were brought together as in the previous case; no ligatures of vessels were required; and, under the effects of chloroform, one might conceive no operation at all was going on. The venerable and deservedly esteemed senior surgeon of St. Bartholomew's remarked, that a new era in surgery had opened, of which he had little dreamed—a large tumour, the size of a child's head, being removed from the most sensitive part of the female system, without bleeding, without knives or ligatures, without pain!

TUMOURS OF THE UPPER MAXILLA, MALIGNANT AND NON-MALIGNANT: QUESTION AS TO THE BEST MODE OF OPERATION.

Mr. FERGUSSON removed a tumour of the upper jaw on the 21st ult., of the "compact osseous" character, by an operation we have often seen. The tumour had been growing for twelve months, and had pushed the inferior turbinated bone inwards, so as to make a projection in the nostril. Mr. Fergusson divides the lip in the mesial line, thus happily making a "virtue of necessity", and converting what might be an ugly scar into a linear wound of little moment. This, in an operation of *convenience*, as the French term it, is a matter of no small anxiety; but the mechanical aptitude of the Surgeon of King's College Hospital is so well known that we did not fear for the result. Mr. Fergusson divided the lip, as we said, in the median line, and then dissected, in the usual familiar manner, the tissues of the cheek off the tumour. There was nothing, however, in the operation that our provincial brethren are not conversant with. The disease was simple hypertrophy of the osseous structure, fortunately not malignant.

A tumour of a still more interesting character was removed by Mr. CURLING, April 25th, at the London Hospital. Here the tumour was situated above the alveolar processes of the molar teeth, on the right side, expanding the bone in the mode so familiar to hospital surgeons. The common directions followed by Mr. Fergusson, of making the first incision in the mesial line, did not answer; and Mr. Curling wisely preferred not to cut uselessly through parts not diseased, as a matter of *convenience* and credit for the operator, but, in the first place, to consult what was best for the patient, even at the risk of a little deformity. Mr. Curling's incision, accordingly, as he found he could not obtain space to work in by the mesial incision, was made ingeniously through a dimple in the cheek. From a long familiarity with Mr. Curling's excellent operations, we do not know but that in specific instances one would give a preference to his operation, especially in men, where the beard will cover over the scar; but in females, the plan of incision in the mesial line at some little risk of injuring vital parts may be adhered to. The tumour in Mr. Curling's case, was examined by Dr. Andrew Clark, when it proved to be one of the familiar—we had almost said endless—varieties of growths, so often met in hospitals, which Mr. Paget would class perhaps under myeloid tumours, the Middlesex Hospital school under the class of "colloid growth", but which Dr. Andrew Clark showed to be made up of both, together with epithelial cells in various shapes, and fat-globules—a tumour, in a word, which abstract histological data would rather surround with mystery, and experience alone decide as to malignancy.

OPERATION OF LITHOTOMY IN THE MESIAL LINE: VALUE OF ALLARTON'S OPERATION.

Mr. LLOYD, of Bartholomew's, has a singular case at present under his care, in which he removed a calculus, on July 25th, by the preliminary steps of Allarton's operation, namely, incision in the mesial line of the urethra, as in Syme's operation, but farther back towards the prostate. The patient had been in hospital since May 16th. The prostatic portion of the urethra was very dilatable, while the calculus (a very small one) was readily removed; not but that, if the operation had been delayed, as he feared, the stone would not have grown very much larger. The stone was not easily reached by any such instrument as a lithotrite, as it seemed to stick fast in the

urethra, and to be more easily made out some days than others. The case is one of a very rare kind, as the ordinary lateral operation would be superfluous, as well as lithotripsy impracticable, owing to the shape of the stone, which had assumed somewhat of the form of the urethra. Mr. Lloyd, we may say, is very much in favour of the operation of Allarton in the mesial line, and has had several cases where it has done well. In this instance, all the cutting portion of the operation was done as directed by Allarton, the prostate not requiring much dilatation. On July 30th, the patient was doing well.

MARKED CASE OF DISEASED SUPRA-RENAL CAPSULES, WITH PARTIAL BRONZING OF THE SKIN: NECROSCOPIC EXAMINATION.

