

ences," and the stricken country pacifies itself with such platitudes, and resigns itself to a species of fatalism and careless conduct in consequence. Sir Thomas Watson, in his Classical Lectures, with rare and prophetic insight, concluded forty years ago that the contagion of influenza, whatever it was, was "particulate."

Viewing influenza in the light of recent researches upon acute specific fevers, there is everything to warrant us in the induction that it is a germ disease; the analogy is complete. My object in this fragmentary contribution is to draw attention to an experiment which to my mind proves that it is not "in the air," in the commonly accepted sense of the term, but passes from the sick to the healthy in much the same manner as do ordinary infectious fevers. Twickenham has been ravaged by the disease. The Metropolitan and City Police Orphanage here, containing nearly 300 souls, is under my medical care. When the disease appeared in our neighbourhood, I was particularly desirous that the Orphanage should not be attacked. My time being very fully occupied in coping with the disease amongst the inhabitants of the district, I was especially anxious not to have a sick orphanage under treatment at such a time; added to which, the known tendency of many of the orphans to suffer from pulmonary complaints (many of the fathers having died from phthisis) induced me to take especial care for their safety. I therefore prevailed upon the authorities to institute a most rigid system of isolation. The children were not allowed to go to church, the officers were entreated to keep within the walls and grounds of the building, all visiting was stopped both of parents and friends, and the "old boys' day" on Whit Monday (when former pupils come from all parts to visit their old home) was suspended. Now although the disease has prevailed all round the institution, even in the head master's house, which is situated near the school, I am pleased to be able to state that no case has occurred amongst the inmates. I consider this is a conclusive proof that the disease is not "in the air," otherwise the children must have shared the fate of the surrounding families; but that it passes from the patients to their friends and neighbours, and those who come into immediate contact with them, in the same way as do measles and scarlet fever. In previous years, when epidemics of scarlet fever and measles have prevailed in this neighbourhood, we have always endeavoured to preserve the children from infection by adopting the same means as are now in force against influenza, and our success has been nearly as complete. My object in publishing this is to show that influenza can be dealt with as successfully.

Let us adopt as a working hypothesis the germ theory for this disease; let all sufferers be treated with the same precaution as if they were suffering from scarlet fever or even small-pox (the germ for which, I believe, has not yet been discovered), and I think if on the appearance of the disease rigid isolation were practised, the epidemic might be averted, and thus many lives and much suffering spared. In places where the disease is widespread it is too late to do much in this direction, but in unaffected districts medical men and the public should be fully alive to the necessity for, and wisdom of, such a course. "Nothing succeeds like success," and I point to this method and experiment as showing that a colony of 300 people have been preserved from the ravages of a disease which has raged all around by adopting this simple and common sense plan of procedure.

I should like to add, in conclusion, that my partner, Dr. Bolton, has had several very clear cases which seem to place the period of incubation at about five days; he has also drawn my attention to the influenza tongue, which he says is an "anæmic tongue," *the edges being usually indented*, in addition to its dorsum carrying a thin white fur, and, as far as I know, he is the first to recognise its anæmic character. My impression is that the disease is most infectious in its early stages, and I believe a week of isolation will be sufficient for most cases. Antipyrin in twenty-grain doses every four hours has a magical effect upon the pains; the treatment for the subsequent debility during convalescence is unsatisfactory; time, rest, and nourishment are the chief factors.

Twickenham.

**SUPERANNUATION ALLOWANCE.**—Mr. W. R. Brunton, M.R.C.S., lately medical officer and public vaccinator of the Sydenham district, Lewisham Union, has been granted a superannuation allowance of £35 9s. 4d. per annum.

## Clinical Notes:

### MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

#### CACTUS GRANDIFLORUS IN FUNCTIONAL AFFECTIONS OF THE HEART.

By J. FLETCHER HORNE, M.D. ST. AND.

