Again, we are all agreed that children and healthy young persons are best without stimulants, and that the hardest of our lads need nothing stronger than very small beer with their dinner, even if they really need that. I think we require to exercise great care in our advice on this matter to the descendants of drunkards, and of the subjects of the various neuroses, having regard to the inherited instability of their various orectic centres.

There exists difference of opinion as to the effects of sudden and complete cutting off of stimulants in the persons of hard drinkers and the subjects of acute debauch. Such ought not to exist. There is ample evidence that no serious results will follow such a course. I should consider it bad practice now-a-days to find a patient with delirium tremens treated with any measure of stimulant. It can be, and ought to be, suspended at once; for it is proved to be unnecessary, unless some special complication calls for it. The practice of large hospitals and of our prisons fully confirms me in this opinion.

In conclusion, let me say a few words respecting the attitude of our profession towards the movement for promoting teetotalism. After all I have just uttered, you cannot suppose that this mission can have my approval. I believe that a mission against the drinking habits of all classes and communities conducted upon principles of total abstinence is a hopeless one to embark upon. It is simply to fight the air. Little can, in the nature of things, come of it. A crusade against our grievously prevalent intemperance, an intemperance in strong drinks more or less great in all classes, an intemperance amounting often to gluttony in respect of unnecessary delicacies amongst the wealthy classes, conducted upon principles of true moderation and sobriety, is a very different matter. In the one case, we have no scientific basis to work from, and we cannot stultify ourselves as medical men by countenancing so vain a mission. As well might we enjoin total abstinence from any wholesome and innocent practice. As I have already remarked, I recognise whole classes of cases in which such a practice is proper and advisable. Teetotalism is, therefore, a therapeutic measure for our injunction when necessary or advisable. If the examples set by good people would of themselves avail to rescue the mass of drunkards, England would be amongst the least drunken countries to-day.

In the other case, we can all, as enlightened, thoughtful, and scientific men, combine with vast power to check both intemperance and gluttony, and join hands with our clerical brethren in a mission of reclaiming and warning our erring fellow-countrymen, and, alas, countrywomen too, at once worthy of our art, our patriotism, and our Christianity. It behoves us, as calm-thinking and scientific men, to be very careful how we countenance this wavelet of opinion upon teetotalism; for so surely as we be carried away by any fleeting clamour, and fall in with any cant temporarily prevalent, so surely shall we, sooner or later, see the error we have made, and come to repent of the yoke under which we have put our necks. I flatly refuse to believe that the broad stream of common sense and legitimate freedom in this, or any other like matter, has flowed for centuries in a wrong channel, and that we alone in our day are called upon not only to divert, but to dam it up for all future time.

While I thus venture to express what I believe to be the calm, and matured opinion, as well as the rational standpoint, of the profession, I am not here to decry the noble examples of total abstinence from strong drinks set by the clergy and others in conspicuous positions. Such men and women may well go forth, if their health permit them, to special combat with the vice of drunkenness, fully equipped. We, as a body, are at all events unable to resist the evidence they bear to the effect that their principles *alone*, in many cases, enable them to reclaim drunkards, and achieve results that would otherwise be impossible.

Since writing this short paper, I have chanced to read an epitome of the medical evidence given before the House of Lords' Committee on Intemperance. In my humble opinion, that evidence was eminently satisfactory. But I feel constrained to offer objection to some of Sir William Gull's statements. "In conditions of fatigue," Sir William is reported to have remarked, "people might very well drink water, or take food, and would be very much better without the alcohol." To me, this seems a venturesome, if not an unfounded, opinion. The statement is, in any case, too bald. It is certainly not in accord with carefully acquired experience in many instances of fatigued conditions. For myself, I may assert that I am fully satisfied of the power of stimulants in states of bodily, cerebral, and cardiac exhaustion. I would not for one moment be understood to recommend recourse to alcoholic stimulus in all cases of exhaustion; but I clearly recognise conditions—not of very common occurrence, certainly—of systemic fatigue which "water" will not allay, and in which the very idea of "food," even to a naturally wholesome and strictly temperate man, at such a moment, is simply loathsome. For such an one to take a glass

