

sidered the true point in which the climate of the hills, under present circumstances, ought to be regarded—namely, for the prevention of relapses, and the total breaking up of already debilitated constitutions, rather than for the cure of acute or chronic disease.”

This subject is again adverted to in 1836. The medical officer in charge of the sanatorium takes occasion to observe that “the benefits derived from Landour as a convalescent station have not hitherto been very prominent, arising, I believe, in a great measure from the class of people sent there; a great many of whom were in so advanced a stage of disease that little benefit could be expected, either from treatment or from climate. The error in this,” he continues, “is in the selection of patients, as from all the inquiries I have made the climate has been productive of good in all the cases that were selected with care and sent at the proper time.” Here, indeed, is indicated and repeated the conclusion arrived at soon after the first occupation of Landour as a sanatorium, and confirmed by all subsequent experience—namely, that if benefit is to be expected in persons sent there, it is only in cases that have been very carefully selected, and those that are not advanced in progress or severe in nature. It deserves to be mentioned, however, that in 1836 this sanatorium is described as having proved itself of great advantage to the troops quartered at Meerut; this chiefly arising from the facility with which sick could be sent from the latter station at an early period of their illness, and probably also from more care being taken in the selection of the cases. But the fact must be recorded that, in the early period of the history of Landour as a sanatorium, the moral discipline of the men who were sent to that dépôt was believed to be, perhaps, not so carefully attended to as might have been desired. A special committee was, in 1833, ordered to report upon the conditions generally of this dépôt; and from the report of it I am able to give an extract or two. “The committee are perfectly satisfied,” so ran that document, “that the strictest attention is paid to the moral conduct of the men at the dépôt; and they are happy to be able to state that inebriety is much less frequent than it was formerly. But,” they add, “while they are gratified with having it in their power to record a circumstance so honourable to the zeal and attention of those concerned, they cannot but be of opinion that if any employment could be given to the men, or effectual means adopted to prevent their descending to the valleys on the pretence of butterfly hunting or stick hunting, fewer admissions would take place into hospital.”* With a view to remedy this want of occupation, “they would, in conclusion, take the liberty to recommend to the consideration of his Excellency the Commander-in-chief the establishment of a small library for the use of the sanatorium, which would only be of a very trifling expense, and of essential benefit to the men, both as to occupying their leisure time, and improving their morals.” From this it is evident that want of occupation was thirty years ago observed to be as pernicious to the health and well-being of the soldier as it is at the present day acknowledged to be. Then, as more recently, intellectual occupation, which is all right and well for persons of somewhat cultivated tastes, was deemed to be the panacea for all the moral evils to which the soldier was at hill sanatoria exposed. To those, however, who know him intimately, it need hardly be stated that now, as then, physical and not mental occupation is what is most in accordance with his tastes.

About the time to which I have referred, an experiment was instituted as to the effects upon our soldiers of the climate of Cherra Poongee. From causes the nature of which does not transpire, the experiment was partial and of short duration; yet its results, so far as they went, were unsatisfactory. In January, 1832, a detachment of the 38th Foot, consisting of two officers and forty men, proceeded to that place. The men were not actually ill, and, being provided with their arms, were considered effectives. Of this number, seven died during the year at Cherra Poongee, besides one during the return voyage, and another man was landed at Dinapore in an advanced state of disease.† It does not appear that the experiment of occupying Cherra Poongee was further pursued.

Brief as these remarks are, they indicate the fact that very early in the occupation of hill stations in India a careful selection of the cases of persons to be sent there had been inculcated. It had even then become matter of notoriety that not only was the climate unsuited for certain ailments, but that it actually aggravated them. As well remarked by Dr.

Taylor, of the 29th Regt.,* with more especial reference to Kussowlie, some years subsequent to the time of which I write, “it is difficult to believe that an elevation which makes 11° difference in the boiling point of water can have no obvious effect upon the system,” even in healthy men, while in those suffering from disease the influence must, of course, be much more powerfully exerted. Further experience has confirmed the correctness of the views thus early expressed, and I believe that, with the exception of a very small number of writers, who would seem to have but partially considered the bearings of hill climates on the efficiency of troops in India, all are convinced that only regiments newly arrived in that country ought to be sent, as a whole, to such places. In all other cases a careful selection of the men is essential, if benefit is to be looked for from residence there.