A case of partial bronzing of the skin, with diseased supra-renal capsules, was treated this year by Dr. GIBBON in the London Hospital. As corroborating, in some measure, our previous remarks on this class of cases, the chief features of the progress of the malady are here given. In this case, it will be seen, death unfortunately occurred; while, in the patient recently in St. Bartholomew's, the young man left the hospital, apparently quite recovered.

E. D., aged 52 years, a poor man, exposed very much to all weathers, was admitted in February into the London Hospital under the care of Dr. Parker. The man complained of general debility, loss of appetite, some slight cough, with some emaciation; his skin was yellow, but cool and moist; some crepitus was detected at the posterior part of the chest. Pulse 94, soft, hot, but weak; bowels costive; tongue furred. His urine was reported clear; specific gravity 1.022, acid, and free from albumen. The treatment chiefly consisted of tonics; he seemed to make very little way, but, on the contrary, to grow weaker and weaker. Dr. Gibbon took charge of the patient a week before his death, when he reported him in a low typhoid state, and, he believed, sinking from phthisis. Yet, after a careful examination, he could not detect the stethoscopic signs of phthisis. The symptoms were those rather of typhoid fever. From the yellowish brown appearance of the skin, and the general cachectic state of the patient, Dr. Gibbon also diagnosed disease of the supra-renal capsules. The poor man died apparently from exhaustion; no treatment seemed of any use.

At the *post mortem* examination, the yellowish colour of the skin struck all those conversant with Dr. Addison's disease as most peculiar. There was great emaciation; the lungs were healthy, as were also the heart, liver, spleen, and kidneys; but on coming to the supra-renal capsules, they appeared both enlarged, and when laid open were seen to consist of simple membranous bags, with shreds of torn up or disintegrated tissue. In one capsule some traces of healthy cortical structure were found; but in the other the tissue of the capsule, whatever it is, whether glandular or otherwise, was completely gone, so that there could be no doubt as to the existence of the disease pointed out by Dr. Addison. K.

Original Communications.

THE CHOLERA WEATHER.

By J. A. HINGESTON, Esq., Brighton.

For a long time past the weather peculiar to the Asiatic cholera has most happily been absent. The autumn of last year was healthy, the winter mild, and the spring of the present year, though both long and cold, by no means unfavourable to the public health. The mortality has been much below the average. But there have been transient intervals when the epidemic has threatened to show itself again. Thus, for the week ending February 16th, 1856, at p. 50, the Registrar-General makes the return of a fatal case of "English cholera (forty hours), mesenteric disease;" and, in the weeks ending March 15th and 22nd, at pp. 82

and 90, respectively, two more fatal cases are reported, the one of "destitution and diarrhoea," and the other of "choleraic diarrhoea;" but these cases are only the indexes of the prevailing character of disease not included within the Registrar's returns of deaths within the bills of mortality. Now, it was at this very time, when the fatal cases of cholera in a modified form were reported, as just stated, that the atmosphere presented the phenomena peculiar to the cholera epidemic. The 23rd of February was, meteorologically, the most remarkable day of all; the wind was from the north-west, the sky covered with cirro-strati, particularly at noon, and the electricity negative, while a calm prevailed. The air was moist and chilly, the thermometer rose to 46° Fah., and the barometer stood exactly at 30 in., or fair. There was also present that peculiar mistiness, of a dim grey colour, which obscures everything, and makes it feel sticky. All these signs I have already pointed out as peculiar to this epidemic, and they are described in several of the preceding numbers of the ASSOCIATION JOURNAL, particularly in No. XLII, Oct. 21st, 1853, and No. LXXXIV, August 11th, 1854, and several others besides. Every subsequent observation confirms me in the truth of these statements, and my mind has been directed to this particular investigation ever since the year 1832, or nearly a quarter of a century. The same kind of atmosphere may have prevailed before, but I apprehend not, for I consider it as the cause or coincidence of the cholera itself. The Asiatic cholera is a peculiar disease, and the accompanying condition of the air is peculiar also. The blood is poisoned, or carbonised. It is deprived of oxygen, or acid. The organic life is suddenly exhausted, and the exhalents are patulous. Death ensues from asphyxia. But what is called the cholera is most likely only the last stage of a disease which has been proceeding for several days, without having been observed. It is not at first noticed, because it is painless. It begins silently, with indigestion, slight jaundice, absence of the lithates from the urine, chilliness, nausea, præcordial pain and heat, deranged alvine dejections, languor, and broken sleep. Next comes on the precursive diarrhoea, and, last of all, that which is called the cholera itself, but which is nothing more than the final stage of collapse and death. I think it will eventually be found that the prevalence of this singular epidemic is connected with the amount and kind of daylight; for the sky is always shrouded with a veil of thin clouds, the light is dim, and not unlike that which is observed during a partial eclipse of the sun. What if it be polarised light? or the sun's disk exhibit some of its large spots? or the air be charged with vapour that powerfully refracts and weakens the solar ray? These questions are not beneath our inquiry. Magnetism, electricity, heat, and vitality, are closely associated with them.

