on record where a child has been born, not only with hereditary syphilis, but with scarlatina, variola, rubella, and other contagious diseases, and where the mother showed not the slightest trace of any of these affections during or after gestation. Mr. Victor De Méric, in his Lettsomian Lectures in 1858, states that, out of twenty-three cases of congenital or infantile syphilis, "he perceived that in thirteen the mothers who had given birth to them remained in perfect health." That the disease was syphilis in the child I make no doubt. My description of it; the effect of the mercurial treatment, local and constitutional; and the fact of the father having had syphilitic ulceration of the tongue for eight years,—are strongly confirmatory.

Lastly, of the wet-nurse. Before she was engaged, I examined her as I would any other wet nurse, and found her in every respect a very healthy woman, with the finest breast of milk that I ever saw. From motives of prudence, we did not institute a vaginal examination of the woman after the syphilitic eruption appeared; but, on inquiring of the servants who washed her linen, and from actual examination of the linen, there was never found any trace of matter or discharge of any kind upon her thrown-off underclothing. What goes still further to prove this point, is the fact that the secondary symptoms showed themselves when she was in North Wales; an interval of four or five weeks having elapsed from the time that the child scratched the left breast.

RETROSPECTIVE NOTES ON OUT-PATIENT PRACTICE.

By C. M. DURRANT, M.D., Physician to the East Suffolk and Ipswich Hospital.

[Continued from p. 58.]

6. *Emphysema*. We have had a few well marked examples of this disease in the past two years. Like asthma (although depending upon very different pathological causes), its symptoms are very capricious; and it is striking to see what liberties, in reference to diet and exposure, a patient may take in one locality, while, in another, the most vigilant care is futile in warding off an attack. As it is now very generally believed that the pulmonary lesion is produced by over-forced expiratory, rather than by inspiratory effort, it behoves us to caution the labouring poor against an employment that will call for violent exertion while the breath is temporarily suspended, as in pushing or lifting heavy weights, etc.

Emphysema, whether vesicular or interlobular, is best relieved by strict attention to the general health. Flatulent dyspepsia will naturally much aggravate the attack of dyspnoea; and, as a rule, both in this complaint and in asthma, I have found the recommendation of Dr. Salter a very valuable one—viz., to debar the patient, as far as possible, from taking food after the middle of the day. The breakfast and mid-day meal may be substantial; but the lightest allowance, both in quantity and quality, should be taken in the evening. As a rule, also, I believe that stimulants, in the shape of wine or malt liquor, are better avoided.

Although the general application of blisters is thought to be questionable, I have certainly seen much relief obtained from a blister applied to the epigastrium. It operates partly, I imagine, by relieving gastric congestion, but more especially by the direct influence which it exerts upon the semilunar ganglion and branches of the pneumogastric nerve.

As medicines, alkalies and chloric ether are beneficial, and sometimes cod-liver oil may be given with

advantage. I have seen also very great relief to the dyspnoea, both of emphysema and asthma, obtained by liquor arsenicalis, continued for some length of time.

Smoking stramonium and tobacco may be of temporary service; as is also the inhalation of the fumes of paper prepared with a saturated solution of the nitrate of potash.

It will be often found, however, in private practice, that a carefully regulated diet, with warm clothing, and residence (if possible) in a dry atmosphere, will effect more in reference to the patient's comfort than we shall be able to afford him by medicinal treatment. The strict avoidance of constipation is, I think, a matter to be attended to in the treatment.

CIRCULATORY SYSTEM.

1. *Hyperæmia*. Under the denomination of congestion, we have a large number of cases noted as having applied as out-patients in the two years.

The symptoms at once point to the cause; viz., a more or less loaded state of the capillaries throughout the body, turgescence of the veins, and a dark purple appearance of the mucous membranes. With these, there is generally, also, a thickly coated tongue, and all the symptoms of congestive dyspepsia. Among the out-patient poor, the actual quantity of blood is probably increased as far as its watery constituent is concerned; while, among the more wealthy, indolent, and free-living, the quality rather than the quantity of the blood is changed, and this by increase both of the fibrine and also of the red globules.

The hard working "servant of all work" appears to me to be particularly prone to this hyperæmic condition of the circulation. In two cases, in this class of life, which were severe, I prescribed venesection with great advantage.

In general, a light diet without stimulants, free purgation by saline aperients, and the following mixture (*Ph. Lond.*), will be all that is necessary.

