

ASSOCIATION INTELLIGENCE.

NOTICE OF QUARTERLY MEETINGS FOR 1887. ELECTION OF MEMBERS.

ANY qualified medical practitioner, not disqualified by any by-law of the Association, who shall be recommended as eligible by any three members, may be elected a member by the Council or by any recognised Branch Council.

A meeting of the Council will be held on October 26th, 1887. Candidates for election by the Council of the Association must send in their forms of application to the General Secretary not later than twenty-one days before that meeting, namely, October 5th, 1887.

Candidates seeking election by a Branch Council should apply to the Secretary of the Branch. No member can be elected by a Branch Council unless his name has been inserted in the circular summoning the meeting at which he seeks election.

FRANCIS FOWKE, *General Secretary.*

COLLECTIVE INVESTIGATION OF DISEASE.

INQUIRIES are being pursued on the following subjects

DIPHTHERIA, THE ETIOLOGY OF PHthisIS,

Memoranda on the above subjects, and forms for communicating observations on them, may be had on application.

The Inquiries on OLD AGE and on the CONNECTION OF DISEASE WITH HABITS OF INTEMPERANCE are now closed.

Reports are in preparation upon the Inquiries made into ACUTE RHEUMATISM, DIPHTHERIA, and HABITS OF INTEMPERANCE, a full Report on OLD AGE, and a Supplementary Report on Puerperal PYREXIA. All the above will be published in the JOURNAL as soon as completed. Tables of the Chorea and Acute Rheumatism cases will be published in separate form.

The Returns made to the GEOGRAPHICAL INQUIRY are being tabulated for report.

Application for forms, memoranda, or further information, may be made to any of the Honorary Local Secretaries, or to the Secretary of the Collective Investigation Committee, 429, Strand, W.C.

BRANCH MEETINGS TO BE HELD.

SOUTH-EASTERN BRANCH: EAST SUSSEX DISTRICT.—The next meeting of the above District will be held at the Queen's Hotel, Eastbourne, on Thursday, September 29th. H. D. Farnell, Esq., will preside. Meeting at 3.30 P.M.; dinner at 5.30; charge, 6s. 6d., exclusive of wine. The Chairman, Dr. Gabbett, and Dr. Habgood have promised communications. Members desirous of reading papers should write to the Honorary Secretary, T. JENNER VERRALL, 97, Montpelier Road, Brighton.

SPECIAL CORRESPONDENCE.

PARIS.

[FROM OUR OWN CORRESPONDENT.]

Nasal Vertigo.—Microbes in Vegetables.—Cutaneous Tuberculosis.—Antipyrin in Lumbago.—Amnesia or Simulation.—Chlorine in Diphtheria.—Chloride of Sodium in Hemiplegia.—Iodoform in Meningitis.—Cacao in Infantile Diarrhoea.—Purity of Vanne Water. Inhaler for Ozonised Air.

THE *Gazette des Hôpitaux* has published some observations on nasal vertigo by Dr. Joul (of Mont Dore). The author believes that a nasal vertigo, a real vertigo *a naso laeso*, exists. It belongs to the group of reflex vertigos, and should be classed with the gastric, laryngeal, and uterine vertigos. Irritation of the filaments of the trifacial nerve, which innervate the mucous membrane of the turbinate bones and septum, causes vertigo and other nasal neuroses. Irritation of the trifacial is transmitted by means of the sphenopalatine ganglion to the vasomotor nerves, causing a limited anæmia of the brain and vertigo. This vertigo may thus be produced by nasal inflammation from odours, irritant vapours, snuff, and hay; acute coryza; chronic catarrh, particularly in its hypertrophic form; mucous polypi; and catarrhs of the posterior nasal cavity. Nasal affections of little gravity commonly cause this vertigo, and arthritic subjects are specially liable to its attacks. It may appear alone, or accompanied by other nervous phenomena: disorders of vision, *musæ volitantes*, hemiplegia, nausea, vomiting, great excitability, hypochondria, intel-

tual laziness, nightmare, spasmodic cough, dyspnoea, excessive secretion, syncope, feeble pulse, and pallor of the face. In order to make a diagnosis, it is necessary to examine the nasal fossæ of the patient. The vertigo ceases when the nasal affection that has given rise to it is cured.

