also be taken during the dinner. At night, before retiring to rest, a cupful of warm fresh milk, diluted one-third with Vichy water.

No medicines whatsoever, beyond those mentioned, should be administered, unless some special indications or some urgent symptoms claim their use. Anodynes, narcotics, cough mixtures, lozenges, blisters, inhalations, &c., are practically of no good, and but too often, by lessening the appetite or by irritating the patient, they increase the debility and hasten the fatal end. All hygienic rules—out-of-door exercise, ablation of the skin, &c.—should at the same time be carefully attended to. Under the influence of this treatment the appetite rapidly returns, the cough becomes less troublesome, the expectoration lessens, the night-sweats and all unfavourable symptoms decline and disappear, the patient gains flesh and strength, and the confirmed and helpless invalid, with proper care and prudence, can enjoy life once more.

The last winter in Paris has not been very cold, but it has been marked by variable weather, dampness, and great thermometric variations—all circumstances more unfavourable than cold to persons affected with chronic affections of the lungs; nevertheless all the cases under treatment are doing remarkably well. In all the stethoscopic signs still exist, but in none have they increased, and in several they are less marked.

Rue de la Paix, Paris.

ON ERYSIPELAS IN HOSPITAL AND IN GENERAL PRACTICE.

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It is my intention in this paper to draw a comparison between erysipelas in hospital and in general practice. I shall first enumerate the cases that have occurred in the practice of myself and my colleagues in the surgical wards of the Bristol Royal Infirmary during the months of January and February last, and then those which have come under the notice of the medical officers of the Bristol Dispensary.

The Bristol Royal Infirmary, erected in the beginning of the last century, was originally a long building with a slight projection at each end. It consisted principally of two storeys of wards, these being separated on each floor by central passages, and approached by stairs at the ends and in the centre of the building. The wards in some cases were ventilated by windows on both sides of them, but in the majority had windows on one side only, the opposite side communicating with the central passage. The out-patient department is a one-storeyed structure attached to the back of the main building. In the year 1858, a wing, consisting of a museum and chapel, was built on to one end of the infirmary, and in 1869 a corresponding wing, containing two wards, was erected at the other end, thus converting the building into nearly three sides of a square, the out-patient department being included in the centre; and as this department is principally ventilated by skylights, every opportunity is thus afforded for the foul air of the accumulated out-patients to be freely carried through the open windows into the wards.

I have no means of determining the exact number of cases of erysipelas which occurred in former times, but believe there is little doubt that this disease has of late years been more rife in our wards.

For the following notes I am indebted to Mr. Chute, our house-surgeon, and they include the whole number of cases of erysipelas treated during the first two months of the present year.

1. Thos. R—, aged twenty-four, was admitted Jan. 1st into No. 11 ward with extensive sloughing phagedæna of the penis. Under chloroform the remains of the prepuce were removed, and the whole surface of the sore mopped over with strong nitric acid. He gradually recovered, with the loss of a considerable portion of his penis.

2. James B—, aged forty-five, was admitted into No. 14 ward with ununited fracture of femur. The ends of the

bone were roughened and then tied firmly together with twisted iron wire. He did well for some weeks, but on Jan. 6th erysipelas set in, and spread over the whole of the limb and a considerable portion of the body. Death ensued on Jan. 26th.

3. Worthington H—, aged sixty-two, was admitted into No. 11 ward, on Dec. 29th, with varicose ulcer of the left leg. About half an inch of the internal saphenous vein was excised, and he progressed favourably for a few days; but on Jan. 16th erysipelas occurred and spread over the whole of the leg.

4. William E—, aged twenty-four, an out-patient suffering from punctured wound of the ball of the thumb. On Jan. 16th he was admitted suffering from rigors and severe constitutional disturbance; this was followed by a sharp attack of erysipelas of the injured limb.

5. Charlotte D—, aged nine, admitted into No. 16 ward with diseased hip-joint. The joint was excised on Jan. 12th, and on the 23rd erysipelas commenced and extended over the whole of the limb.

6. Shadrach S—, aged thirty, admitted into No. 12 ward with ununited fracture of tibia and fibula. On Jan. 23rd the ends of the bone were roughened, and brought into apposition with a strong iron-wire suture. Three days after the operation a sharp attack of erysipelas, accompanied by severe constitutional symptoms, set in.

7. Lawrence A—, aged thirty-six, admitted into No. 9 ward with injury to the left eye from strong sulphuric acid having splashed into it; also a slight abrasion over the nose. On Jan. 31st erysipelas began, and led on to suppurative under the scalp and destruction of the injured eye. This patient, when thoroughly convalescent, suffered from a second attack.

