

We can, it is true, never hope to purge the atmosphere of the many morbid agents floating in it; but public hygiene may diminish their intensity. And if we cannot, in dressing wounds, remove all sources of impurity, we can, at all events, render the wound unfitted for the reception or absorption of the morbid matters.

M. Trousseau quotes M. Maisonneuve to show that the actual cautery is the best means for the prevention of purulent absorption; and he suggests that the ligature of arteries may, in this respect, be considered a retrograde step. The ligature keeps up suppuration, and is, therefore, a direct cause of purulent infection. On this score, however, neither M. Trousseau nor M. Maisonneuve will find many adherents in opinion.

Erysipelas, M. Trousseau adds, in surgical wards is always most frequent in times when puerperal fever is raging epidemically. We cannot divide erysipelas into spontaneous and traumatic; for it is invariably traumatic. It always commences with a wound. Carefully examine your patients, and you will find that all those who present themselves with so-called spontaneous erysipelas had previously had some wound in the pharynx, the amygdalæ, the mouth, some scratch about the lips, eczema about the ears, or some cutaneous disease of the scalp.

There is, in all cases of erysipelas, a wound; and with the wound, in fact, the erysipelas commences. When erysipelas appears, it is generally as an epidemic. Moreover, there appears to be a distinct relation between erysipelas and purulent infection. The gravity of these diseases generally increases or diminishes at the same time. They occur at the same time, in the same ward, in the same hospital or town. Moreover, erysipelas of a serious kind often ends in purulent absorption; and thus we find relations existing between phlebitis, purulent infection, and erysipelas. They may, in fact, be only different degrees of inflammation of venous tissue, having one common cause of origin, a wound, and associated with one particular epidemic; and they may be modified in their pathological evolutions by topical applications to the wound, or the germ deposited on the wound.

Thus, then, we find, in conclusion, that there is no such thing as purulent infection without a wound; that a wound is the necessary and obligatory condition of its existence; that every wound may be attended with suppurative phlebitis. Suppurative phlebitis, the most ordinary source of infection, causes the pus to be passed as such into the circulation. The pus may be introduced in a continuous or in an intermittent manner. Purulent infection may also result from abscesses of the coats of the aorta and of the heart; but this cause of infection is rare.

Capillary phlebitis may cause the infection through the production of pus; but in the epidemics of purulent infection, the serosity of wounds, modified in a special manner by atmospheric conditions, may be absorbed by the capillaries, without any erosions of the vessels.

Such are the views on the subject lately delivered by M. Trousseau. We need hardly tell our readers that, however rational they are, they are, as yet, only hypotheses and matters of speculation. But from rational hypotheses often spring great conclusions and discoveries; and, therefore, we recommend them to the consideration of the profession.—*British Medical Journal*, July 12 and 26, 1862.

15. *A Disease like Measles produced by an Unusual Cause.*—Dr. HENRY KENNEDY relates (*Dublin Quarterly Journal of Medical Science*, Feb. 1863) the following case, which, at the time of its occurrence, he says, he "was in total ignorance of its nature," and set it down as anomalous. So matters stood until he read the paper of Dr. Salisbury, published in the July number of this Journal for last year. This paper he regards as throwing light upon the origin of the disease in his case.

This case was briefly as follows:—

"A young gentleman of fifteen years of age, rather under-sized, but of a high order of intelligence, returned to school after the summer holidays, being then in perfect health. As he entered the school-room one of his playmates met him, holding a paper bag, with some kind of powder in it, in his hand, and before he

was aware, had dashed a handful of the powder in his face; and there can be no doubt that some of it got not only into his eyes, hut down his throat—for he was laughing at the moment. The powder turned out to be flaxseed-meal, which, by some accident, the other boy had found in the room.

“The result was truly remarkable; the boy was at once seized with smarting and watering of the eyes, running from the nose, cough, and dyspnœa. With some difficulty he made his way home—a distance of an English mile. By the time he reached it his face had become much swollen, the eyelids and eyes very red, and the dyspnœa urgent. The excitement, too, of the system generally was very great; and all this within two hours of the accident. When seen the following day he had, except the rash, all the look of a boy suffering from a sharp attack of measles. His face was still swollen, his eyes were injected, and had a strange dark-red line round them, giving a very peculiar expression to the countenance; and he had a constant loud cough, with dyspnœa. His pulse was 120. Two years previously I had attended him in a well-marked attack of measles, with cough.

“On hearing the history of the case, I confess I thought that quiet and a little time would suffice to get him well; and so he was only directed to inhale the steam of boiling water; and, as his distress was referred mainly to the larynx, a small mustard poultice was directed to be applied over that organ night and morning. In this expectation, however, I was much disappointed; and finally, after waiting a few days, when a considerable amount of general bronchitis had supervened, I was compelled to treat the case as if it were ordinary measles, by salines, including tartar emetic, and blisters; and by the end of three weeks, and not till then, could he be pronounced well. The last symptom which remained was dyspnœa; for this he got small doses of the oxide of zinc with markedly good effect. The boy is now perfectly well.”

Dr. Kennedy considers that Dr. Salisbury has opened up a question of the greatest interest and extent, and he regards the experiments of Dr. S. as conclusive, that certain bodies which are being constantly generated in vegetable matter, are capable of causing certain diseases when inoculated in the human frame, or brought even only in contact with mucous membranes.

Dr. K. thinks that the following deductions may be drawn from the facts which have been adduced:—

“1. That certain acute diseases affecting the throat and air passages may be caused either by inoculation of certain vegetable fungi or by direct contact of the same with the mucous membranes.

“2. That, as far as is yet known, the diseases so produced seem to have the closest resemblance to measles.

“3. That the vegetable fungi which have been long admitted to exist in certain chronic diseases, as those of the skin, show an impaired state of the constitution; and hence the importance of combining a constitutional with a local treatment in their management.

“4. That when vegetable fungi cause disease by coming in contact with the mucous membranes of the head and chest, we have now fixed data for the administration of emetics; which, by their direct effects, may thus cut short disease in its early stage.”

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16. *Diseases produced by bad Potable Water.*—M. BOUCHARDAT has communicated to the French Academy some elaborate investigations on this subject. The following are the more salient facts and conclusions at which this persevering observer has arrived:—

Endemic cretinism is principally due to two causes acting simultaneously, viz., the connection of cretinism with endemic bronchocele and consanguinity of marriages. In all localities where endemic cretinism has been observed, endemic bronchocele is, likewise, met with; thus, in the Himalaya Mountains, in the Andes, the Pyrenees, and the Alps—in these parts people affected with goitre have cretinous children, and the progeny of these latter are cretins. The intermediate degree of “cretinous” may be wanting, but only in exceptional cases. In order that endemic bronchocele may be developed, a few years’ nay, even a few months’ use of bad drinking-water may suffice, but that cretins may