before Sir B. Brodie wrote, were looked upon as even malignant; more careful modern inquiry, however, shows that there may be pulpy thickening of these tissues, chronic inflammation of the synovial capsule, or even a third form of disease, scrofulous destruction of the heads of the bones—in fact, the anomalous conditions known as “white swelling”—and yet the disease may be curable.

Mr. Stanley places great reliance on the use of chloroform, as enabling the surgeon to break up fibrinous bands in and around the joint that impede its motion, as well as on the careful use of cod-liver oil, shampooing under certain restrictions, sea air, iron, iodine, etc., in restoring the patient's general health. The patient must be fully under the effects of chloroform, then the limb forcibly, but steadily bent, when loud snaps, or a crunching in the knee-joint, for instance, will be felt. The whole limb must be kept very quiet, and put up in a straight splint. Evaporating lotions are applied if necessary; and, in some obstinate cases of white swelling of the knee, or simple inflammatory disease, the hamstring tendons may be cut. In the practice of Mr. Paget, Mr. Lawrence, Mr. Cock, and Mr. Erichsen, we have also observed the good effects of this line of treatment, even in limbs that have not been put to the ground for years in consequence of ankylosis. Mr. Stanley related to his class recently a very remarkable case of a medical man, a provincial practitioner, who had become incapacitated for his usual employment in consequence of this sort of ankylosis of all his joints from rheumatism, but where the chloroform treatment succeeded to perfection, allowing him to return to his professional duties quite restored to health.

WOUND OF THE PERICARDIUM, FOLLOWED BY PERICARDITIS AND PNEUMONIA.

A case of wound of the pericardium, followed by severe pericarditis, ending fatally, was recently under the care of Mr. Le Gros CLARK, at St. Thomas's Hospital. The child, while playing, fell against the stairs, and it is supposed a pin was driven into the pericardium, as Mr. Clark, on examination, found something of that nature under the skin, but which, from the incessant struggling of the child (it was only eight years of age) it was impossible to remove. The child, on admission into hospital, had a feeble, quick pulse, 110; not intermitting. A slight incision was made to favour the extraction of the foreign body, but it was not followed by success. A large poultice was then applied, and the little patient ordered half a-grain of quinine, twice daily, with syrup of orange peel and infusion of roses, arrow-root, beef-tea, and two ounces of wine. Three days afterwards (March 4th) the pulse was still feeble, the face œdematous; and Mr. Clark suspected that the purulent matter in the poultice had come from the pericardium.

March 7th The child had cough, and some crepitation was found at the left side, posteriorly and laterally, in the region of the heart and lung. The heart sounds, strange to say, remained almost normal. Pulse 115; action of the heart feeble.

March 10th. The heart-sounds were natural. The child was suffering evidently more than before.

March 11th. The breathing became quick and short; pulse very much quicker; face pale and anxious. She was very much worse. She took little notice, except when spoken to. She sank about four o'clock in the afternoon.

At the after death examination, the pericardium was found adherent to the sternum and costal cartilages, and a probe passed obliquely into the cavity of this serous sac from the external wound. The pericardium contained about four ounces of pus, and was much thickened. There was no adhesion of the opposite surfaces; but the visceral and parietal layers were roughened. The heart was healthy. The left pleural cavity, on the other hand, contained a large quantity of turbid serum, with lymph floating in it. The surface of the left lung was covered with a thickish coating of straw-colored lymph; the lung itself was solid, darkish red in colour, and broke down readily under pressure. The opposite lung also was diseased.

The pin was not found, though there was no doubt as to the cause of the accident.

THE MICROSCOPE *versus* COMMON EXPERIENCE IN THE DIAGNOSIS OF CANCER OF THE BREAST.

The diagnosis of cancer by the cancer-cell is not infallible. It cannot be repeated too often, perhaps, as the result of what is seen every year in hospitals, that cancer is the result of a cachexia which steals unawares on the patient, at first unaccompanied by pain; and that, if we could detect it at the onset, more perhaps might be done in saving life. Cancer is more frequent in females than males, in proportion of ten to three; mental distress and a cachectic habit of system, induced by mental distress, leading, perhaps even more than temperament or hereditaryness, to cancer. A tumour once formed, there is too much reason to fear, becomes a medium as it were for the multiplication of analogous growths; but inoculation of cancer only shows that this plan fails, and a constitutional diathesis is necessary for the disease.