8. John S—, aged sixty, admitted into No. 11 ward on Jan. 29th with strangulated femoral hernia. The stricture was divided and the gut reduced without the sac being opened. Two days after the operation erysipelas commenced, and extended for some distance over the walls of the abdomen.

9. Wm. M—, aged thirty-six, an out-patient, was admitted with erysipelas of the forearm and arm, starting from a small sore over the left elbow.

10. Alfred W—, aged thirty-eight, admitted on Feb. 3rd with erythema of the left upper arm, in the neighbourhood of a small abrasion. This passed rapidly into erysipelas and suppuration of the cellular tissue.

11. Hester W—, aged thirty-seven (wife of Alfred W—), admitted Feb. 4th with idiopathic erysipelas of the face, head, and neck, passing on to suppuration of cellular tissue of the neck.

12. Joseph F—, aged thirty, admitted into No. 10 ward with contracted knee, the result of injury. On Feb. 7th a blister was applied over the knee. This was immediately followed by a severe attack of erysipelas of the leg and thigh.

13. Maria D—, aged seventy-two, an out-patient, was admitted into No. 9 ward with suppuration of a bursa over the elbow. Diffuse inflammation of the hand, forearm, and arm supervened.

14. Mary Ann G—, aged twenty-three, the night-nurse of No. 15 ward, was seized on Feb. 7th with inflammation of the forearm and lymphatics of the arm, followed by abscess in the axilla, and accompanied by severe constitutional symptoms.

15. Mary Ann S—, aged sixty, an out-patient, was admitted on Feb. 14th, with severe erysipelas of both arms, following on a compound fracture of the left little finger.

16. William B—, aged sixty-two, was admitted into No. 11 ward with a cancerous gland under the jaw. This was excised on Feb. 21st. Two days after the operation erysipelas set in and spread over the face and scalp.

17. Eliza B—, aged six, admitted on Feb. 26th, with erysipelas of leg, starting from an inflamed corn.

18. James W—, aged three, admitted into No. 15 ward with lacerated wound of scalp. On Feb. 27th erysipelas began, and extended over face and scalp.

19. Hannah N—, aged sixty, admitted into No. 16 ward with contracted finger. On Feb. 26th the finger was amputated, and on the 28th erysipelas supervened.

The above cases form by no means a pleasant record of two months' hospital practice, and certainly might fairly, at the first glance, be set down to the effects of hospitalism;

but during that time cases of erysipelas occurred in my own practice outside the infirmary, and also, I believe, in the practice of many of my friends. Moreover, on previous occasions when erysipelas has visited the wards of our infirmary I have had reason to believe that patients treated in private have not been totally exempt from its attacks. To obtain further information on this subject I applied for assistance to the medical staff of the Bristol Dispensary. I chose this institution because it is entirely distinct from the infirmary. It includes the whole district of Bristol. The patients are of the same class as those received into our wards, but they are attended at their own homes by a staff of medical men who have no connexion with the infirmary. To these gentlemen—Messrs. Fendick, Gloage, Rudge, and Hetling—I am greatly indebted for having supplied me with the following brief notes of cases of erysipelas treated by them during the months of January and February.

1. John K—, aged forty-six, Irvin Cottage, St. Paul's. On Jan. 6th attacked with erysipelas following wound of scalp; severe constitutional symptoms; formation of abscesses in face and scalp.

2. Eliza J—, aged forty-seven, Great George-street, St. Jude's. Attacked on Jan. 11th with idiopathic erysipelas of face and scalp.

3. Mrs. M—, aged forty-five, Providence-court, St. James's. Attacked on Jan. 10th with erysipelas of face and scalp, following contused wound of head.

4. Ann E—, aged sixty-six, Viacoff-parade, St. Paul's. Jan. 14th: Idiopathic erysipelas of face and scalp.

5. Blanche B—, aged one year, Goodhind-st., Stapleton-road. Jan. 19th: Erysipelas of vulva, spreading down to left foot.

6. John V—, aged sixty-eight, Great George-street, St. Jude's. Jan. 20th: Idiopathic erysipelas of right leg and foot.

7. Ann D—, aged seventy, Prospect-place, Baptist-mills. Jan. 21st: Erysipelas of left foot and leg, following a contused wound of skin.

8. Abraham C—, aged thirty-one, Pennywell-road. Jan. 26th: Erysipelas of knee and thigh, following a blow.

9. Eliza N—, aged fifty-four, Union-street, St. Paul's. Jan. 26th: Idiopathic erysipelas of face.

10. Mary T—, aged forty-five, Castle-green. Jan. 26th: Erysipelas of face, following the free use of strong eye-drops.

11. Eliza S—, aged sixty-four, Twinnell-road. Feb. 2nd: Erysipelas of right leg and foot, starting from an old ulcer, and leading to abscesses in the cellular tissue.