of wine is to be so far restored as within a short time to be enabled to eat such a meal as without the preliminary stimulant he could certainly not have faced. That is not an opinion; it is a fact. Another statement of Sir William Gull was to the effect that when "he personally was fatigued, he ate the raisins instead of taking the wine". This is certainly epigrammatical, if not paradoxical, but I venture to deprecate such a method in giving scientific evidence; for the authority of the expert is sure to be requested, and his opinions will be carried on to various platforms and possibly receive even a literal interpretation, which, in this particular instance, would, of course, be absurd.*

I trust that the remarks which I have had the honour to make at this meeting may be received in the spirit in which they have been offered. As I have already remarked, society is a good deal disturbed and occupied just now with the questions I have touched upon. Much not unnatural warmth and indignation have been imported into discussions upon them, some only so recently as last week at the Croydon Church Conference. Those who hold fast to the old lines of freedom and moderation are held up to rebuke and disdain, and are even reckoned as enemies to the truths and progress of Christianity. There is, indeed, cause for indignation, and a stirring call to combat the bestial excesses and stupid intemperance which are rife around us; but, if this righteous fervour be laid in proper channels, it will, in my opinion, meet its true enemies in the intricate social habits of the present day, in the sadly increased facilities for drinking which spread around us, and in the ignorance and merely nominal Christian lives which are led by many of our countrymen. These are the roots of this upas tree, and to these must the axe be laid.

ACUTE RHEUMATISM: HYPERPYREXIA: RECOVERY.

By T. CLIFFORD ALLBUTT, M.A., M.D.,
Physician to the General Infirmary, Leeds.

MR. W., aged about 25, was attacked in August last with acute rheumatism. The disease pursued a favourable course, without heart-complication. Salicylate of soda was administered on Friday, August 10th. During apparent improvement, the perspiration suddenly ceased: a phenomenon which caused some anxiety to his medical attendant, Mr. Oxley of Pontefract. On Saturday, Mr. Oxley was still more uneasy on finding that all pain had entirely vanished, the limbs being thrown easily about in bed. The temperature also was found to be two degrees higher than the day before. Salicylate of soda was recommended in considerable and frequent doses; but the temperature continued to rise all that day and during Sunday. On Sunday night, there was much delirium; and early on Monday morning a message was despatched to me. On my arrival at about 9.30 A.M., the patient was lying on his back; his face was deeply flushed; and he tossed his head uneasily from side to side in delirium, or sank into stupor. The delirium and stupor alternated every few minutes. The temperature was now found to be about 107 deg., and was increasing every hour. Unconsciousness was complete, or nearly so. The pulse was very rapid, and the respirations also, though no accurate note of these symptoms was preserved. There was no visible swelling or redness of any part.

It was at once decided to place the patient in a cold bath. Unfortunately, the house, a large country residence, had been built before bath-rooms were in fashion, and a row of morning tubs could only be offered. Pontefract was some miles away, and time was pressing. An express was sent off for a full-length bath, and meanwhile an active housemaid discovered an old-fashioned slipper-bath, or rather boot-bath, in a garret. This was brought to the bedside, and a row of servants was placed upon the staircase to pass pails of hot and cold water. The bath was filled with water at 80 deg.; and the patient, a heavy man, was lifted from bed and his legs with difficulty thrust into the foot of the boot, so that he rested in a sitting posture upon a shelf within the heel. The rim of the bath reached the patient's waist. Regardless of floors and ceilings, very cold water was now poured upon the patient's head, who was held up in the bath, and whose temperature was now exceeding 107 deg. The difficulties of bathing and attention to the temperature of the water diverted the skilled observers from the patient, except so far as observation of the pulse was concerned. In five or six minutes, however, it was seen that he was quite conscious, and he had repeatedly expressed the intense relief

