condition is probably the result of mere filtering away of the more fluid elements, and the solidification of the heavier parts which remain.

The presence of pus in the roof of the nose and the perforation of the septum in the first case are remarkable. They probably indicate a very extensive inflammation of the parts originally, and consequent destruction of part of the septum in a very strumous subject.

ART. IV.—*Medical Report of the Fever Hospital and House of Recovery, Cork-street, Dublin, for the year ending 31st March, 1882.* By JOHN WILLIAM MOORE, M.D., M.Ch., Univ. Dub.; Vice-President, Fellow, and Censor of the King and Queen's College of Physicians in Ireland; Physician to the Hospital, and to the Meath Hospital and County Dublin Infirmary; Lecturer on Practice of Medicine in the Carmichael College of Medicine, Dublin; Diplomate in State Medicine, and ex-Scholar of Trinity College, Dublin.

IN the ordinary course of events the duty of writing the Medical Report of the Hospital for the past year should have devolved upon my colleague; for, in accordance with an unwritten rule, the two physicians of the Hospital are responsible for the Report in alternate years. But towards the close of last December an event occurred which was pathetic in its sadness, and which lost to this institution the services of an able, most learned, and most conscientious physician. On the night of Wednesday, December 28, 1881, my friend and colleague, Dr. Reuben Joshua Harvey, died at his residence, 7 Upper Merrion-street, on the tenth day of petechial typhus.

At the beginning of December Dr. Harvey seemed to be in the enjoyment of perfect health; he attended a meeting of the Physiological Society in London on the evening of the 8th, and returned to Dublin on the 9th, travelling all night. On Saturday, the 10th, he visited the wards of this hospital, where there was very little typhus at the time. On the morning of the 11th, however, he examined a lad who had been admitted the previous evening, on the eighth day of typhus; and this patient he continued to attend daily, until his own illness had lasted at least twenty-four hours.

On December 19, Dr. Harvey did not feel well; next day he suffered from severe headache; on the 21st he examined as Censor at the King and Queen's College of Physicians; but on the 22nd he was too ill to leave his bed. Early on Friday, the 23rd, maculæ appeared, and ultimately there was a profuse rash, which very soon became petechial. Almost incessant wakefulness was among the first dangerous symptoms; but at a very early stage the heart became weak and its action rapid, and the respirations ran up to sixty in the minute without any pulmonary complication to account for this untoward symptom. The downward progress was swift, and the end came on the evening of the tenth day.

This is not the place to record the history of a life which, lasting as it did for only thirty-six years, was, nevertheless, one of unceasing effort in the advancement of science and the relief of suffering; but I may be permitted to quote these passages from a memoir penned by Dr. A. W. Foot, which was published in the *Dublin Journal of Medical Science*, for February, 1882:—

“Reuben Harvey was candid, straight, and honest; fearlessly unswerving from what he held to be a right course. When he had made up his mind a thing was right to be done, and could be done rightly, he was not to be turned from his purpose—there was no compromise to be made with him about it. That he was a useful man is shown by his having a seat on the Councils of the Medical Society of the College of Physicians, of the Pathological Society of Dublin, of the Biological Club, of the Dublin Branch of the British Medical Association, to which places of trust he was elected by men who knew well who and what he was. . . . Never had a career opened with a more ample promise; never did the buds of genius seem more firmly set. Dowered with the triple gifts of intellect, industry, and independence, Reuben Harvey seemed to be marked out as one of those illustrious few who are destined to occupy one of the thrones of science. Hence it was that when all that is of culture and light among his brethren stood round his open grave, on the closing day of the past year, it was difficult to repress something of the emotion of revolt at the fact of his removal—a removal which seemed so untimely and so weird a criticism on the theory of the survival of the fittest, for never did the enigma of their non-survival appear more insoluble.”

The tables, upon which the present Report is based, have been prepared by Dr. George Purcell Atkins, Resident Medical Officer, with his wonted ability and accuracy. I have much pleasure in acknowledging the assistance he has given me in the compilation of this Report.

TABLE I.—*Yearly Statement of Patients.*

Admitted from May 1, 1804, to March 31, 1882,	-	205,801
Discharged cured or relieved,	- - - 190,509	
Died,	- - - - - 15,267	
	<hr/>	205,776
Remaining in hospital, March 31, 1882,	- - -	25
In hospital, March 31, 1881,	- - - 43	
Admitted, 1881-82,	- - - 471	
	<hr/>	514
Discharged cured or relieved,	- - - 441	
Died,	- - - - - 48	
	<hr/>	489
Remaining in hospital, March 31, 1882,	- - -	25

As Table I. shows, the admissions to the hospital during the year were 471—a number which fell far short of the admissions in any one of the preceding five years. This will be seen from a statement of the actual number of patients admitted each year, viz:—

1876-77,	- - - - -	666
1877-78,	- - - - -	936
1878-79,	- - - - -	2,151
1879-80,	- - - - -	1,083
1880-81,	- - - - -	1,250
1881-82,	- - - - -	471

During the six years included in the foregoing statement of admissions, four epidemics visited Dublin—smallpox between 1877 and 1881, scarlet fever in 1879 and 1880, typhus in 1880 and 1881, and measles in the autumn and winter of 1881. The last-named epidemic had no appreciable influence on the admissions, for only 57 patients suffering from measles were treated in the wards up to March 31, 1882—the end of the hospital year. To this subject I shall presently have to return. The epidemics of both smallpox and typhus, on the contrary, influenced the number of admissions in a very marked degree, and so did the epidemic of scarlet fever to a less extent—the admissions of cases of this disease being 71 in 1878-79; 98 in 1879-80; and 129 in 1880-81. In 1876-77, the smallpox cases were 29; in 1877-78, 253; in 1878-79, 1,509; in 1879-80, 600; in 1880-81, 411; and in 1881-82, only 1. The typhus cases were 100 in 1876-77, 134 in 1877-78,

142 in 1878-79, 94 in 1879-80, 420 in 1880-81, and 198 in 1881-82. From these figures it will be seen that the admissions in the three years 1877-80 were augmented by the epidemic of smallpox, and that in the year 1880-81 smallpox and typhus each contributed one-third of the cases which were treated in the hospital.

