

in the previous week; they included 16 from scarlet fever, 6 from "fever," 4 from whooping-cough, 1 from measles, 1 from diarrhoea, and not one either from small-pox or diphtheria. Thus 28 deaths resulted from these principal zymotic diseases, against 27 and 15 in the two previous weeks; they were equal to an annual rate of 4.2 per 1000, while the rate from the same diseases was but 2.7 both in London and in Edinburgh. The fatal cases of scarlet fever in Dublin, which had been 16 and 6 in the two previous weeks, rose again to 16 last week. The deaths from "fever" and whooping-cough also showed an increase upon the numbers in the previous week. The deaths of infants differed but slightly from those in recent weeks, while those of elderly persons were more numerous. The causes of 39, or more than 17 per cent., of the deaths registered during the week were not certified.

ZYMOTIC DISEASES IN ITALY.

The Home Department of the Italian Government now issues a monthly sanitary bulletin for the entire kingdom, which, if not so complete and precise in its information as the Spanish monthly return of mortality statistics, contains some valuable statistics bearing upon the prevalence of zymotic diseases in Italy. We have recently received a copy of this return for September last, which bears date November 8th. The return professes to give the "denounced" or reported cases of four infectious diseases, with the number of deaths from the same diseases in the various departments and communes of each of the provinces of Italy in September. The diseases dealt with are small-pox, measles, scarlet fever, and diphtheria; an examination of the figures, however, appears to throw doubt upon the relative accuracy of many of the figures showing cases and deaths. It would add materially to the value of this return if the population of the various communes were added, and if a summary of the figures for the entire kingdom were also given, to afford the means for comparison with the statistics for previous months. Only 55 fatal cases of small-pox are reported in the table, although the fatal prevalence of the disease is noted at Bosa in Sardinia, to have caused 135 deaths. Measles was prevalent in Sicily, between 1000 and 2000 cases being reported, the mortality showing a large proportion in some localities; for instance, in Palma commune 20 deaths were reported and not more than 60 cases of attack. The relation between cases and deaths shows most remarkable variations as regards scarlet fever. The feature of the return is the evidence it affords of the very general prevalence of diphtheria throughout the kingdom, more especially in Sicily, which appears to suffer from zymotic diseases more than most of the provinces on the main land. In order rightly to appreciate the value of this return, it is necessary to know the nature of the machinery by which the figures are collected, to which no clue is given.

THE SERVICES.

ARMY MEDICAL DEPARTMENT. — Brigade Surgeon Eugene Francis O'Leary, M.D., is granted retired pay.

ARTILLERY VOLUNTEERS. — 1st Norfolk: Alexander Mitchell, Gent., M.D., to be Acting Surgeon. — 1st Sussex: Henry Algeron Hodson, Gent., to be Acting Surgeon.

RIFLE VOLUNTEERS. — 1st Dumbartonshire: Acting Surgeon Benjamin Maule Richard resigns his appointment. — 18th Lancashire (Liverpool Irish): Surgeon and Honorary Surgeon-Major Daniel Walter Parsons resigns his commission; also is permitted to retain his rank, and to continue to wear the uniform of the corps on his retirement. — 2nd Perthshire (the Perthshire Highland): Peter M'Callum, Gent., to be Acting Surgeon. — 7th Surrey: Acting Surgeon Edmond James Lawless to be Surgeon.

ADMIRALTY. — The following appointment has been made:—Surgeon John Mackie to the *Wasp*, vice Arthur Kees, to the *Revenge*, in exchange.

THE TEMPERANCE QUESTION.—The result of a house-to-house canvass in Dumbarton on the desirability of the establishment of Local Option shows 3719 in favour, 243 against, 191 neutral. The signatories were all above eighteen years of age; and the votes, we are informed, have been thoroughly and impartially scrutinised.

Correspondence.

"Audi alteram partem."

"THE SURGICAL TREATMENT OF TUMOURS OF THE BLADDER."

To the Editor of THE LANCET.

SIR,—As we considered that any omissions we might have made in our paper on "The Surgical Treatment of Tumours and other Obscure Conditions of the Bladder" had been sufficiently amended by Sir H. Thompson in his first letter to you on "Digital Exploration of the Bladder" (THE LANCET, p. 794), we did not reply to his strictures, for we believed that a careful perusal of our paper would show that the charges laid against us were not warranted. But since Sir Henry has returned to the subject with renewed tenacity in your last week's issue, we have no alternative but to reply.