A Mirror OF THE PRACTICE OF MEDICINE AND SURGERY IN THE HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proæmium.

HYDATID TUMOURS OF THE LIVER,

AT THE

MIDDLESEX HOSPITAL

(Under the care of Dr. MURCHISON),

GUY'S HOSPITAL

(Under the care of Dr. HILTON FAGGE and Mr. DURHAM),

ST. MARY'S HOSPITAL

(Under the care of Dr. SIBSON),

ROYAL INFIRMARY FOR CHILDREN, WATERLOO-ROAD

(Under the care of Dr. PHILLIPS and Mr. COOPER FORSTER).

A SHORT time since, on a visit to the *Middlesex Hospital*, we chanced to have the opportunity of examining a man who had been treated by Dr. Murchison in 1866 for hydatid tumour of the liver. The patient, whose case is related in Dr. Murchison's Clinical Lectures (*THE LANCET*, June 1st, 1867), was a young man in whom an abdominal tumour was first noticed in 1864. This was partially emptied by tapping in April, 1866. A small canula and an exhausting syringe were employed, but the operation had to be abandoned on account of pain and faintness. In December of the same year he was again admitted. At this time there was a prominent tumour in the epigastrium, extending into both hypochondria, and evidently connected with the liver. It filled up the space between the sternum and the umbilicus, and caused a slight bulging of the ribs on both sides, particularly on the right. The lower margin was one inch from the umbilicus, and the measurement was six inches transversely and five inches from above downwards. The hepatic dulness was five inches in the right mammary line. The tumour was globular, elastic, distinctly fluctuating, and presented the characteristic “hydatid vibration” in a marked degree. A fine trocar was introduced into the most prominent part of the tumour, and twenty ounces of fluid were drawn off without the use of any syringe. The fluid was opalescent, colourless, and alkaline, with a specific gravity of 1009; it contained no albumen, but yielded a copious white precipitate with nitrate of silver; numerous hooklets and several entire echinococci were discovered in it with the microscope. No unfavourable symptom followed the operation. In five days the patient got up, and eleven days after the operation he quitted the hospital, the hepatic dulness in the right mammary line being only three inches and three-quarters. Four days after leaving the hospital the man was attacked by typhus fever, at the beginning of which the tumour seemed to enlarge, disappearing however during his convalescence. When we saw him, one year after this, there

* Report, 1833, p. 247.

† Inspector-General's Report, 1832, p. 229.

* See my *Army Hygiene*, p. 332.

was nothing whatever abnormal to be observed in his abdomen—no trace, indeed, of the disease with which he had been affected.

We are inclined to think that the success attendant upon the puncture of hydatid tumours is not as yet appreciated by the profession generally as it should be, although it is many years now since some were tapped by Sir Benjamin Brodie, and the patients made a good recovery. Successful cases were afterwards published by Dr. Bright, and by many other observers. It is only lately, however, that operative interference has been much resorted to, but the success attendant upon it has been very remarkable. Dr. Murchison has collected particulars of 46 reported cases in which tapping was performed. In 35 of these the operation was perfectly successful; in 10 cases it was followed by suppuration, necessitating a free opening; 8 of these 10 cases recovered, and 2 died; but in neither could the death be immediately referred to the operation. Dr. Murchison, after a careful consideration of the whole matter—of the dangers of the disease when left alone, and of the inutility of medicines on the one hand, and the success hitherto obtained from the operation on the other, expresses a decided opinion that in all cases where an hydatid tumour is large enough to be recognised during life, *and is increasing in size*, it is advisable to puncture it at once. If the tumour be diminishing, it is as well to wait; but it is not necessary to wait, as was formerly advised, for the formation of adhesions, or to endeavour to induce them. The increase in size is a point we should think of great importance. We remember one day hearing Dr. Wilks make the pertinent inquiry, "What is the natural duration of life of the echinococcus hominis?" So long as it is contained within the hydatid cyst it remains undeveloped; but, finding its way into the alimentary canal of certain animals, it is developed into a tapeworm. Death however, sometimes, as we know, interferes with this change, and the hydatid tumour disappears with the life of the echinococcus. These creatures, then, are certainly not immortal. At what age may they be expected to die?