TABLE II.—*Showing the Monthly Statement of Patients from April 1, 1881, to March 31, 1882.*

Years	Months	Admitted	Daily Average No. of Patients in Hospital
1881	April, - -	46	37·23
	May, - -	55	29·20
	June, - -	31	24·46
	July, - -	54	28·45
	August, - -	38	24·67
	September, - -	52	35·69
	October, - -	36	37·00
	November, - -	27	29·20
	December, - -	24	20·23
1882	January, - -	46	24·77
	February, - -	29	24·10
	March, - -	33	23·67
Total and Average,		471	28·21

Table II. sets forth the total admissions month by month during the hospital year, and the daily average number of patients under treatment each month. The admissions were most numerous in May (55), July (54), and September (52); least numerous in December (24), November (27), and February (29). This result is almost exactly the reverse of what might have been expected, for infectious diseases are usually most prevalent in the winter months, when the indigent population of a large town is pent up in badly ventilated rooms, through which infection runs like wild-fire. But the exceptional mildness of the winter of 1881-82 at once explains the apparent anomaly, and proves the proposition I have just advanced.

The daily average number of patients in hospital ranged from 37·23 in April, and 37·00 in October, to 20·23 in December, and 23·67 in March. For the whole year the daily average was only 28·21, compared with 84·48 in the previous year, 69·28 in 1879-80, and 114·67 in 1878-79.

LOCALITIES.

An analysis of the various streets in the city from which the cases came shows that 89 streets furnished 1 case each, 33 streets 2 cases each, 9 streets 3 cases each, 6 streets 4 cases each, 7 streets 5 cases each, 8 streets 6 cases each, 1 street 7 cases, 1 street 8 cases, 1 street 9 cases, 2 streets 11 cases each, 1 street 15 cases, 1 street 18 cases, 1 street 19 cases.

The suburban districts furnished the following cases :—Artane 1, Ballsbridge 9, Blackrock 2, Dundrum 1, Harold's-cross 2, Irish-town 2, Inchicore 2, Kilmainham 2, Kimmage 1, Merrion 1, Naas 1, Rathmines 7, Ringsend 10.

Public institutions furnished cases as follows :—Cork-street Hospital 6, Coombe Boys' Home 1, Elliott Home 5, Jervis-street Hospital 2, Mercer's Hospital 3, Mountjoy-street Orphanage 5, North Dublin Union 1, Night Refuge 5, Dr. Steevens' Hospital 3, Westmoreland Lock Hospital 6.

From one house in South King-street no less than nine patients were admitted.

The number of patients admitted suffering from the chief epidemic diseases, and the mortality of the cases treated to a termination, are included in Table III. During the year, 427 patients were treated who undoubtedly laboured under some form of epidemic disease, 32 patients were admitted and treated although their ailments were not so suitable for a fever hospital, and in 12 cases careful examination failed to detect any absolute disease.

In most of the doubtful cases the observation wards were temporarily occupied by the patients, and proved to be invaluable as a means of preventing exposure to, and the spread of, infection. One signal instance of the utility of these temporary wards is worth recording. On February 4, 1882, I saw in the extern department of the Meath Hospital a young woman who seemed to be suffering from typhus fever, of which disease all the early symptoms were present. Not being able to make room for her there, I asked Dr. Atkins to send the Cork-street Hospital cab for her, and—although I thought her illness was typhus—to admit her for one day to one of our observation wards, so that I might have an opportunity of more carefully examining her before she should be finally placed in the typhus ward. Next morning, on visiting her in the observation ward, I found that she was really labouring under inflammation of the lungs, and she made a speedy and

complete recovery in a few days without running any risk from exposure to the contagion of typhus.

TABLE III.—*Showing the Number of Admissions of the Principal Diseases, and the Mortality of the Cases treated to a termination, for the year ending March 31, 1882.*

	Typhus Fever	Enteric Fever	Simple Fever	Intermittent Fever	Smallpox	Scarlatina	Measles	Pneumonia	Erysipelas	Meningitis	Rheumatism	Varicella
1881 April, -	26	2	5	—	1	—	—	5	—	—	2	—
May, -	32	—	5	—	—	3	1	6	—	1	2	2
June, -	18	—	3	—	—	2	—	2	—	—	—	4
July, -	16	4	8	—	—	6	3	8	1	1	2	—
August, -	22	—	5	1	—	1	2	7	—	—	—	—
September, -	26	2	7	1	—	4	4	2	1	—	—	—
October, -	22	1	3	—	—	4	3	1	1	—	—	—
November, -	4	4	2	—	—	3	5	4	1	—	1	—
December, -	4	1	4	—	—	2	7	1	—	—	1	—
1882 January, -	13	1	2	—	—	—	18	2	—	1	1	—
February, -	4	2	4	—	—	—	9	5	—	—	1	—
March, -	11	3	2	—	—	2	5	4	1	—	1	—
Total, 1881-82, -	198	20	50	2	1	27	57	47	5	3	11	6
Total, 1880-81, -	420	47	103	1	411	129	32	31	2	3	5	—
Increase this year, -	—	—	—	1	—	—	25	16	3	—	6	6
Decrease this year, -	222	27	53	—	410	102	—	—	—	—	—	—
Died, - -	21	3	—	—	2	5	4	3	—	3	—	—
Mortality per cent. -	10·6	15·0	—	—	200·0	18·5	6·0	6·4	—	100·0	—	—

Cynanche, 6; bronchitis, 4; alcoholism, 3; Bright's disease (nephritis), 2; colic, pleurisy, cerebral abscess, sciatica, brain disease, stomatitis, hydrocele, constipation, premature birth, aneurism, puerperal mania, puerperal fever, congestion of lung, tonsillitis, phlegmasia dolens, copaiba-rash, and tabes mesenterica, 1 each; no disease, 12.

COMPARATIVE STATEMENT AS TO THE PREVALENCE OF DISEASE.

If we analyse Table III., we find that all the forms of continued fever present a notable decrease compared with the previous year:—the typhus admissions fell from 420 to 198, a decrease of 222; those from typhoid or enteric fever fell from 47 to 20, a decrease of 27; and those from non-specific simple fever fell from 103 to 50, a decrease of 53. Still more remarkable was the decline in smallpox and scarlet fever. In 1880–81 the smallpox admissions were 411; in 1881–2 only *one* patient was admitted (in the month of April) suffering from this disease. The scarlet fever admissions were only 27 against 129 in the preceding year. Measles and pneumonia show a decided increase—the admissions of cases of measles being 57 compared with 32, those of cases of pneumonia being 47 compared with 31. Five patients suffered from erysipelas against 2 in 1880–81. There were 3 cases of meningitis, all of which terminated fatally; 2 cases of intermittent fever, both recovering; 11 cases of rheumatism, and 6 cases of varicella. There was not a single case of relapsing fever, or of whooping cough, or of diarrhœa.