The *Times*' special correspondent, writing from the Crimea, May 27th to 31st, says, "The thermometer is at 60 degrees, the sky black and overcast, the air hot, and the plateau like a dirty Aldershot." "It is strange," he adds, "that when the wind blows from the north the thermometer rises; when it veers round, and comes from the south, the mercury falls. This can only be owing to the wind being reduced in temperature when it passes over the sea, instead of the heated steppes." The thermometer then rose to 85°. He also mentions "a murrain, or some sort of epidemic, among the cattle of several divisions, caused either by the water or the grass on which they live." "I fear, indeed," he proceeds, "that the few cases of cholera of which we hear may become many;" and on June 3rd he reports "two cases of Asiatic cholera," but subjoins that the disease had not "as yet shown signs of an epidemic character." At that time the weather was "broiling hot" in the morning, but was soon afterwards "cooled down by a strong breeze from the sea." This graphic description not only tallies with the usual character of the cholera and its atmosphere, but also shows its proneness to resume its virulence if its specific conditions are prolonged, and its pabulum of tainted air and susceptible vitality be duly fomented.

The foreign news, under date of June 21st last, informs

us that the cholera has again appeared in the western and southern suburbs of Vienna. There have been cases in the Gumpendorff, Schottenfeld, and Alser suburbs, where the disease was very prevalent this time last year. Nothing is said about the kind of weather, but it would be very interesting if those who are acquainted with Vienna would give us some account of the nature of the suburbs where the disease is said to have prevailed.

In the week ending June 28th, 1856, the Registrar-General reports four fatal cases of cholera, or choleraic diarrhoea, in London, and there were sixteen fatal cases of diarrhoea besides; but this "is less than the number that usually occurs in the last week of June." Now, the meteorology of June was exactly such as is favourable to the development of this disease. There have been sea mists, a dark sky, and flights of small black flies. A dark sky is one of the signs noticed by the *Times* Crimean correspondent, and another remark he makes is the same as that made here, viz., thick mists. In this locality there have been thirty-three misty, foggy, or hazy days between the 1st of May and the last day of June, or more than half the number of days of the two months taken together. At p. 212, June 28th, the Astronomer Royal inserts in his *General Remarks* under the *Meteorological Observations* that on the 24th, "the greater part of the sky was covered with thin cloud;" that on the 26th there was "a dense blue mist"; and, on the other days, that "the sky was generally overcast." All these signs are but repetitions of what I have observed, recorded, and published, often before this.

