thigh Mr. Gamgee formerly amputated at the hip-joint for a similar disease of the femur.

Abscess after Acute Nephritis.—This rare case, under Mr. Gamgee's care, seemed worthy of note. The patient, a girl aged 18, suffered from an attack of acute nephritis about eleven months ago; she made a good recovery, but, a month after the attack, an abscess formed and pointed in the left loin. It had remained open up to the time of our visit, discharging more or less pus. Dr. Jolly, the house-surgeon, informed us that the pus had never shown signs of urinary contamination.

Recovery from Puerperal Pyæmia.—Mr. Furneaux Jordan drew attention to the case of a woman, lying in the fever-house, who had suffered from suppuration in the knee-joint after parturition. Mr. Jordan had applied the actual cautery freely in the neighbourhood of the joint, and considered that further suppurative action had been prevented by the treatment adopted. The woman had been almost at death's door, but was, when we saw her, believed to be in a fair way towards recovery.

Strangulated Hernia.—Mr. Furneaux Jordan remarked, in reference to a case in the wards, that he much preferred operating without opening the sac in cases of recently strangulated herniæ, both inguinal and femoral. Mr. Jordan makes a small incision a little above the neck of the sac and just through the skin, and does the remainder of the operation, except the division of the stricture, chiefly with the fingers and the handle of the scalpel. He considers that in this way he reduces to a minimum the disturbance of the parts and the chance of opening the sac.

Ovariectomy.—We were informed that this operation was performed in seven cases last year, and that four of them recovered.

Acupuncture is, we are told, generally employed in amputations, for the large vessels, and *Torsion* for the smaller ones; such, *e.g.*, as the radial.

Carbolic Acid has not been extensively tried on Lister's plan.

We are indebted to Dr. Sawyer, the House-Physician, for much interesting information on the general features of the medical cases in the Hospital.

Cases of lead-poisoning are very common, and we saw several during a short visit. The usual treatment consists of iodide of potassium, sulphate of magnesium and dilute sulphuric acid, and electrification by the interrupted current. Although lead-colic and paralysis are common among the workers in glass and white enamel, Dr. Sawyer has not seen many cases of saturnine gout—indeed, gout seems to be a rare disease in Birmingham. Dr. Sawyer had not seen any cases of optic atrophy in connection with lead-poisoning.

SOUTH STAFFORDSHIRE GENERAL HOSPITAL AND WOLVERHAMPTON DISPENSARY.

[BY OUR OWN REPORTER.]

THIS is a building, the internal arrangements of which, for the most part, bear out the expectations raised by the view of its imposing exterior. It contains, at present, a little over 100 beds, but is about to be extended by the addition of separate fever-wards and an enlarged out-patient department. The majority of the cases are surgical; and a large number of accidents from machinery and burns are constantly to be found in the wards. The staircases and passages are worth notice, as very wide and well lighted; but the wards themselves are, in consequence, a little cramped for space, although thoroughly ventilated and yet sufficiently warm. A special feature in this hospital is formed by the day-wards for convalescent patients; and we noticed, in addition, other marks of attention to the comfort of the inmates, such as a couch in each ward, which are, we think, too often absent from our hospitals. Some of the floors are polished, and others washed. Mr. McDonald, the house-surgeon, was kind enough to show us several interesting surgical cases and afford much information on the general features of the surgical practice of the hospital staff.

Excision of Os Calcis.—Under the care of Mr. Vincent Jackson, we saw a girl, aged 18 years, from whom the whole os calcis of one foot had been removed for disease. The operation was performed last September, but the healing had been delayed by the persistence of one or two small sinuses which still remained open. She had no disease of the ankle-joint, and could, even at the time of our visit, bear tolerably firm pressure without pain. There seemed every prospect of her foot becoming very serviceable.

Lithotomy is done rather frequently at this hospital. The lateral operation is preferred. A tube is often used after the operation.

Ovariectomy.—One operation, a successful one, was performed last year.

Stricture of Urethra.—Mr. Jackson generally uses Holt's dilator in suitable cases, and has, we believe, operated on a considerable number

of patients without any serious results. Quinine and opium are given after the operation.

Erysipelas beginning in the house is very rare. Mr. McDonald assured us that there had not been a case within the last twelve months.

No extensive trial of Lister's antiseptic treatment has been made. There is a children's ward nicely fitted up. There is no museum.

CLINICAL LECTURE ON VARIOUS SUBJECTS.

By MR. PAGET, F.R.S.

MR. PAGET (on Wednesday last) commented upon several of the cases admitted under his care during the preceding week into the accident wards.

Fracture of the Femur.—In reference to a man, aged 44, suffering from fracture of the femur between the middle and lower thirds, Mr. Paget made some remarks on the treatment of this injury, advocating strongly the American* plan of suspending the limb in a sort of trough splint by cords passing upwards and forwards, so that the line of traction forms an angle with the axis of the femur. The whole limb is raised from the bed, and the knee is a little bent. Mr. Paget prefers this apparatus to the long straight splint for the following reasons. Its use is followed by less shortening; it is much more comfortable; it allows the patient to move the body without in any way disturbing the injured limb, and thus it does away with the necessity of prolonged recumbence, an advantage which Mr. Paget thinks of no mean importance, especially in old persons.