A very remarkable tumour of the breast in a woman was removed by Mr. LAWRENCE on the 14th inst. It seemed one of those growths, as we might say, in a transition stage to become cancerous. The woman was 52 years of age. A hard growth was detected in the left mammary region. There was, however, no retraction of the nipple; nor were there enlarged glands. The woman could give no history of the case; but though some microscopic observers deemed, under an inspection, it was not scirrhus, Mr. Lawrence was not so sure it was not malignant and constitutional, the age of the patient unfortunately turning the balance against her.

EXCESSIVE CONSTIPATION SIMULATING DYSENTERY: PARAPLEGIC STATE OF THE RECTUM COMMON IN FEMALES.

Dr. GULL, at Guy's, had a case recently under care where the symptoms were those of diarrhoea or even dysentery, but the disease was constipation. The poor man, the subject of the malady, was sixty-nine years of age; and it seemed that, about five months ago, he caught cold, which was followed by frequent diarrhoea, with a discharge of bloody mucus from the rectum, but no scybala. On examination, Dr. Gull found a large mass in the left groin, in the lower bowel, probably malignant disease of the rectum or colon. The patient had no pain; for this part of the intestinal tube, Dr. Gull observed, is not remarkably endowed with sensitive nerves. Opium is the great remedy, he remarked, where we have malignant disease to deal with. In another case in private practice, a lady complained of perpetual diarrhoea; she was in an extreme state of agony. Dr. Gull suspected a paraplegic condition of the rectum, and made an examination, when he found an enormous mass of solid faeces, which was obliged to be scooped away, when the patient recovered. Mr. Wormald, at St. Bartholomew's, occasionally relates a somewhat similar instance in a female, where a tumour of a very formidable nature had been treated (out of the hospital) for an immense period as a malignant growth, but proved to be a huge ball of faeces, which was got rid of by brisk purgatives. During the recent disease in potatoes, Dr. Gull observed, this affection was very common, as the undigested fibre collected in the bowels in large quantities, like the hair-balls in the intestines of the lower animals. K.

Original Communications.

HISTORY OF AN OUTBREAK OF TYPHUS FEVER AT WOODHOUSE EAVES, LEICESTERSHIRE.

By JOHN BARCLAY, M.D., late Physician to the Leicester Infirmary, and to the British Civil Hospital at Smyrna.

I THINK the following brief particulars of a singular outbreak of typhus fever in this county are of sufficient interest to merit a place in the ASSOCIATION JOURNAL. I am no believer in the wire-drawn diagnoses of typhus and

typhoid fevers; I have last year seen ready-made theories fit the fevers of the East as badly as soldiers' boots in the same quarter; and my belief is that typhus fever is an entity, varying in its complications and its type, but always identical in its essence, and highly contagious and infectious.

On the 28th of last April, I was requested by the Sanitary Committee, appointed under the new Act of Parliament, at Woodhouse Eaves, in this county, to visit that village, to see, in consultation with Mr. Wood, the district medical officer, the numerous cases of fever then existing among the poor of that parish; and, if possible, to discover the cause of the epidemic, and to devise means for its extinction.

The details of the origin of the outbreak, I learned, of course, from Mr. Wood, and his account was corroborated by that given to myself by the inhabitants and sufferers in our progress from house to house.

Woodhouse Eaves is most beautifully situated, about eight miles and a half from Leicester, on the borders or Eaves of the old Charnwood Forest. It is placed in a gorge, overtopped by the rocks in some places, while in others the houses have crept up the sides of the hills; and at the extreme western boundary, the site is almost the highest in Leicestershire. The village has always been considered one of the most healthy, as well as one of the most beautiful, in the county, and has been much frequented by families from Leicester and other towns during the summer months.

