of cutting off the heads of their subjects, and they are no longer respected. They still acknowledge a kind of nominal sovereignty, feudal in character, but entirely different from that yielded by their neighbours, the Ashantees, to their king. It is more than probable that the latter people will, now that the kingly power is broken, become not very dissimilar. Small communes, jealous of each other, and constantly at war upon the most trivial pretences, the tribes of the Gold Coast only repeat our own earlier history, when the half-naked Anglo-Saxon fought against the more disciplined and trained Roman, or, later still, the Celt ineffectually against his Anglo-Norman conquerors. We read of the same barbarous reprisals and mutilation of the dead and wounded, the latter being only preserved in the prospect of a ransom. In other words, recent African wars are only those of our own more savage periods repeated. Those who have studied the histories of the Middle Ages must be struck with the similarity of the savage customs. The long knife of the Welsh was in no way dissimilar from that of the Ashantee, or the headless trunks which in those early days were no uncommon accompaniment of war. Three hundred years since, the fear of the block in England was as potent to charm to obedience as is to-day a similar threat from the envoy of an African monarch. It may be said that the mention of these peculiar ethnological and other characteristics of the Fantee tribes is of no practical interest. It is a mistake to think so; for, until we learn and study thoroughly the habits and customs of a people, we cannot attempt to govern them with advantage, or train them into those habits of obedience so necessary to a healthy existence of their body politic. Until the great doctrines of Christianity diffuse their gentle teachings among these savage peoples, and education stirs up their better and dormant energies for good, we must hold them under subjection by the sense of our superior power and hopelessness of any attempts against it. This has been impressed upon them by the result of the late war. It behoves those in power to see that the lesson is not lost by the exhibition of subsequent weakness. Being the more lasting, such a policy is in the end the most economical and humane.

Curiously enough, we owe the mutiny of the Gold Coast Corps in 1862 the first inklings of the fact that Europeans might for a short time, and under proper precautions, remain healthy on the shores of the Gold Coast. On that occasion, an officer and twenty-one men of the Royal Marines were landed for the purpose of garrisoning the ancient fortress whose guns frowned upon and command the filthy town which surrounds it. Confined to the precincts of the castle between the hours of 9 A.M. and 4 P.M., and carefully looked after, they only lost one man from the result of an accident. The next attempt at landing a portion of this corps was, unfortunately, not so happy; for, of one hundred and ten men and officers who arrived in the *Barracouta* in June 1863, eighty-one were invalidated by the following August to England.

From the foregoing brief preliminary remarks, it will be seen that in the climate, races, topography, and health-statistics of Western Africa, there are many professional points of interest. Several of these have been alluded to by the Special Correspondent of the JOURNAL during the continuance of the war. It may be, therefore, not uninteresting to touch upon some others hitherto not alluded to.

[To be continued.]

DR. HUGHES BENNETT'S STRICTURES ON THE "TUBERCLE" AND "PYÆMIA" DISCUSSIONS.

By LIONEL S. BEALE, M.B., F.R.S.

"IN truth, in this, as in many other discussions which take place in medical societies, accurate definitions and logical precision of language have been too frequently forgotten." Such are the words in which Dr. Bennett criticises our discussions last year on the subject of tubercle. He speaks of the speakers having "bewildered one another" and "puzzled themselves", but tells us that he thinks the confusion which prevailed upon the subject of pyæmia "may be dissipated".

Dr. Bennett tells us there is a "true pyæmia or suppuration of the blood"; and that, in a case of "hypertrophied spleen and liver", the blood was crowded with "pus-cells". As "pus existed in the blood", the case, he declares, was one of "suppuration of that fluid without inflammation". It is now, Dr. Bennett affirms, "recognised that pus-cells, lymph-cells, young mucus and epithelial cells, and the colourless cells of the blood, are identical."