From this analysis it will be seen that epidemic diseases were by no means rife during the year, with the single exception of measles. This fortunate circumstance may fairly be attributed to two causes in particular—first, the fact that severe epidemics of smallpox, typhus, and scarlet fever in recent years had exhausted the receptivity of the population; and, secondly, the influence for good on the public health of the cool, breezy, showery summer of 1881, and of the singularly mild, open, and stormy winter which followed.

RATE OF MORTALITY.

The deaths during the year were 48—a number which represents a rate of mortality of 10·19 per cent. on the admissions (471). This death-rate contrasts favourably with that of every year since 1877–78, when the deaths amounted to only 9·49 of the admissions. In 1878–79 the mortality rose to 20·78 during the height of the smallpox epidemic. It then declined steadily to 17·58 in 1879–80, 14·96 in 1880–81, and 10·19 in 1881–82.

The sad record of cases sent into hospital when beyond all hope of recovery is happily shorter than usual this year. Only 8 patients were classed as “hopelessly ill,” compared with 30 patients

so classed in 1880-81. In at least four of eight hopeless cases, the sequel proved that removal of the patients to the hospital, was in no way justifiable. "Bright's disease, one day;" "meningitis, one day;" "congestion of the lungs, *six hours*;" and "puerperal fever, *sent in dying*," are entries which certainly indicate a strange want of discretion on the part of those who were responsible for the removal to hospital of patients at the time actually in a dying state.

TABLE IV.—*Analysis of Deaths of Cases sent in beyond Recovery, 1881-82.*

No.	No. in Registry	Duration in Hospital	Disease	Note
1	86	1 day	Scarlet Fever	Sent in very bad
2	89	1 day	Bright's Disease	Sent in very bad.
3	151	1 day	Meningitis	Sent in very bad.
4	216	2 days	Pneumonia	Sent in very bad.
5	265	1 hour	Premature Birth	Born in hospital.
6	311	2 days	Measles	Sent in very bad.
7	341	6 hours	Congestion of Lung	Sent in very bad.
8	446	1 day	Puerperal Fever	Sent in dying.

CAUSES OF DEATH.

The monthly number of deaths, and the diseases which caused them are set forth in Table V.

Of the 48 deaths which occurred during the year, 21 (or 43·75 per cent.) were caused by typhus. Curiously enough, 2 deaths from smallpox are entered in the Table, although only one case of this disease was admitted during the year. One of the deaths was of a patient under treatment prior to April 1, 1881, and the single smallpox patient admitted in that month also unfortunately died.

The largest monthly number of deaths (11) took place in May, and by a strange coincidence in November there was not a single death. Thirty out of the 48 deaths occurred in the first six months, and only 18 in the second six months. The epidemic of measles exercised no unfavourable influence on the mortality, for there were only 4 deaths among 57 cases—the death-rate being 7·0 per cent.

TABLE V.—*Showing the Deaths in each month, and the Diseases which caused them, during 1881-82.*

1881-82	Typhus Fever	Enteric Fever	Scarlatina	Pneumonia	Smallpox	Measles	Meningitis	Bright's Disease	Cerebral Abscess	Premature Birth	Congestion of Lung	Puerperal Fever	Tuberc Mesenterica	TOTAL
April, - - -	1	1	—	—	1	—	—	—	1	—	—	—	—	4
May, - - -	5	—	2	1	1	—	1	1	—	—	—	—	—	11
June, - - -	4	—	—	—	—	—	—	—	—	—	—	—	—	4
July, - - -	4	—	—	—	—	—	1	—	—	—	—	—	—	5
August, - - -	—	—	2	1	—	—	—	—	—	—	—	—	—	3
September, - - -	1	—	1	—	—	—	—	—	—	1	—	—	—	3
October, - - -	3	—	—	—	—	1	—	—	—	—	—	—	—	4
November, - - -	—	—	—	—	—	—	—	—	—	—	—	—	—	0
December, - - -	—	1	—	—	—	—	—	—	—	—	1	—	—	2
January, - - -	1	—	—	—	—	—	1	1	—	—	—	—	—	3
February, - - -	1	1	—	—	—	2	—	—	—	—	—	—	—	4
March, - - -	1	—	—	1	—	1	—	—	—	—	—	1	1	5
Total, - - -	21	3	5	3	2	4	3	2	1	1	1	1	1	48

THE WEATHER.

The Meteorological Table (VI.) has, as usual, been drawn up to enable the reader to institute a comparison between the conditions of weather during the past hospital year and the prevalence of disease in the same period.

The *mean height of the barometer* during the year 1881 was 29.910 inches. The highest observed reading was 30.737 inches, at 9 a.m. on May 10. The lowest observed reading was 28.377 inches, at 9 a.m. on November 27. The extreme range of atmospheric pressure was, therefore, 2.360 inches.

The *mean temperature* of the year, deduced from the maximal and minimal readings of the thermometer in the shade by Kaemtz's formula, was 47.7°. The highest reading was 76.6° on July 17; the lowest reading was 15.2° on January 25. The average mean temperature for the years 1865-80, calculated in the same way, was 49.0°. The mean temperature, deduced from the daily readings of the dry bulb thermometer at 9 a.m. and 9 p.m., was 48.4°.

TABLE VI.—*Abstract of Meteorological Observations taken at 40 Fitzwilliam-square, West, Dublin, by J. W. MOORE, M.D. Dub., F.M.S.*

1881.

Month	Mean* Height of Barometer	Mean* Temp.	Mean* Humi- dity	Rainfall† in Inches	Rainy‡ Days	Mean* Direction of Wind	Remarks
January, -	29·914	32·8	86·9	1·369	14	W., S.E., & E.N.E.	A very severe month, with much snow and frost.
February, -	29·787	39·9	86·1	2·879	18	E.S.E. & W.N.W.	A rather cold, dull month; the mean temperature 27° below the average.
March, -	29·858	42·8	81·6	1·885	17	W. by N. & E.S.E.	At first unsettled, with frequent rains and high winds. Cold and dry from the 20th.
April, -	29·986	45·5	78·6	1·329	13	E.	Cold, parching E. winds until the 22nd; then mild and showery to the close.
May, -	30·072	53·7	74·9	1·532	15	W.S.W., E., & W.	A fine spring month, notable for clear skies and bright sunshine, and moderate rainfall in showers.
June, -	29·923	56·6	75·9	2·666	21	S.W., & W.N.W.	A very showery, cool month, mean temperature 1·3° below the average.
July, -	29·960	60·3	75·9	1·863	15	S.W., W., & W.N.W.	Continuous S.W. and W. winds with rather changeable weather, but average warmth.
August, -	29·812	56·6	83·7	4·739	21	S.W., W., & N.W.	Very unsettled, with strong winds, frequent rains, and a low temperature, 3° below the average.
September, -	29·991	54·7	87·6	1·599	12	W. & N.N.E.	A cool, generally fine month; rainfall and rainy days below the average.
October, -	30·011	47·7	81·5	3·470	18	E. & N.W.	A cold and stormy month, prevalent E. winds, large rainfall, and low temperature.
November, -	29·712	50·0	82·4	2·173	18	S.S.W., S.W., & W.S.W.	Singularly open, stormy, and unsettled weather; no fogs; temperature 6·5° above the average.
December, -	29·891	40·3	85·0	1·529	16	W., W.S.W., & S.W.	The beginning and end mild, but a cold period from the 7th to the 23rd.
Means and Totals -	29·901	48·4 §	81·7	27·033	198	W., S.W., & W.N.W.	A very cold and backward spring was followed by a changeable, windy summer. The autumn was the finest part of the year, and the winter was distinguished by its singular mildness.

