view and by a different method of approach. It has been found that there are certain cases presenting very definite signs and symptoms which stand out quite distinct from tubercular phthisis, and resemble it in one point only—namely, that of wasting, and that these cases are invariably associated with a cachexia which can only be attributed to syphilis.

As a result of his tabulation of syphilitic cases, Dr. Robinson states that he found two forms in which pulmonary lesions may be presented; one affecting the base, the other and more common being that in which the disease is limited to one or both apices. As the first-mentioned form is, according to my experience, very rare, I shall confine my observations to the more common form.

The following are the signs given by Dr. Robinson as characteristic of the syphilitic lesion. On auscultation, loud harsh inspiration is heard, with expiratory murmur of the same character; the vocal resonance being more or less distinct. These are quite in accordance with the physical signs found in my cases, which I would describe in the following manner:—

Beginning first with the signs obtained by inspection, we may say that the conformation of the chest is not abnormal, and is not indicative of hereditary phthisis. The upper part of the chest, more frequently on the right side, shows a falling-in under the clavicle and above it; this is probably due and proportionate to the want of expansion. It is uniform in the sense of not being more evident in certain places, as occasionally happens in instances of superficial cavities of the lungs. The general emaciation of the body which may present itself in these cases appears to be an index rather of the syphilitic cachexia than proportionate to the amount of lung disease. The percussion note is much altered, being dull in a very marked degree, with a hardness of resistance to palpation, under the clavicle and in the supra-clavicular space, regaining its natural note below after gradually shading off from above downwards. This peculiar, almost imperceptible, gradation of the percussion-note does not, as far as I am aware, belong to any other form of pulmonary disease, and is characteristic; it is not in any degree patchy or circumscribed. As the right lung is more frequently and more affected than the left, the physical signs are all more marked on the right side. By auscultation over the affected portion of the lung, the true vesicular murmur indicative of elasticity is found wanting, and instead of the normal gentle rustle, a dry sound is heard, which may be compared to the sound induced by breathing into a paper bag. There is a harsh papery crumple which suggests a considerable degree of inelasticity. It conveys the idea that the true pulmonary parenchyma has been replaced by stiff unyielding tissue, invaded subtly, but universally, by some hard stroma of gradual growth.

The disease is evidently one of imperceptible growth; it presents no prodromal signs of inflammation and exudation, it gives no hint of a preliminary pneumonia in any known form. If the degree of disease is advanced, then we find marked bronchial respiration with increase of vocal resonance, an expiratory murmur higher in pitch than the inspiratory—all signs showing an increased density of tissue around the bronchial tubes, indications of peribronchial thickening.

These signs are not accompanied as a rule by any indications of destruction of lung-tissue if the syphilitic lesion be not associated with tubercle; and if any moist sounds are heard, they are very sparsely present, and are indicative of an inspissated fluid, suggestive of a local caseation and subsequent liquefaction of a capsuled lobule. In no instance have I been able to detect excavation or rapid softening; and on this very important point depends the prognosis of the disease, which differs *toto cælo* almost from that of tubercular phthisis, for as far as the pulmonary lesion is concerned, a favourable prognosis in all these syphilitic cases may be given, as not only is this form of disease extremely slow, but it is not destructive in character, and may, according to my experience, after having reached a certain point, be considered as almost stationary. It is the more important, therefore, that the indications of this disease should be completely established and recognised.

It is extremely difficult, nay impossible, to put on paper any description of sounds which may be interpreted by others in an identical manner, and the only method to obtain an accurate idea of the physical signs in the cases

under notice is the personal examination of the patients; and I feel assured that if anyone will take the trouble to compare the several cases which are now under my care among the out-patients at the Brompton Hospital, and which from time to time present themselves for treatment, he will come to the conclusion that the physical signs are so peculiar and unique that they alone are sufficient to establish the true nature of the case. What form of disease, indeed, can be confounded with this? The only condition which appears to me to approach it at all is that of a healing lung which has been attacked with apical softening. But although the sounds of a hardening healing lung approach very closely to the sounds heard in syphilitic phthisis, the notion that confusion might arise between the two cases is simply theoretical, for I do not remember to have seen such a case in practice in which other signs indicative of tubercle did not present themselves; nor do I believe that old pneumonic interstitial thickening could produce exactly the signs above described, this form of disease being generally indicated by an absence of respiratory sounds of any kind. Indeed, I should be inclined to consider the pathological conditions of the syphilitic lesion as a generally diffused alteration of the lymphatics, affecting primarily the alveolar tracts, and extending along the bronchial vessels, so as to produce very considerable peribronchial thickening and stiffening. The constitutional disturbance due to the implication of the lungs in the general cachexia is not very severe nor marked by many symptoms. Dyspnoea is the chief, and this is probably due to the interference with the elasticity and consequent expansion of the lung. In the cases that have come under my notice, another well-marked symptom is profuse expectoration; but I am inclined to look upon this bronchorrhoea as a secondary affection, and its frequent occurrence in many cases may arise from the fact that until the attention of the patient is called to the expectoration there is no subjective evidence to induce attendance at a hospital for the treatment of lung disease.

