The three drachms daily were continued up to May 6th, when she commenced taking half an ounce daily, which was persevered with until she left the hospital. For five or six weeks she also had a warm bath twice a week. At no time did she complain of any rheumatic or other pain during her time of treatment; and during her sojourn in the hospital no change of symptoms occurred, and no fresh one, such as cough, albumen in the urine, etc., came on. The temperature was registered night and morning, as before said, for several days, and as may be seen by the appended table. After a time the gluten-bread became very distasteful, even when tried in every possible mode, and its use had to be discontinued.

In spite of treatment and diet, the patient (though from time to time she varied in weight and strength), on the 8th of May, began decidedly to lose strength and spirits, and, at her own request, left the hospital eventually.

The following table contains the registration of the daily amount and specific gravity of the urine, and the occasional weight and temperature.

Urine.		Urine.		Urine.		Urine.	
Quantity.		Sp. gr.		Quantity.		Sp. gr.	
March 21.....	158 ounces.	1022	May 4.....	70 ounces.	—	—	—
" 22.....	178 "	1028	" 5.....	60 "	—	—	—
" 23.....	108 "	1028	" 6.....	66 "	—	—	—
" 24.....	126 "	1029	" 7.....	46 "	—	—	—
" 25.....	170 "	1028	" 8.....	68 "	—	—	—
" 26.....	160 "	1030	" 9.....	60 "	—	—	—
" 27.....	160 "	1027	" 10.....	64 "	1030	—	—
" 28.....	172 "	1030	" 11.....	60 "	1030	—	—
" 29.....	112 "	1028	" 12.....	60 "	—	—	—
" 30.....	128 "	1029	" 13.....	46 "	1029	—	—
" 31.....	96 "	1030	" 14.....	60 "	1028	—	—
April 1.....	90 "	1030	" 16.....	40 "	—	—	—
" 2.....	96 "	1030	" 17.....	60 "	1028	—	—
" 3.....	96 "	1028	" 18.....	60 "	1028	—	—
" 4.....	64 "	1028	" 19.....	60 "	—	—	—
" 5.....	60 "	1028	" 20.....	80 "	1029	—	—
" 13.....	100 "	1028	" 21.....	70 "	1030	—	—
" 14.....	84 "	1030	" 22.....	52 "	—	—	—
" 15.....	88 "	1032	" 23.....	70 "	—	—	—
" 16.....	72 "	1030	" 24.....	60 "	1022	—	—
" 17.....	70 "	1029	" 25.....	40 "	—	—	—
" 18.....	76 "	1030	" 26.....	44 "	—	—	—
" 19.....	64 "	1032	" 27.....	70 "	1029	—	—
" 20.....	80 "	1030	" 28.....	46 "	1030	—	—
" 21.....	74 "	1030	" 29.....	48 "	—	—	—
" 22.....	72 "	1030	" 30.....	46 "	—	—	—
" 23.....	70 "	1029	" 31.....	30 "	1022	—	—
" 24.....	80 "	1028	June 1.....	46 "	1020	—	—
" 25.....	60 "	1028	" 2.....	44 "	1026	—	—
" 26.....	60 "	1028	" 3.....	52 "	1027	—	—
" 27.....	60 "	1028	" 4.....	60 "	1028	—	—
" 28.....	60 "	1030	" 5.....	60 "	1028	—	—
" 29.....	48 "	1030	" 6.....	60 "	—	—	—
" 30.....	74 "	1028	" 7.....	60 "	1030	—	—
May 1.....	52 "	—	" 8.....	64 "	1028	—	—
" 2.....	50 "	—	" 9.....	46 "	—	—	—
" 3.....	50 "	—	" 10.....	54 "	—	—	—

Weight.

St. lb. oz.		St. lb. oz.	
March 21	7 3 0	May 1	6 10 4
" 28	7 2 10	" 9	6 13 0
April 4	7 0 4	" 16	6 10 12
" 11	7 0 4	" 23	6 10 12
" 17	7 0 0	June 6	6 8 8
" 25	6 13 0		

Temperature.