1882.

January, -	30·247	44·1	84·9	1·476	17	S.W., W.S.W. & S.	Almost unprecedentedly fine and mild; complete absence of frost.
February, -	30·117	45·9	84·3	1·862	16	W.S.W., S.S.W., & S.	Singularly open weather, S. and W. winds, and an absence of frost and snow.
March, -	29·935	46·5	79·9	2·260	17	W.S.W.	Very unsettled, stormy, open weather; mean temperature 3·1° above the average.

* The columns marked with an asterisk are the results of observations taken daily at 9 a.m. and 9 p.m. The readings of the Barometer are corrected and reduced to 32° at Mean Sea Level.

† The rainfall is recorded daily at 9 a.m.

‡ A "Rainy Day" is one on which at least ·01 inch of rain falls.

§ The Mean Temperature, calculated from the maximal and minimal readings of the Thermometer by Kaemtz's Formula, was 47·7°.

Rain fell on 198 days, including snow or sleet on 27 days, and hail on 32 days. The average number of rainy days in the years 1865–80 was 193·5. The total rainfall measured 27·033 inches, compared with an average of 28·194 inches in the years 1865–80. Of this amount only 11·660 inches fell in the first six months of the year, on 98 days.

As regards the *direction of the wind*, 730 observations were made during the year, with this result:—N., 34; N.E., 32; E., 95; S.E., 72; S., 65; S.W., 100; W., 216; N.W., 70; Calms, 36.

The year 1881 was rather colder than usual, with a rainfall somewhat below the average, the rainy days, however, being exactly equal to the mean of the preceding ten years. January was very severe, with much snow and frost. The mean temperature was 32·4°, a lower value than that of any month in the fifteen years ending 1880, with the single exception of December, 1878, the mean temperature of which was 32·0°. February was rather cold and dull; the mean temperature was 2·7° below the average. The earlier part of March was unsettled, with frequent rains and high winds. The weather became fine and seasonable on the 15th, and continued so to the close. April was a cold, chiefly dry month; the mean temperature was 2·5° below the average. May was a very fine spring month, notable for clear skies and bright sunshine and a moderate rainfall, principally in the form of showers. June was very showery and at times cold, the shade thermometer falling to 36·8° on the 8th, and the mean temperature being 1·3° below the average. July was characterised by almost continuous S.W. and W. winds, which often blew strongly, causing rather changeable weather; the mean temperature was slightly above the average. August opened with a fair promise, which was not fulfilled, for after the first few days, which were fair and warm, the weather became very unsettled with strong winds, frequent rains, and a low temperature—the mean being 3° below the average. September was a cool, generally fine month, the mean temperature slightly below, and the rainfall and rainy days decidedly below the average of previous years. October was rather cold and stormy—the mean temperature 2° under the average, with a preponderance of easterly winds and a rainfall above the average; a violent storm occurred on the 14th. The weather in November was throughout singularly open, stormy, and unsettled; the air was unusually free from fog. The mean temperature was 2·3° higher than that of October, and 6·5° above that of November, 1880. The beginning and the end

of December were mild, but a cold period commenced on the 7th, lasting to the 23rd; hence the mean temperature ($40\cdot3^{\circ}$) was slightly below the average.

A general review of the year 1881 shows that the annual mean temperature was $1\cdot3^{\circ}$ below the average ($47\cdot7^{\circ}$ compared with $49\cdot0^{\circ}$); the amount of cloud was as nearly as possible the average (61·0 per cent. compared with 60·9 per cent.); the rainfall was somewhat deficient (27·033 inches compared with 28·194 inches), while the rainy days were rather above the average, being 198 compared with 193·5.

The first quarter of 1882 was exceptionally mild; there was an almost complete absence of frost and snow throughout. In January and February the barometer rose to a phenomenal height—the isobar of 30·90 inches embraced the greater part of England, Ireland, and the North of France on the 18th of January, and on the 19th and 20th February the barometer again rose to 30·90 inches or upwards in the South of Ireland. With these high pressures the winds in Ireland were south-westerly or westerly, so that the air was mild. In March the weather remained open, but became unsettled and stormy.

SPECIAL DISEASES.

In analysing in detail the hospital statistics for the year, we shall have to consider—first, the Continued Fevers; secondly, the Exanthemata, or Eruptive Fevers. A few words in addition on the subject of Pneumonia may not be devoid of interest to those who, with the author of this Report, regard the croupous variety of that disease as a specific continued fever.

TABLE VII.—*Giving a Summary for Ten Years of the Admissions of Cases of Fever.*

Mean Temp. Fahr.	Years	Typhus	Enteric	Simple	Totals
$48\cdot3$	1872-3	130	75	284	489
$49\cdot5$	1873-4	113	77	173	363
$49\cdot1$	1874-5	112	83	229	424
$48\cdot9$	1875-6	109	47	162	318
$49\cdot4$	1876-7	100	55	200	355
$48\cdot8$	1877-8	134	51	220	405
$47\cdot5$	1878-9	142	60	173	375
$47\cdot4$	1879-80	94	37	104	235
$47\cdot8$	1880-1	420	47	103	570
$49\cdot7$	1881-2	198	20	50	268

I. THE CONTINUED FEVERS.—In Table VII. are set forth the yearly admissions of patients suffering from the various forms of

continued fever during the ten years ending March 31, 1882. The annual mean temperature is included in the Table. The total admissions of cases of continued fever in 1881-82 were 268, or less than one-half the admissions (570) in the previous year, and considerably under the average admissions (425) in the ten years ending March 31, 1881. Among the 268 patients there were 24 deaths—21 from typhus and 3 from enteric fever. The rate of mortality was, therefore, 8·9 per cent. compared with 8·77 in 1880-81; 5·53 in 1879-80; 8·0 in 1878-79; 4·91 in 1877-78; and 6·48 in 1876-77.