℞ Potassæ bicarb. ʒiss; potassæ nitratis ʒss; tincturæ colchici ʒj; spiritus ammon. aromat. ʒiss; spiritus æther. nitr. ʒij; misturæ camph. ad ʒviij. M. Sumat. partem sextam ter die.

2. *Valvular Disease of the Heart*. The most frequent form of cardiac disease that has obtained is lesion of the valves. Of these, the mitral have been most often affected; next, the mitral and aortic; then, the aortic singly; and in one case, the semilunar pulmonary were alone implicated.

None of these cases were of recent date; and the majority could be traced to a rheumatic origin. In the treatment of mitral valve disease, the daily toil and struggle to live among some of the poor almost hopelessly negative our attempts to relieve.

Regulating the digestive function, allaying flatulence, and keeping the liver tolerably empty by the steady use of aperients, and giving iron in combination with alkalies, will, I think, be found the best general treatment of this affection.

In the treatment of the aortic lesion, which is far more hazardous to life than the former, I have found the following formula of Dr. Barlow certainly afford much relief, although it is difficult to say how it acts.

℞ Tincturæ hyoscyam., spiritus ætheris nitr., a ʒij; decocti senegæ ʒvss. M. Sumatur pars sexta ter die.

I have added bicarbonate of potash to the mixture if the digestive organs be faulty. If the patient be anæmic, steel is indicated; and in one case arsenic appeared to do much good. The dropsy, depending upon valvular lesion, obtains only in a limited extent among the out-patients; inasmuch as when

it is severe the patient is necessarily confined at home.

The time-honoured combination of blue pill, squill, and digitalis, will still hold its ground, in many of these cases, as a remedy of much value. Iron combined with saline aperients, and diuretics, are also proper.

Elaeterium is more suited to renal than to cardiac dropsy; but, in obstinate cases, if its administration can be watched, it may sometimes be given with much advantage. To relieve congestion of the heart itself, dry cupping, frequently repeated, over the præcordial region, may be adopted; and I think that I have seen benefit derived from constantly wearing a belladonna plaster. In very chronic cases, with much pulmonary distress, in addition to alkalies and antispasmodics, small doses of the bichloride of mercury, continued persistently at bed-time, will often give relief.

I need scarcely add, that cold and moisture must be guarded against with the greatest vigilance, as in no disease is their depressing influence more, and often irrecoverably felt, than in valvular lesions of the heart.

3. *Dilatation of the Heart.* Two or three well marked examples of this lesion have occurred; and, referring to notes from private practice, I am disposed to think that the disease is on the increase. In the great strain to which the muscular fibres of the heart are subjected, and the exhausted nerve-power, as the consequence of mental and bodily wear and tear, with, in many instances, overwhelming anxiety, there is, I think, in the hurried habits of the present day, more than sufficient to engender this lesion.

In the treatment, steel and digitalis are our sheet-anchors; and with these medicines, I have combined small doses of strychnia. I am quite convinced of the great value of digitalis as a cardiac tonic; and in cases in which the action of the heart is exceedingly weak and fluttering, it will often be productive of the best result.

4. *Palpitation.* This affection, which is rather a symptom than a disease, is interesting more particularly in reference to its diagnosis. Both sexes have afforded instances as hospital out-patients.

In the female, the cause has been chiefly traceable to mental emotion, insufficient food, debility, hæmorrhage, leucorrhœa, and too close confinement—all tending to produce anæmia, with disordered nerve-tone. In the male, dyspepsia is a fertile excitant of functional palpitation; too rapid growth; excessive indulgence in stimulants; and sexual abuse; and perhaps more prejudicial than any of the above is the baneful and disgusting habit, among all classes and ages of the present day—viz., the almost universal and immoderate smoking of tobacco. I have had several cases under my care, in which I was distinctly able to trace as the effect of constant smoking, the miserable train of nervous feelings, together with the loss in a great measure of virile power, for which I was consulted. One more cause of inorganic palpitation, common to both sexes, is commencing scattered general tubercularisation throughout the lungs.

In forming a diagnosis, we must take into consideration all the collateral circumstances of the patient's life; the absence of the signs of organic disease; the return at intervals to natural and quiescent action of the organ; and the improvement which we shall generally see result from judicious treatment. A transient *bruit* will often be audible at the base of the heart; and, if its action be very violent and irritable, this may be communicated more or less towards the apex, without being indicative of organic disease.

