you may more easily if you do not separate them, or even see them (particularly the vein), safely pass the needle as I recommend you to do, for the firm arterial coat will safely guide you. By so doing, you will, I think, have very few cases of the so-called secondary hæmorrhage from ulceration or sloughing of the vessel, which, in my judgment, is more frequently caused by the connexions of the vessel having been destroyed during the operation than by all other causes put together (except, perhaps, the near existence of a branch). Of course, if a surgeon thinks it necessary actually to see an inch in extent of a bare artery before he feels sure of his position, and cannot see with his finger-ends (as it was long ago not inaptly called), but must have a full revelation to the eye itself, then to proceed to place a ligature round an artery in the manner I recommend would not be prudent in him; though to another, whose fingers are *habile* to the work, it is easy enough, and far better for the patient.

Flexible iron sutures and plaster closed the wound. On tying the ligature the tumour instantly lessened and the pulsation ceased, so that everyone present was confirmed in the correctness of the diagnosis. A woollen stocking was kept on the limb, and it was enclosed in two flannel bandages with a layer of cotton wool between them. It was a little flexed upon a pillow. At first the temperature of the limb fell eight degrees (Fahr.) below that of the other, then rose two degrees higher. As the heat increased, the wrapping was gradually removed until the temperature of the two limbs was equal.

The patient expressed himself as much relieved. The chloroform excited great nausea and retching, for which a subcutaneous injection of one-third of a grain of morphia was used, with considerable benefit. He had a dry mouth, with great thirst; no appetite; and a very quick pulse. There was no attempt at effusion of plastic lymph about the wound; but as there was an escape of thin dirty matter from it, it was dressed on the fourth day. On the sixth day, as this discharge continued, the plaster and sutures were removed, and a poultice was applied. There was no attempt at union. Though the frequency of the pulse abated, the sickness disappeared, he could take some food, and was not so thirsty; though there was no peritonitis, and the temperature of the two limbs was equal,—still I was not satisfied with his condition. There was no delirium or confusion of mind, and he had some sleep; yet there was an anxious countenance, a hesitating way of answering questions, and the toes became dark. He showed no power. On the ninth day he died, it being not very obvious why he did so, unless from exhaustion.

(To be concluded.)

ON IDIOCY AND ITS RELATION TO TUBERCULOSIS.

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(Concluded from page 357.)

DR. CLOUSTON, in the *Journal of Mental Science* for 1863, has analysed the post-mortem records of the insane at the Royal Edinburgh Asylum, and found that 60·9 per cent. had tubercular deposit. It would appear that idiots are slightly more liable to tuberculosis than the insane, but there is a remarkable difference between the proclivity of the two sexes. While among the insane, 51·7 per cent. of the males were tubercular, 73 per cent. of the females had tubercular deposit. Among idiots, however, while the females have a remarkable immunity, the deposit being found in only 34 per cent., among the males no less than 79·03 per cent., or more than twice the ratio, had tubercle in some of their organs.

If we inquire into the sex of those whose death resulted from phthisis, and in whom the diagnosis was made during life, we shall find that females suffered in a less degree than the males. While 31·9 per cent. of the female mortality resulted from phthisis, this disease was the cause of death in 44·6 per cent. of the males.

The following table will give the distribution of the deposit in the different organs:—

Total number of cases referred to, 100.

	Males.	Females.	Total.
Total number of cases found tu-			
bercular	37	25	62
Lungs	31	21	52
Lungs, much deposit	24	14	38
Lungs, slight deposit	7	7	14
Deposit in right lung	26	17	43
Deposit in left lung	27	21	48
Peritoneum	4	3	7
Nervous centres	3	3	6
Bronchial glands	12	6	18
Liver	5	4	9
Kidneys	4	0	4
Spleen	7	2	9

It is worthy of remark that tubercle is rarely found in the encephalon. In only two cases did this occur: in one the corpus striatum was the seat of the deposit, and in the other the cerebellum. The most noticeable character observed was the extreme pallor of the cortical substance of the encephalon; and so frequent was this that it was all but universal. Occasional softening of the fornix and the neighbouring parts was met with, but not nearly so frequently as paleness of what should be the grey portion of the brain.

In several of the cases included in the above record, most careful inquiry failed to discover any family history of tuberculosis; and the brothers and sisters were thoroughly vigorous. In these cases the tuberculosis appears to have been the sequence of the idiocy—a condition of idiocy resulting from accidental causes. Defective innervation in all probability led to mal-nutrition, and predisposed to a tubercular condition. In some this was doubtless materially assisted by the imperfect mastication and insalivation to which the food is often subjected. The tendency to bolt the food unmixed with saliva often prevents the proper alteration of the starchy element, so as to fit it for speedy assimilation.