It is not my wish to raise unnecessary alarm on the present occasion; but the first indications of the epidemic were not greater nor earlier than these in 1854 and 1849, on both of which years it proved so fatal in the end, and there is no doubt of our liability to another outbreak of the pest. Should the wind continue to blow from the west instead of the north-east or north-west, with plenty of rain, we may escape it; but should the northerly winds prevail, with a drought, and a dull sky, we may most surely prepare ourselves for another irruption of it. The best means of mitigating or avoiding its infection are the general rules of health, i.e., personal cleanliness, fresh air, simple but generous diet, moderation in all things, regularity, composure of mind, and early hours of rising and retiring to rest. Much too rigid an attention to particular articles of diet was practised by many from a motive of terror, which aggravated the chances of evil instead of abating them. The ordinary diet is the best. It is stale or bad food that alone is pernicious. Stale fruit, stale vegetables, stale fish, and stale viands of any sort, are the noxious ingesta that favour its accession. For the most part, the fresh fruits are wholesome. Most of the vegetable acids are anti-choleraic, such as lemon-juice, lime-juice, cider, good vinegar, pickles, if properly prepared, or cooling drinks, such as butter-milk, sour milk, sherbet, orangeade, etc. Such remedies as these are well known in South America, where choleraic diseases are frequent, and they are there made use of with great success. In this climate, cognac, genuine port wine and sherry, and sound hock and claret, may be added to the bill of fare. They are agreeable remedies, and as wholesome as they are agreeable. But, after all, it is the *freshness* and *purity* of the food that is chiefly requisite, rather than its kind and variety. Provided it be but pure and good, a mixed diet is perhaps the best. But, above all, the culinary apparatus must be clean; for, next to good food, a good cook is the first of requisites; and a good cook consists, not so much in knowing how to serve up a repast, as in preserving all her utensils in the strictest cleanliness and order. Show me your kitchen, and I will tell you your health. Tell me of your constant indigestion, and I will predict the quality of your cook. Can you have good health from sour food? or anything else than an acid stomach from a foul saucepan? Commonplace as this caution may sound, it nevertheless prescribes one of the first principles of domestic management, without which every other precaution is useless. It is the grand secret of health and cheerfulness, and the best

preservative there is against the infection of epidemic diseases.

As if to counterbalance the loss of life occasioned equally by war and pestilence, 1854 and 1855, not only is the mortality constantly below the average, but the births also are as constantly above it. This has been the case for the last six months at least, and presents a curious subject of inquiry to our notice.

ON THE CONNEXION BETWEEN HYPERÆMIA OF THE KIDNEY AND CONVULSIONS IN INFANTS.*

By FREDERICK JAMES BROWN, M.D., Chatham.

THIS paper is founded upon two cases that were observed during life, and dissected *post mortem*.

CASE I. Henry William B., aged 5½ months, the child of a licensed victualler in Rochester, died on the 6th April, 1856. He was taken ill on the 3rd, and suffered from convulsions during the three days of his illness. There was no history of urinary disorder. The bladder and rectum ejected their contents during certain of the convulsions. Another child in the same family had died of convulsions.

EXAMINATION OF THE BODY thirty-six hours after death. Body fat; sugillations posteriorly. *Head*.—Membranes of the brain of a bright red colour. Cerebral substance natural, not presenting an increased number of bloody points. Ventricles natural. Sinuses in the occipital region loaded. Slight increase of serum at the base. *Thorax*.—Lungs and heart healthy. Heart full of blood on the right side. *Abdomen*.—Liver healthy, but exhibiting the marks of the ribs on its surface. Right kidney healthy, not congested. Left kidney natural in its cortical, but congested in its tubular portion. The congestion was extreme, for there were threads of blood that appeared to be extravasated, but which were found, on closer examination, to be intravascular. The intestines were healthy.

CASE II. George W., aged 18 months, the child of a dockyard labourer at Chatham, died on the 12th April, 1856, of convulsions.

The child was large-headed, and very fat. The other children of the family resembled it in these particulars. This child was taken ill on the 1st February, 1856, with œdema of the penis, pain in the abdomen, and suppression of urine.

On the following day a very small quantity of urine was passed, but the secretion continued scanty for a fortnight, up to the date of the convulsive seizure, when I was first summoned to the child, namely, on the 15th February. I found that the child was teething. The scalp was hot, and the convulsions were occurring at short intervals. Lancing the gums, cold applications to the head, calomel, and salines, constituted the treatment. The child was discharged well on the 27th February.

The convulsions returned on the 31st March. I saw the child on the 2nd April; it lived till the 12th. It would appear to be better for a day, and then be seized again with convulsions; and so the illness continued unto its termination in death.