5. *Aneurism.* One case of this affection, occurring in a female, has been observed in the two years. Although the aneurism did not protrude tangibly, still the phenomena were sufficiently marked to warrant the diagnosis of the existence of an aneurism of the aorta.

The patient was about fifty years of age, stout; purplish cheeks, and mucous membranes generally. She suffered from constant dyspnoea, greatly aggravated by exertion; faintness, at times amounting to syncope. With this, she had substernal tightness, and a feeble but not unsynchronous pulse. Some dulness was elicited on percussing the upper sternal region; and there was a systolic *bruit*, feebly audible both at the upper sternal and right interscapular regions.

This patient's dyspnoea was so much benefited by taking the senega mixture above referred to, that she persisted in visiting the hospital once a fortnight (although repeatedly advised to the contrary), having to travel on each occasion six miles in a carrier's cart. I think, but I am not quite certain, that this patient has since died suddenly.

DIGESTIVE SYSTEM.

1. *Dyspepsia.* Following the plan of noticing diseases in each class in the order of frequency of occurrence, we at once find dyspepsia taking the lead as the most common disorder we are called upon to treat. In the forms under which it most frequently obtains, it may be conveniently divided into two varieties—the irritative, and the dyspepsia of debility, or defective nerve-power. In the former, or irritative dyspepsia, which is very common among our out-patients, and which is productive of much distress, we have epigastric pain and tenderness; sometimes vomiting; headache; anorexia; a rough tongue, with a greyish fur, red at the tip, and scattered papillæ on either side, with, sometimes, a red streak down the centre. Food causes pain, often both during gastric and duodenal digestion; there are flatulence and confined bowels; and the urine deposits lithates and crystals of uric acid. In the atonic dyspepsia, we often find the tongue tolerably clean, or with a thin pale coating, and marked at the sides with the impression of the teeth; very frequently vomiting after all ingesta; but little, if any, epigastric pain; bowels torpid; and the urine variable, but frequently pale, clear, and of low specific gravity. In severe cases, gastralgia and pyrosis may become prominent symptoms. In both varieties, there exists great mental prostration, amounting often to melancholy.

The irritative variety may generally be attributed to phlogosis, or congestion of the mucous membrane, caused either by cold, improper food, or meals taken too hastily or at too short intervals; all in their turn producing a depraved condition, both in quantity and quality, of the gastric juice.

The second variety referred to is more frequently seen in women or delicate men. All causes producing nervous depression, especially fatigue, mental anxiety, and want, and, above all, tobacco-poisoning, the result of immoderate smoking and snuff-taking, are fruitful causes of this form of dyspepsia. As the cases under this head were none of them depending upon other than functional causes, I do not allude to the dyspeptic symptoms which owe their origin to cerebral or other visceral disturbance, or to malignant disease, ulcer, or blood-poisoning. In the treatment of irritative dyspepsia, a blister to the epigastrium at the onset will often materially shorten the attack. Blue pill with colocynth, followed, if necessary, by a draught of rhubarb and sulphate of magnesia, if the bowels are confined; and, if there be

much gastric irritation, small doses of mercury with chalk, with morphia at bedtime, will be very useful. Alkalies, with the nitrate of potash, may be taken during the day. This, with a diet strictly confined in the first instance to broth and farinaceous articles, will generally effect recovery.

In the atonic variety, the bowels will be best regulated by the compound rhubarb pill, with the addition of one grain of the sulphate of iron; alkalies, with ammonia and chloric ether, will also be proper; and if the vomiting be very troublesome, with a tolerably clean tongue, bismuth in ten-grain doses, with chloric ether, will often act like a charm in giving relief. The bismuth lozenges of the *British Pharmacopœia* will be found very useful in private practice, as an auxiliary to the alkaline treatment.

In reference to tonics, I believe that, as a rule, even the mildest are better avoided during any stage of the treatment of the irritative form of this disease. In the second variety, however, where nerve-tone is so decidedly deficient, a judicious combination of small doses of steel, with ammonia and carbonate of potash, and a few minims (four to five) of the liquor strychniæ (*Brit. Pharm.*), will often be very beneficial.

Of stimulants for dyspeptic use, the best are, unquestionably, dry sherry, diluted with water; claret, in small quantity, and brandy well diluted. Of these, I believe the first to be the best; but claret often agrees exceedingly well, particularly if the patient be of a gouty predisposition.