I know not what other pathologists may think of Dr. Bennett's effort to dissipate the confusion which exists; but I cannot allow his paper to pass without expressing my dissent from every one of the above propositions. Dr. Bennett uses the word "pus-cell", as it seems to me, most

improperly. He has not proved that the bodies he calls pus-cells are of that nature. But to assert that pus-cells and young mucus and epithelial cells are *identical*, is certainly open to grave objection. That they are like one another to look at, that they may exhibit similar reactions when tested, that they may be alike in chemical composition, may be true; but surely things may be like one another in many particulars without being *identical*. Although the bodies referred to by Dr. Bennett are alike in many points, no two are alike in all, and each has properties peculiar to it; each has a very different life-history, and performs a different office. They may be called by the same name, but differences cannot be dissipated in that way. As Dr. Bennett says, they have been called leucocytes or "white cells"; but they are not *cells*, nor are they *white*.

Dr. Bennett is surely as much open to the charge of forgetting "accurate definitions and logical precision of language," as any of those who joined in the discussion of tubercle last year. Dr. Bennett would introduce terrible confusion by calling leucocythæmia "suppuration of the blood". For my part, I cannot imagine any phrase open to more serious objections than this; and, whatever may be the fate of *pyæmia*, I do hope neither the Pathological Society of London nor any other society will consider *pyæmia*, *suppuration of the blood*, and *leucocythæmia* identical.

SO-CALLED ICHTHYOSIS LINGUÆ, AND ITS RELATION TO ICHTHYOSIS.

By TILBURY FOX, M.D., F.R.C.P.,

Physician to the Department for Skin-Diseases in University College Hospital.

I AM anxious to be permitted to offer a few remarks upon the subject of so-called "ichthyosis linguæ", which has been under discussion in the JOURNAL; and the more so, as I was unable to be present at the meeting of the Royal Medical and Chirurgical Society at which Mr. Fairlie Clarke's communication upon the topic was read and discussed.

I do not accept the definition of ichthyosis of the skin which Mr. Hulke, Mr. Morris, and indeed all the speakers, with one exception (Mr. Naylor), at the recent meeting of the Royal Medical and Chirurgical Society, approved—a definition which recognises ichthyosis of the skin as consisting in hypertrophy of its epithelium and papillæ, and perhaps subepithelial fibrous tissue, solely. Ichthyosis of the skin is much more than this; it is a congenital defect of nutrition, involving not only such organic change, but also—as an essential element of its composition—serious disturbance of the important functions of perspiration and sebaceous secretion. The skin is not only scaly, and its papillæ more or less hypertrophied, but it is harsh and dry; it rarely perspires; or, if it do so, it does so in the most scant and occasional manner. The lack of proper sebaceous secretion accounts in part for its harshness, and its inability to resist the action of external irritants like the healthy skin; whilst the altered character of the secretion explains in part the "caking" upon the surface, which is more marked in some cases, and in some places in the same subject, than in others. If such be the case, "ichthyosis" of the tongue is an impossible condition, since it entirely lacks any similarity in its parts to those functional derangements of the skin which are essential elements in ichthyosis of the skin. In a word, as a dermatologist, I decline to accept the limited definition which has been given of ichthyosis of the skin, such, for example, as that given in the very excellent paper of Mr. Morris on so-called ichthyosis of the tongue (BRITISH MEDICAL JOURNAL, Feb. 21), and which runs as follows. "True ichthyosis is primarily and fundamentally a deviation from the natural state of the epithelial structure of the skin, although in severe cases it may be associated with a hypertrophy of the epithelial sheaths of the papillæ, and in still more severe cases with an hypertrophy of the cutis vera." This definition might apply roughly to warts, corns, psoriasis, but, as I have explained, not to ichthyosis.

In the early stage and in the less severe forms of ichthyosis—viz., in what is called xeroderma—the papillary hypertrophy is by no means well marked; and the analogy, *quoad* naked-eye appearances, between so-called "ichthyosis linguæ" and ichthyosis (of the skin), is even here not striking at all. Viewed solely from a morbid anatomy point of view, no doubt there is resemblance between ichthyosis of the skin and so called ichthyosis of the tongue; but, clinically and etiologically, these two conditions are to me totally different.

Mr. Morris remarks, "that the objection (in relation to the similarity under notice), that ichthyosis of the skin is a congenital malformation, is not a strong one;" and he adds, "though often congenital, it often does not attain its greatest development till towards puberty, and it is stated on authority to appear occasionally late in life." But, under such circumstances, there are well marked evidences of the ichthyotic condition present, in the dry, harsh, more or less ill-nourished, non-

perspiring skin, which exists in most cases, if not all, from the earliest late, and is generally recognised by the friends of the patient.