Retention of Urine.—A man, aged 29, was admitted for retention and dribbling of urine; the latter symptom had existed for six weeks. His bladder was much distended. An attempt to pass a catheter was unsuccessful, but he passed all his urine while in a warm bath after a dose of laudanum. In comparing the effects of catheterism and the warm bath, etc., in cases of spasmodic stricture, Mr. Paget enlarged on the necessity of great caution in using instruments, and on the increased risk of making false passages when the urethra is in a softened state from congestion and inflammation; and advised that the same reliance should be placed on opium, rest, and the warm bath for reducing the swelling of the urethral tissues in cases of spasmodic stricture, as for relieving the tumefaction of the nasal mucous membrane in ordinary "cold in the head." The use of the catheter should, Mr. Paget considers, be deferred if possible for a few days, as it was in this case, and then, when the irritability of the urethra has passed away, the organic stricture, if it exists, may be treated.

Inflamed Bursa Patellæ.—This was a case in which a fall on the front of the knee had been followed by inflammation and suppuration in the bursa and a phlegmonous inflammation of the neighbouring superficial structures. Mr. Paget said that this case would serve to illustrate the curious and hitherto unexplained fact that blows upon bursæ are much more liable to be followed by severe local inflammation and suppuration than are far more extensive contusions not involving these organs. Mr. Paget prefers to make two incisions into a suppurating bursa, so as to admit of very free exit for the matter.

Compound Comminuted Fracture of Femur just above the Condyles.—A woman 63 years of age fractured her femur just above the condyles; a small wound near the seat of fracture gave exit to synovia, and the accident was soon followed by effusion into the knee-joint, with heat and inflammation of that part. Several years ago she fractured the same femur at the neck, since which accident the limb has been considerably shortened, and the heel has been raised as in talipes equinus. Mr. Paget remarked that oblique fracture of the lower end of the femur, like the corresponding lesion of the humerus, is often complicated with vertical fracture extending into the joint, as in this case. The treatment recommended, when synovia escapes from a wound in such a case, was that adopted in this instance; viz., sealing the wound with collodion, irrigation with cold water if the joint become painful, hot, and distended, and the application of a long splint.

Mr. Paget alluded to several other cases of minor interest, among which were the following.

Extensive Scalp-Wound Treated by Wire Sutures.—Mr. Paget mentioned this case in order to dispel the common belief that sutures are unadvisable in treatment of scalp-wounds. He considers that sutures in these cases do not add to the risk of erysipelas—a complication which is more likely to follow wounds of the scalp than wounds of other parts, however treated.

Fracture of the Nasal Bones.—The man, aged 80, was admitted, said Mr. Paget, simply on account of his age, there being no concussion or

* Mr. Paget uses a modification of Dr. Hodgson's apparatus, devised by Mr. Bloxam, Surgical Registrar of the Hospital.

other urgent symptom. Mr. Paget advised his hearers to bear constantly in mind that old people sometimes die from the effects of injuries which would be of quite trivial importance in young subjects.

Severe Contusion of the Leg.—Mr. Paget drew attention to this case as illustrating all the phenomena of an extensive bruise; and showing, in addition, the formation of bullæ containing blood-stained fluid of the same nature as that to which the swelling and discolorations of a bruise are due. Mr. Paget remarked that these bullæ are usually associated with fracture, and are not commonly seen in cases of simple contusion.

In mentioning and describing a case of *Pott's Fracture*, Mr. Paget alluded to the desirability of endeavouring to ascertain, as an aid to diagnosis, the direction in which the breaking force has been applied in all cases of fracture.

ABSTRACT OF A CLINICAL LECTURE.

By DR. WILKS.

In a Clinical Lecture delivered at Guy's Hospital on February 19th, Dr. Wilks commented on the case of a patient who was admitted complaining of "Epilepsy". He first made some remarks to show that loss of consciousness is essential to the definition of epilepsy; and that convulsions occurring without loss of consciousness are not truly epileptic.

The patient under consideration, a man aged 24, unmarried, had lived freely, but had never had syphilis. His fits began about seven years ago, shortly after the house in which he was living was burned down. The fits were ushered in by a feeling of cramp in the left leg; it passed to the right leg, up the right side of the body, and ended behind the right ear. He then fell down, and was convulsed, but remained conscious throughout. He generally had about twelve fits a day. Latterly, he had lost consciousness on two or three occasions, and had passed his urine and feces under him. His urine contained albumen.

Against the idea that the fits might be due to renal disease, Dr. Wilks put the fact that the man was strong and hearty, and presented no other symptoms of Bright's disease. Moreover, convulsions of uræmic origin were generally attended with loss of consciousness. The albuminuria was probably due to the intense congestion of the venous system during the attacks.