For the present, however, in the absence of this information, the increase in size of a tumour of this description must be considered sufficient reason for active interference. Different plans of operation are adopted in some of the hospitals, and we propose to illustrate these. We may note *imprimis*, however, that two plans which were formerly employed are no longer used. One was to make a very free opening into the tumour, and the other was to inject certain irritating substances, such as iodine, alcohol, bile, or oil of male fern. Both these processes were attended with no small danger, and they are quite unnecessary, experience having satisfactorily shown that the removal of the liquid, which is as thin and limpid as water, suffices to destroy both the parent hydatid and its offspring.

Dr. Murchison employs a very fine trocar, and selects for puncture the point where the hydatid fluid appears to approach nearest to the surface, taking care to prevent the entrance of air. For this purpose he removes the canula before the whole of the fluid has been drawn off, or as soon as it ceases to flow in a full stream, first passing a wire through the canula to ascertain whether the stoppage be due to the closure of its orifice by an hydatid vesicle. After removal of the canula the opening is covered with a piece of lint steeped in collodion, over which a compress and bandage are applied. For forty-eight hours the patient is kept in the recumbent posture, and every movement of the body is strictly prohibited. Dr. Murchison has observed it not unfrequently happen that about a week or ten days after the operation, the tumour, which had much decreased in size, appears again to enlarge. This enlargement, however, he has satisfied himself, is due, not to a re-accumulation of the hydatid fluid, but to inflammatory products thrown out probably between the collapsed parasite and the surrounding hepatic tissue, which are slowly reabsorbed. These observations do not apply to cases where the sac, from any cause, has undergone suppuration, for in these a large permanent opening with an india-rubber tube, through which the sac can be washed out frequently with solution of carbolic acid, is the only justifiable method of operating. Adhesions must be present or have been previously excited, in order to prevent risk to the peritoneal cavity.

Tapping by means of the hypodermic syringe.—In *St. Mary's Hospital* last week we found a woman aged thirty-three (Ann M—), who had been admitted under Dr. Sibson's care on March 22nd, with two hydatid tumours of the abdomen. A year before admission she had felt pain in the epigastrium towards the right side. Last December she first observed a

small swelling in that situation, which had since gradually increased in size. At the time of her coming into hospital two tumours were to be perceived: one in the situation described, which measured about four inches in every direction; the other, in the left hypochondrium, was felt coming down to left side of navel, and during inspiration descending below it. At the end of May the first of these swellings was punctured, and two pints and a half of fluid were drawn off. As a result, the swelling went down greatly in size, and the other tumour rose in the abdomen, apparently by reason of the increased space thus caused. At the time of our visit Dr. Sibson had the second tumour punctured. This was done in the same way, he told us, as he had found convenient on previous occasions. By means of Richardson's apparatus a space of skin the size of half-a-crown was frozen over the most prominent part of the tumour. A common hypodermic syringe was then thrust into the swelling. The piston being lifted, the cylinder was speedily filled with a clear fluid. Next, the body of the syringe was unscrewed and removed, an india-rubber tube being then adapted to the canula portion, which was left in the wound and allowed to drop into a suitable vessel at the bedside. On the former occasion the two pints and a half of fluid took three hours in removing in this way. Dr. Sibson does not employ the syringe after the first. The plan seemed to us a convenient one for removing a small quantity of the fluid for examination, and it presents also the advantage of furnishing an unusually fine canula and trocar in one. Under the microscope we had the opportunity of seeing a cyst, which contained some of the characteristic hooklets. Dr. Sibson succeeded in completely curing a little child last year in the manner described.

