ness of pregnancy. In place of pouring into the stomach—whose only fault was a too manifest sympathy with its suffering neighbour lower down—bismuth, hydrocyanic acid, ingluvin, oxalate of cerium, and other vaunted specifics, attention should be directed to remedying any condition of the uterus likely to produce vomiting. The application of cocaine, carbolic acid, or other appropriate agent to the cervix uteri, or the insertion of a morphine suppository in the vagina, would more often check the sickness than any of the above remedies administered by the mouth.

Cases of chronic metritis, where nausea or sickness were prominent symptoms, were too often treated by remedies directed to stimulating the action of the liver or improving the digestion, in place of treating the disease of the uterus, which was really the *fons et origo mali*. All the diet lists and lengthy prescriptions too often suggested, even though tried patiently for many consecutive months, and in some cases years, were as nothing compared with appropriate uterine treatment in affording relief. Mr. Henry Power's remarks in his recent Bowman Lecture On the Relation of Ophthalmic Disease to Certain Normal and Pathological Conditions of the Sexual Organs were alluded to and endorsed.

The operative treatment of cancer, more especially of the uterus, was then considered. Although the results, thus far, were encouraging, we should never be able adequately to cope with this terrible malady until the practitioners scattered over the length and breadth of the land had their faculties quickened to appreciate the very earliest manifestations of the disease, and even to anticipate its advent by a more careful consideration of the predisposing causes which, where a strong hereditary predisposition existed, were likely to eventuate in such a condition.

Sir James Paget had indicated the direction in which our minds should tend. He had recently stated that "all cancerous diseases were apt to form in parts congenitally defective, and still more as a result of injuries. More commonly still they appeared in parts that had long been the seat of some irritation, as we called it, as in the scars of burns, or in syphilitic tongues or gums, or cheeks irritated by bad teeth, or in lips irritated by pipes, or tongues by hot tobacco smoke." And to this list might be added, in mammæ where eczema of the nipple had existed, and in the cervix uteri from old standing laceration and irritation.

In his recent Morton Lecture, Sir James Paget encouraged the hope that we might yet find some medicine as efficient against cancer as mercury or quinine were against syphilis and ague. Professor Clay, some seven years ago, asserted that he had discovered the long and anxiously sought for remedy in the form of Chian turpentine. Only recently, in one of our leading medical journals, he had reported three cases of cancer cured by this remedy. If this was all his charity could afford, his poverty must be great indeed. If it were really such a specific as he asserted, why had we not thousands of cases reported as cured, not an insignificant trio like this. Surely the matter ought not to be allowed to remain in its present unsettled and unsatisfactory condition. The remedy had been fairly tried in the cancer wards of the Middlesex Hospital, as had many and various vaunted specifics which had been brought before the public during the present century, and still Dante's motto inscribed above the portal in the *Inferno*, "*Lasciate ogni speranza voi ch'entrate*"—"all hope abandon ye who enter here"—might not inappropriately be placed over the entrance to the cancer wards.

The subject of electrotherapy in gynecology, recently brought prominently forward by Dr. Apostoli, was one which was attracting considerable attention. Not only were we promised the dispersal or arrest of growth of fibroid tumours, and the arrest of hæmorrhage by the influence of electricity, but also the resolution of peri-uterine inflammation and the relief of ovarian pain, so as to preclude the necessity of removal of the appendages. Amenorrhœa, dysmenorrhœa, and menorrhagia were amenable to its influence as well as numerous other conditions too often intractable to other remedies.

The desirability of studying the effects of remedies upon uterine and pelvic disorders was then insisted upon. Much might be done by careful clinical observation, recording minutely the symptoms, and how these were modified or relieved, not by a combination of half-a-dozen different drugs, as was too often the case, but by some specially selected one, given with the definite idea of testing its true value under certain well defined conditions. The importance of leaving the culinary department of the organism free for its intended purposes, and not converting it into a drug

store for the reception of nauseating compounds was urged. There were many and various methods of applying remedies directly to the locality affected, which should always be resorted to when feasible; for example, rectal and vaginal suppositories or pessaries, injections and enemata, hypodermic injections, local applications, whether as plasters, fomentation, or poultices, or applied to a blistered surface, medicated baths and fumigations, or as local applications to the cervix uteri.

The injection of a drachm of glycerine into the rectum, as recently advocated, would often succeed in affording relief to the bowels *cito, tute, et jucunde* where pills and aperients proved of little service.

In many critical cases, where the life of the patient often hung upon the powers of assimilating nourishment, much harm was done by drugging the stomach with opiates unnecessarily and unreasonably. We first impaired the digestive capacity of the stomach by drugs, and then attempted to convert the rectum into a stomach by injections or suppositories of peptonised materials.

The employment of antipyrin in gynecology as relieving pain, dysmenorrhœa, quieting the nervous system, procuring sleep, arresting hæmorrhage, bringing down the temperature in febrile conditions, and in many other ways proving very serviceable, was dwelt upon.

