

The cases detailed are as interesting as usual, but there is far less attempt at generalization than has hitherto been the practice. One of the more important endeavours to generalize is that of Dr. Bristowe (p. 188), who details a series of examples of Acute Necrosis complicated with Pyæmia. This disease is a very dangerous one; for out of seven cases, five died speedily from purulent infection, one sank after a time from the super-vention of phthisis, and only one recovered. It is acute, and rapid in its course. That the malady is obscure is proved by the fact that at least three of the cases were originally mistaken for rheumatism, and that its resemblance to the latter is enhanced by its frequent complication with pericarditis. Further, two of the instances alluded to were, although strictly surgical, ordered by surgeons of experience to be transferred to the care of their medical colleagues as cases of fever. The symptoms of the disease are, however, by no means obscure. They are generally somewhat as follows:—

“The patient is attacked, not necessarily as the result of accident, with slight rheumatic pain in the course of one of the bones. The symptoms, at first mild, soon become severe, and, according to the situation of the affected bone, redness, swelling, and tenderness manifest themselves more or less distinctly; but generally the bone lies deep, and though the pain may be excessive, the local evidence of serious mischief is necessarily obscure. The aspect of the patient is that of a person suffering from inflammatory fever. Soon, however, in a large proportion of cases, symptoms bearing a superficial resemblance to those of typhus, typhoid, or even of delirium tremens, set in. Pyæmia has become established, and the patient rapidly sinks..... When pyæmia has been averted, or has not followed upon the primary disease, the affection becomes a purely surgical one.”—p. 189.

Dr. Bristowe’s “remarks” are well worthy the attention of practical men.

We may refer also to Dr. Murchison’s illustrations of Syphilitic Fibroid Deposits in Internal Organs, and to Mr. Hutchinson’s Syphilitic Affections of the Nails, with their characteristic representations.

Mr. T. Holmes commences some important investigations into the Condition of the Nerve-Trunks in Anæsthetic Leprosy. The diseased nerves described in the text were received from Dr. Carter, of Bombay, after the termination of the session. They will be exhibited in the course of the ensuing meetings, and a further communication upon the subject will be given in the next volume. Suffice it here to say that Mr. Holmes has found a new deposit among the nerve-tubules, and that the cutaneous nerve-trunks or nerve-fibres alone seem to attract the new material.

Dr. Goodfellow details a fatal case of Chorea from Fright. Nearly a month elapsed without sleep for more than a few minutes at a time, the longest time being two hours, with the exception of a sort of coma into which the patient fell after the hypodermic injection of a grain of morphia. During the whole of this period the movements were incessant, and of a most violent character, the contortions being at times frightful. After death the substance of the brain and the spinal cord were found almost universally softened. “No compound granular corpuscles could be observed. The nervous substance seemed as if it had been broken down.” The author, however, proposes the question, “Was this not rather the effect than the cause of the malady?”

A marked example of Dilatation of the Bronchial Tubes is related by Dr. Wilks. “The upper lobe of the right lung was wholly converted into cavities by dilatation of the bronchial tubes, there being no remains of pulmonary tissue discoverable between them. The section presented the same appearance as would a number of tubes closely packed together and then cut across, most of these being of the size of the little finger.” During life the surface of the body was remarkably livid, so much so that the complaint had been styled “*morbus cæruleus*.”

Dr. David (through Dr. Gibb) and Dr. Bristowe each relate an example of Hypertrophy of the Heart, in which the organ

weighed forty-six ounces and a half,—probably the largest human heart recorded.

A case worthy of notice is that given by Dr. Dickinson of a child, three years of age, who sank from fatty degeneration of the heart in conjunction with an overloaded stomach.

Dr. Wilks draws attention to the ecchymosis of the endocardium stated by many authors to be present in cases of poisoning by arsenic. In two cases lately occurring at Guy’s Hospital a large surface of the endocardium of the left ventricle was thus affected. It is, according to Dr. Wilks, “no doubt due to a poisoned condition of the blood, which, as is well known, from whatever cause arising, is apt to show itself in a purpuric state of various parts of the body.”

The case detailed by Dr. Crisp of Scirrhus Enlargement of the Pancreas puts us in mind of the tragedy of “Hamlet” with *Hamlet* left out—i. e., if diagnosis be the great end of morbid investigation. We are informed that “Mr. Barnes had long diagnosed disease of the pancreas, and he was induced to form this opinion chiefly from the character of the jaundice, he having witnessed a similar case, in which the same kind of pancreatic lesion was present.” On searching for what this valuable character might be, all that we could find about the jaundice was as follows:—“About five months since he became jaundiced, but this yielded to medicine, and the yellowness of the skin disappeared for a short time, but it soon returned, and he was jaundiced up to the time of his death.” (p. 124.)