Treatment of hydatid tumours by electrolysis.—There is a patient just now in *Guy's Hospital*, in the clinical ward, under the care of Dr. Hilton Fagge, in whom an attempt has been made to cure an hydatid tumour in the liver by electrolysis. There is every probability of the operation being successful. The patient is a young man who was admitted on June 4th, with a swelling in the right hypochondrium, which had been observed for about four months. There was a space of dulness in the hepatic region, measuring about seven inches vertically; the ribs on that side were bulged, and the intercostal spaces prominent. There was no jaundice, and but little pain. The tumour presenting all the characteristics of hydatid disease, and moreover increasing in size, it was determined to operate upon it, and this was done in the following way. On the 18th of June, Mr. Durham introduced two steel gilt needles into the most prominent part of the swelling, one piercing the space between the eighth and ninth costal cartilages, and the other about two inches behind it, between the ninth and tenth ribs. The needles were passed into a depth of two or three inches. One of them was then evidently free in fluid, for it could be moved about, and rubbed against the other. The posterior needle doubtless passed through the diaphragm, as it was jerked about during the movements of respiration. Both needles were now connected with the negative pole of a voltaic battery of ten cells (continuous current) freshly charged. The posterior pole, with the ordinary conductor, was placed between and near the needles. The current was allowed to pass for twenty-five minutes, and during this time there was a crackling feeling under the finger, as of emphysema, which was thought to be due probably to hydrogen gas liberated from the fluid by the action of the voltaic current. After the operation there was some pain for four or five hours. In the evening the temperature was 100.9°, and the patient did not sleep well that night. Next day his temperature was 99.6°; and on the following morning (June 20th) it had risen to 101.2°. At this time the hypochondrial tumour had greatly disappeared, and the man expressed himself as feeling quite well. On examining the right side of the chest, however, Dr. Fagge was a little startled at finding absolute dulness behind up to the fourth or fifth dorsal vertebra; and over this extent of thorax there was loss of vocal vibration, marked tubular respiration, and ægophonic character of voice—conclusive evidence, indeed, of a large effusion of fluid. There was a very little pain about the situation of the needle wounds; but there had been no characteristic pleuritic pain. The man lay on his back, but did not appear at all distressed. Taking all the circumstances into consideration, Dr. Fagge told us that he was inclined to think that the presence of fluid in this pleura was due to mechanical pressure by the effused gas upon the hydatid liquid, which had thereby got squeezed through the puncture in the diaphragm into the pleural cavity. The absence of constitutional distress corresponding to so large a surface of pleural inflammation (supposing the cause to have

been pleuritis) would seem to render Dr. Fagge's explanation a very probable one. The man went on perfectly well, the chest symptoms rapidly disappearing. When we listened to him on July 10th (just twenty days after the appearance of the fluid effusion), we found the very slightest trace only of dulness on the right side of the chest behind, no loss of vocal vibration, no ægophony; but at the close of each inspiration a slight creaking only. No abdominal tumour was to be discerned. Dr. Fagge told us of a child whom he treated last year by this same method. After four months the tumour, although greatly diminished, could still be felt. At the present time it has quite disappeared.

A similar mode of procedure was adopted three weeks ago on a child of thirteen years of age, under Dr. Phillips's care, in the *Royal Infirmary for Children, Waterloo-road*. In this case there were two tumours: one in the epigastrium, the other at the lower border of the liver. Mr. Cooper Forster applied the voltaic current in the manner we have already described. In this case no trace of gas was to be observed. On the second day after the operation an attack of urticaria occurred. There was no peritonitis. Diminution of the tumours was quite gradual. In about a week no margin could be felt; in ten days the liver was clearly to be made out, and was found to be itself enlarged. Where the cysts were placed the structures are now quite flaccid. It seems possible from the persisting enlargement of the liver that another cyst exists in its interior. We ought to say that in each of these cases two or three drops of fluid escaped on the introduction of the needles. The escape was unintentional, and indeed unavoidable. It is manifest that ere we can be quite convinced that the hydatid cysts have been killed by the electric current, the simple escape of a few drops of the fluid should be proved to be insufficient to destroy the vitality of the parasite. In the ordinary tapping operation it is impossible to believe that all the fluid is evacuated. The question then is to determine what quantity is sufficient to effect the desired purpose.

DREADNOUGHT HOSPITAL SHIP.

TWO CASES OF CHOLERA; RECOVERY.

(Under the care of Dr. S. WARD.)

THE following cases are worthy of notice, as they presented all the symptoms of cholera.

William C—, labourer, was admitted early on the morning of the 1st inst., into the *Dreadnought* hospital ship, cold, shrieking with cramps, vomiting, and with a dusky aspect, indicative of cholera. He was attacked at 5 A.M. of the same day, whilst engaged in discharging cargo on a vessel lying off the entrance to the Victoria Dock. He vomited at frequent intervals during the day, passed several stools of a pinky hue, and had suppression of urine. He was seen by Dr. Ward about two hours after admission, who prescribed the hot-air bath, and ordered pills of calomel and opium. Twenty-five hours after, all symptoms had subsided, urine was secreted and discharged, the stools became bilious, and he left the hospital convalescent on the fifth day after the commencement of the attack. Mr. Harry Leach went on board the vessel on which he was working, and found that the water used had been shipped at Guernsey, and that no other men had suffered from similar symptoms.