In his first letter Sir Henry takes objection to our reporting, by "Thompson and by Whitehead," a "total of fourteen cases, with six recoveries and six deaths, whilst in one case very serious hæmaturia was cured and in another the symptoms were relieved" (THE LANCET, pp. 630 and 794), because he himself had explored the bladder in twenty-seven cases. Now, let us look at the facts. The context of the above quotation (p. 629) shows that the fourteen cases referred to were all male cases, and cases of vesical tumour; and as it is obvious, from other parts of our paper, that up to that time Mr. Whitehead had only operated on four males, it is clear that the remaining ten cases are Sir H. Thompson's male cases. But Sir Henry has repeatedly told us that he has operated on twelve cases of tumour in the bladder. We have recognised that fact; the missing two cases occurred in females, and as we did not consider there was anything specially new and original in the removal of tumours from the female bladder (the operation had been done by Warner as early as 1747),¹ we consequently included them, without any remark, in our general analysis of a total of twenty-eight cases of tumour in the female (p. 675). We are sorry that we did not state that two of those cases were Sir H. Thompson's, but in omitting to do so, we only treated him like the other twenty surgeons, whose reported cases we had taken the liberty of analysing.

With regard to the total number of cases in which digital exploration of the bladder had been performed, we state that it had been made twenty-five times on the *male* subject (p. 675). This total includes Sir H. Thompson's ten male tumour cases, and eight additional ones in which no tumour was found, but of which a good abstract was given in the LANCET of Feb. 10th, 1883. If we add to these eighteen cases the two female cases above mentioned, we gain a total of twenty cases of digital exploration performed by Sir H. Thompson, of which we have taken due notice; but he claims twenty-seven cases up to June 16th. That we have excluded the extra seven cases we are willing to allow, but not, however, because, as Sir Henry suggests, his most important paper had escaped our notice, for we were careful to analyse his tumour cases reported at the same time. The reason is that in the report of the Transactions of the Medical and Chirurgical Society, which appeared in THE LANCET of June 16th, there is but the merest mention of the extra cases as having been operated upon and relieved, without even the sex of the patients being mentioned. That this was so is obviously, as Sir H. Thompson states, due to the fact that cases of tumour were the "sole object of the paper," but still as the report was so meagre we were unable to make use of them.

In THE LANCET of December 8th, Sir H. Thompson again returns to the attack on the grounds of historical accuracy à propos of Liston's case of exfoliation of the mucous membrane of the bladder, or, as he considered it, "a cyst or false membrane of the form of the bladder itself." That we were fully aware this case was not one of tumour of the bladder is shown by our statement (p. 582) that "true cystic growths in the bladder are, so far as we are aware, unknown; but there is a reference to a cyst or false membrane, which was removed by Liston by supra-pubic cystotomy, the cyst being the shape of the interior of the bladder."² We had

¹ Cases in Surgery, Fourth Edition, 1784, p. 303.

² "Medical Times and Gazette, Aug. 2nd, 1862."

not the advantage of Sir H. Thompson's intimate acquaintance with the case, but were entirely dependent on Dr. Knox's account of it, and as the latter acted as Liston's assistant at the operation, we thought his report of it likely to be correct; but it appears from Sir Henry's letter that the account given in the catalogue of the College of Surgeon's Museum differs from that of the eye-witness of the operation. Dr. Knox says that Mr. Liston's view of the case was that "a cyst or false membrane of the form of the bladder itself occupied, as he conjectured, the interior of the bladder and, were this removed by operation, the patient might recover;" and then later on in the same report Dr. Knox states "with a straight sharp-pointed bistoury, which he usually carried in his waistcoat-pocket, he (Mr. Liston) opened the bladder above the pubes, and as the incision proceeded there escaped from the bladder a foreign body resembling a cyst or false membrane, as he and I concluded it to be, and of the shape of the interior of bladder." Now here we have an account of the diagnosis of a morbid growth in the bladder and a deliberate operation for its removal, and consequently it is a question whether Sir H. Thompson is historically accurate when he states that "the so-called 'tumour' was simply an exfoliation of the mucous membrane, and was met with by him (Mr. Liston) when tapping an old man for retention from prostatic disease." Though it is true that this was not strictly a tumour of the bladder, it is perfectly true that Liston diagnosed some cyst in the bladder, and as such proceeded to remove it; and consequently we maintain that when dealing with the history of such an operation as the removal of tumours from the bladder this case is worthy of a place, inasmuch as the operator when dealing with it undoubtedly considered that he had to do with a disease analogous to, if not identical with, true cysts. We quite agree, from the account given of it by Dr. Knox, in thinking with Sir H. Thompson that the case was not as Liston thought it—"a cyst or false membrane," but a case of exfoliation of the entire mucous membrane of the bladder.

In conclusion, we can but express the hope that our explanation is satisfactory to Sir H. Thompson, and assure him that we also "welcome fresh evidence in favour of the new method of examining and operating in obscure vesical disease."

We are, Sir, yours obediently,

WALTER WHITEHEAD,
BILTON POLLARD.

Dec. 8th, 1883.

ARREST OF THREATENED MAMMARY ABSCESS.

To the Editor of THE LANCET.