On the other hand, in a large number of cases the progenitors had also manifested a tubercular condition; and in some the tuberculosis of the parents had been, in my opinion, the prime cause of the idiocy of the offspring. I have elsewhere shown (Lond. Hosp. Reports, vol. iii.) that a specific phase of idiocy—a phase which is curiously associated with altered racial characters—arises from tuberculosis of the progenitors.

The subjects of this class assume the Mongolian type; and while they present a marked similarity in external conformation, they are characterised by the same mental and moral peculiarities; so that, given a case of the Mongolian type, we are able to trace its origin to tuberculosis, and to predicate the extent of response to training that may be expected, and the tendencies it will evince. Moreover, the knowledge that is gained by this racial character assists in laying down specific rules as to food, medicine, and general hygiene, without which the mental development would be but small. The power of progress is usually much greater than one would judge by an ordinary inspection. Such cases are extremely susceptible to climatic changes, and winter is for them a period of mental and physical developmental rest. In the spring they put forward increased imitative and receptive powers, which compensate to some extent for the period of hybernation.

It will be interesting now to ascertain to what extent tuberculosis exists among the progenitors of idiot children generally. I have gone through my records very carefully, disregarding all doubtful cases, meaning thereby cases in which, although there has been a death from phthisis in the family, I had reason to believe that it arose from accidental causes, and selecting only those in which the tubercular taint was well impressed. I find that in 31 per cent. of the cases of idiocy which have come under my care, or about whom I have been consulted, tuberculosis existed in an unmistakable manner, in the family of the progenitors; in 6 per cent. the tubercular element was found on both sides of the family; in 10 per cent. it was due to the father; while in 15 per cent. the tuberculosis belonged to the mother. It is a somewhat singular circumstance that while tuberculosis is more frequent on the maternal side, the male progeny are the most tubercular.

In the third volume of the "London Hospital Reports," I have endeavoured to show that idiocy has been too often traced to the intermarriage of blood relations, without regarding other elements that may be operative. It is readily conceivable that if there be tuberculosis strongly impressed on a family, the intermarriage of members of that family would be taking tolerably effectual steps to ensure the extinction of their race. Certain it is that in a large number of the cases in which

marriages of consanguinity are referred to as the cause of the idiocy, the tuberculosis of the progenitors is a potent, but often disregarded, element. The Mongolian type, which I have elsewhere described, occurs, according to my observation, in greater degree when the tubercular element is strongly impressed, still more where it exists in both branches of the family, and greatest if consanguinity is added thereto.

It appears to me that tuberculosis must be accepted as one important cause of idiocy; that it impresses special characters thereon, characters which impart a strong family likeness to the subjects of this class.

It is no less clear to me that idiocy of a non-tubercular origin leads to tuberculosis. Whether this arises through the influence of the pneumogastric nerve, mal-assimilation of food, or defective innervation, it cannot but be regarded that the connexion between these two maladies is by no means accidental, and that a due appreciation of this relation is necessary to those who would treat effectively congenital mental lesions.

Earlswood, Redhill, 1867.

THE PRESENT STATE OF SURGERY IN PARIS.

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(Continued from p. 297.)

ON the question of *Diet and Regimen* after operations a wide difference existed, to a comparatively recent date, between the surgeons of France and England. None of us could formerly visit the Paris hospitals without being struck by the languid expression and the feeble running pulse of a large number of those who had recently undergone capital operations. To say nothing for the present of the dressings, the wounds accurately reflected the constitutional state: pale when not dirty, smooth when not sloughing, the surfaces of stumps poured forth an ill-conditioned liquor, and the termination, in a remarkably large per-centage of cases, was fatal. Whenever the question was raised, as I did more than once with MM. Velpeau, Amussat, Jobert, and others, the less frequent mortality in the surgical wards of English hospitals was, if conceded at all, only so for the sake of argument. The favourite explanation has generally been, the physical superiority and the alleged lower nervous organisation of our race. Beef-steaks and alcoholic drinks might do for Englishmen, but they would kill Frenchmen, who after capital operations required frequent bleedings and *diète sévère* to counteract their great tendency to inflammatory affections,—this last being a fatal inheritance of the fallacious teaching of Broussais. With the indisposition, if not inaptitude, which, in science as in politics, prevents the French acquiring much from the experience of others, who so industriously learn from them, the practice of surgeons in the two countries in the matter of regimen continued as widely different as ever; until the deplorable events of June, 1849, filled the Hôtel Dieu and Val de Grâce, Beaujon, la Charité, and other great hospitals of the capital, with the wounded from the barricades. Baudens, then surgeon-in-chief of the military hospital of Val de Grâce, thought the opportunity a favourable one for reconsidering some disputed questions in surgical therapeutics and making a step towards the attainment of the truth, even if it were impossible to pronounce a definitive judgment. He accordingly addressed a letter to his colleagues in the Academy of Medicine, which gave rise to a discussion, of which a full record has happily been preserved.* It abounds in matter of interest on the great subject of gunshot wounds. My object in referring to it here is to call attention to some observations of Professor Malgaigne, who sought to justify himself for recommending a practice which was positively novel in Paris in 1849. "Moreover, gentlemen," to translate the words of Paré's learned commentator, "I allow my patients to eat. As soon as they are hungry I feed them. I only bleed them when the indications are urgent. My present opinions are not those which I formerly entertained. A pupil of Val de Grâce and of Broussais—of whom I had the honour to be *chef de clinique*,—I was