Dr. Little’s case of Congenital Hydro-Nephrosis, with artificial production of albuminous nephritis, and that of Mr. Holt-house of a large Cystic Tumour of the Perineum, are worthy of particular notice.

Mr. Hutchinson’s observation upon Alopecia circumscripta, in which Contagion occurred and the presence of a Cryptogam was demonstrated, merits consideration.

We congratulate the Pathological Society upon its continued prosperity, and the undoubted value of its annual volume of “Transactions.” We must again observe, however, that the utility of the latter becomes much circumscribed in reference to its true import from the want of a general *catalogue raisonné*.

*Air and Water: their Impurities and Purification.* By HENRY BOLLMAN CONDY. pp. 80. London: Davies.

MR. CONDY’S name has been for some time before the public in connexion with the employment of certain “perman-ganates” in numerous deodorizing and disinfecting processes. With the assistance of a medical friend he has now put into substantial form, for the consideration of others, those ideas which had previously existed in his own mind only in a state of partial development. As related to important questions connected with two of the chief necessities of life, this little tract is worth consulting.

## New Inventions

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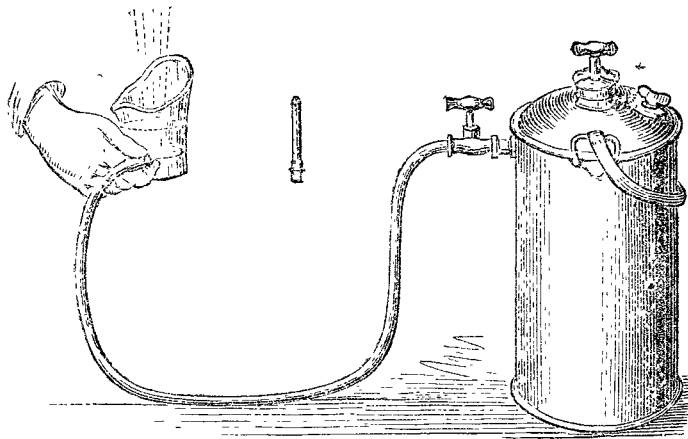
### PRACTICE OF MEDICINE AND SURGERY.

#### NEW DOUCHE FOR RECTAL AND UTERINE DISEASE.

BY T. J. ASHTON, M.R.C.S.

THIS instrument, represented in the annexed woodcut, is an adaptation of the principle of Hero’s fountain, and forms the most convenient and efficient douche that has hitherto been produced. It consists of a cylinder or reservoir, about fifteen inches high and eight inches in diameter, in the centre of which is an air-pump; and at the top is an opening for the introduction of water or other fluid. By a peculiar arrangement, it is impossible to pour in more than a certain quantity—about three-fourths of its capacity; so that space is reserved for the compressed atmosphere. At the side of the reservoir is a stop-

cock, attached to which is a flexible tube with a jet placed in the centre of an india-rubber cup or shield, which readily adapts itself to the perineal region, and effectually prevents all inconvenience from splashing.



To use the instrument, the requisite quantity of fluid is first poured into the cylinder and the plug screwed into the opening; then, by means of the pump, a sufficient quantity of air is thrown in, which, pressing on the top of the fluid, ejects it through the tube and jet with considerable force against the diseased bowel and anus, and, by the concussion and cold, constringing and giving tone to the parts. To adapt the instrument to uterine disease, the shield with the jet is unscrewed, and replaced by a female jet (figured in the cut). By means of the stopcock at the commencement of the tube, the force of the fluid can be regulated with the greatest ease.

Mr. Ashton states that he has found it very efficacious, combined with proper medical treatment, in the less severe forms of prolapsus recti and hæmorrhoidal disease, rendering any operation by nitric acid or other means unnecessary. He has also found it very convenient as a uterine douche.

The apparatus is manufactured by Messrs. Savory and Moore, New Bond-street.

## ST. THOMAS'S HOSPITAL AND THE GRAND COMMITTEE'S NEW DEVICE.

To the Editor of THE LANCET.

SIR,—*The Times* and *THE LANCET*—heading the two great forces of public and professional opinion, and well seconded by the press generally—have probably disposed of the morbid fancy of exiling St. Thomas's Hospital to a country solitude, far from the scene of its ancient service and of any possible future usefulness to the great mass of the afflicted. That scheme emanated from the extravagance of a too long-indulged usurpation of despotic power. Let us hope that its defeat may prove the harbinger of a new era in the hospital administration, and that, in the pungent words of one of your contemporaries, "the rot may be taken out of the management."