The plain of Gennevilliers is irrigated with the contents of the cesspools of Paris. M. Galippe, by experimenting on different vegetables in the plain, endeavoured to ascertain whether any microbes existed in the interior of the plants. Direct examination made with every precaution, and the inoculation of tubes containing various culture media, led to the conclusion that micro-organisms are very often present in the interior of vegetables; some of them, those occurring in the leek and the lettuce, were chromogenous. He has not yet studied the morphology or physiology of these microbes. M. Duclaux remarked that these researches go against the generally accepted opinion that no micro-organisms exist within vegetable tissues, and asked whether M. Galippe took all necessary precautions to avoid contact with the air at the moment of inoculating the tubes; and also what was the proportion of fertile tubes. He thought also that it was indispensable to study the biology of these micro-organisms before drawing any conclusions. M. Galippe replied that he merely wished to show the existence of micro-organisms in plants; and added that the proportion of fertile tubes was very considerable.

At the meeting of the Société Médicale des Hôpitaux (June 24th, 1887), M. Brissaud observed that he had seen three patients with tuberculous lesions of the skin, the two first after a fall, the third after a burn. These subjects were tuberculous. M. Gaucher had under his care a phthisical patient affected with tuberculous ulcerations of the arm; he had not found any bacilli. M. Féréol suggested the possibility of a syphilitic lesion. M. Vidal drew attention to the fact that proliferation and hypertrophy of the papilla of the skin were met with in many lesions, of whatever nature, particularly when the surface of the derma had been a long time under treatment. M. Vidal was inclined to believe that the lesion observed by M. Brissaud was syphilitic. M. Brissaud had noted no syphilitic antecedents, and insisted upon the tuberculous nature of the lesions.

The *Gazette des Hôpitaux* relates a remarkable case of cure of lumbago by subcutaneous injection of antipyrin, observed in a man, aged 42, a patient at the Hôtel Dieu. He could not sit down, and once in bed could not sit up. The lumbago was rheumatismal, for his fingers and toes were also swollen. After a first subcutaneous injection of 50 centigrammes of antipyrin, the lumbago completely disappeared. The injection of 50 centigrammes of antipyrin was continued every morning and evening, and at the same time 3 grammes were administered by the stomach. The action upon the fingers and toes, although not immediate, was very rapid. The man is now perfectly cured.

The *Gazette des Hôpitaux* publishes the case of an old woman (apparently aged 50), who was picked up in the street and brought to the Hôtel Dieu. She was supposed to have had an attack of apoplexy, for she used her right leg with difficulty, and the grasp of the right hand was weak. Her mental faculties did not appear affected as regards reasoning power, or even cunning; her eye, very brilliant, seemed eager to read the thoughts of her questioners. She spoke without difficulty, but she remembered nothing. She could not recognise the objects of most common use, neither glass, nor spoon, nor fork. She did not know her age, nor her name, nor where she was born, nor where she had lived, nor whether she had been married, etc. The most elementary notions, the distinction of the sexes, were quite lost to her, and yet she replied correctly when asked whether she suffered from the heart, the liver, the lung, the stomach, the back, the hip, etc., putting her hand on each part as it was named; but everything connected with her previous life was obliterated from her memory, even to the names of things, which she was obliged to learn one by one, like a child beginning life. The question whether this case is an example of true amnesia or of simulation had not been settled.

M. Van Mansvelt recommends in the treatment of diphtheria chlorine water, two parts; distilled water, one part, one teaspoonful to be administered every hour, and subsequently every half hour. M. Van Mansvelt (*Weekb. van het Nederl. Tijdschr. voor Geneeskunde*, 1886, No. 46) furnishes the following details concerning the efficacy of this remedy. Chlorinated water was administered to several children during an epidemic. It was applied to the back of the pharynx at the first appearance of suspicious grey spots; the development of diphtheria was thus frequently checked. In cases of exceptional gravity, the brushings with chlorinated water were combined with the internal administration of this medicament. When adynamia was pronounced, chlorinated water was administered alternately with a decoction of quinine. M. Van Mansvelt recommends also alcohol in

the form of rich wine, or brandy. The application has also been used with good results in the treatment of aphthæ.