12. Mary B—, aged sixty-seven, Thistle-street, Easton-road. Feb. 3rd: Erysipelas of face and scalp, following a fall with contusion of these parts.

13. Richard P—, aged forty, Woodwell-crescent, Hotwell-road. Feb. 4th or 5th: Erysipelas of face and scalp, following scalp wound, terminating in death.

14. Mary P—, wife of the last patient: Severe erysipelas of face and scalp.

15. Thomas E—, aged three months, Mills-place, St. Paul's. Feb. 8th: Cutaneous erysipelas, following vaccination.

16. Frederick S—, aged sixteen, Rosemary-street, St. Paul's. Feb. 9th: Erysipelas of face and scalp.

17. John B—, aged seventy, Culvert-st., St. Augustin's. Feb. 6th: Erysipelas of leg and foot, starting from an old ulcer.

18. F. P—, aged forty, Wellington-street, Easton-road. Feb. 18th: Erysipelas of face, following wound of forehead.

19. Mrs. Y—, aged thirty-three, St. Michael's-hill. Feb. 23rd: Severe idiopathic erysipelas of face and scalp.

20. Mary L—, aged thirty-four, Thrissel-street. Feb. 26th: Erysipelas of face.

21. F. J—, aged forty, Morton-street, St. Silas. Feb. 26th: Idiopathic erysipelas of face and scalp.

The number of surgical cases that come under the notice of the medical officers to the dispensary form a very small proportion of the total number of patients attended to. The open wounds under treatment in the 140 surgical beds of the infirmary must be far more numerous. Hospitalism can have had nothing to do with the existence of erysipelas amongst the dispensary patients; and, scattered as the cases were over a very large district, contagion seems

equally out of the question. If this is so, what must we say concerning the existence of the disease in the infirmary? There, also, the cases were scattered promiscuously through the wards, no one ward being specially attacked. Every possible precaution was taken. The walls were whitewashed with chloride of lime; the floors washed regularly with a solution of carbolic acid; the bedding was disinfected; and overcrowding of wounds strictly avoided. Yet from time to time fresh cases broke out. Had I contented myself with writing only the first part of this paper, would anyone have doubted that the so-called "hospitalism" was all-sufficient to account for the mischief? Can it be said so now? I think not. The prevalence of erysipelas outside the infirmary proves that some other influence was at work. Far be it from me to argue against the contagiousness of erysipelas, or to underrate the precautions that ought to be taken to prevent its spread. I believe that too great care can never be exercised; but, despite every precaution, I believe there are times when this disease will attack cases both in hospital and general practice, and the facts I have related in this paper help to show the correctness of this assertion.

I have not referred to the question of pyæmia; and, although this disease is certainly not unknown in private practice in Bristol, it seems to me to be impossible to draw any comparison as to its relative frequency inside and outside the walls of a hospital. In this neighbourhood, at any rate, a very large proportion of the cases operated upon in private practice belong to the upper or middle classes of society; and it would be unfair to compare the results obtained amongst these with the results amongst the unhealthy and poorly-fed people that form a large majority of the cases submitted to operation in our infirmary.

Bristol.

A Mirror OF HOSPITAL PRACTICE, BRITISH AND FOREIGN.

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.

ST. THOMAS'S HOSPITAL.

CASES OF TUBERCULAR MENINGITIS.

THE following is a continuation from page 585 of the series of cases of tubercular meningitis treated at the above hospital during the past year. For the following notes we are indebted to Dr. Greenfield, medical registrar.

CASE 5. — E. J. W—, aged eight, admitted on Oct. 7th, 1873, under the care of Dr. Bristowe. It was stated by the mother that the patient had been "poorly" for about a month, complaining of languor, pain over the eyes, and loss of appetite; but no definite symptoms were observed until Sept. 27th, ten days before admission, when he was seized with vomiting just after dinner, and was obliged to take to his bed, which he has kept ever since. Two days later it was observed that he could not speak plainly, though he was quite sensible till two days before admission, when his look became vacant, he scarcely spoke, and then only half intelligibly, and took no notice of anything. The vomiting continued for four days, and then ceased entirely, and the bowels were confined.

On admission, he lay quite unconscious, occasionally moaning and throwing his arms about. No localised paralysis. Pupils somewhat dilated, inactive to light, especially the left; eyeballs in frequent irregular movement. Tongue thickly coated and slightly aphthous. Face pale, but flushing irregularly. Well-marked *tâche cérébrale* on abdomen. Temperature 100.5° to 101°; pulse rapid, nearly regular, about 140. Occasional bronchitic râles in front of chest, but no other abnormal signs. Motions passed unconsciously.

Oct. 9th.—General condition unchanged, but there is a tendency to external strabismus of both eyes. Swallows