A.M.		P.M.		A.M.		P.M.	
April 10	98.4	97.6	May 8	98	97	97.4	97.6
" 11	97.6	97	" 9	97	97	97.4	97.6
" 12	99	97.6	" 10	97.6	97.6	97.4	97.6
" 13	97	97	" 11	98	97.4	97.6	97.6
" 14	96.6	97	" 12	97	97.6	97.6	97.6
" 15	97.2	—	" 13	98	98	98	98
May 6	97	98	" 14	98.4	—	—	—
" 7	98	98					

REMARKS.—In this case, which was under treatment for eleven weeks before the lactic acid was given, the urine ranged in quantity between 112 and 178 ounces a day; after the use of the acid, the quantity quickly diminished, and throughout its use fluctuated between 40 and 70 ounces a day, on one occasion being as low as 30 ounces. During all this period the specific gravity remained much the same as when the patient came to the hospital. The weight fell from 7st. 3lbs. to 6st. 8lbs. The temperature was almost always below the normal, being for the most part below 98 deg. Fahr. Neither the morning nor the evening temperature was uniformly above or below the other. In this case, it is to be observed that no rheumatic or other pains, and no noticeable perspiration, attended the use of the acid. The hay-like or sweet-smelling odour of the breath existed as in the former case.

In neither Case I or II was there any indication of interference with, or affection of, the nervous system; power of movement of the entire

muscular system, and sensibility, both general and of particular organs, being unaffected. In neither case was there albumen or excess of uric in the urine; and in neither was there any decided lung-mischief, though in Case II there was a degree of harshness of respiration.

As regards the results of treatment, it did not appear that in these cases any real benefit arose from the administration of the lactic acid.

METHYLENE ETHER AS AN ANÆSTHETIC.*

By LAWSON TAIT, F.R.C.S., Surgeon to the Hospital for Women, Birmingham.

By the introduction of this new anæsthetic, I feel sure that the days of chloroform as an anæsthetic for any but obstetric operations are numbered. The new substance has the following advantages over chloroform. Its action is much more rapid, and is entirely free from the muscular and cerebral excitement often seen in the use of chloroform; the quantity used is less; and sickness after its use is most exceptional, the recovery from the anæsthesia being extremely rapid and complete. Over sulphuric ether it has the advantage, that it is very pleasant to take, and that a tenth or twelfth of the quantity is sufficient.

I have used it about thirty times, and in only one instance was there any sickness, and in that case the lady had just before the examination been partaking freely of underdone mutton.

I have performed the following operations under its influence within the last six weeks, and in no instance has there been any sickness due to the methylene ether. A simple ovariectomy, in which only three drachms of ether was used; successful. Removal of both ovaries, in which the amount used is uncertain, but was probably about four drachms; successful. Removal of fundus uteri and both ovaries; a long and tedious operation, in which about two ounces of the ether was used, and in which no bad symptom has yet appeared (fourth day). This patient was sick some hours after the operation, but that was due to morphia. A long tedious operation for retained menstruation, in which seven drachms were used; successful. I have placed this patient under the influence of the ether eleven times, and she has never been sick. This repeated administration is for the passage of the finger up to the cervix, and the whole process, including the complete recovery from profound anæsthesia, never takes ten minutes. Removal of a large fibroid, and, in the practice of my colleague, Mr. Ross Jordan, the removal of the fœtus from the broad ligament successfully, together with several minor operations, and its administration for purposes of uterine or vesical examination, complete my experience of this new anæsthetic; and I shall use no other for surgical work until I obtain some disastrous result, a misfortune that at present seems more unlikely than by the use of either ordinary ether or chloroform. I may add that its use is more economical than that of either ether or chloroform.

ON CANINE MADNESS: WHEN COMMUNICABLE AND WHEN NON-COMMUNICABLE TO MAN.

By E. P. PHILPOTS, M.D., F.R.G.S., etc., Poole, Dorset.

It is often painful to witness the alarm occasioned by the bite of a dog, especially if the biting dog be "mad." Vague ideas, however, appear to prevail as to what a "mad dog" really is. It is generally supposed that only one kind of madness prevails amongst dogs, rats, cats, etc.; but I am prepared to show that this supposition is false; for, as mankind suffers from madness in more forms than one, so do the lower animals.