Dr. Rabow has treated successfully several cases of hemicrania with chloride of sodium. The first case was that of a young man; the attacks of hemicrania were preceded by a well-marked aura. Upon the manifestation of the aura, the patient swallowed a teaspoonful of kitchen salt; the effect was excellent. Six other patients who suffered from hemicrania, preceded by gastric disturbance, were successfully treated in the same manner. M. Rabow does not affirm that this treatment is unvarying in its abortive effects.

The *Paris Medical* (July 30th) publishes a note by M. Bouchut on iodoform in the treatment of tubercular meningitis. Dr. Warfinge, it will be remembered, employed this treatment in the case of five children, from 3 to 9, who exhibited symptoms of tubercular meningitis, with excellent results. Iodoform ointment, of the strength of 20 per cent., was rubbed into the scalp, which was previously shaved, twice a day, during nine days in one case, and during 17, 19, 30, 32 days respectively in the other four cases. M. Bouchut states that this treatment completely failed in three cases in which he employed it. In cases of non-tubercular cerebro-spinal meningitis also it only gave negative results.

Cacao seed for the treatment of infantile diarrhœa has been recommended by a writer in *Il Raccogliitore Medico*. The seeds are slightly burnt, and then powdered. The powder is mixed with sugar, and boiled in milk; ten grains of cacao, five grains of sugar to a cup of milk. The mixture is administered three times a day. When an improvement manifests itself the dose is diminished. The effects are speedy. A hundred patients treated with this remedy recovered within eight days. It is also beneficial in the case of adult patients, principally in chronic conditions.

At a recent meeting of the Conseil d'Hygiène et de Salubrité de la Seine, M. Schutzemberger showed the results of the analysis of the water of the Vanne river, above and below the spot where the leaden apparatus, constructed by M. Alphand to prevent infiltration, is placed. The water was filtered, and treated with acetic acid, and then saturated with sulphuretted hydrogen, and showed no traces of lead. The residue was placed in a solution of tartrate of ammonia (which dissolves sulphate of lead) for twelve hours, but the filtered liquid showed no appreciable quantity of lead. These experiments prove that the Vanne water, in passing through the aqueduct, is not deteriorated by the presence of the leaden apparatus above described.

At a recent meeting of the Académie de Médecine, Dr. Huguet showed a new inhaler, which supplies pure ozonised air, charged with the substance appropriate to the affection treated. The air, after passing through a filter which removes all impurities or germs, is conducted into an ozonising apparatus, and collected in a reservoir, whence it passes into flasks containing the different medicaments (iodoform, turpentine, tar, eucalyptol, iodine, etc.) with which it is charged.

OROTAVA AND LAGUNA.

DR. G. V. PEREZ writes to us from Orotava:

It will interest you to hear that a first class hotel has been opened at Laguna, thus supplying a very greatly felt want. I could not speak too highly of all the arrangements and of the attendance. No expense has been spared to make it a success, and, as great pains have also been taken to make a selection of good, honest, and respectable servants, male and female, the establishment has been described by all as very homely. The ——— have just passed a few days in it, and went back to La Paz charmed with it; the same has been the case with two medical men who came out with friends, attracted by the recent letters in the *JOURNAL* by Mr. Ernest Hart.

So that you see that we now possess at this splendid summer resort a most comfortable English-managed hotel, where invalids who have come out to pass the winter at Orotava can stay throughout the summer, if it is not advisable that they should return to Europe, or if they are anxious to consolidate their cure, and not run the risk of catching fresh colds in Europe. The chief characteristics of the Laguna summer are a beautiful clear sky, with a dry and bracing air, and an almost total absence of rain. To the tourist this hotel will be equally valuable in winter, when excursions can as easily be made as in the summer months, to such interesting places as Taganana, Las Mercedes, La Esperanza, Agua Garcia, etc. The long drive from Santa Cruz to Orotava can also be advantageously broken here. The Orotava Grand Hotel is about to be extended and its service remodelled to meet all the desiderata of tourists and of invalids, guided by the experience of last season.