FOR the last twelve months I have been using this remedy with great satisfaction. I was led to its use by reading an article in the *Therapeutic Gazette* of September, 1890, by Dr. Engstad. The preparation I have employed is the fluid extract of cactus grandiflorus prepared by Parke, Davis, and Co. I have usually given it in doses of from ten to twenty minims. Like many other useful remedies, the virtues of night-blooming cereus seems to have been long known to homœopaths and eclectics, but has not been much used in this country by regular practitioners. My observations have led me to consider that it does not in any way supersede digitalis, or its more powerful ally strophanthus, in the treatment of organic valvular disease, but rather that its use will be found in those nervous or functional disorders where the exhibition of these drugs is not so satisfactory—as palpitation, irregularity, fluttering, intermission, slow or rapid action, arising from debility, worry, dyspepsia, or the excessive use of tea and tobacco—comprehensively classed as cardiac erethism; also where pain, distress, and weight are referred to the præcordium, in a case of angina or pseudo-angina pectoris, it afforded great relief. Its action would appear to be on the cardiac centre of the medulla, and thus through the vagus and sympathetic to the heart, exerting its influence as a cardiac stimulant- tonic to the terminations of the vagus in the heart, and its sedative action lowering arterial tension without the dangerous depressing and paralysing effects of opium or chloral, or even belladonna. That it invigorates the cardiac plexus, and improves the nutrition of the heart, is shown by the increased tone of the pulse. My experience of the drug certainly warrants a more extended trial by other observers of what I hope is a useful addition to our armamentarium.

Barnsley.

#### URTICARIA PAPULOSA.

By MORGAN DOCKRELL, M.A., M.D. DUB.

URTICARIA PAPULOSA, or, as Willan called it, Lichen urticatus, is a disease generally associated in one's experience with childhood, and till recently I considered it one practically incurable, the little patient apparently growing out of it, ultimately being free at the age of ten years.

Two months ago, however, a strong healthy lad aged seventeen years presented himself at my clinic, with the following history:—The disease had existed as long as he could remember; the mother stated it to be fourteen years. Up to the age of nine years he had suffered from a rough "pimply" condition of skin over the trunk and limbs, which used to itch and swell up on going to bed as if stung by a nettle. This was always present, more or less, according to summer or winter. This condition gradually subsided up to the age of twelve years, when the only parts which remained affected were the forearms and thighs. The father and mother are both alive and healthy; no history in the grandparents of a questionable nature.

When the patient came under observation he complained of intense burning and tingling. Having to wait for three hours for his turn, and the day being close, he presented the following clinical characters. Lesions: Papules and wheals. The papules were mostly pale, but some were red; they were very hard, and their size was from that of a pin's head to that of a millet seed. They were situated on the forearms and thighs, occurring entirely on the extensor surfaces of the former and the outer surfaces of the latter. The wheals as seen were smaller than ordinary urticarial wheals, but larger than those in the child. All were of a red colour. The patient seemed to think each year there

were fewer, and stated that since twelve years of age he had not suffered from nettlerash anywhere else, save on the forearms and thighs. There was nothing in his occupation to account in any way for the localisation of the disease.

The local treatment adopted was the one I have used with marked success for some three years in the urticaria papulosa of children, and is one I can confidently recommend, having treated upwards of eighty in my hospital practice and twenty-five cases in private practice. For children the details of treatment are: (1) Give a teaspoonful of syr. calcis lactophosphatis thrice daily; or, if history of asthma in parents, give ichthyol, from three to ten minims in water, according to age, thrice daily. (2) Wash the child night and morning in a hot bath with 5 per cent hydro-naphthol soap. (3) After drying, apply freely an application of 10 per cent. hydro-naphthol in one ounce of vaseline to the parts affected; or, as I prefer now, 10 per cent. hydro-naphthol in one ounce of bassorin. (4) The case is usually well in from three to five weeks, unless complicated with scabies or pediculosis. It is better to advise a 1 per cent. hydro-naphthol soap, to be continued for three months. After a fortnight either increase or diminish the strength of the application, according to whether the patient is at a standstill or getting better. Only apply the ointment every second night, as soon as the child has been free from wheals, for a week, gradually leaving it off. In the present case the local treatment was in every way the same as for a child, the application being, however, of a 20 per cent. strength. The internal treatment consisted of ten grains of antipyrin at bedtime.

The following points are worthy of note: (1) Persistence of papule, with wheal; (2) peculiar restriction to extensor surfaces of forearms and outer surface of thighs; (3) modified characters of wheal; (4) disease getting better under similar treatment to that used for the affection in children.

Bruton-street, W.

#### THE AFTER-TREATMENT OF PLASTIC OPERATIONS ON THE PERINEUM.

BY ARTHUR E. NEVINS, F.R.C.S. ED.