* Since I read this paper, I have, to my great amusement, actually heard the above gravely quoted at a meeting of the Church of England Temperance Society.

afforded to him by the bath. In ten minutes, he was joking with his friends, and enjoying himself thoroughly. The water in the bath was so continuously heated by the body of the patient, that it was with difficulty lowered to 70 deg. and to 60 deg. by constant baling out. With the recovery of the patient's consciousness, the use of the thermometer in the mouth became possible, and it was found that the upward movement of the temperature had been arrested. In this bath, cold affusions being poured continuously over the head and shoulders, the patient remained for forty-five minutes, when the thermometer had fallen slowly to 101.5 deg. He was still very comfortable and had no chill. He was now removed to bed, placed in a warm dry blanket, and a bottle put to his feet. His aspect and manner had for some time been perfectly natural, and his pulse and respirations were scarcely excessive. During the few hours which followed the bath, the temperature slowly fell to the normal. From this time forward, recovery was steady, and may have been aided by a few liberal doses of quinine, given with a view of preventing any renewal of the fever. It is but fair to add that the efforts of the medical men were admirably seconded by a nurse from the Bradford Institution, upon whom much necessarily devolved, and who carefully watched and recorded the temperatures throughout.

A NOTE ON ANTISEPTICISM AND COTTON-WOOL.

By SAMPSON GAMGEE, F.R.S Ed.,

Surgeon to the Queen's Hospital, Birmingham; President of the Birmingham and Midland Counties Branch of the British Medical Association; etc.

THE interest which must attach to any surgical communication from Dr. Marion Sims is, in the present state of surgical opinion, possessed in an exceptional degree by his letter on antiseptic surgery, published in the number of this periodical for October 27th. Dr. Sims states that "in France antisepticism can hardly be said to have a foothold"; but, with all deference to my distinguished American friend, the theory and practice had its earliest advocates across the Channel. Without engaging in the question of priority between Lemaire and Déclat, it is on record that the latter, in 1861, applied carbolic oil (one part in ten) to gangrenous sores; that after that, Maisonneuve extensively used carbolic lotions in the Hôtel Dieu; and that in October 1865, Déclat advocated carbolism on the basis of Pasteur's germ-theory. Those who have not had an opportunity of reading his work* may be interested by a literal translation of two short passages.

"The fine researches of M. Pasteur give the explanation of these unexpected phenomena—the prevention of purulent infection, hospital gangrene, etc., by alcohol, camphor, and carbolic acid. Wherever there is decomposition (alteration) of an organic liquid or substance, it is caused by the physiological action of living beings, of which the germs pullulate in the air."

"It is to-day well demonstrated that carbolic acid and its compounds prevent the development and even partly destroy the germs in the air; accordingly, it is easy to understand the favourable action of that acid in all kinds of wounds, in burns, and in midwifery."

Dr. Marion Sims's testimony to the value of cotton-wool dressing is important additional testimony to that already at hand in its favour. Burggraave of Ghent distinguished himself as an early and zealous advocate of the *appareil ouaté*. Still earlier (1842), Mathias Mayor,† taking for his motto *Simplex sigillum veri*, demonstrated and recorded the uses of cotton-wool as a dressing for wounds, with the originality and the ingenuity which characterised him as a *facile princeps* of surgical art.

What an interesting chapter might be written on surgical fashions! How true is it, to quote Charles Bell, that if we are not acquainted with the history of the art, and not aware of the observations and discoveries of the great men who have preceded us, we are in constant danger, in straining after new inventions, of only restoring what has been discovered, tried, and rejected before our time. In the treatment of wounds, two causes above all others have tended to retard progress—firstly, imperfect acquaintance with principles and methods which, in spite of their soundness, have remained comparatively unknown; secondly, the attractiveness of theoretical generalisations, which fascinate the majority and not unfrequently obscure the judgment of the most conscientious advocates. To take for granted that putrefaction and suppuration are identical, and to attempt a reform of surgical practice by the light of Pasteur's germ-theory, is an enterprise which calls for the strictest investigation. What is wanted is an ex-