[We are requested to state that the ss. *Tainui* belongs to the Shaw-Savill Line, and not to the rival line of the New Zealand Shipping Company (see *JOURNAL*, May 21st, page 1132).]

CORRESPONDENCE.

INTRACAPSULAR INJECTION IN THE EXTRACTION OF CATARACT.

SIR,—The remarks of your correspondent on the "Ophthalmological Section of the British Medical Association," in the *JOURNAL* of August 20th, so far as they touch on intracapsular injection, necessitate some notice on my part. I had thought, and I believe the meeting was of my opinion, that the adverse critics fared very badly.

Your correspondent, though not stating his own opinion, says that the speakers thought that I had given "the death-blow" to my own method. I am not aware that any speaker so expressed himself, except the President, and if they had all done so I would have measured the weight of their opinion by the extent of their experience of the method—and the experience was in some instances nothing, in others only a little. But if I had given the "death-blow" it could only be because my results were not so good as those of the speakers. I am glad your correspondent has raised this point of comparative statistics, and I am pleased to enter on the inquiry.

I would premise that bare statistics in ophthalmic surgery have within narrow lines of variation little significance. At the International Congress, in London, Horner, De Wecker, and Galezowski showed this plainly. De Wecker had a large number of operations, without a suppurating at all, under antiseptics. He thought he had banished this terror. Afterwards he had, in 150 cases, no less than 7 suppurations. Galezowski had no suppurations for a long time, and then in his last 95 cases no less than 5 cases of panophthalmitis alone. We never can have reliable statistics, except in broad questions. For how can we measure the general health of the patients of different towns and countries, the relative sanitary condition of the various hospitals, the selection of cases, the dexterity of the surgeons, and the obedience of the patients? Besides, given the same material in results, some can make far better statistics than others. Whilst holding these views about the general fallacy of ophthalmic statistics, I am not the less satisfied that for broad differences they are reliable and conclusive. The statistics I am about to quote, also, are valuable in this respect, that they are evidence given by some of the speakers against their own statements and assumptions.

I now proceed to show that my operation for all sorts of idiopathic uncomplicated cataract is as successful as the operations for ripe cataract performed in well known institutions, of which I chance to have detailed reports. I must make a basis for comparison. What may be classed in one hospital as "failures" may be classed in another as "partially successful," and capable of improvement. I shall take as a basis the following:—

All cases of panophthalmitis, of suppurating of the cornea, and of iridocyclitis and iridochoroiditis, with closure of the pupil (unless a note has been made of success by secondary operation), are reckoned as failures.

The following is a tabular statement, made up from careful examination, of the report referred to:—

Name of Hospital.	Idiopathic Cataract.	Immature.	Escape of Vitreous.	Failure to Remove Cortex.	Losses and Failures.
National Eye and Ear Infirmary, Dublin, 1875 and 1876	38	4	7 (18 per cent.)	8 (21 per cent.)	5 (13 per cent.)
St. Mark's Hospital, Dublin, July 1877, till September, 1879	25	3	3 (18 per cent.)	6 (24 per cent.)	2 (8 per cent.)
Manchester Royal Eye Hospital, 1883 and 1886	352	4	25 (7 per cent.)	In 1883 no notes. In year 1886, 25 in 195	28 (7 per cent.) notes about 4 in 1886
Sheffield Infirmary, March, 1877, till April, 1882	113	No note	11 (9 per cent.)	No notes	10 (8.5 per cent.)
	533	11 (2 per cent.)	46 (8.6 per cent.)	39 in 258 (15 per cent.)	45 (8.5 per cent.)
My own cases	81	13 very immature, 9 moderately immature	8 (10 per cent.)	2.4 per cent.	4 (5 per cent.)