Daniel M—, stoker, was admitted into the same hospital at noon on the 10th inst., with marked symptoms of cholera. He was brought from the *M. E. Clarke*, a screw collier that had just arrived in the Thames from Sunderland, and his illness had commenced fifty-four hours before admission, with excessive cramps, and vomiting, but no diarrhoea. No urine had passed for fifty hours. Warmth was applied to the body and feet continuously, but no medicine was given. Twenty hours after admission, the temperature of the skin was $92\frac{1}{2}^{\circ}$ Fahr., and his general condition was slightly improved, but the suppression of urine continued. On the third day active symptoms disappeared, urine was passed in small quantity, and when this report was closed (on the morning of Tuesday last) the patient was improving rapidly, but no evacuation of the bowels had taken place. The water used on board this collier was shipped at Sunderland, from tanks employed in the Wear for this purpose.

Mr. Leach reports many cases of diarrhoea among the sailors in this port, and workmen employed in vessels lying in the river.

GENERAL COUNCIL OF MEDICAL EDUCATION AND REGISTRATION.

Session 1868.

ROYAL COLLEGE OF PHYSICIANS.

THURSDAY, JULY 2ND.

THE President took the chair at 2 o'clock.

On the motion of Dr. SHARPEY, the following Report from the Pharmacopœia Committee was received and adopted:—

"The Pharmacopœia Committee appointed by the General Council (Minutes, vol. v., p. 215) for watching over the progress of Pharmacy, and for making such additions and corrections as would facilitate hereafter the preparation of the next editions of the British Pharmacopœia, beg leave to report that, in accordance with the authority given them by the Council (Minutes of June 3rd, 1867, vol. v., p. 186) to obtain such assistance as they might think necessary for carrying out the foregoing object, they engaged the services of Dr. Redwood, who had rendered such valuable assistance in the preparation of the last edition of the work.

"In accordance with the request conveyed to him, Dr. Redwood has prepared and placed in the hands of the Committee a report, which is well calculated to be useful in all further proceedings connected with the work. A portion of this report refers to some typographical and minor errors, which, though of no great importance, require correction in the Pharmacopœia of 1867. The Committee recommend that this portion of the report should be published, so that those who possess the Pharmacopœia may themselves be enabled to make the necessary corrections; and the Committee also recommend that these corrections be printed as a slip in the copies hereafter sold.

"The Committee beg leave to report that they have expended £25 of the sum of £50 placed at their disposal at the last session of the Council, and they recommend that a like sum of £50 be placed at the disposal of the Committee for the next year.

"W. SHARPEY.

June 29th, 1868."

Dr. AQUILLA SMITH moved, "That it be an instruction to the Pharmacopœia Committee to furnish to the Executive Committee a report at the termination of each year on the progress of pharmacy, and to suggest such additions and corrections as would facilitate hereafter the preparation of the next edition of the British Pharmacopœia, and that a report be published by the Executive Committee for the consideration of the profession."

After an explanation from Dr. Quain of the fact that Dr. Smith had been imperfectly informed of the proceedings of the Pharmacopœia Committee, Dr. Smith withdrew the resolution, at the suggestion of Dr. Paget.

Dr. QUAIN proposed that the Pharmacopœia Committee for the ensuing year should consist of the President, Dr. Christison, Dr. Sharpey, Dr. Leet, and Dr. Quain. After what had occurred there would be great difficulty in working with Dr. A. Smith; he therefore substituted Dr. Leet, whose services would be invaluable to the Committee.

Dr. A. SMITH: I must insist on having an explanation. Dr. Quain said it is impossible for him to work with me. I will insist upon it that he states his grounds for the assertion; if he does not state it here he must state it elsewhere.

Dr. ANDREW WOOD moved, as an amendment, that no Pharmacopœia Committee be appointed this year. He had failed as yet to find out any good resulting from it.

Dr. APJOHN seconded the amendment.

Dr. QUAIN withdrew his motion, and said he should cease from any further connexion with the Pharmacopœia Committee.

The subject then dropped, no Committee on Pharmacy being appointed.

LUNACY CERTIFICATES.

The following report was brought up by the Committee appointed to consider the subject:—

"The Committee having fully considered the subject remitted to them, in concert with Mr. Ouvry, have resolved to recommend to the Council that a letter which, at their request, has been drawn up by Mr. Ouvry, be transmitted by