Foreign Gleanings.

ITALIAN VIEWS OF BRIGHT'S DISEASE.

DR. SEMMOLA, professor at Naples, maintained six years ago, in a paper sent to the Academy of Medicine of Paris, that the first cause of the presence of albumen in the urine is not a peculiar pathological state of the kidney, but a consequence of imperfect nutrition, by which albumen can no longer perform its functions, and must, as a foreign substance, be eliminated by the kidneys. The author believes that albumen in Bright's disease differs from normal albumen, this being recognised by the opalescence of the blood due to the suspension of albuminous molecules in that fluid. The decrease of urea in the urine of patients labouring under albuminuria is connected with two distinct periods of the complaint. In the first period this decrease corresponds with the appearance of the albumen; in the second period there is urea in the blood. The decrease of urea in the urine is special to Bright's disease, and is not noticed in those cases of albuminuria symptomatic of pregnancy or heart disease. The same holds good as to the decrease of sulphates in the urine. In fact, actual Bright's disease has its exact fac-simile in the artificial albuminuria produced by the suppression of the functions of the skin when the latter is artificially covered with a thick air-proof compound. Bright's disease should therefore be considered, according to the author, as the result of a double series of effects which follow the more or less rapid arrest of the functions of the skin, and not as a primitive anatomical lesion of the kidney.

PHTHISIS PULMONALIS IN THE PARIS HOSPITALS.

It is often maintained that consumption levies a heavier tribute in England than in other countries; but Paris seems, according to accurate accounts, very severely treated. If we take the Report of the Committee appointed by the Medical Society of the Paris Hospitals for May, we find that in that month 244 patients suffering from phthisis left the hospitals, and 292 died. M. Besnier, the able reporter, says that these figures vary but little month after month. (It might be asked in what state were those who left the hospital.) In fact, he observes that, whilst the mortality from all causes was only 146, phthisis alone caused 292 deaths. M. Besnier expresses the wish that the authorities may join with physicians to devise means of disposing of the numerous cases which crowd the wards by sending the patients to milder climates.

DIAGNOSIS OF FRACTURE OF THE CLAVICLE.

M. Alph. Guérin showed, at one of the late meetings of the Surgical Society of Paris, the clavicle of a man who had been buried under a fall of earth. The patient was carefully examined, but no fracture of that bone could be detected. He was carried off by severe pneumonia; and, on dissecting the clavicular region, the soft parts and the periosteum were found *uninjured*; but, on applying pressure to the under aspect of the clavicle, two fragments were thrust upwards. No such results were obtained when pressure was made from above.

ANOTHER ATTEMPT IN THE TREATMENT OF CANCER.

M. Chapelle (of Angoulême, France), says that he has considerably relieved his patients by applications of a solution of nitrite of copper. Acetic acid being dethroned, it is but fair that other chemical agents should be tried. By dint of trials, the remedy may perhaps at last be found.

PROPHYLAXIS OF WHOOPING-COUGH.

M. Davreux (of Liège) uses the following mixture: Extract of aconite, 1 grain; laurel-water, 1 fluid drachm; ipecacuanha-syrup, 45 drops; solution of gum arabic, 7 ounces: one teaspoonful every hour for an infant, two for children above three years, and a tablespoonful for adults. The medicine should be given from eight to ten days, although there may be no cough. The remedy succeeds remarkably when the latter is not of long standing. On the subject of whooping-cough, it may be mentioned that M. Poulet has found infusoria in the breath of patients suffering from that complaint. He concludes that whooping-cough should be classed among diseases as infectious as variola, scarlet fever, typhoid fever, &c.

DEATHS FROM ETHEREAL ANÆSTHESIA.

The Medical Society of Lyons have adopted a most useful measure on this subject. Some doubts existing as to the circumstances which attended cases of death after inhalations of ether, a committee was appointed to inquire into the cases, and their report has been inserted in the Lyons medical journal. Due weight has been laid on the peculiarities of patients, on their state of health, on the manner in which the ether was administered, the amount used, and the means employed for resuscitation; so that this report contains facts of the highest importance touching the use of ether as an anæsthetic. One of these facts is, however, clear,—viz., that ether, in spite of the strong opinion expressed by the profession in Lyons, lays patients open to some danger, though perhaps the peril is not so great as when chloroform is used.

Correspondence.

"Audi alteram partem."

DR. ANSTIE'S LECTURES ON THE ACTION OF ALCOHOL IN DISEASE.

To the Editor of THE LANCET.

SIR,—It is to be hoped that Dr. Anstie's lectures will give a fresh impetus to the study of the action of alcohol in disease, and that its present empirical prescription will soon be replaced by scientific data.