The population is supposed to be about eight hundred; the census returns being obscure, by the association of several villages in one enumeration. The number of dwellings is about 186, giving a percentage of 4.3 inhabitants to each house.

From the end of January to the present time (June 9th), there have been, including minor cases, 115 or 120 cases of fever, and 12 deaths, the latter occurring thus:—

Date.		Age.
Feb. 10th	1	30
" 24th	1	1
" 24th	1	27
March 5th	1	2
" 13th	1	13
April 10th	1	37
" 12th	1	36
" 19th	1	22
" 22nd	1	32
" 24th	1	13
May 15th	1	26
" 30th	1	58

It will be seen, that I appear to have been called in just after the epidemic had reached its height; and the two deaths which have subsequently occurred, will be the subject of particular observation in the sequel.

The general character of the fever is a low brown-tongued typhus, without spots of any kind; diarrhoea frequent, but not urgent; delirium frequently absent, and not violent when present; deafness in almost every case; and pulmonary complications the rule; deaths occurring from debility with passive pneumonic congestion or sudden tracheal and bronchial inflammation, during a relapse. The duration of the attacks has been from three to four weeks, with very frequent relapses, and in all cases most tedious convalescence, haggard aspect, and much greater prostration and debility than fever ordinarily produces. This unaccountable weakness, wan and sickly aspect, feeble pulse, tendency to sink from the very first, with the singularly constant accompaniment of deafness, bear a most remarkable resemblance to the symptoms characterising the "Crimean fever", as it was brought down to Smyrna in the *Melbourne* transport, in February and March of last year.

A reference to the table will show that the deaths have, as usual, been almost entirely among the adults, though the majority of cases have been children. This is only what was to have been expected; but it is a fact involving very serious consequences to the parish, when the heads of

families are removed by death, and widows and children are left totally destitute.

It is needless to give notes of all the cases (between forty and fifty) I observed. I shall select two as types.

CASE I. Anne Wainwright, aged 18 years, a framework knitter, in poor circumstances, of full habit and healthy, came under treatment on April 28th. She had been exposed to infection, and had been ill two days. She was slightly deaf. The skin was hot; there were no spots of any kind; the face was slightly flushed; the breathing was rapid; she had no cough nor expectoration. Pulse 100, very feeble; tongue, with creamy fur, tending to brown; much thirst; slight diarrhoea; urine very scanty and high-coloured, without lithates; no dullness nor crepitation in the lungs anywhere; abdomen slightly hard and full and tympanitic; no borborygmi. The treatment consisted in a strong aperient, and saline medicine, plenty of drinks, no stimulants, and a sinapism to back. She refused absolutely to go to the Fever-House in Leicester.

May 5th. She was very much worse; very deaf; coughing two or three days; the sputa were brown, rusty, copious, and tenacious; the breathing was rapid; pulse 120; skin cold, clammy, and damp; tongue brown, not very dry, sordes on teeth; abdomen still slightly tense; no diarrhoea; stools loose, but natural; no marked dullness in lungs, but crepitation in both low down behind, particularly on right side, extending to the front. Stimulants had been most judiciously begun by Mr. Wood a day or two previously; and we now prescribed sesquicarbonate of ammonia every four hours, hydrargyrum cum creta night and morning, a blister below the scapulae, to be kept on five or six hours, and repeated; four ounces of port wine daily; beef-tea and nourishing slops.

May 15th. The treatment had been well carried out; pulse still very feeble and rapid; expectoration rusty brown, occasionally streaked with blood; tongue dry, brown; sordes on teeth; abdomen not so tense; no diarrhoea. The patient was ordered to continue the hydrargyrum cum creta only at night, and to have six ounces of wine.

May 19th. She was considerably improved in every respect; but both lungs were still much loaded, particularly the right. The sputa were no longer brown; more mucous, and less tenacious; tongue cleaning. Decoction of bark and ammonia were given.

May 29th. The patient was quite convalescent; hearing better; skin cool; cough quite gone; pulse 80, soft; appetite returning; tongue cleaned in patches; no dullness on percussion; and only one little spot where crepitation could be heard, at the very lowest part of the right lung behind. She was directed to sit up, have a sinapism occasionally applied to the side, and to have improved diet.