It seems, however, that as yet you have only "scotched, not killed," the prurient restlessness of the gentlemen who cling desperately to a sceptre which must, if not wielded more wisely, soon drop from their hands. Fresh projects of wanton disturbance are in embryo. At the moment when the excellence and convenience of the new site are receiving practical exemplification, to the full satisfaction of all those most concerned, including local communities, patients and their friends, medical men, students, visitors, &c., the Grand Committee (so goes the story) are concocting the petty device of rebuilding the hospital on Myatt's market gardens—an isolated and practically remote locality, more than a mile beyond the Surrey-gardens on the wrong side from town, and difficult of access from want of roads, not forgetting the absence of omnibus accommodation. The place, moreover, is very objectionable on the score of those high sanitary considerations which the Grand Committee paraded, when invoking Dr. Turle's eloquence in opposition to the authority and experience of the hospital staff. The soil, instead of being dry and gravelly, like that of the present site, is a moist clay or loam, and rather boggy than otherwise. It is rich and well manured I admit, slimy and shiny with oily pinquescence, capably adapted to the purposes of luxuriant vegetation, and for that very reason obnoxious to patients and convalescents. There is the constant uproar of railway trains, travelling on the echoing arches of a viaduct with a din which may

well bring irritation, relapse, and death in many a case of acute injury; and the formidable addendum of extensive coke-making operations is not unlikely to be included in the features of the scene. But it is sheltered (yes, quite effectually so) from the healthful breezes of the south and west by Denmark and Brixton hills, though open enough to the atmospheric impurities from works and factories in the other direction. In its eminent deficiency of means of approach, it presents a conspicuous contrast to the convenient and elaborately-improved gravelly ground where the hospital now stands, from which ten different streets lead to great roads, where innumerable omnibuses and other vehicles keep up incessant communication with town and country.

In short, comparing the two places is comparing light to darkness. The superiority of the present site is so signal that the notion of leaving it in order to go to the market-gardens can only be ascribed to that spirit of ingenious perversity of which the achievements of the Grand Committee have yielded such curious specimens. The very genius of mischiefousness could scarcely devise a more egregious scheme than that of removing the institution from an excellent situation to one which it would be difficult to match in the elements of radical unfitness. *Quousque tandem?* How much longer is public forbearance to be challenged by these vagaries?

Highly appreciating the valuable service which you have rendered in this matter to the cause of public right, good policy, and scientific progress,—I remain, Sir, yours obediently,  
I remain, Sir, your very faithful servant,

Dec. 1862.

A VETERAN F.R.C.S.

## WALTERS AND ANOTHER VERSUS LUSH.

To the Editor of THE LANCET.

SIR,—In your comments on this case you say (*vide THE LANCET* of the 29th ult., p. 604), "a legal contract was substantiated." If that were all, the trial would never have taken place. The defendant was told, before the plaintiffs were instructed, in language as plain as words could make it, that if he chose to employ two or more agents to do the work of one, he must run the risk of having to pay two, *should the purchaser have received information of the practice from both of them.*

It was the defendant's own choice to run the risk. But more; had he then candidly mentioned that he was employing another agent, the plaintiffs would not have even allowed him this choice, but at once have respectfully declined to act for him. Their terms were framed *solely* to prevent the employment of the plaintiffs simultaneously with anyone else. In the present instance, if the negotiation had been left to them, the sale would have been effected, without another half hour's labour on their part, precisely when and as it was. Their expenses would have been less; as, kept in ignorance of what had taken place, they continued advertising the practice at their own cost after the sale had been concluded. Then, their right to commission would, I presume, not have been disputed. On what *moral* grounds should it be now?

Temple, Dec. 1862.

B. W. LARA.

THE INDIAN MEDICAL SERVICE. — Colonel Norman, Military Secretary to the Government of India, has, we learn, addressed a letter to the local Government, informing them that the rank of Surgeon-Major granted to certain Indian medical officers by the warrant of 1859 is "simply Brevet rank, not affecting their standing in the Medical List of the Presidency to which they belong, and not substantive rank as formerly but *erroneously* announced." This letter would seem to do away with the only prospect of advantage held out by the amalgamation. No doubt the rectification of the error was all Sir Charles Wood waited for before publishing the amalgamation orders, which may now be expected by every mail. Colonel Norman's letter cannot apply to the warrant for British troops, because by it medical officers serving anywhere, except in India, get the pay of their rank, and consequently their rank is substantive. We have never heard on what ground the pay of rank of medical officers belonging to British regiments serving in India has been withheld. It will of course be asked how it has happened that the "error" in the warrant of 1859 has escaped notice for two years and a half. Who directed Colonel Norman to write his letter? Was it the Governor-General, Sir Charles Wood, or the Horse Guards? Whoever found out the mistake has succeeded in depriving Indian medical officers of the pay of their rank; and the amalgamation rules, which before were looked for with some feeling of hope, will now serve only to increase the general dissatisfaction.