

have from the first been most regular, and he has shown the greatest interest in the many cases brought under his care.

Having been obliged to part with the nurse, and the one who occupies the post provisionally having to attend to the ordinary duties of the nursery, it was resolved to obtain the services of a skilled nurse from the General Nursing Institute of London, and thus relieve the matron from further attendance on the sick.

An application was also made to his Excellency the Lieutenant-Governor, to place room at the disposal of the Home for the reception of the convalescents. This was promptly acceded to, and the barracks at Rozel are at present tenanted by the children, a change which will, no doubt, prove very beneficial to them.

The number of inmates in the Jersey Female Orphans' Home, exclusive of staff and attendants, averages 100. The health of the inmates has hitherto been excellent, and it is curious to note that whilst in 1874 the island was suffering from small-pox of a virulent and fatal character, not a single case occurred in the Home. Although measles of a mild and favourable type was at that time very prevalent amongst them, not a fatal case was then met with.

Such are the particulars of the recent epidemics at the Home, as I have been able to give them. Should you find it worth while to insert them in your valuable columns do so by all means, for such would give much satisfaction to
Yours, &c.,

GEORGE F. C. WRIGHT.

Woodlands, Grouville, Jersey, Sept. 26th, 1879.

THE DIAGNOSIS OF HEPATIC ABSCESS.

To the Editor of THE LANCET.

SIR,—After having carefully read and compared the notes and remarks of Dr. J. Johnston, of Shanghai, in *THE LANCET* of Aug. 23rd, I have utterly failed in my attempt to reconcile the notes with the diagnosis and remarks, and shall feel greatly obliged by a further explanation.

It appears that a brother practitioner unfortunately caught a severe chill from injudiciously sleeping in the open air when improperly clad, and from the physical signs first enumerated—viz., dulness below right scapula, faint crepitation, dyspnoea, short cough, rusty sputa, and temperature 104°—I concluded in my own mind that the case was primarily one of acute pneumonia; however, this was not even so much as hinted at. The next few days, as fever and pain remained, and the dulness did not disappear, I supposed there was probably a certain amount of concomitant pleurisy (a not unfrequent sequela of pneumonia). The patient then had the aspirator driven into his side twice over the region of the liver without any result, and, to my mind, unreasonably, with so few data of physical signs. The third time the aspirating needle was introduced, "half an inch below and two inches to the left of the right nipple line, to the depth of four inches and a half." Surely this must have entered the pleural cavity, and this time twelve ounces of pus were withdrawn.

On the 22nd August—i.e., twelve days afterwards—the needle was inserted into the seventh intercostal space in the right axillary line, a spot where the normal liver-dulness begins, and again probably entered the pleural cavity, inasmuch as the liver is always depressed by effusions into the pleura, and a second time pus was removed to the extent of a pint.

On the 27th August the notes are chiefly these: "Cough and dyspnoea troublesome; complains of pain *above* the right nipple. Marked dulness on percussion over an area of the size of palm of hand immediately above the right nipple, and a *friction murmur* audible over that space. . . . He has suffered from cough throughout the day." At 5 P.M. chloroform was given, the aspirator needle was again inserted at the seventh interspace, and ten ounces of pus and lymph-flakes were removed, with great relief.

The patient was subsequently aspirated three times, and six ounces of pus, four ounces, and nothing, respectively were brought away.

In the remarks, which I must confess rather startled and amused me, Dr. Johnston says, "the 'insidious' nature of this early stage of hepatic suppuration is well shown." I gain: "Suddenly, on the 27th instant, all the symptoms of hepatic suppuration commenced."

May I ask what these were? I cannot find any symptoms pointing to the liver exclusively or conclusively in Dr. Johnston's notes. I was prompted to write this in consequence of the case appearing to me to be almost the counterpart of one which I reported in the *Hospital Mirror* of *THE LANCET* last year, which I described as a case of pneumonia complicated with empyema, successfully treated by repeated aspirations.

I have never been fortunate enough to see a case of tropical abscess of liver, but I have looked in vain over the late Dr. Murchison's classical work on the Liver for the diagnostic symptoms which Dr. James Johnston mentions.

I shall be exceedingly obliged to hear any further proofs which the latter gentleman can give of the hepatic origin of the suppuration, otherwise I shall be contented to believe that his case was one of pneumonia with empyema, rather than one of hepatic abscess.

Yours faithfully,

BOYD B. JOLL, M.B. Lond.

St. Ives, Cornwall, August 27th, 1879.

TREATMENT OF SUBACUTE AND CHRONIC DYSENTERY BY IPECACUANHA AND BISMUTH INJECTIONS.

To the Editor of THE LANCET.

SIR,—I have resided in Sarawak, Borneo, for the last sixteen years, and during that time have held the appointment of principal senior medical officer to the Government Hospital, where malarious fevers, dysentery, and all endemic tropical diseases are admitted into the medical wards. I have found, after a very large experience, that, besides general treatment, local applications, in subacute and chronic dysentery, by bismuth injections in the rectum have succeeded wonderfully, and a great many cases of hopeless chronic cases have recovered. I order half a drachm of sub-nitrate of bismuth, to be rubbed down with half a drachm of powdered gum in two ounces of cold water, and injected from once to three times a day, according to the severity of the case. The enema must be retained. The severe tenesmus and tormina are relieved in a very short time. Of course ipecacuanha must be given, in doses of from one scruple to one drachm, at the interval of eight or twelve hours, according to the case, when the rectum symptoms are urgent. Bismuth is a most effectual remedy. I have kept clinical records of some hundreds of cases, and can speak most highly of its effect. I should like this treatment to be tried in tropical countries, as I believe it has never been used before. I cannot find the treatment I adopt in any medical work upon tropical diseases, or in any of our latest editions upon the Practice of Medicine.

Believe me, faithfully yours,

E. P. HOUGHTON, M.D., &c.,
Principal Senior Medical Officer to the Government Hospital, Sarawak.

VARIOLA AND VARICELLA: "A HARD CASE."

To the Editor of THE LANCET.

SIR,—Permit me to lay before you and your candid readers facts and circumstances in connexion with this unfortunate case. I am sorry Mr. Bonney should have rushed into print before fully acquainting himself with them.

Three cases of chicken-pox and the mother to nurse one of them were admitted on August 2nd. I wrote to Mr. Bonney next morning, stating the nature of their complaint, and requesting him to favour me with vaccine lymph, as my stock had run short, and I could not apply that day to the National Vaccine Establishment, it being Sunday. I was favoured with the lymph, and the following answer:—"I am much obliged for your note. So puzzled was I that I took the opinion of another medical man before sending the B—s to you. The distinctly pustular character of some of the spots, and the great danger of small-pox occurring in their crowded locality, determined me to send them. I send you all the vaccine I have." Now in the two cases it was the third day of the eruption, and in one it was the second day. We all know variolous spots never become pustular so early as that, and that they all follow the same course in a given time.