TABLE VIII.—*Showing the Number Admitted and Dead of Typhus Fever, of both Sexes, and at different Ages, for the year ending March 31, 1882.*

MALES				FEMALES			
Ages	No. Admitted	No. Died	Mortality per cent.	Ages	No. Admitted	No. Died	Mortality per cent.
Under 5 - -	7	—	—	Under 5 - -	7	—	—
5 and under 15	33	1	3·0	5 and under 15	22	1	4·5
15 „ 20	25	2	8·0	15 „ 20	12	—	—
20 „ 40	36	7	19·4	20 „ 40	32	2	6·2
40 „ 60	8	4	50·0	40 „ 60	16	4	25·0
60 „ 80	—	—	—	60 „ 80	—	—	—
Total, -	109	14	12·8	Total, -	89	7	7·8
Total No. Admitted, 198		Total No. Died, - - 21		Average Mortality, - 10·6			

(a) *Typhus*.—The epidemic of this variety of specific continued fever, which became severe in the middle of October, 1880,^a lasted until the close of the same month in 1881, when the admissions suddenly fell off, coincidently with the setting in of a long spell of unusually open, even warm, and stormy weather, and remained low, month after month, to the close of the hospital year. January and March indeed showed slight recrudescences of the outbreak—the admissions rising in the former month to 13 from 4 in December, and in March to 11 from 4 in February. Cold weather in the middle of December, followed by the excesses and exposure of the

^a Medical Report of Cork-street Hospital for 1881-82. Dublin Journal of Medical Science. July, 1881. P. 7.

Christmas holidays, are probably connected with the increased prevalence of typhus in January; the austerities of Lent may have had some connexion with a similar diffusion of the disease in March. The highest monthly number of admissions was 26 in May, 1881; the lowest number of admissions was 4 in November, December, and February.

In last year's Report mention was made of an unexpected and remarkable fall of typhus admissions from 95 in December, 1880, to 50 in January, 1881, notwithstanding a bitter frost and abundant snowfall, "or," it was added, "shall we say in consequence of these climatic conditions?" Here, then, is an apparent contradiction as to the influence of weather on the prevalence of typhus. In January, 1881, this infectious fever was checked by excessive cold, whereas in November of the same year it almost died out during singularly mild and stormy weather. But in reality there is no contradiction whatever in these facts. For, in the first place, the geographical distribution of typhus proves conclusively that very low temperatures are inimical to the development and propagation of the virus or contagium of this disease. Murchison* indeed says that "there is probably no part of Europe in which typhus has not been observed," and adds that, although travellers have asserted that typhus is never seen among the Laplanders or Esquimaux, it is probable from the writings of Schleisner that epidemics have often occurred in Iceland. At the same time, it is to be remembered that, although Iceland has a uniformly cold climate, excessively low temperatures are the exception in that country owing to its insular position.

Again, if a single fact is established in the life history of the contagium of typhus, it is that it is most readily destroyed or rendered inert by contact with atmospherical air, presumably through oxidation. If this be so, what vast magazines of typhus-poison were rendered powerless for mischief in the violent tempests of last November, nearly all of which were equatorial in character, so that neither doors nor windows were barred against the blasts that came with the warmth of a summer squall.

After thus dwelling on the destruction of the virus of typhus fever by oxidation, through the natural agency of the currents of the atmosphere and of strong winds, it may be of interest to describe the therapeutical means adopted with a view of neutralising

* *The Continued Fevers of Great Britain.* Second Edition. London: Longmans, Green, & Co. 1873. P. 55.

the fever poison,^a when it was actually at work in the patient's system. First, attention was constantly directed to the ventilation of the fever wards. In severe cases, where the eruption was copious and dark (petechial), a strong current of air was allowed to blow over and around the patient whenever the state of the weather at all permitted it. The weight of bed-clothes was reduced to a minimum, so that the fresh air might reach the surface of the whole body. It might be supposed that the exposure would give the patients cold, but experience proves that this is not so; and I am convinced that in a vast majority of cases the bronchial catarrh and bronchitis of typhus are not the result of cold, but of passive hyperæmia of the bronchial mucous membrane—that, in fact, these lesions belong to the essential pathology of the disease.

Secondly, directions were given to the nurses in all bad cases with profuse eruption to sponge the entire surface of the body twice or three times a day with vinegar and warm water, to which some of Condry's permanganate of potassium solution was added at the last moment.

Thirdly, solution or tincture of the perchloride of iron, chlorate of potassium in moderate doses, and quinine, were given in nearly all such cases, either separately or in combination, and with remarkably good results.

Under this hygienic treatment several very grave cases progressed favourably; and it is an interesting fact connected with my own practice in the hospital that I seldom felt called upon to order for these patients any large quantity of alcoholic stimulants.

During the year 198 patients were admitted in typhus fever—76 in the first quarter, 64 in the second, 30 in the third, and 28 in the fourth. More than two-thirds (140) of the total admissions, therefore, fell within the first six months, the season of spring and summer; and less than one-third (58) within the second half-year, including the autumn and winter. The deaths were 10 out of 76 (13·2 per cent.) in the first quarter; 5 out of 64 (7·8 per cent.) in the second; 3 out of 30 (10 per cent.) in the third; and 3 out of 28 (10·7 per cent.) in the fourth. These figures bring out the interesting result that the mortality, unlike the admissions, was lowest in the summer quarter (July–September), and highest in the winter quarter (January–March). Not a single death from typhus occurred in August, November, or December. Table VIII. shows that the total deaths within the year were 21, a number

^a Murchison. *Loc. cit.* Page 21.

which yields an average death-toll of 10·6 per cent., or almost exactly the same as that of the previous year—namely, 10·7 per cent. The probable reasons for this relatively low mortality were stated in last year's Report.

Table VIII. also illustrates the influence of advancing age in raising the death-rate from typhus. Children nearly always recover. Of 14 patients under 5 years of age, not one died; of 55 patients aged from 5 to 15 years, only 2 succumbed; but of 24 patients aged between 40 and 60 years, 8 died, being 33·3 per cent., or exactly one-third. No patient above 60 years came under observation.

The influence of sex is better shown in this year's statistics than it was in those of 1880–81. Fourteen out of 109 males died, the mortality being 12·8 per cent. Only 7 out of 89 females succumbed, the mortality being 7·8 per cent.