My observations having been limited to dogs, I must confine my remarks to them. There are two forms of dog-madness easily distinguishable from each other: the one communicable, and the other non-communicable to man. These two forms are named respectively hydrophobia, and distemper-madness. A person bitten by a hydrophobic dog is more or less certain of contagion; and, as sure as the disease is contracted either by man or by dog, so sure must death ensue from it. With regard to distemper-madness, the case is quite different. A person bitten by a dog that has this disease suffers merely from the local effects of the bite, which effects are, of course, in proportion to the severity of the bite, or simple lacerated wound, as it may be termed; the dog also, as a rule, recovers.

To enable medical men to diagnose the amount of danger in which their patients may be when bitten by dogs reported "mad," I have

* Read before the Birmingham and Midland Counties Branch.

drawn up a table, pointing out the great difference that exists between *real* hydrophobia and distemper-madness; and when I think of the large amount of anxiety and mental suffering that may be banished from the minds of those who have been bitten by dogs, by knowing the results likely to ensue from such bites, I consider that, however much it may belong to the veterinary surgeon to disclose and study these facts, it is not a waste of time for the medical man to give them a share of his attention.

HYDROPHOBIA.

Definition.—A fatal form of madness communicable from the lower animals to man; characterised (as the name denotes) by an intense dread of water.

Synonyms.—None.

Premontory Symptoms.—Begin two days beforehand, loss of spirits, loss of appetite, general depression.

General Appearance during the Attack.—When let alone, the dog lies sullenly as if “out of sorts,” and depressed, notices little, but recognises his master by wagging his tail. Violently insane only on the approximation of water.

Fits.—Absent.

Foam at the Lips.—Absent.

Water.—Sprinkled over, or near him, causes violent convulsions.

Thirst.—Absent.

Desire for Water.—Absent on account of dread.

Appearance of Eyes.—Dull or heavy.

Howling and Barking.—Absent.

Muscular Affection of the Throat causing Inability to Swallow anything.—Absent, or not observable.

Causes.—None.

Prognosis.—Very bad, always fatal, no chance of recovery.

Terminations.—The symptoms do not vary to any great extent towards the termination.

Pathology.—Intense inflammation of the brain extending to the throat and lungs.

Prophylactic Treatment.—None.

It will be noticed by this table, that in hydrophobia there is a dread of water, and in distemper-madness there is a longing for it. In the latter disease, there is a spasm of the œsophagus which the dog tries to overcome by futile efforts to vomit.

The premonitory symptom of hydrophobia is a sullen depression; in distemper-madness the throat-symptoms are first observable. Regarding the general appearance during the attack: the hydrophobic dog is a sullen animal, merely appears much “out of humour,” and is only actually mad on the approach of water; but in distemper-madness the animal really *is* mad in every sense of the term. He bites, and gnaws, and snaps, and chews anything that he thinks will cause him to vomit. The hydrophobic dog has *no* fits (except on the approach of water), and he does not foam at the mouth; but with the dog mad with distemper there is a succession of fits, one of which may end his life; his saliva, some of it of a frothy nature (foam), dribbles, and exudes from his mouth, and water sprinkled over him has no effect upon him. The hydrophobic dog hates the sound, the sight, the thought, of water; he will fly from it madly; but the dog mad of distemper rushes to it to assuage his thirst, but this he cannot do, as spasm of the œsophagus will not allow his swallowing. The hydrophobic dog’s eyes are “fishy,”

DISTEMPER-MADNESS.

Definition.—A form of rabid madness non-communicable to man; characterised by foaming at the mouth, impairment of deglutition, and a desire to vomit.

Synonyms.—Rabies.

Premontory Symptoms.—Loss of appetite, and slight husking in the throat.

General Appearance during the Attack.—The dog bites at any of its fellows, gnaws at his bed, or the wall, eats straw, snaps at his attendant.

Fits.—Present in a marked degree, in most cases.

Foam at the Lips.—Very much; the dog leaves it on the surface of the water he vainly tries to drink (the foam is caused by futile efforts to drink or swallow).

Water.—Has no effect upon him.

Thirst.—Intense, insatiable.

Desire for Water.—Very great.