The treatment which has appeared to me to be the most beneficial in these cases is that by large doses of the iodide of iron. I prefer this to the potassic iodide. Certainly, without an iodide, improvement is not obtained, and the use of cod oil is of no great value, not being followed by the same marked improvement which follows its use in tubercular cases. It is not a destruction of lung-tissue which requires to be combated, but a lymphatic alteration of syphilitic character which requires repression.

In this description of syphilitic disease the intention is to corroborate the notes already furnished by Dr. Robinson, and to indicate the landmarks which may lead to a recognition of the disease. If they be confirmed and established by subsequent observations, I venture to think that it will be found that syphilitic phthisis is not so rare as it is now supposed to be, and that many a patient may be saved from what appears to be at first sight a dangerous malady by treatment with appropriate remedies.

CASE OF SUCCESSFUL TRANSFUSION RESORTED TO FOR SEVERE HÆMORRHAGE AFTER DELIVERY.

By ROBERT CORY,

ASSISTANT OBSTETRIC PHYSICIAN TO ST. THOMAS'S HOSPITAL;

AND

CHARLES CAMERON,

RESIDENT ACCOUCHEUR TO THE SAME HOSPITAL.

On the afternoon of June 26th, Mr. Cameron was called to Mrs. S. L.—, on account of severe hæmorrhage after delivery. She was thirty-four years of age, and had not previously borne children. It was ascertained that she had been losing blood for fourteen days previous to the above date, that the labour had been natural, and that the child, which was living, had been born one hour and a half before his arrival. He found that hæmorrhage was still going on, and that the placenta was adherent to the fundus and anterior surface of the uterus. The woman was in a

state of collapse, the pulse was scarcely perceptible at the wrists, the face and lips were blanched, and the extremities cold. Mr. Cameron removed the placenta as quickly as possible, but much blood was lost while this was being done, and the uterus did not contract afterwards. Some liquor ferri perchloridi fortior diluted (1 vol. to 4 vols. of water) was accordingly at once injected. This immediately arrested the hæmorrhage. Hot-water bottles were then applied to the feet, two brandy enemata injected, and Dr. Cory sent for to perform transfusion.

On seeing the patient Dr. Cory determined at once to have recourse to the operation. The woman was now quite unconscious, and kept throwing her arms from side to side. Dr. Roussel's apparatus was at hand at the hospital. This was obtained without delay, and Mr. Cameron offered his blood. The cup of the instrument was applied over his left radial vein; then the left radial vein of the woman was opened, but this was found too small to admit the cannula for a sufficient distance without splitting. Accordingly the right median basilic was substituted; this was of ample size. When all was ready Mr. Cameron's vein was pricked. The blood flowed readily, and filled the injecting ball rapidly, so that in a very short time ten ounces of blood had passed. At this point the injecting ball began to leak,¹ and, as it was feared air might thus be admitted, the operation was discontinued. Immediately on the passage of the blood the woman seemed to revive, and at the close of the operation was evidently better. The colour had returned to her face and lips, and the pulse, before imperceptible, was now evident. On leaving the house half an hour after this the woman seemed much better, but not long afterwards Mr. Cameron was again sent for, and found her with livid face, restless and collapsed, although there had been no fresh hæmorrhage. Brandy was administered by the mouth, and hot-water bottles kept to the feet.

On June 27th, at 1 A.M., her extremities were warm, she was perfectly conscious, put her tongue out when asked, and said she had no pain except in her head. Temperature 37·8° C. Taking iced milk and brandy as nourishment. Respiration normal. At 11 A.M. she spoke and seemed quite rational; said, in answer to questions, that she was thirty-four, and had been married about a year, and that her child was a girl; she moreover stated that she remembered nothing of what had taken place the day before, after her delivery, until the evening. The temperature was 37·2° C. The urine, as drawn with the catheter, was of a very dark colour, but contained no albumen.

28th.—Complained of great pain in the head.

29th.—There was no evidence of milk in the breasts; the discharge from the uterus was very offensive, and there was tenderness over the abdomen on pressure. The vagina for the next four days was washed out sometimes with a weak solution of carbolic acid and sometimes with Condy's fluid.