CASE II. Mr. M., aged 58 years, a small farmer, of good constitution, though not robust, had been exposed to infection (see next page). He was taken ill on April 29th, and the case seemed very mild, and went on well under the care of Mr. Wood, until about May 10th, when the breathing first became affected. I saw him first on May 15th, when I found him propped up in bed, much collapsed; the skin and feet were cold, not clammy; no spots any where; no heat of head; deaf; slight tendency to wandering in night; respiration very rapid, 30; copious expectoration of rusty, tenacious sputa. No marked dullness, but crepitation all over both lungs behind from the scapulae downwards; upper part of both pretty clear, both behind and in front. Pulse 100, feeble, regular; total anorexia; much thirst; tongue brown, not dry; tendency to sordes on lips and teeth; abdomen soft; slight borborygmi; bowels open from medicine; stools shreddy, bilious, offensive. The treatment consisted in effervescing medicine, with five grains of free ammonia in each dose every four hours; hydrargyrum cum creta and Dover's powder night and morning, a very large blister to the back, a little wine, and nourishing liquid food.

May 19th. He was no better; face slightly congested from impure blood in circulation; expectoration copious,

almost purulent, with slight rusty streaks; lungs very much loaded; crepitation extended to the front as well, and now to be heard all over both lungs; pulse 120, very feeble; disgust at all food; tongue brown, dryer than before; sordes on teeth; bowels open from medicine, stools shreddy as before, with very little feculent matter; sleeps badly, but no delirium. The mercurial had produced slight tenderness of the gums, and was omitted on the 18th. The free ammonia was now increased to ten grains. A quarter of a grain of acetate of morphia was given every night; and a blister to be applied for five or six hours every day to some part of the chest. His allowance of wine, which had been nearly a bottle daily, was slightly diminished on account of the increased dose of ammonia.

May 29th. I found him much worse. The blisters had been unrelentingly applied; the stimulants regularly given; the nursing was excellent; but the constitution had sunk under it; the lungs were gradually choking up with mucus; and there was a tendency to coma. The next morning he died. The distance from Leicester prevented the possibility of my having a *post mortem* examination.

The history of this epidemic of fever in this most healthy village is involved in much obscurity. In the course of our inspection, I found the natural drainage very good; the supply of water excellent, all under-soakage being prevented by the rocky nature of the soil; the privies and cesspools I found in tolerable repair; some few cases of pigs near dwellings; some of over-crowding; a good many filthy houses; but, though informed that a good deal of cleaning had been already insisted upon, I could not even see the traces of any nuisances so great as to account for an outbreak of such a fever as this. The inhabitants I found already convinced of its infectious character; and, out of the numberless instances that came under my notice of the conveyance of the contagion, I shall only mention one or two.

About the beginning of February, a family removed from a house in Woodhouse Eaves, when fever was next door, to Woodthorpe, distant three miles. Starting in perfect health, they carried the fomites of fever with them: they all fell ill, and one child died of it.

The account given me by Mr. M. (Case II) himself was this. The mother of the young man who died on April 19th, who had nursed him, and who had two children ill in her own house of fever at the time, came to Mr. M.'s house on business about April 22nd or 23rd. He perceived an unpleasant smell, and went out into the yard; his daughter, who happened to be there, perceived the same: within a week they were both ill. The daughter, whom I did not see, lived a mile off, in a beautiful spot on the hill-side, and had (I am informed by Mr. Wood) a mild attack, with a relapse, and sudden invasion of tracheitis, bronchitis, and pneumonia; and died on May 15th. Mr. M. himself lived quite out of the village, at a healthy farm house; he sickened, and was ill enough to require attendance by April 29th, and died, as we have seen, on May 30th.