In your last issue, Dr. Barnes testifies to the "stimulating and sustaining powers," also to the "antiseptic virtue" of alcohol in fever.

That it *ever* sustains the powers like food I do not believe, for alcohol cannot replace tissue like nitrogenised food.

Its decomposition certainly evolves heat; yet it is a poor fuel, for it lowers the temperature for some time after it is taken. Alcohol seems to effect this reduction of temperature by appropriating the oxygen of the blood, and so lessens the combustion of better fuel, and retards tissue-change. This action, injurious in health, becomes of value in the severe state of fever. The fever-poison, by quickly acting upon the azotised substances, causes the high temperature, rapid emaciation, and nervous exhaustion. Alcohol, by taking up the oxygen, keeps the fermenting poison at bay, and thus lowers the temperature, prevents the rapid destruction of tissue, and consequent shock to the nervous system.

It is not the large amount of tissue destroyed in fever which is dangerous, but the shortness of time in which it is effected. It would appear that—

"'Tis the pace that kills."

It may be inferred from the above that alcohol postpones the crisis, and such seems actually to be the case,—*vide* the case given by Dr. Anstie, and Dr. Gairdner's paper (THE LANCET, vol. i. 1865, p. 58.)

Mild cases of fever get well better without alcohol. I believe the temperature of the patient to be the best guide; the higher the mercury rises, the stronger the indication for alcohol. But as soon as the temperature tends towards the normal standard, the alcohol should be lessened in quantity, or altogether discontinued; for it must be borne in mind that alcohol causes an increase of imperfectly oxidised bodies in the system, and would thereby retard the convalescence. Should future researches decide in favour of alcohol in fever, I believe one exception at least will be found amongst the zymotic diseases.

In cholera, for instance, alcohol used to be looked upon as the sheet-anchor, but now it is generally regarded as an intensifier of the collapse. The capacity of the blood in cholera to undergo oxygenation is probably lessened, and the action of alcohol under such circumstances would be to rob the blood of its small quantity of oxygen, and so reduce the temperature of the already chilly patient, whilst the retarded oxidation of tissue would favour capillary congestion, and ultimately stagnation of the blood. A somewhat unexpected result after the administration of a *stimulant*! Indeed, our knowledge of alcohol as a stimulant is very crude. I fear we have been too prone to regard increased action of the heart and throbbing of

the large arteries as always synonymous with accelerated circulation.

The heart, no doubt, is the principal agent in the circulation in the arteries, but arrived at the capillaries its supremacy is usurped by the *vis a fronte*. How, then, can that which retards the interchanges between the blood in the capillaries and the tissues about them be regarded as the most powerful stimulant to the circulation?

In cholera it appears desirable not to retard, but to favour oxidation; and as the caustic alkalies promote that change, I gave, during the last epidemic of cholera, the solution of ammonia in hot water to three cholera patients who came under my care, whilst at intervals they inhaled oxygen from Dr. Beigel's inhaler, with apparent benefit. The three cases recovered without any alcohol. As a disinfectant, a dilute solution of permanganate of potash was thrown up the bowel two or three times during the day, as hot as the patients could bear it.

Probably in fever, and diseases of peroxidation, the antiseptic virtues of carbolic acid are indicated, and in cholera collapse the disinfecting properties of the permanganates.

I am, Sir, your obedient servant,
MORDEY DOUGLAS, M.R.C.S. Eng.

Sunderland, Oct. 22, 1867.

COUNTRY WORKHOUSE REFORM.

To the Editor of THE LANCET.

SIR,—I am pleased to find that your Workhouse Infirmary Commissioners have so vigorously commenced their inspection of the provincial union infirmaries. I have long known from constant communication with my country brethren, and also from other sources, that you would discover in them abuses and irregularities which would throw into the shade all that your staff has so ably exposed in London.

But I am afraid lest any provincial Poor-law brethren should fancy that your Commission will be calculated, if helped in any way by them, to embroil them with the guardians, and, taking counsel of their fears, may cast in their lot with them. I beg, if I may be permitted as an old and, I trust, earnest Poor-law medical reformer, to urge them to aid and assist you in every way. The agitation which terminated in the Metropolitan Poor-law Act was the immediate result of your Commission's labours; and if in our day and generation the condition of the sick poor on the one hand, and that of their medical attendants on the other, is to be materially altered for the better in country districts, it will only be as the result of the exposures of the wrong-doings of the existing system which your Commission can, if fearlessly worked and assisted by the medical officers, bring to light.