haustive empirical inquiry into the various methods of treating wounds, with the full knowledge of acquired facts, and without theoretical pre-occupation. The old teaching of Alanson and Mynors, of John Bell and Larrey, of Mayor and Seutin, is substantially as sound now as it was in their day. To investigation and treatment, the thermometer and a variety of chemical and mechanical appliances will be found invaluable aids; but the judiciously progressive surgeon has no need of a revolution. If he make discriminative use of facts known to his predecessors and contemporaries, he will only need a well stored surgical head and gentle hands to make him a very successful healer of wounds, without the constant dread of M. Pasteur's reputedly ubiquitous and maleficent germs.

PERFECT RESTORATION OF THE SHAFT OF THE ULNA AFTER ITS COMPLETE NECROSIS AND EXFOLIATION.*

By A. W. STOCKS, M.R.C.S. Eng., Salford.

IN the first week in 1876, H. J., aged 16, having received no injury, had an aching pain in his right wrist. Next day, he was unable to work as a "drawer-in" in the mill, an occupation which requires a fair amount of manual dexterity. His arm began to swell on the ulnar side gradually from the wrist up to the elbow. An abscess formed and burst naturally at the lower end of the ulna, at the termination of the first fortnight of the disease. He came under my care on March 18th, when I found an opening in the arm, which was much swollen, near the styloid process of the right ulna, through which bare bone could be felt as far towards the elbow as the probe would reach. There was an abscess behind the head of the ulna, and the parts about the elbow were much thickened.

On March 23rd, after the application of Esmarch's bandage and of chloroform, the opening was enlarged freely towards the elbow, and the piece of bone produced, measuring six inches and a half in length, and involving the whole thickness of the bone, was removed. The longitudinal measurement of the left ulna was nine inches. Small osseous deposits could be felt in the periosteum on the finger being introduced into the cavity, the periosteum itself having apparently sustained very little injury. The wound was filled with lint saturated with carbolic oil, and a bandage applied over the whole arm, with a view of controlling the hæmorrhage when the blood was allowed to return into it. The arm was placed on an angle splint in the prone position. Next day, the lint and bandage were removed, and there was very slight hæmorrhage.

March 28th. The wound was granulating. He could bend the elbow slightly.

April 14th. The arm was put in a straight splint, with the hand free. Formation of bone could be distinctly recognised. He could pick up any light object from the floor.

June 13th. He could write his name.

June 23rd. There was slight power of pronation and supination. Small pieces of sequestrum came away from the inner side of the head of the ulna, the wound finally healing in the month of August last. The bone, being chiefly subcutaneous, can now be felt to be perfectly continuous and very nearly of its original shape.

It would seem that this case was one of idiopathic inflammation of the bone, both endosteum and periosteum being involved, followed by necrosis of the whole shaft of the bone. The chief interest in this case appears to be in the fact of the perfect restoration of the limb after such severe injury, and in showing the wonderful power of repair possessed by the human body when placed under favourable circumstances.

OBSTETRIC MEMORANDA.

PUERPERAL EMPHYSEMA.

BEING a reader of the JOURNAL for some time, and finding there the only cases of puerperal emphysema I can discover on record, I think I should report a case which came under my observation.

Last March, I was called to see a woman, aged 20, in her first labour. On my arrival, I found the os half dilated, and, about ten minutes afterwards, the waters escaped and the head came down slowly for about an hour and a half; then the pains became very violent, and, on examination, I found the head impacted between the ischial tuber-

* *Nouvelles Applications de l'Acide Phénique en Médecine et en Chirurgie*, par le Dr. G. Déclat. Paris, Delahaye Ed., Octobre 1865, pp. 27-29.

† *La Chirurgie simplifiée*. Bruxelles, 1842.

* Read in the Section of Surgery at the Annual Meeting of the British Medical Association in Manchester, August 1877.