In no case did I find any difficulty in tracing the infection, except in children, where it is impossible to attempt doing it: the school, the playground, and the constant close intercourse and susceptibility to contagion of childhood, give free scope to the spread of disease. But, tracing it from family to family, I got at last to the first case that occurred in the village—a Mrs. Preston, who had a most severe attack. She had been occasionally in the house of a person named Anne Spencer, who had a child ailing, but not of fever; and, shortly after visiting her, was seized with unmistakable symptoms of the disease. This Anne Spencer had not been ill herself, but had just returned from nursing her father, mother, and two of their grandchildren, in fever, at Wymeswold, another village in this county, on the wold-hills, nine or ten miles distant from Woodhouse Eaves. I have since communicated with Mr. Brown, of Wymeswold, under whose care the Spencers had been. He informs me that, after a few straggling cases, a greater outbreak of fever commenced there in September last, having precisely the same characters as that which I have

been describing—great prostration, deafness, and frequent pulmonary complications. It seems to have been less generally epidemic at Wymeswold, where it has been chiefly confined to the neighbourhood of one court, in which, out of eleven houses, only one has not presented cases of fever. The deaths also seem to have been numerous at first.

The fatal cases at Woodhouse Eaves were, up to April 24th, entirely among the lower class, the labourers and framework-knitters, who had been, as usual, distressed and out of work during the severe winter months. Mr. M. and his daughter are the only two deaths, or indeed cases of fever, among any but the labouring poor.

The treatment pursued in all these cases by Mr. Wood, a highly intelligent practitioner, and myself, was that dictated by common sense in low typhus. I have seen a great deal of fever in this country, and last year at Smyrna, where I had charge of the fever division of the hospital; and all my experience results in the strongest prejudice against all new-fangled doctrines and new fashioned remedies in this disease, and in favour of what has certainly, in my own hands, proved most satisfactory—what I venture to call the “common sense” treatment. Before the attack is fully developed, emetics, purges, or diaphoretics, each seem to cut short the disease in a certain number of cases, and the selection of the remedy must depend on the character of the fever and the peculiarities of the patient. In the next stage, salines, again determining to the bowels, the kidneys, or the skin, as may be judged most fitting. In the low stage, wine and ammonia, and decoction of bark with the latter as soon as the tongue begins to clean, with a liberal allowance of nourishment in fit forms. This I consider the best treatment of the fever itself; of that disease which, when I was a student in Edinburgh, chiefly affected the head—so that I never saw ulcerated bowels there in a necropsy after fever; which in Vienna and Paris affects the ileum and jejunum so constantly that at the former place I never saw a necropsy of a case of fever without ulcerated bowels; which sometimes concentrates all its violence on the great nervous centres; which here, again, at Woodhouse Eaves, affects the lungs, and leaves the bowels and the head alone; which sometimes has rosy spots, sometimes maculae, sometimes petechiae, and sometimes none of them. Besides and beyond the fever itself are the peculiar complications of each epidemic to combat; and, of course, delirium, pneumonia, diarrhoea, intermittence, etc., each need a variation in the treatment. While quinine in large doses, as a specific in all cases, is nothing short of empiricism, it is invaluable as an antiperiodic where the complication is in the internal glands (?), causing intermittence or remittance; and thus, throughout, the dictates of common sense, aiding the skill of the physician, will be a sure and safe guide to a successful plan of treatment. In no disease is a system of good attendance more important, and a patient is more likely to recover without a good doctor than without a good nurse. The only soldier I lost out of all my cases of fever at Smyrna might, I believe, have recovered but for the carelessness, or rather want of judgment, of an orderly; while I can point to many saved entirely by the careful night watchings of the nurses and ladies during the critical period of the disease.

It is a pleasure to be able to say—however out of place here—that the squire of the parish (Mr. Herrick, of Beaumanor Park), the incumbent, and the parish authorities, have all been most liberal in their donations and allowances of wine, of food, and of fitting nourishment; while the constant attention and assiduity of Mr. Wood has tended, in a great degree, to compensate for the want of any system of nursing. The result of the treatment adopted is, that the fever is gradually disappearing, the deaths have become less frequent, and the cases less severe in their character.

Such epidemics almost break the back of the honest and humane parish doctor, and ought to break the neck of the present unmeaning and unsatisfactory system of Poor-Law medical relief.