In the irritative form of dyspepsia, all stimulants of this kind are, I believe, as a rule, better interdicted.

[To be continued.]

EXCISION OF THE SCAPULA BY PROFESSOR MICHAUX OF LOUVAIN.

From Notes by GORDON HARDIE, M.D.,
73rd Regiment.

LOUVAIN lies out of the direct route of Belgian travel, but will repay a visit in many ways. It has still the grave ecclesiastical air of a mediæval university town. Its *hôtel-de-ville* is the gem of municipal Gothic architecture in Europe, as highly finished as a *château*. The University has a very complete Faculty of Medicine, a good hospital, and two excellent clinical professors in surgery and medicine.

The former, Professor Michaux, has an European reputation as a bold and skilful operator, especially in regard to excisions of the upper jaw and the extirpation of naso-pharyngeal polypi through the opening thus made. He has been led to adopt this operative process from his own experience, as well as from that of others, of the liability to relapse, if the polypus, with its various roots and insertions, be not wholly extirpated and freely cauterised with the red-hot iron; as also from the impossibility, in many cases, of removing the tumour through any smaller opening. He, therefore, considers that "Resection of the upper jaw, to make way for the removal of large fibrous naso-pharyngeal polypi, with large and resisting roots and multiple ramifications, should be considered as the general method."

He has now performed this operation seven times, with complete success, and with an experience of many years immunity from relapse in the persons of the first two. The remainder have been operated on within the last four years; but were all known to be well and without relapse in December 1864.

The credit of having been the first to perform this operation for the cure of naso-pharyngeal polypus,

he gives to Professor Syme of Edinburgh, who, in 1832, led the way.

At the time I visited Louvain, Professor Michaux had removed the upper jaw, for these and other causes, twenty-three times successfully, and once with a fatal result.

While there, in December last, I witnessed another formidable operation by Professor Michaux—excision of the scapula, in which also Professor Syme has led the way.

The patient was a lad, of about 15 years old, in whom a large enchondroma (as was supposed) occupied the greater part of the right scapula, extending closely up to the glenoid cavity. It was represented as having originated in the soft parts (?), and as having increased rapidly, the whole duration of the disease being only about six months. At the time the lad entered the hospital, the tumour was closely incorporated with the scapula, and there seemed to be little chance of saving any part of the bone in removing the tumour.

A few days after entering the hospital, the lad underwent the operation. A crucial incision was made over the tumour, and the flaps quickly thrown back. The tumour was then divided to see if it could be detached from the scapula. This incision led to the most formidable hæmorrhage which occurred in the operation. It was arrested by means of plugs of charpie soaked in tincture of perchloride of iron. The last portion of the operation was done with the *écraseur*, dividing the parts in the vicinity of the joint without any further hæmorrhage. The lad bore the operation, which was prolonged from the necessity of administering stimulating enemata after the alarming hæmorrhage, very manfully.

I mentioned Professor Syme's operations to Professor Michaux, and sent him the *brochure* on my return. I have heard since from him that the wound was healing well, and that there was every prospect of the result proving successful. This was three weeks after the operation.

I stayed two hours only in Louvain after the operation, and did not learn what the nature of the tumour ultimately proved to be. I have no doubt that the case on recovery will be fully reported to the Belgian Royal Academy of Medicine.

"WOMAN'S RIGHTS." A novel question has arisen at Oxford respecting the rights of lady governors of the Radcliffe Infirmary. At the October quarterly court, two ladies entered the room and tendered their votes on the election of a committee. This was an unprecedented circumstance, and the Master of University College, who presided on that occasion, would only receive the votes under protest. At the quarterly court last week, five ladies attended, and a long discussion took place, two propositions being submitted—one denying their right of attending, and the other proposing that counsel's opinion be taken on the question. The advocates of the former urged the usage of eighty years, and relied on a phrase in the rules—"ladies subscribing as governors," as implying a distinction between them and the other sex. On the other side it was shown that ladies had the privilege of voting by proxy on certain occasions, and that proxies invariably conferred an additional and not a limited right. This view eventually prevailed, and it was consequently considered unnecessary to obtain a legal opinion. Professor Westwood has, however, since published a letter which, while admitting the right to vote of unmarried ladies, contends that this is a chattel interest, which in the case of married women is vested in their husbands. The dispute will, therefore, probably be revived.