long and anxiously preoccupied by the thought of inflammation and gastritis, and I acted accordingly. But the deplorable results which I witnessed after bloodlettings and the starving system (*diète sévère*) upset my ideas. Above all, I was impressed by a document published by the Administration of the Hospitals of Paris, setting forth the mortality amongst the wounded of different nations received in our hospitals in 1814. French, Prussians, Austrians, and Russians were included in the table. The wounded of the first three categories were subjected to strict dietetic regimen; while the Russians were liberally treated with bread, vegetables, meat, wine, and even brandy." The last word having deeply moved the learned assembly, M. Malgaigne continued: "That astonishes you, gentlemen. Well, the table of mortality will astonish you still more. Here it is:—

Of the French soldiers	...	...	1 in 7
„ Prussian „	...	...	1 in 9
„ Austrian „	...	...	1 in 12
„ Russian „	...	...	1 in 27

Is this enormous difference sufficiently eloquent? So far as I am personally concerned, it has caused me to change my practice entirely in the matter of regimen, and I am satisfied with the result." Professor Velpeau concurred, though with some reservation. "He never absolutely deprived of nourishment the wounded on whom he had operated. If fever was absent, the tongue clean, and the patient hungry, he gave soups, and even bread, the first days; and, as a rule, in the course of the second week, some meat and wine." This timid assent to the innovation which constitutes M. Malgaigne's best title as a practical surgeon, has long since given way to a bolder and more successful practice; and I found the surgeons of Paris generally holding the same opinions as M. Gosselin expressed, at La Pitié, when I asked him what measures he adopted for the prevention of pyæmia. "Free ventilation," he replied. "Moreover, I avoid giving pain as much as possible after the operation; I allow good nourishment, and apply cold-water compresses on the wound, which I never attempt to bring together." Reserving for the moment the last expression, I think English surgeons who have not yet grown old, when recalling their early visit to Paris hospitals, must congratulate M. Gosselin and his colleagues on a healthy change—I do not say, on the adoption of English practice. Fancy ventilation the first thought! and it is so in earnest. In most of the wards I found at least one-half of the high windows wide open; and the sisters of charity vied with the surgeons, when I recalled the days of stifling air and *diète sévère*, in protesting, "Nos opérés respirent l'air pur, mangent la bonne viande, et boivent du vin." After all, the Russian wounded who entered Paris in 1814 did some good. Surviving French bullets, cutlets, and cognac, they lived to deal the death-blow, under Malgaigne's leadership, to Broussais's prescription of bloodletting and starvation, which had proved fatal to greater numbers than ever fell before the legions of the first Napoleon.

Delighted as I was with most of M. Gosselin's precepts for the prevention of pyæmia, the dressing of wounds question must still stand over. It was not until I went round with M. Maisonneuve that I heard and saw something unquestionably original, and, amidst much that was excellent, something which, in spite of myself, recalled the exclamation of the veteran Bosquet, as he quietly gazed on the charge of the six hundred: "C'est magnifique, mais ce n'est pas de la guerre." We were walking across the hall hung with the portraits of Dupuytren and other worthies, who recalled the glories of the place, when I suggested that it was almost a pity the Hôtel Dieu was to be rebuilt, on a magnificent scale, on a site immediately adjacent to the unhealthy one on which the old hospital stood. "Not at all," rejoined M. Maisonneuve. "I do not recognise the existence of unhealthy hospitals, though I admit that there are unhealthy methods of treatment. In determining the site of amputations, I no longer allow myself to be influenced by considerations of relative danger. I believe that I am able to assure the recovery of all persons who have undergone amputation; consequently I look upon all such mutilations as equal, so far as concerns danger to life." When I asked him if he did not think there was greater danger in an amputation of the thigh than in one of the leg or forearm, M. Maisonneuve continued: "Thanks to the new process, I do not find any amputations serious. Formerly, of one hundred amputations of the thigh, only one-third recovered. Since I have employed the new method we have had five amputations of the thigh, three of the leg, and one of the forearm, with as many recoveries. We must wait to see if the success continues—*Reste à voir si ça continuera*." The

* Des Plaies d'Armes à Feu: Communications faites à l'Académie Nationale de Médecine par MM. Baudens, Roux, Malgaigne, &c. Paris: Baillière, 1849.