SIR,—In cases of threatened mammary abscess, I have for many years, with very successful results, given three consecutive doses of ten grains of quinine at intervals of twelve hours, at the same time using the usual local application of belladonna. The administration of quinine in these cases, although its anti-suppurative power is well known, is not practised by anyone with whom I have conversed, but I have myself found it so successful that I think it deserves to be in general use, especially as the disease is so painful and so exhausting to the system. The best cases for the treatment are those occurring during lactation, and it is less suitable immediately after labour. It is unsuitable if the bowels are confined and the tongue furred. There are some patients who do not bear such large doses of quinine, in which case a first dose of ten grains may be followed by two of five grains each. I originally saw this treatment recommended in a French medical journal, and claim therefore no originality. I have frequently seen the pain and tenderness disappear within forty-eight hours, although a little hardness will remain for some days or longer, and the inflammatory symptoms may recur, and may be again at once checked by the same treatment. A recurrence, however, is rendered less likely if the belladonna is continued for a time, although pain has ceased. No doubt some will say that the success of the treatment is owing to the belladonna, and not to the quinine. I used the belladonna for years before I used the quinine in addition, and was struck with the greater rapidity and certainty of the result when the quinine also was used. At the same time I admit the difficulty, when two drugs are employed, of apportioning to each its real value.—I am, Sir, yours truly,

Leeds, Nov. 1883.

JAMES BRAITHWAITE, M.D.

PHYSIOLOGY OF THE THYROID GLAND.

To the Editor of THE LANCET.

SIR,—General attention having been drawn to the physiology of the thyroid gland, in consequence of the recent interesting discussion on myxœdema at the Clinical Society, I may perhaps be allowed to mention some facts in the histology of the gland which have an important bearing on its function. A series of researches on this subject, which I have made under the direction of Dr. Klein, and which are published in the Philosophical Transactions of the Royal Society for 1876 and 1881, have shown, amongst other things, that not only is a homogeneous or finely granular viscid material (termed "colloid") found in the vesicles of the thyroid gland, but that a substance morphologically identical with this is found in the lymphatics, with which this organ is very richly endowed. It is therefore reasonable to conclude that a material is formed in the vesicles which is carried off by the lymphatics of the organ. I have further shown that the colloid material in the vesicles is largely formed by the destruction of red blood-corpuscles which have entered the vesicles, as red blood-corpuscles are frequently found in the vesicles in all stages of disintegration and decolorisation—in fact, in such a state as to show beyond doubt that they had entered during life. There is therefore, no doubt, I consider, that the thyroid gland exercises some general influence over the composition of the blood. Why a deposit of mucin should take place in the tissues in cases of myxœdema and cachexia strumipriva (supposing these two diseases to be analogous) is more difficult to explain, but it may be suggested that if the elimination of "colloid" material or its constituents from the blood be prevented by excision or atrophy of the thyroid gland, a transudation of these substances into the connective tissue generally may take place. This presupposes that on its way back to the circulation through the lymphatics the colloid material becomes changed in character. This is, of course, only theory, and must be taken for what it is worth. My object at present is to draw attention to some of the already ascertained facts of the histology and function of the gland. As soon as opportunity offers I intend to continue my researches in this direction.

I am, Sir, yours obediently,

E. CRESSWELL BABER, M.D. Lond.

Western-road, Brighton, Dec. 3rd, 1883.

"SPORADIC CRETINISM."

To the Editor of THE LANCET.

SIR,—With regard to the correspondence in your last number upon sporadic cretinism in relation with absence of the thyroid, communicated by Sir William Gull, I beg, with due deference to this great authority, to offer a few remarks, more especially upon its pathology. During two years' residence as medical officer to the Asylum for Idiots, Earlswood, it was my good fortune to meet with many of these cases; and as feebleness of intellect (not infrequently amounting to complete idiocy) is the mental condition of those afflicted, their admission into Earlswood and their absence from the clinics of general hospitals is easily accountable. The late Dr. Hilton Fagge, who made several visits to the above institution, clearly observes that their physical condition presents a remarkable unity of appearance, so much so that they bear a close family relation; the analogy is true of their mental condition, and anyone acquainted with the type can predict with a fair amount of accuracy, judging from past experience, what advance a child in this condition is likely to make under a special system of education.

The presence of tumours above the clavicles (the so-called latent thyroid), and the absence of the normal thyroid are not necessary concomitants of sporadic cretinism—indeed, they appear to be the exception; for in a number of post-mortems performed by me during that period I do not remember an instance of a complete absence of the normal thyroid. My late colleague, Dr. Graham, now Commissioner in Lunacy for New Zealand, made a post-mortem in a case of sporadic cretinism where there was a true goitrous enlargement. This condition is described as not uncommon in endemic cretinism. We must thus look elsewhere for the true cause of this peculiar condition; and it is unlikely that