The history of the origin and spread of the outbreak of typhus, the decline of which we are now happily recording, was sketched in last year's Report,^a and, therefore, need not be further alluded to.

TABLE IX.—*Showing the Number Admitted and Dead of Enteric Fever, of both Sexes, and at different Ages, for the year ending March 31, 1882.*

MALES				FEMALES			
Ages	No. Admitted	No. Died	Mortality per cent.	Ages	No. Admitted	No. Died	Mortality per cent.
Under 5 - -	—	—	—	Under 5 - -	—	—	—
5 and under 15	1	—	—	5 and under 15	1	—	—
15 „ 20	6	—	—	15 „ 20	2	—	—
20 „ 40	7	2	28·5	20 „ 40	3	1	33·3
40 „ 60	—	—	—	40 „ 60	—	—	—
60 „ 80	—	—	—	60 „ 80	—	—	—
Total, - -	14	2	14·2	Total, - -	6	1	16·6
Total No. Admitted, 20		Total No. Died, - - 3		Average Mortality, - 15·0			

(b.) *Enteric or Typhoid Fever.*—Of this form of specific continued fever only 20 cases came under observation, compared with 47 in the

^a Dublin Journal of Medical Science. July, 1881. P. 19.

previous year, 37 in 1879-80, and 60 in 1878-9. As is usual, the disease was most prevalent in autumn—the admissions by quarters being—first, 2; second, 6; third, 6; fourth, 6. Of the 20 patients, 8 were admitted within the first six months, and 12 within the second six months. Three cases terminated fatally, two of them at least by peritonitis. The deaths occurred in April, December, and February, and were represented by a mortality of 15 per cent., compared with 12·7 in 1880-81, 10·8 in 1879-80, and 8·3 in 1878-79. In last year's Report I wrote as follows:—"The incidence of a high mortality at a much younger age than is the case in typhus is well shown in the table, which also illustrates the fact that enteric fever is essentially a disease of adolescence and early adult life." These remarks apply equally to the statistics of the present year.

It may not be foreign to the purpose of this Report to note that the treatment of ordinary typhoid cases is, in our hands, based on common sense principles. We carefully diet the patients, and give them little medicine. Great attention is paid to cleanliness about the invalid's person and bed. In convalescence, solid or irritating food is withheld often for many weeks, and when leaving the hospital the convalescents are cautioned against indiscretions in diet. As regards poulticing in this fever, I have quite given up the application to the abdomen of heavy linseed-meal poultices, in favour of the following:—A piece of lint of suitable size is moistened with a warmed mixture of laudanum (one fluid drachm), glycerine (seven fluid drachms), and water (seven fluid ounces), and laid over the abdomen; oiled silk or gutta-percha paper is then applied, over which is placed a sheet of French wadding or cotton wool—the whole being kept in position by a soft flannel roller or bandage. This "glycerine poultice," as it may be called, is at once comfortable and efficient.

(c.) *Simple Fever*.—Only 50 cases were classified under this heading, against 103 in the preceding year, and 102 in 1879-80. None of the patients died. The seasonal distribution of the cases is interesting from its close coincidence with that of typhus. Thus, of the 50 patients 13 were admitted in the first three months (typhus admissions=76), 20 in the second quarter (typhus=64), 9 in the third quarter (typhus=30), and 8 in the fourth quarter (typhus=28). To quote last year's Report:—"This coincidence with the periods of maximal prevalence of typhus strengthens the opinion expressed in previous Reports, that many cases of

so-called 'simple fever' are really instances of abortive or undeveloped typhus or enteric." At the same time, the large number of admissions of "simple fever" in the summer quarter (20) is suggestive, for it is at that season of the year that such exciting causes of non-specific fever as over-fatigue, exposure to the sun, and over-eating at picnic parties, are in full play.

II. THE EXANTHEMATA OR ERUPTIVE FEVERS.—This year witnessed a complete change in the epidemic constitution—small-pox which had been prevalent since November, 1876, and epidemic from December, 1877, completely died out at the beginning of the hospital year. Scarlet fever also showed a greatly lessened prevalence, the admissions declining to 27 from 129 in 1880–81. But, on the other hand, measles increased decidedly—the admissions rising from 32 in 1880–81 to 57.

TABLE X.—*Showing the Number Admitted and Dead of Scarlet Fever, of both Sexes, and at different Ages, for the year ending March 31, 1882.*

MALES				FEMALES			
Ages	No. Admitted	No. Died	Mortality per cent.	Ages	No. Admitted	No. Died	Mortality per cent.
Under 5 - -	2	1	50.0	Under 5 - -	3	2	66.6
5 and under 15	5	1	20.0	5 and under 15	11	1	9.0
15 " 20	—	—	—	15 " 20	1	—	—
20 " 40	2	—	—	20 " 40	3	—	—
40 " 60	—	—	—	40 " 60	—	—	—
60 " 80	—	—	—	60 " 80	—	—	—
Total,	9	2	22.2	Total, -	18	3	16.6
Total No. Admitted, - 27		Total No. Died, - - 5		Average Mortality, 18.5			

(a.) *Scarlet Fever*.—Of the 27 cases, 5 were admitted in the first quarter, 11 in the second, 9 in the third, and only 2 in the fourth. Seventy-four per cent. of the patients, therefore, came in during the last six months of 1881. Twenty-one out of the 27 patients were children under 15 years of age, and all the deaths occurred amongst this group, the mortality being as high as 23.8 per cent. Of 5 children under 5 years of age 3 died, or 60.0 per cent. Can

anything more forcibly prove the malignancy of the poison of scarlet fever in early childhood? In this respect the disease is the correlative of typhus. Glandular enlargements, scarlatinal cervical bubo, and diffuse cellulitis were, unfortunately, usual complications.

Although the general death-rate, 18·5, was high, it does not compare unfavourably with that of recent years. It was 17·8 in 1880–81, 27·5 in 1879–80, and 31·0 per cent. in 1878–79.