Appearance of Eyes.—Dull, and green in their reflection.

Howling and Barking.—Present.

Muscular Affection of the Throat causing Inability to Swallow anything.—Well marked.

Causes.—Inflammatory action internally pervading the system.

Prognosis.—Good, or bad, according to the severity of the fits.

Terminations.—A fit.

Pathology.—Inflammation of the brain, often extending to the throat, the lungs, and the intestines.

Prophylactic Treatment.—Vaccination is a certain preventive.

dull, and sullen-looking; the dog ill of distemper-madness has bright green and savage-looking eyes, and he howls and barks. Dogs never recover from hydrophobia, but they do from distemper-madness, if the fits be not severe. Vaccination does not prevent hydrophobia, but it does distemper-madness.

From the foregoing remarks, which are founded upon a large amount of experience gained by many other observers besides myself, it will be at once seen that, collectively speaking, the bites of “mad” dogs are deprived of half their horrors. Happily, hydrophobic dogs and animals are *very* rare; but that “mad” dogs are plentiful, we have only to visit kennels of hounds, or the streets of large towns, to convince ourselves. Many people are bitten during the year by “mad” dogs, but never have hydrophobia.

The term “dog-days,” as applied to sundry summer days that are supposed to affect the canine race, is more or less a popular error; true it is, that excessively hot weather aggravates the distemper in dogs, or makes it visible or very bad in those animals which (were it not for the excessive heat) would only have a moderate attack of it, or have it so slightly as not to feel it at all, or at least but a very little (as many dogs do), but “dog-days” do not bring hydrophobia, or that disease would occupy a prominent position in the death-rate, instead of being one of the few diseases of which we seldom hear. There have been controversies lately carried on in the *Times* and other newspapers about canine madness. The futile assertions made by veterinary surgeons and others who (if only from their own observations) should know, have been successfully challenged and combated by the Hon. Grantley Berkeley, a name familiar to nearly every student of British Natural History. Mr Berkeley has, with the greatest courtesy and no small trouble, favoured me with the results of his observations on canine madness, which observations have extended over many years, and were made over many hundreds of cases amongst hounds in his own kennels and numerous other dogs; in fact, he has lost no opportunity of obtaining data from every possible source, being much interested in this matter. To him I am indebted for most indisputably deciding as to what is a hydrophobic, and what is a rabid dog. For promoting the advantages of vaccinating dogs for distemper, Mr. Berkeley has the hearty thanks of nearly every master of hounds in England.

I must not conclude this paper without remarking that the vaccination of dogs with ordinary vaccine lymph, as obtained from the human subject, produces perfect immunity both from distemper as a simple malaise, and from distemper in its more aggravated form of distemper-madness. I have repeatedly tried it, and have never found it to fail. I am at present engaged in further experiments upon the vaccination of dogs, and am making researches into the different forms of canine madness that at present exist; and shall not fail to make public any information that I shall gain thereby.

REPORTS

OF

MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS OF GREAT BRITAIN.

LONDON HOSPITAL.

EXCISION OF SHOULDER-JOINT: RECOVERY, WITH AN USEFUL ARM.

(Under the care of Mr. RIVINGTON.)

BENJAMIN BROMLEY, aged 20, was admitted under Mr. Rivington in September 1871. He was of a strumous habit, and had had bone removed by Mr. L. S. Little some years previously from his left femur and both tibiae. A few months before, he had been under Mr. Rivington for necrosis of the right humerus, and a large sequestrum, three inches in length, had been removed. The cavity left granulated healthily and filled up, a small sinus only remaining. This sinus led upwards to the head of the bone, and further interference in that direction would have risked the danger of implicating the shoulder-joint. The patient was therefore advised to go out of the hospital for a time, in the hope that a small piece of bone would loosen and be easily removed, and that then the sinus would close. At the end of a few months he returned, not in good condition, as he had fared badly outside the hospital. The sinus continued open and discharging rather freely, and an exploratory operation was proposed. Just before the operating day, the shoulder became the seat of inflammation of erysipelatous character, extending half-way down the arm, and terminating at a defined margin. Crepitus was now felt in the joint on the slightest motion, and it was conjectured that the head of the bone or