The so-called "dry treatment" in gynecology was then referred to and advocated in place of glycerine tampons. Powders such as bismuth, iodoform, boracic acid, borax, alum, tannin, oxide of zinc, soda and others, applied either by the aid of an insufflator or blower, or incorporated in cotton-wool tampons, or placed in the vagina, and kept in by means of dry cotton-wool tampons, were often of great service.

Much had yet to be accomplished in gynecology before we could sit down satisfied that we had learnt all that was necessary, and had attained to such skill in diagnosis and treatment that we had nothing more to desire.

A CASE OF ACUTE TUBERCULOSIS.

BY OWEN LANKESTER, M.R.C.S.,

WITH REMARKS BY SIR DYCE DUCKWORTH.

ON November 4th, I was sent for to see H. H., aged 25, single, a cook, who was complaining of a sharp shooting pain at the tip of the left thumb, so severe that it kept her awake at night. On inquiry, she had been out of sorts for several days, her appetite had failed, and she had felt listless.

Examination of the thumb revealed nothing to account for the pain; her tongue was slightly furred, and the temperature 102° F.; she was told to go to bed and have a poultice applied to the thumb, to take an aperient at bedtime, and to use a fluid diet. Her history was good; her father and mother were both alive and well; seven brothers and sisters were also living. There was no history of phthisis or rheumatism in the family; her previous medical history was also good. She had been in a cottage hospital two years before, with what seemed to be aggravated dyspepsia.

On November 5th she expressed herself as better; the aperient had acted, and the pain had left her thumb, having passed to the ring finger of the same hand. She complained of breathlessness in coming upstairs, but after a careful examination no sign of any mischief in any organ of the chest or abdomen could be detected. The temperature at night was 102°, and in the morning 100°. She was given quinquina sulph. gr. ij thrice daily.

On November 7th she again expressed herself better; there was no pain in the fingers, but the calf of the left leg was so painful she could not put her foot to the ground; there was no swelling, no redness to be seen, and the calf of the left leg was precisely the same in measurement as that of the right, but it was very tender on pressure. Her general condition was much the same; the temperature was 100° in the morning and 102° at night; pulse 96, regular, full; the tongue was furred in the centre and red at the side; there was no enlargement of the spleen; no abdominal tenderness; the urine 1020, acid, natural. Bellad. and glyc. was applied to the leg, which was wrapped in wool and raised on a pillow.

The patient's condition remained much the same for the next few days; the pain in the calf continued, but as she did not get out of bed it was not very troublesome; the temperature remained raised; the pulse was strong and regular, but rapid; the tongue became gradually drier, and cracked. She was always cheerful,

declaring herself better, and took her food, which consisted of milk and beef-tea, very well.

At this period typhoid fever seemed possible, but there was no splenic enlargement, no spots, and the stools were solid and had no special characteristics.

On November 14th the patient complained of a sharp pain in the left forearm, in the bones, as she said, quite different from the pain in the calf, which was of a dull, aching character. I again examined the chest and abdomen carefully, but discovered nothing abnormal; she had no cough, slept well, and took her food well; the temperature in the morning was 100°, and at night 102.3°; pulse varying from 98 to 102, strong; urine 1020, faint cloud of albumen. Treatment as before.

On November 18th Dr. Oswald Browne saw her with me. At this time she complained only of pain in the muscles of the calf of the left leg, where there was marked tenderness, with some increase of resistance on palpation, nothing more. There was no suspicion of tubercular disease. Respiration was perfectly natural, and there was no cough. Physical examination of the chest revealed true pericardial friction at the cardiac base, over an area of the size of a crown piece. The temperature taken in the mouth was 103°.

Though articular symptoms were absent, Dr. Browne considered that the pericarditis and pyrexia were manifestations of acute rheumatism, and advised the application of a blister over the area affected, and treatment by full doses of salicylate of soda every four hours. This treatment was adopted.

On November 19th friction was still slightly audible. The temperature had fallen from 103° the previous evening to 100.3°. On November 20th friction was no longer heard. The temperature in the morning was 99.6° and at night 100°, the lowest record since the commencement of the illness. Pulse 89. She took nourishment well, and slept well.

For the next few days the improvement was maintained. The temperature never quite reached normal. It was 99.4° in the morning and 100.2° at night, varying a few points from time to time.

On November 23rd salicylate of soda was given thrice daily. On November 25th the temperature began to rise again, reaching 101.8° at night, and for the first time her appetite failed; she slept badly, and wandered slightly. There was no cough, and the physical signs in the lungs were natural. On November 27th the temperature in the morning was 101° and at night 102.4°; pulse 104. A small patch of friction (pleural) was detected in the left axilla. There was no pain on breathing and no cough; the respiration was 22. On November 28th the temperature was still high, the pulse 106, and she seemed confused. The friction was spreading in front; pain was still present in calf. The retinae were examined ophthalmoscopically with negative result. Salicylate of soda, which had been given thrice daily since the 23rd, was discontinued, and quin. sulph. gr. iij was ordered thrice daily. On November 29th there was slight crepitation in the right axilla; in the left axilla there was pleuro-pericardial friction; the heart's apex was in the nipple line, and there was no murmur; the spleen was not felt; the tongue was dry and cracked; respiration 23. On December 2nd, it being impossible owing to domestic reasons to keep her where she was, she was removed to St. Bartholomew's Hospital, under the care of Sir Dyce Duckworth. Dr. Tylden, house physician, has kindly allowed me to use his notes.

