do not think that he will find the trust misplaced.

A fine rubber-stall is free from nearly all the objections which may fairly be raised against the thick rubber-bags. It does not harden with cold, it tends to improve rather than otherwise with moderate age; having no folds which can adhere together, it does not become useless by being laid aside. It, however, forms a delicate instrument, to which a "foot-bellows" would, I think, be a mistaken and unnecessary adjunct.—I am, sir, yours truly, JOHN W. TAYLOR, 3, The Crescent, Birmingham.