

by the vulgar. On this head Dr. Sanderson makes the following important observations:—

“This symptom did not present itself in its acute stage, in any of the cases, in the excessive form in which it has been described by some physicians. *No case came under my observation in which the contractions of the back of the neck were of such a character as to be correctly called tetanic.* It was almost always observed that the head was thrown backwards, and that the patient complained of agonizing pain in the nape and occiput; but on placing the hand on the trapezius it was generally found that, although any effort to straighten the neck was strongly resisted, and aggravated the sufferings of the patients, no tightness could be felt so long as the head was allowed to retain its retracted position. It was not till I attempted to straighten the neck that the muscles became hard, and even then *the hardness was not for a moment comparable with that which is felt in tetanus.* It is of the utmost importance to notice that there were some instances of patients whom I saw early in the first stage of the disease (the day following the delirium), in whom I could not detect a trace of retraction of the head, stiffness in the muscles, or anything else remarkable.”

Dr. Sanderson, however, thinks it not improbable that in these cases the symptom was developed at a later stage.

No mention of the presence of cutaneous eruptions is made in the Report; but, from the cases given in the Appendix, an eruption of herpes on the face appears to have been not uncommon; and in one of the nine cases “petechial spots, not raised above the surface, each about an eighth of an inch in diameter, were seen in considerable number on the trunk, particularly on the belly.” Professor Hirsch, on the other hand, never met with well-developed petechiæ; but, in addition to herpes on the face, he witnessed, in a few cases, “some other eruptions in the shape of measles, or scarlatina, or roseola.”

Dr. Sanderson had an opportunity of investigating the post-mortem results of cerebro-spinal meningitis in four cases, and Professor Hirsch in a like number. In seven of the eight cases the pia mater of the brain and spinal cord was infiltrated with gelatinous or puriform exudation. It is a remarkable circumstance that the exudation covered the posterior surface of the cord, while the anterior surface was almost entirely free from it. It is also to be noted that the exudation was beneath the arachnoid, and not in its cavity; in this respect the lesion differed from what Dr. Kremiansky reports that he has found in the typhus fever of St. Petersburg. In one of Hirsch's cases there was no trace of exudation on the surface of the brain or cord, although the disease had lasted thirty-six hours with the usual characteristic symptoms. Hirsch also mentions, on the authority of a trustworthy physician, another case in which no exudation was found, but he does not state the duration of the disease. The other morbid appearances were chiefly a dark fluid condition of the blood, hypostatic congestion of the lungs, and enlargement with softening of the spleen. In one of Dr. Sanderson's cases the spleen weighed no less than 1 lb. 7 oz., and was soft and hyperæmic. Enlargement with softening of the spleen, however, is not a constant phenomenon, and, according to the observations of Dr. Klebs of Berlin, is chiefly found in cases of short duration. At the same time, it has been met with in so many cases that it is surprising how Dr. Niemeyer* of Tübingen can found a distinction between cerebro-spinal meningitis and such infectious diseases as typhus fever on the absence of any splenic lesion in the former malady.

Dr. Sanderson's experience has led him to the decided opinion that the Dantzic epidemic is not communicable by personal intercourse, and for the following reasons. 1. No instance had been related to him where the disease had spread from the family first infected in any district. 2. The disease appeared simultaneously in the two districts of the department of Dantzic, which were eventually most severely visited, although they were distant thirty miles from each other. 3. In the populous town of Dantzic the total number of cases

was inconsiderable; in no case were two persons attacked in one house, and there was no transmission of the disease from one patient to another in the hospitals. 4. Where more than two persons were attacked in one family, the intervals between the attacks were so short that it could scarcely be supposed that there had been communication from one to another.

This opinion is shared by most of the medical men in Dantzic and its neighbourhood. Dr. Marcuse of Carthaus, however, is “strongly disposed to attribute the spread of the disease to contagion;” and Professor Hirsch, writing of its communicability, says: “I do not venture to give a decided answer, though I must confess that I cannot deny it wholly.”

The only local condition of importance which Dr. Sanderson could assign as the cause of the epidemic was malaria. He could not discover any relation between its prevalence and overcrowding with deficient ventilation or want of house-drainage. On this head, Professor Hirsch writes: “Overcrowding, with bad ventilation, seems to me to be, although not the essential cause of the disease, a very powerful promoting cause of the epidemic.”

As to treatment, the plan most commonly followed by the German physicians was the local abstraction of blood from the head, the application of cold, and the administration of calomel. After the initial symptoms had passed off, opium appeared to be of great use in allaying pain and inducing sleep.

We cannot conclude these remarks without expressing our opinion that Dr. Sanderson's able report is a most important contribution to English medical literature.

L A R Y N G O S C O P Y.

To the Editor of THE LANCET.

SIR,—If Mr. Swete, who writes in your last impression to recommend the application of glycerine to the faucial mirror in laryngoscopy, will turn to THE LANCET of June 25th, 1864, he will find that I have preceded him in the suggestion. I do not, however, think with him that the use of this liquid “prevents the condensation of the breath.” On the contrary, the fact that after the mirror has been retained in the mouth for some time the quantity of fluid upon it is considerably increased, proves that condensation of the watery vapour has taken place. The process acts, I believe, by substituting a smooth transparent layer of liquid, which does not impede reflection, for the highly refracting surface produced by scattered globules of water which are deposited upon a cold and dry mirror when exposed to a moist vapour of higher temperature. I am, Sir, your obedient servant,

THOMAS BUZZARD, M.D.

Green-street, Grosvenor-square, June, 1865.

ON A NEW FORM OF ATOMIZER.

To the Editor of THE LANCET.

SIR,—In the letter by Mr. Horace Swete in your journal of June 24th, after referring to the use of glycerine to prevent the condensation of the vapour from the breath on the surface of the mirror in laryngoscopic examinations, he remarks—“I would suggest that the little tubes now seen in every druggist's window for blowing out a fine cloud of scent, &c., might be utilized for the application of solutions, astringents, &c., to the larynx, or, indeed, the eye:” an idea which, I am sure, must often have occurred to those who have seen them in use.

I beg to state that I have, for some time past, been trying experiments with a small instrument for this purpose, in which, by placing one tube within the other, I cause the stream of air to pass near to the orifice of the tube through which the fluid is drawn up, in a direction parallel to such current, and not at right angles to it, as occurs in Rimmel's *rafrâchisseur*, and in certain modifications of it, which have been employed. By this arrangement the tubes can be passed far back into the mouth, and they can be curved to any angle or in any particular direction.

I hope very shortly to be able to send you the perfected instrument, with a description of its construction. In the mean time, I have the honour to be, Sir, yours &c.,

St. John's-street, Manchester,
June 27th, 1865.

EDWARD LUND.

* Die Epidemische Cerebro-Spinal Meningitis nach Beobachtungen im Grossherzogthum Baden, von Dr. F. Niemeyer. Berlin, 1865.