30th.—The abdomen was still more tender on pressure. Tongue clean; pulse 120; temperature 38·1° C. The urine continued of a high colour, but contained no albumen.

July 1st.—Very much better. Asked to be allowed to take solid food, as she said she was very hungry.

From this date she steadily improved and left her bed on the 5th of July, only ten days after her labour.

The incision in the skin of the woman's right arm healed up directly; that in the left arm is still not quite healed, but nearly so.

Mr. Cameron felt no inconvenience further than a feeling of want of energy for the following few days. A diffuse ecchymosis appeared on his forearm, but this was of no real moment.

Palace-road, Lambeth, S.E.

¹ On examining the instrument afterwards it was ascertained that the india-rubber of which the injecting ball was made was cracked for a considerable portion of its circumference at its junction with the mountings. There could be no doubt that this was due to a defect in the india-rubber which had been overlooked. In other respects no instrument could have done its work better.

SMALL-POX IN A HEATHEN COUNTRY (OLD CALABAR, WEST COAST OF AFRICA).

By ARCHIBALD HEWAN, M.D.

At the present time, when so much is being said and done about small-pox, it may be interesting to know what is done in other countries; especially what is done to prevent the disease altogether, or to mitigate or to stamp it out when it has made its appearance. I venture to bring the subject forward in the hope that others also who have lived in foreign countries, particularly those not civilised and where vaccination is unknown, may be induced to add their quota of information regarding this dread scourge.

At the time I refer to (1864) small-pox had not occurred in the country for eighteen years. It had hitherto been a very uncommon disease, entirely epidemic. Still sufficient recollection of its ravages remained to make its name and approach dreaded, and to cause intense panic and alarm. On the appearance of the first symptoms, the individual is hurried out of the town, and lodged in some remote and isolated place, generally in the midst of an extensive jungle. If he be a free man or one having slaves, he gets all the attention and care that, with the great dread of contagion, they are able to bestow. If a slave, his condition is altogether different, and he is sometimes utterly neglected and left to die or live as the case may be. In the case of death, the body is not buried, for fear, they say, of infecting the ground, and so perpetuating the disease; but it is placed on a platform raised above the ground a foot or so, and there left to its fate.

They have no means of cure. The disease is left to run its course. It is alleged, however, by an intelligent old chief, who remembers when a young man to have seen an epidemic of small-pox, that there was a man in the country at that time who cured persons afflicted with the disease by a plant which grows in the country. The man would never tell his secret to anyone, and it died with him.

In order, however, to modify the virulence of its attack, whenever the disease has fairly made its appearance, *inoculation* is had recourse to, and is pretty extensively practised. It is performed by mixing the matter with palm oil before it is inserted. The seats selected for inoculation are various: at one time on the foot—about half an inch in a line above the bifurcation of the first and second toes,—on the back of the wrist, or between the eyes. Eight days after the operation the disease begins to affect the system. First the throat becomes affected with a feeling of constriction and dysphagia, accompanied by pains in the head, neck, loins, and joints, with increasing pyrexia. Four days after these premonitory symptoms the pustules begin to appear, beginning on the breast, then on the face. One case which I saw had many on the breast, and only one on the face. The severity of the fever lasts for eight or nine days, but the patient continues more or less under the disease for a month. The most of the cases that I was privileged to see had already recovered, and had characteristic marks on their faces and breasts, but, with one or two exceptions, *no pitting*. To ensure this they cover the parts affected with burnt clay pulverised and mixed up into a paste with water. The marks which the pustules leave are for the most part darker (and this upon the negro) than the ordinary healthy skin.

The first case that particularly attracted my attention was that of a woman with round dark spots scattered over her face and breast, darker than the general integument. On asking her the cause, she said it was the effects of small-pox that she had had *after inoculation*. There were no pits to be seen. Another case presented itself—namely, that of a young man with several marks on his face. His whole skin was very black. I saw no pits; and therefore, in order to test the accuracy of his statement, as well as to gather from him more information than he seemed disposed to give—for it is such a horrid disease, and they are so full of superstitious dread, that it is with difficulty and much tact one can get them to converse at all on the matter—I expressed my doubts of his having had true small-pox, since there was no pitting, which is such a common result; whereupon he turned up his face, and showed me the free

PRESENTATION.—The sum of £450 has just been presented to Dr. Tanner, of Ledbury, as a mark of sympathy and respect upon his leaving his native town for New Zealand through ill health. The Court of Foresters, and other local bodies, also made smaller presentations.