The scalp was hot, and the urinary secretion was diminished during the second attack. The total duration of the complaint stood thus: kidney affection, nine weeks; convulsions, seven weeks; second attack, twelve days.

EXAMINATION OF THE BODY, forty-eight hours after death. Body very fat; head large. *Head*.—Scalp natural. Sinuses of skull loaded with blood, which escaped in streams on removing the calvarium. Membranes full of blood. Numerous dark-coloured bloody points seen on section of the cerebral substance. Slight increase in the amount of serum both in the ventricles and at the base. Cerebrum and cerebellum

healthy. No lymph found effused. *Thorax*.—Lungs congested, otherwise healthy. Heart not opened; apparently healthy. *Abdomen*.—Three white spots on the liver, affecting the serous tunic only. Liver and spleen healthy. Kidneys natural in their cortical portions. The tubular portions were intensely congested. There were two threads of blood apparently extravasated, but really contained in the vessels. The intestines were healthy.

REMARKS. The conclusion that the first case was one of primary renal congestion is deduced from the circumstance that one kidney only was found in a state of hyperæmia.

When venous fulness is discovered after death by convulsions, it is usually regarded as a stagnation of blood caused by the convulsive movements; but, in such cases, an increased amount of venous blood is observed, *post mortem*, in both the lungs and the kidneys, and not in one lung or in one kidney only, but in the organs of each side of the body. Moreover, there is extreme fulness of the veins within the skull. But it will be noticed that the first case presented no pulmonary congestion, and only moderate intra-cranial venous fulness, and thus differed from the condition usually present in cases of convulsions.

The fact of one kidney only being congested precludes the idea of secondary congestion. Therefore, the renal congestion was primary. It does not follow that the arterial hyperæmia of the cerebral meninges was the effect of toxæmia induced by the renal congestion, but I shall show that it was a probable result. The meningeal hyperæmia was either primary, that is to say, occurring as determination of blood to the head (as the affection was formerly termed), or it was induced by some other process, such as irritation of the dental nerves, worms, toxæmia. Now, in this case, the child was not teething. There is no statement respecting worms. Toxæmia alone remains. Toxæmia is readily induced by alteration in the normal constituents of the secretions. The effect of "a cold" is an impure state of the blood, consequential upon altered secretion. It is highly probable that convulsions are caused by toxæmia in all instances, excepting those of traumatic inflammation; for the secretions are deranged in worm cases, and the urine is diminished in children teething, when convulsions are observed. The irritation of the worms or of the teeth, as the case may be, is the exciting cause of the convulsions when conjoined with an impure state of the blood. If dental irritation were alone sufficient, every child would cut its teeth with convulsions, which is not the case. The only cause for toxæmia in the case under consideration was renal congestion; and it is to this that I refer the meningeal hyperæmia, thus making it secondary to the kidney affection.

The objection to considering the meningeal hyperæmia as primary, consists in the circumstance that, in every instance, there is a history of disordered secretion preceding the attack, or there are *post mortem* appearances of renal or of cardiac disease.

The second case that I have narrated is very different from the first. The *post mortem* appearances are entirely those usually observed after death by convulsions. It is the clinical history that determines the pathology of this case. The urinary disorder occurred in a marked form. But for the prominence of the urinary symptoms, the case would surely have been regarded as one of convulsions caused by teething. I attribute the convulsions to the concurrence of teething with uræmia. The condition of the brain and its membranes differed in the two cases.

Arterial hyperæmia of the meninges, with a normal condition of the cerebral substance, was found in the first case, whilst venous hyperæmia of both the substance and the membranes was seen in the second. In the latter case, the viscera partook of the general remora in the circulation, but in the first case the viscera presented their natural appearance, with the exception of one kidney.

I now sum up the points of fact, which I leave for the consideration of the profession.

1. A male child, of five and a-half months, predisposed to disease of the nervous system, not teething, is seized

* This Paper was brought before the Annual Meeting of the South-Eastern Branch of the Association on the 26th June, but not read because of want of time.