TABLE XI.—*Showing the Number Admitted and Dead of Measles, of both Sexes, and at different Ages, for the year ending March 31, 1882.*

MALES				FEMALES			
Ages	No. Admitted	No. Died	Mortality per cent.	Ages	No. Admitted	No. Died	Mortality per cent.
Under 5 -	10	4	40·0	Under 5 -	15	—	—
5 and under 15	6	—	—	5 and under 15	13	—	—
15 „ 20	2	—	—	15 „ 20	6	—	—
20 „ 40	2	—	—	20 „ 40	3	—	—
40 „ 60	—	—	—	40 „ 60	—	—	—
60 „ 80	—	—	—	60 „ 80	—	—	—
Total, -	20	4	20·0	Total, -	37	—	—
Total No. Admitted, - 57		Total No. Died, - 4		Average Mortality, - 7·0			

(b.) *Measles*.—Although Dublin was visited by a severe and wide-spread epidemic of this disease in the last few months of the hospital year, Table XI. shows that the admissions of cases of measles were only 25 in excess of those in 1880–81. In last year's Report it was pointed out that the fluctuation in the number of cases of measles admitted had been singularly small of late years. The actual numbers were in 1877–78, 42 patients; 1878–79, 35; 1879–80, 30; 1880–81, 32. And now, even under the pressure of a great epidemic, the admissions rose only to 57. The inference is either that the outbreak was confined to the well-to-do classes, who would not seek admission to hospital, or that those ill of measles were treated at home in the crowded tenements of the poorer parts of the city, to their own injury and the detriment of the public health. The former hypothesis is not tenable for a moment in the

presence of the facts which I shall presently mention. The latter explanation is, unfortunately, the true one.

And first, it will be well to draw attention to the monthly distribution of the cases admitted to our wards, and to the relatively low mortality, 7·0 per cent., which prevailed amongst those treated in the hospital. Table III. shows that in the first quarter of the year 1881-82 (April-June) only one case of measles was admitted; in the second quarter (July-September) the admissions were 9; in the third, 15; and in the fourth, 32. In the last six months of the year, then, 47 out of the 57 cases were admitted. The influence of the epidemic, which began early in October and suddenly assumed serious proportions about the middle of December, in Nos. 2 and 3 North City Districts, is indeed seen in these statistics, but only in a very modified degree. Of the 4 deaths, 1 occurred in October, 1 in February, and 2 in March. In the first case, included in Table IV., a little child was brought in moribund from catarrhal pneumonia, having been ill for four days before admission. In at least two of the remaining fatal cases of measles the same complication was the immediate cause of death. All the children who died were boys under five years of age.

As was stated above, the death-rate among the 57 cases was only 7·0 per cent. This compares not unfavourably with a mortality of 6·2 per cent. in the previous year, and of 3·3 in 1879-80, and with the exceptionally high rate of 25·7 per cent. in 1878-79. This circumstance justifies us in assuming that the type of the disease in the present epidemic was naturally very mild.

Now let us look for a moment at the statistics of the epidemic given in the Weekly and Quarterly Reports of the Registrar-General, Dr. T. W. Grimshaw, the consulting physician of this hospital. In the third quarter of 1881 (July-September) 9 deaths from measles were registered in the Dublin Registration District; in the fourth quarter (October-December) the deaths registered as due to this disease were 133, and of these 70 or 52·6 per cent. occurred in Nos. 2 and 3 North City Districts, the population of which is 59,356, or only about one-sixth that of the entire Metropolitan Registration District. In the first quarter of 1882 (January-March) the deaths ascribed to measles were 432, this number being equivalent to 71 per cent. of the total number of deaths from diseases of the zymotic class. Of these 432 deaths, 186 occurred in the North City Districts, 165 in the South City districts, and 77 in the suburbs. Here, then, we observe a wide

diffusion of the disease, which, originating in two city districts, soon spread in all directions, until at last it invaded even the healthier suburbs on both the north and the south sides of the city. A study of a highly instructive table in the Registrar-General's Reports—that, namely, which shows the occupation, or social position, of the persons whose deaths are registered, proves conclusively that from December onward the fatal cases of measles were almost exclusively confined to the labouring and artisan classes and to tradespeople. This very suggestive fact emphasises the extraordinary neglect of hospital accommodation and hospital relief which has been shown by the people during the epidemic. According to the Registrar-General's return only 362 patients suffering from measles were treated in the principal Dublin hospitals during the six months ending March 31, 1882. Of these 362 patients, 45 died—a number which represents a death-rate of 12·4 per cent., or nearly twice as great as that observed in Cork-street Hospital.

Even assuming that this relatively high mortality—12 per cent.—represents the actual death-rate from measles in the epidemic, we find that in the six months from October, 1881, to March, 1882, inclusive, at least 4,708 cases of measles occurred in Dublin and its suburbs, and of these patients only 362 were treated in hospital, the remainder, 4,316 in number, having been kept at home to act as so many foci from which the virus of the disease could spread.

If we take the Cork-street Hospital death-rate of 7·0 per cent. as the standard mortality, we get the result that some 8,071 cases of measles occurred in Dublin within six months, and that of these only 362, or 5 per cent., sought advice and treatment in all the Dublin hospitals. Well may we ask why section 141 of "The Public Health (Ireland) Act, 1878," which provides for the compulsory removal to hospital of "any person who is suffering from any dangerous infectious disorder, and . . . is lodged in a room occupied by other persons not so suffering," was permitted to become a dead letter in the case of this epidemic. Nor can we resist the conclusion that the history of the outbreak and spread of the disease affords an irresistible argument in favour of early legislation on the subject of the compulsory notification of infectious diseases.

(c.) *Smallpox*.—It is a matter for congratulation that we can at last record the cessation of that epidemic of smallpox which began at the close of 1876, and assumed serious proportions in December

of the following year. Only one case was admitted during the past twelve months. The patient was a little girl, three years of age, *never vaccinated*, who had travelled from London (where smallpox was then prevalent) to Dublin a few days—certainly not more than a week—before she sickened of confluent smallpox. She was admitted on April 30, 1881, being then on the sixth day of her illness. Unfortunately, she succumbed after five days in hospital, on the eleventh day. This was clearly an imported or sporadic case, and there can be little doubt that the child fell a victim to a whim on the part of her father, who would not allow her to be vaccinated.

A reference to Table III. will show that, although only one case of true smallpox was admitted during the year, two deaths from this disease occurred, so that the death-rate from smallpox for the year is—strangely enough—*two hundred per cent.* The second death was that of a vaccinated man, aged twenty-six, who was admitted on March 25, 1881, on the *eleventh* day of confluent smallpox. He lived eight days after admission, dying on the 2nd of April, that is, within the hospital year.

During the year, six cases described as “varicella” were treated in the wards. All of these were admitted within the first three months (April–June)—a fact which would raise a suspicion that some of these cases were examples of varioloid, occurring at the close of the epidemic of smallpox. But, apart from the clinical features of this group of cases, the circumstance that one of the patients was unvaccinated makes it unlikely that the disease would assume so mild a form—in that instance, at all events—were it really smallpox.