PLASTIC OPERATIONS on the female perineum are not by any means uniformly successful. Perhaps the most common cause of failure is suppuration, the difficulties in the way of keeping such a wound aseptic being very great. Foremost among these difficulties is the problem of keeping the patient's urine clear of the wound. The object of the present note is to briefly describe a plan which I have recently adopted for this purpose, with very satisfactory results. The usual treatment is to have the catheter passed three or four times in the twenty-four hours. This plan, however, is far from satisfactory, for several reasons. The female urethra is short, and the urine dribbles down by the side of the catheter; besides this, it is almost impossible to withdraw the catheter without letting a few drops of urine escape into the vestibulum vaginae; but the worst difficulty of all is to avoid cystitis. No matter how thorough the precautions adopted to keep the catheter aseptic, they are rendered futile because it is almost certain to carry some of the non-sterilised vaginal secretions into the bladder. Exposing the urethral orifice and swabbing the surrounding mucous membrane with an antiseptic lotion before passing the catheter reduces the risk of cystitis considerably, but the following plan renders the fouling of the wound with urine impossible, and avoids the risk of cystitis entirely. It consists of carefully administering an antiseptic vaginal douche twice or three times a day, and directing the patient to micturate while the douche is being given. If a hydrostatic irrigator is used, the force of the flow can be regulated to the greatest nicety, and there is not the slightest risk of dilating the vagina and so stretching the sutures. By using a flexible vaginal tube and directing the patient to pass it herself, pressing the point against the front wall of the vagina, the risk of pulling on the wound in inserting the tube is entirely avoided.

Hanley.

#### AN UNUSUAL MODE OF SPECIFIC INFECTION.

BY M. J. KEHOE, L.R.C.S.I. &c.

SIGNOR GIOVANNI DE G—, an Italian gentleman residing in Buenos Ayres, was returning from business to his suburban residence one evening, when he was set upon by

three footpads, stabbed in the back, and robbed. The blow was so violent that he was thrown forward on his face, and so rendered completely helpless, while his pockets were being rifled. He came under my care almost immediately, when I found a clean-cut, punctured wound at the level of the fifth dorsal vertebra, the knife having passed down to the bone between its spinous and transverse processes. The strange part of the matter was that, though to all appearances the man was perfectly healthy and living well, this apparently simple wound would not heal, but, instead, two months after its infliction it developed a hardened base, and a number of inflamed and tender nodules in its immediate vicinity. There were no other signs or symptoms whatever, till on Aug. 7th he incidentally drew my attention to a rash which he said had appeared on his abdomen, and this being a characteristic syphilitic eruption the whole case was at once made plain. He had been attacked on May 27th, the eve, as he said, of Corpus Christi, so that the period of the primary stage would be exactly marked as two calendar months and eighteen days, or about seventy-nine days altogether. I may add that the gentleman was married and of perfectly moral life, so that infection in the usual manner I considered most unlikely.

The lower classes in this city are principally composed of Neapolitans, or freely imported immigrants from the romantic Naples, and as each of these makes it a point to carry a large sheath-knife attached to a leathern girdle round his waist, it is easy to see that life here in the twilight of a winter's evening is anything but secure. This same knife proves almost as useful to its guileless possessor as did the far-famed dagger of Hudibras, for in his peaceful moments he uses it as a table-knife to cut his meat, and I might almost go so far as to say, without libelling an interesting character, that he would not think it beneath him occasionally to use it as a fork as well. Indeed, there are people who boldly state that they have seen him pick his teeth with it, but this must be of rare occurrence. However, it is only on some such hypothesis that we can explain the unfortunate experience of Signor Giovanni De G—, who is now much better, and dines at an earlier hour.

Buenos Ayres.

### 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.*, l. b. iv. Proecimium.

#### ST. GEORGE'S HOSPITAL.

THREE CASES OF TRAUMATIC EPILEPSY; TREPHINING; RECOVERY.

(Under the care of Mr. PICK.)

WE published in THE LANCET of last week (p. 1221) notes of two cases of trephining for epilepsy, which had also been under the care of Mr. Pick. In the first, symptoms of epilepsy had ensued five years after an injury to the skull inflicted when the patient (now thirty-three) was fourteen years of age. At the operation it was found that a triangular portion of bone had been broken off and driven inwards, so that there was a triangular depression, with rounded margins, of the depth of about half the thickness of a normal skull. The apex of this had been pressing on and irritating the dura mater, which was thickened and opaque. In the second case the symptoms had come on after a scalp wound inflicted nine months before, and at the operation a small punctured hole not more than a third of an inch in diameter was found in the frontal bone under the scar, filled with fibrous tissue intimately adherent to the dura mater. Both patients were relieved of their symptoms. This the third case is a very important one, as showing the effect of interference when no lesion is found at the operation, and forms one of a much smaller group.

CASE 3. (Notes by Dr. Penrose.)—Thomas E—, aged twelve, was admitted on March 31st, 1891, under the care of Dr. Penrose and Mr. Pick. It was ascertained that there was no history of fits or paralysis on either side of the