The urine contained a cloud of albumen. The spleen could be felt on deep inspiration. She was ordered quin. sulph. gr. iij every six hours, milk, beef-tea and brandy; the temperature in the morning was 102°, and at night 103°; the pulse was 104.

On December 5th the spleen was still palpable; the temperature in the morning was 102.4° and at night 103.2°; the pulmonary signs were rather less; sibilus was still present. On December 6th the temperature was still high; there was no remission; she was more dusky; there was sharp crepitation over the right front as high as the apex; the spleen was still felt; crepitation over old area of friction; slight subsultus; the temperature in the morning was 103° and at night 103.4°. On December 7th she still took nourishment fairly; the crepitation in the lungs was increased; the pulse was 120, the respiration 32; the temperature in the morning was 103° and at night 103.4°.

On December 8th rales were heard over both backs, especially the right, and harsh breathing over the upper scapula. On December 9th she was worse; the physical signs were increased; the respiration was 36, and the pulse was 120; she passed a normal motion; the temperature in the morning was 103.2° and at night

104°. On December 10th the temperature was 101.4°; several (doubtful) rose spots were noted; breathing had been much worse during the last twenty-four hours. She died at 4.30 P.M.

A *post-mortem* examination was made on December 12th by Dr. Ormerod. The visceral pleura and the whole of the right lung were full of miliary tubercle. The right pleura contained a largish, thickened spot on the anterior surface, also some recent shreds of lymph. The parietal pleura was deeply congested. The pleural surface and the interior of the lung were full of miliary tubercle. Tubercle was spread uniformly through the whole of both lungs; there was no caseation, no breaking down. The bronchial glands were not enlarged nor caseated. The pericardium and heart were normal, except slight beading of the mitral edge. There were some patches of tubercle on the serous surface of the intestine, and small deposits of tubercle in the ileum, one just ulcerating. There was also tubercle in the capsules of the liver, and one or two spots in substance, and tubercle in the capsule of the spleen. There was no enlargement of the mesenteric glands. In the kidneys were several small deposits of tubercle, some beginning to look yellow. There was a cyst in one ovary; the mucous surface of the uterus was red. (No incision was made in the left calf, owing to objections by the family.)

REMARKS BY SIR DYCE DUCKWORTH (added by request of Mr. O. Lankester).—The case narrated above was one of extreme interest. The patient was admitted under my care with a history of rheumatic symptoms, including pericarditis. There were no articular pains, and no signs of pericarditis on admission. The pain referred to in the calf was still present. No physical signs explained it; in particular, no venous thrombosis. The patient was clearly very ill. My first impression, which remained for a few days, was that the case was one of enteric fever. The general condition went to support this view, the state of the tongue and spleen, and several of the motions, too, being ochrey and powdery, still further lent support to it. The pyrexia was not, however, characteristic of enteric fever. In discussing the case at the bedside, I stated that the diagnosis lay between acute tuberculosis and enteric fever. Ulcerative endocarditis was considered, but negated by the condition of the heart. For some time, indeed, an exact diagnosis was hardly possible. The occurrence of patches of dry pleurisy on each side was significant of tuberculosis. When, to this, signs of involvement of both lungs with bronchitic symptoms, manifested by fine crackling rales, which increased day by day, were added, the diagnosis became almost certain. With these signs, there came on extreme frequency of respiration, a very significant indication of acute pulmonary tuberculosis. The necropsy fully verified the diagnosis. The case is very noteworthy, because nothing in the family history pointed to the malady, and no evidence was forthcoming of any original seat of tuberculosis in the body. The diagnosis between enteric fever and acute tuberculosis has always been in certain instances a matter of extreme difficulty. It was so for some time in this case. In the earlier period of the case a diagnosis was impossible. The patient appears to have plunged suddenly from previous good health into tubercular fever, and succumbed in about five weeks. The treatment latterly was by quinine in full doses, and large quantities of strong nutriment with stimulants were well taken to the last.

NAPIER AND KURIPAPANGA (HAWKES BAY PROVINCE, NEW ZEALAND) AS HEALTH RESORTS FOR PULMONARY INVALIDS.

By J. H. LESLIE ALLEN, M.B., M.D.

ABOUT two years ago I wrote a letter to the BRITISH MEDICAL JOURNAL on the climate of the seaport of Napier, the capital of the Hawkes Bay Province. I had at that time been only four months resident in Napier, but had derived so much benefit from even that short visit that I felt fully justified in recommending the climate. The air is bright and clear, from the abundance of sunshine and cloudless skies; and it is dry, as the result not only of the comparatively small amount of rainfall, but from the fact that the rain usually occurs in bursts, and is succeeded by long periods of fine weather. The soil also is light and absorptive, and tends to prevent accumulation of water on the surface.

The position of Napier is favourable. In latitude about 39° S.