Previous experience pointed to the existence of local brain-disease in such cases. This might be secondary to affections of the bones after blows on the head, or a result of syphilis. The absence of syphilitic history was not of much moment; for the true chancre was more liable to be overlooked than the non-infecting sore with suppurating buboes. The lecturer stated it as his belief, that some of the worst cases of tertiary phenomena occurred where there had been, apparently, no secondary stage at all. The convulsions in such cases were usually more on one side than the other. Muscular weakness, persisting long after the fit, pointed in the same direction. The frequency of the fits was also against the idea of genuine epilepsy, as real epileptic fits seldom recurred daily.

The next case alluded to was one of Dropsy after Scarlet Fever in a child—an affection interesting on account of its frequency and the success of well conducted treatment. Having alluded to the explanation generally offered, that the disease is a result of suppressed cutaneous elimination through exposure to cold, Dr. Wilks expressed his belief that this explanation, though correct, was insufficient. It threw no light on the fact that acute dropsy was especially common after scarlatina, and that it sometimes occurred when every precaution had been taken against exposure. The kidney was specially predisposed to disease in scarlet fever. The skin as a whole, and the mucous membranes, so far as they were within reach, were obviously affected. It might safely be inferred that those which were out of sight were equally altered. Dr. Miller found some renal epithelium in the urine of every case of scarlet fever which came under his notice. In the majority of cases of scarlatinal dropsy, both the causes mentioned doubtless co-operate.

Treatment is of the highest importance; because, though we have no specifics at our disposal, there is hardly any acute disease more amenable to judicious management. The kidney was relieved by causing the skin to act. Hot-air or vapour baths, followed by confinement to bed and wrapping in flannel, generally effected this object. The liquor ammoniæ acetatis, in combination with small doses of tartar emetic, was a useful adjunct. In those almost desperate cases in which suppression of urine occurred early, Dr. Bright was against the use of salines, as tending to stimulate the kidney, and adding to the excess of solid matters already in the blood. The infusion of digitalis was to be preferred in such cases. When the urine flowed copiously, but was loaded with blood, the lecturer recommended the administration of the tincture of perchloride of iron.

NOTICE.

THE ANNUAL SUBSCRIPTIONS TO THE BRITISH MEDICAL ASSOCIATION FOR THE YEAR 1870 ARE NOW DUE: and it is a matter of great convenience to the Association, and conduces to the efficiency of its working, that they should be paid promptly.—Members of Branches, and all others who usually receive circulars at the beginning of the year from the local Secretaries, will greatly oblige, and will prevent trouble, by PAYING THEIR SUBSCRIPTIONS TO THE LOCAL SECRETARIES, AND NOT TO THE GENERAL SECRETARY.—All other members should pay their Subscriptions without delay to the General Secretary, T. WATKIN WILLIAMS, Esq., 13, Newhall Street, Birmingham.

Members of the Association residing in the counties of Middlesex, Essex, and Hertfordshire (except those belonging to country Branches), should pay their Subscriptions to Dr. A. P. STEWART, 75, Grosvenor Street, W.; or Dr. ALEXANDER HENRY, 16, Great Coram Street, W.C.

BRITISH MEDICAL JOURNAL.

SATURDAY, FEBRUARY 26TH, 1870.

THE DIMINUTION OF INTEMPERANCE.

FOR more than thirty years an energetic crusade against intemperance, on the principle of moral suasion, has been carried on. That it has produced great results, none can deny; nor is it possible to withhold the tribute of warm admiration from those who, at much self-sacrifice, in the face of constant ridicule and great opposition, have carried forward the temperance movement. It is perhaps doubtful whether the history of any nation can boast a more disinterested and better-sustained effort at an internal reform. We may smile at some of the arguments which have been adduced on temperance platforms, and may even feel angry at the tone which has sometimes been assumed towards those who have failed to be convinced; but we cannot for a moment impugn the purity and nobleness of the motives of those concerned.

As the result of their work, we have a remarkable change in social opinion; and we may rejoice that habits which were formerly thought gentlemanly rather than otherwise, would now exclude those indulging in them from respectable society. Amongst the educated classes, excess has certainly been greatly diminished. The reform has, however, but slightly touched the poor; and the consumption per head for the whole population remains, we believe, much where it was. The national conscience having, however, been roused, and our attention—thanks to the teetotallers—having been kept to the subject, other means for improvement are now in prospect. On all hands it seems to be admitted that it is time that the Government should take the matter up. The favourite scheme of the temperance societies is what is called the Permissive Bill—an enactment which would permit a certain majority in any given district to prevent the sale of intoxicating liquors within it. This rather strong measure has gained a far larger number of supporters than might have been expected. During the last few years, it has rapidly advanced in favour amongst a certain section of the clergy. That it has done so, is a most conclusive proof of a general and increasingly clear conviction as to the terrible evils of intemperance. We feel sure, however, that this Bill is too vigorously permissive of prohibition to have much hope of becoming law; at any rate, it will have no chance until other measures have been exhausted. The President of the Board of Trade has expressed his opinion very definitely respecting it; and it is not likely that we shall ever have any Ministry more likely than the present to aid such a movement.

The direction in which more immediate action is to be hoped for is in the better control of the licensing system. The Government has announced its intention of bringing forward a Bill with this object, and its details will, we expect, be known next week.

The subject of legal restraints on certain physical and moral evils,