But I may be expected to state more definitely what my views are in regard to the nature of this so-called ichthyosis of the tongue. In Mr. Morris's first paper, the remark is made that, on section of a portion of the diseased mass, "the papillae appeared to be no more than rearrangements of the epithelial cells proper to the part, with definite fusiform shapes, which then became welded and fused together, and so came to have somewhat of a horny texture; in truth, they would appear to have a similar relationship to the tongue as have horny growths of the skin." It is, indeed, a relationship of the kind here indicated (to warty growths) that I recognise in regard to so-called "ichthyosis linguae". The latter, no one, I suppose, now doubts, is an early stage of epithelioma; and it seems to me to bear the same sort of relation to epithelioma as do the little warty growths which are frequently followed by, or develop into, rodent ulcer of the face. At all events, the term "ichthyosis linguae" ought to be discarded at once, and some such substitute as tylosis, as suggested by Mr. Fairlie Clarke, or keratosis linguae, substituted for it.

OBSTETRIC MEMORANDA.

TREATMENT OF *POST PARTUM* HÆMORRHAGE.

XIII.

I HAVE had eighteen years' extensive midwifery practice, during which time I have attended about four thousand cases—yet I never lost one from *post partum* hæmorrhage; never had occasion to introduce ice into the vagina, nor to inject cold water. I remember only one case in which I was compelled to introduce my hand into the uterus to check hæmorrhage. The means I have employed are the usual ones already referred to by other correspondents, with two trifling additions. 1. After the birth and separation of the child, I grasp the fundus uteri, turn the patient on her back, and, with the first pain, generally succeed in expelling the placenta, and thus completing the labour in from five to ten minutes' time. Then I make the patient comfortable, remove all wet clothes, and put on a tight calico binder next the skin. 2. If hæmorrhage occur, and remain unchecked by the usual means, I flex the leg (nearest the edge of the bed) on the thigh, get the bed-clothes slightly raised, and fan the patient freely with cold air. She feels the air colder than the water, for obvious reasons, and the hæmorrhage is soon checked.

Like Mr. Kettle, I find the binder most useful in multiparous cases, and have to thank my friend Dr. Speer for the hint; and I also think Dr. Dabbs's remark about putting the child to the breast worth remembering.

D. M. WILLIAMS, L.K.Q.C.P.I., M.R.C.S.L., Liverpool.

XIV.

In a recent number of the JOURNAL, Mr. M. Foster, after narrating a happy experience of the use of laudanum in *post partum* hæmorrhage, notices—what has much astonished me also—the absence of any reference to this use of it, and inquires, "Am I singular in this treatment?" I have a distinct recollection of seeing it once employed by an excellent accoucheur, in my student days. But I had nearly lost sight of it, when, in India, my attention was again powerfully called to the subject by a reviewer in the *Lancet* of January 20th, 1866, who, after taking to task the writer of a pamphlet on *post partum* hæmorrhage, for his scant notice of laudanum, quotes these words from the medical and physiological problems of Messrs. Griffin:—"When, after severe uterine hæmorrhage, the countenance is sunk, the eye hollow and glassy, the lips blanched, the skin cold, and the whole person corpse-like; when the pulse is almost gone at the wrist; when the beat even of the heart is scarcely perceptible, and stimulants, even brandy or rectified spirits, are either vomited or uninfluential, there remains yet one remedy capable of restoring the patient to life, and that is opium". As if on purpose to test the truth of the above, I was hastily summoned a month afterwards, about 10 A.M., to the aid of a medical officer, who wrote me that, since 5 A.M., he had on hand the worst case of flooding he had ever seen in his thirty years' experience. He also stated that another medical gentleman had been present for two hours, and that he feared his patient was slipping through their fingers. The lady, the wife of an officer, and of a very stout habit, was blanched, speechless, and with scarcely a pulse at the wrist. After delivery, a large quantity of blood had been suddenly lost, and there had since been a steady trickling, which nothing could arrest. All the usual means—uterine