III. PNEUMONIA.—It is not customary to mention this disease separately in the Reports of Cork-street Hospital. But I am induced to devote a short space to it on the present occasion, not only because pneumonia was one of the prevailing epidemics in Dublin during the past winter and spring, but also and particularly because of its pythogenic origin in many cases.

At my request, Dr. Atkins has accordingly prepared Table XII., showing the number of patients of both sexes who were admitted and who died of pneumonia during the hospital year ending March 31, 1882.

I regret that we are not able on this occasion to classify the disease under the headings “croupous,” “catarrhal,” and “inter-

stitial;" but an effort will be made to do this in future. Such a classification is all the more necessary since croupous pneumonia is the form of inflammation of the lung which arises from pythogenic causes, and is sometimes met with as a complication in typhoid fever, while catarrhal pneumonia is the deadly complication of measles in childhood.

TABLE XII.—*Showing the Number Admitted and Dead of Pneumonia, of both Sexes, and at different Ages, for the Year ending March 31, 1882.*

MALES				FEMALES			
Ages	No. Admitted	No. Died	Mortality per cent.	Ages	No. Admitted	No. Died	Mortality per cent.
Under 5 - -	—	—	—	Under 5 - -	—	—	—
5 and under 15	7	—	—	5 and under 15	1	—	—
15 " 20	6	—	—	15 " 20	2	1	50·0
20 " 40	13	2	15·4	20 " 40	8	—	—
40 " 60	6	—	—	40 " 60	4	—	—
60 " 80	—	—	—	60 " 80	—	—	—
Total -	32	2	6·3	Total -	15	1	6·6
Total No. Admitted, 47		Total No. Died, 3		Mortality per cent., 6·4			

During the past year 47 patients were admitted suffering from pneumonia. This was a considerable increase on the number of cases treated in the previous year—namely, 31. Table III. shows the monthly distribution of the admissions; they were most numerous in July (8) and August (7)—that is, in the middle of summer. Taking the quarterly admissions, we find that they were 13 in the first quarter (April–June), 17 in the second, 6 in the third, and 11 in the fourth. In other words, the end of winter and the spring and summer were the seasons when pneumonia was most prevalent, while it was comparatively infrequent in autumn and the beginning of winter. This is in accordance with observed facts as to the seasonal prevalence of this disease.

A comparison of the hospital statistics with those relating to the prevalence and fatality of pneumonia in the Dublin Registration District, given in the Registrar-General's Reports, is very interesting and instructive. In the thirteen weeks ending July 2, 1881,

84 persons were admitted to the principal hospitals in Dublin suffering from pneumonia; 17 deaths from this disease occurred in the same hospitals, while the deaths from it registered in the entire district were 95. In the thirteen weeks ending October 1, the corresponding numbers were—admissions, 43; deaths in hospital, 4; deaths registered, 40. In the thirteen weeks ending December 31, the numbers were—admissions, 58; deaths in hospital, 9; deaths in district, 95. In the thirteen weeks ending April 1, 1882, the numbers were—admissions, 81; deaths in hospital, 18; total deaths, 147. From these figures it will be seen that the seasonal fall and rise in the admissions noted in Cork-street Hospital was generally observed. Happily, our statistics of mortality are not comparable with those of the hospitals in general, or of the registration district, for only 3 of the 47 cases of pneumonia treated in our wards during the year terminated fatally. The resultant death-rate was 6·4 per cent., or scarcely more than one-third of the rate of mortality of the Dublin hospitals in general, which was 18·0 per cent., 48 deaths having occurred amongst 266 patients who were admitted. The quarterly returns of deaths from pneumonia in the hospitals and in the registration district at large were as follows:—

	In Hospital.	In District.
First Quarter (April–June) -	- 17	95
Second „ (July–September)	- 4	40
Third „ (October–December)	- 9	95
Fourth „ (January–March)	- 18	147
Totals -	- 48	377

There is reason to believe that the large number of admissions to the Dublin hospitals in general, and of deaths in the fourth quarter, is to be partly explained by the prevalence of the epidemic of measles. Probably in some fatal cases of this disease (catarrhal) pneumonia was returned as the immediate cause of death, and occasionally a child was sent into hospital as suffering from “pneumonia” when the original or primary disease was really measles.

CONCLUSION.

In concluding this Report, I desire to thank Miss Maguire, the Lady Superintendent of the Hospital, for her willingness on all occasions to give effect to any suggestions made in the interest of

the patients and of the Institution. Nor can I omit to express my grateful sense of the faithful, self-denying manner in which the nurses, without exception, have discharged their duties, by night as well as by day.

Lastly, I would thankfully acknowledge the providential exemption from accident enjoyed by all the inmates of the Hospital throughout the past year.

HEREDITY IN ARTERIAL ANOMALIES.

So far as we know, but a single instance has ever been recorded of hereditary variations in the vascular system. In the hope that the knowledge of such a possibility may stimulate observation and inquiry into the family history of any observed case, we desire to call attention to this unique case, published by Dr. G. Schneck, in the *Chicago Medical Journal and Examiner* for 1879, p. 475. At three to four cm. above the wrist the radial artery passed over the supinator longus muscle, and ran over the tendons of the radial extensors above the styloid process, to seek its normal distribution. The family consisted of the father, six children, and fifteen grandchildren—twenty-two persons in all. In nineteen out of the forty-four arms the above anomaly occurred. Four times both arteries were abnormal, twice the right radial only was abnormal, and nine times the left radial only was abnormal. In only seven of the twenty-two persons were both arteries normal. The mother and the children-in-law had normal arteries, so that it was purely a paternal inheritance; yet the daughters transmitted the anomaly better than the sons. The father had both arteries abnormal; every one of the six children had the left artery, and the left only, abnormal; four of the grandchildren had both abnormal, like their grandfather; four had only one abnormal, like one of their parents; two of the six children had no families.—*Philadelphia Med. News*, 18th March, 1882.

ACUTE GLAUCOMA INDUCED BY DUBOISIA.

THAT atropia instilled into an eye may excite an attack of acute inflammatory glaucoma is generally accepted by ophthalmologists as an established clinical fact. An inference which may properly be induced from this is that all drugs belonging to the mydriatics may likewise cause this morbid state to appear. A practical illustration of this as regards duboisia is presented in the history of a case—the first, so far as we are aware, on record—reported by Dr. Albert G. Heyl, in the *American Journal of the Medical Sciences* for April, 1882, in which, following the instillation of duboisia, acute inflammatory glaucoma was speedily developed in an eye in which a simple glaucoma already existed.