Isolated as my country brethren are, there is no hope of much success from any agitation initiated by them; by availing themselves, however, of the aid you offer them, a successful result may soon be obtained now that public opinion has pronounced itself so strongly in our favour.

I am, Sir, yours obediently,
JOS. ROGERS,
President of the London and Provincial Poor-law
Medical Officers' Association.

Oct. 1867.

MEDICAL EDUCATION AT OXFORD AND CAMBRIDGE.

To the Editor of THE LANCET.

SIR,—Your leading article of last week on this subject will, I am sure, be read with great satisfaction, for all are agreed that the universities ought to exercise a greater influence than they do upon our profession, and most persons are of opinion that religious restrictions ought not to interfere. I think, however, that many who read your article will be led to infer that those restrictions are greater than is really the case. As far as the University is concerned, I speak particularly of Cambridge, only one remnant of such restriction now remains. A person of any religious persuasion, or, indeed, without any—for he is not questioned upon the subject,—may matriculate, keep terms, proceed to and take any degree (the theological degrees, of course, excepted), and enjoy all privileges which the University can afford. The only point is, that he does not become a member of the Senate, or ruling body of the

University, unless he is a member of the Church of England. The almost successful efforts to sweep away this restriction in the last session of Parliament you will remember. In the colleges also there are representatives of various creeds, and they may all compete for and hold the scholarships; but the fellowships are, by Act of Parliament, reserved for members of the Church of England. The ill effect of this has been felt in several of the colleges, because it has prevented them from retaining some of their ablest men. Not long ago a nonconformist undergraduate of Trinity College was senior wrangler, but the College lost the benefit of his services as a teacher because he could not be made a Fellow. Had it been in the power of the College they would, I believe, gladly have done so; indeed, a petition to have the restriction removed, and the power given to elect nonconformist Fellows of the colleges, was unanimously signed.

All, therefore, in the way of education, degrees, exhibitions, and scholarships that the university and the colleges can give are open to members of all religious denominations. The membership of the Senate and the fellowships of colleges remain to be thrown open.

I am, Sir, yours obediently,
M.D. Cantab.

Oct. 19th, 1867.

To the Editor of THE LANCET.

SIR,—I was much pleased by the perusal of your excellent article on the older universities, and especially by your remarks on the Cambridge Medical School. There is one point upon which it would be productive of great advantage if you would use your influence with the authorities. There are no lectures on "descriptive and surgical anatomy," such as are required by the College of Surgeons.

I believe the want only requires to be laid before the "Board of Medical Studies" in order that it may be supplied, for I am sure all are anxious that nothing should be wanting to make Cambridge a most noted school of medicine and science.

I am, Sir, yours truly,
AN UNDERGRADUATE.

King's College, Cambridge.

THE INQUEST AT REDCAR.

To the Editor of THE LANCET.

SIR,—An extract from your number of the 5th having appeared in the *Middlesborough Gazette* of this week, relative to the above case, I feel called upon, as a duty I owe to the profession generally, after your comments, to afford my explanation and reason for acting as I have done. Believing the principle advocated by you to be "*audi alteram partem*," therefore I conclude you will accord that justice to me, as a member of the profession, by the insertion of this letter. I must, in the first place, draw your attention to some inaccurate remarks, of a most important nature, in your quotations upon the case. First, "That another attempt was made by Dr. Bennett to enter the bladder," but again unsuccessfully, &c. Secondly, "That the man Errington died at ten o'clock on Friday morning." Both these statements are incorrect; as, according to the evidence of the deceased, and the woman in attendance upon him, Dr. Bennett did not make a second attempt to pass the catheter; and the man died about eleven o'clock on the evening of Friday.

When I was called upon professionally to see Errington, on the afternoon of the 18th, I found him in a state of collapse, almost pulseless, complaining of extreme pain over the lower portion of the abdomen. Upon examination, I found the bladder enormously distended, marks of ecchymosis over its site, the penis much tumefied. The poor man's history was that he had not passed any urine since the Monday evening that Dr. Bennett had put him to great pain by using force to pass the instrument for over an hour, not succeeding.

Seeing the nature and urgency of the case I returned home for my catheters, and upon my return was able to pass without difficulty No. 4, relieving him of three or four pints of urine of a dark colour, and strong odour. On the afternoon of Thursday, and the morning of Friday, I again succeeded with more or less difficulty, owing to the more general tumefaction of the penis, and on the last occasion leaving the catheter there until he died. My treatment beyond this was ammonia, beef-tea, and brandy; notwithstanding which the shock to the nervous system was so great that he died from its effect.