support, repressure, stimulants, ice externally and to vagina, etc., had been employed in vain. I at once examined and removed a small fibrinous clot, and passed a bit of ice into the uterus, and this checked the oozing for a considerable time. When it returned, I proposed giving immediately a teaspoonful of laudanum; but this excited such fear of uterine relaxation in the minds of the two medical attendants, that it was only after great urging on my part that half this quantity was given. This was so soon followed by such visible improvement, that I had less difficulty in getting the full dose made up by instalments, and, steadily, the patient came round in such a way that, in an hour, she seemed out of danger, when, again, slight oozing took place. At my suggestion, the child was put to the breast, but refused it. On thinking of a substitute, the idea of trying a young puppy (nearly always within reach in India) crossed my mind, and one was soon procured, and it fastened on with such vigour as soon to cause sharp uterine pains, which speedily put an end to any recurrence of uterine relaxation. The patient, as soon as she could speak, said the medicine had no sooner gone down her throat than she had the delicious feeling of life returning with each moment. The action of the opium went no farther than giving quiet repose, and the patient made a good recovery. My two seniors agreed that the patient owed her life mainly to the laudanum.

In such a case as the above (speaking of the time when I first saw it), two things have to be done: the leaking vessels must be closed, and the patient's system has to be roused by sending, if we can, blood to the anæmic brain. Iron-injection can do the former directly, while, in the case related, everything had failed to do the latter, except laudanum, which also, for a time at least, contributed to the other result, by exciting the nervous system, and thereby the uterus, to action. In this way, without making one valuable remedy supplant another, we assign to each its proper place. It is not difficult to imagine a case where the practitioner, while busy about arresting a slight oozing, and when he has, perhaps, succeeded in doing so, suddenly finds his patient, who is already at the lowest ebb from past loss and shock, tossing about, and ready to expire just as he flatters himself he is making all secure. When, then, the time has come for using such means as iron-injection or transfusion, it would be well at once to administer this potent restorative, which may sometimes render unnecessary either of these last resources, and, in any case, would be a great helper to the one or the other. Where opium would not be likely to be borne, it occurs to me that a large dose of quinine would be worthy of a trial; as, besides its powerfully tonic action, there has been recently a good deal of evidence shown as to its efficacy in causing uterine contraction.

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XV.

The truly lamentable case of *post partum* hæmorrhage referred to by Mr. Godrich in the JOURNAL of March 4th, brings out forcibly a fact I have long noticed, viz., that ergot given injudiciously may cause *post partum* hæmorrhage. Mr. Godrich says, "The pains becoming regular and severe, her medical attendant was sent for". "About midnight, the os being fully dilated, the pains strong and frequent, but the head making no progress, a dose of ergot was given. Now, I venture to assert that ergot was altogether contraindicated in this case, and that, had the forceps been used instead, there would probably have been no hæmorrhage at all. In this case, there was evidently some disproportion between the size of the child's head and the maternal passage, but there was no want of uterine effort; 'the pains were strong, frequent, and severe'; hence the administration of ergot was simply putting an extra strain upon the already overtaxed uterus.

I have more than once seen fearful flooding follow this unwarrantable use of ergot, and am led to conclude that the "violent and incessant pains" which it causes injure the uterine fibres, more especially at the site of the placenta. The placenta is frequently more or less detached before the expulsion of the child, which accounts for the "pumping out of an immense quantity of blood". In the case referred to by Mr. Godrich, not only the mother, but, in my opinion, the child, suffered from the effects of the ergot; the great pressure arising from the "incessant and violent pains" accounting for its asphyxiated condition. With regard to the India-rubber dilator recommended by Mr. Godrich, I should never feel justified in distending a bleeding uterus. He also places much emphasis upon cold administered in this way. Why not apply cold water, or, better, cold vinegar and water, by means of a uterine syringe, in a continuous stream, to the womb itself? The way in which I have, for some years, acted in cases of flooding is as follows. I grasp the uterus with the right hand, and empty it of all clots with the left. Hæmorrhage continuing, I introduce the uterine pipe to the fundus, and inject cold water. This failing, I add liquor ferri perchloridi; and hitherto I have never lost a case.

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