duce more or less annoyance, while many persons enjoy perfect immunity from fleas. After much experience of the vaunted "insecticides", Persian powder, pyrethrum root, camphor, etc., I have come to the conclusion that there is very little good to be derived from them. Fleas in the East live in the dusty floors more than in the beds; the only remedy is diligently to hunt for and destroy the enemy the moment his first attack is felt, an operation which unfortunately consumes a great deal of time.

With regard to mosquitoes, in the day time one must keep a sharp look out upon the hands and face, and at night trust to curtains, without which it would be impossible to sleep anywhere in Lower Egypt. Fortunately, they are provided in all the good hotels. The interior must be thoroughly searched before retiring to bed, and all intruders expelled, at whatever sacrifice of time and trouble, and then the curtains carefully tucked in on all sides. It is often an annoying thing, when going to bed thoroughly tired from a hard day's work, to have to spend half an hour or more in hunting a little active winged wretch, which seems to have the power of rendering itself invisible the moment it appears within grasp; but to be shut up for the night in close quarters with a hungry mosquito entails worse consequences. The satisfaction of an easy, though not bloodless, victory over the gorged and lazy adversary next morning is no compensation for the number of times one has been awakened by his shrill trumpet blown as if in derision in one's ears and for half a dozen stings on the face and hands. With respect to the treatment of these stings, there is only one golden rule to be followed—do not rub them or scratch them, otherwise whatever suffering they may entail will be doubled or trebled. The usual applications of salvolatile, eau de Cologne, etc., appear to have but little real efficacy; nearly all the serious results are from stings which have been inflamed by rubbing or scratching. While on the subject of mosquitoes, it will be well to mention that, though common at Alexandria and Cairo all the year round, they are happily quite unknown on the Nile a few days' journey above the latter place, and even fleas diminish the higher the river is ascended, and in Nubia are no longer met with.

It is a good plan to have a square yard of fine white net while travelling in Egypt. It will be useful to have in bed to throw over the face in case of a mosquito surreptitiously invading the guarded precincts during the night, if one be indisposed for the more radical method of a hunt, and also for a protection against flies during an afternoon siesta.

A few miles to the east of Alexandria, is a strip of land lying along the Mediterranean coast raised above the general level of the delta, which, being formed of calcareous rocks and covered with sand, partakes of the physical characters of the desert. It is, therefore, reputed to be superior in salubrity either to Alexandria itself, or any other part of the neighbourhood. Here, most of the European residents of Alexandria have built villas to live in during the hot season; and there is a quiet family hotel called "Beau Séjour", which must be preferable to those in the town for any visitors under the necessity of remaining long in this locality. There is a railway from Alexandria, about five miles in length, with several stations at different parts of *Ramlé*,* as this suburb is called. The station at Alexandria is close to Cleopatra's needle, and at the opposite end of the town from the main station for Cairo and Suez.

[To be continued.]

CASE OF MEDIASTINAL SARCOMA, BLOODY PLEURISY, ETC.; PARACENTESIS THORACIS: DEATH: NECROPSY.†

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THE following case appears to me worthy of record, in connection with Dr. Allbutt's case published in the JOURNAL for September 5th, and those of Kussmaul, abstracted in the *London Medical Record* for December 17th, 1873.

C. F., aged 22, single, by occupation a labourer, was admitted into Addenbrooke's Hospital on April 9th, 1873, under my care. The family history was good; his parents, and one sister and two brothers, being alive and well. The patient had small-pox at the age of fifteen, and scarlatina at seventeen. He had never had ague. For the last seven years, he had had a winter-cough. His habits had been temperate. His present illness began nine weeks before his admission (three days after getting very wet) with shivering, darting pains in the lower part of the chest, much increased by movement, pressure, deep

breathing, or coughing, and a cough, with expectoration of clear frothy sputa, and shortness of breath.

Three weeks after his illness commenced, he noticed a swelling on the left side, just below the ribs in front; and in this situation a blister had been applied. After a week, the pains in the chest left him; but the swelling continued to increase. From the beginning of his illness, he had been losing flesh; and for several weeks past he had been perspiring much in the early morning. He had never expectorated blood.

The patient, on admission, was pale and somewhat emaciated. He complained of cough and difficulty of breathing. There were purpuric spots over the arms, etc. The breathing was abdominal, and the whole thorax moved together. The patient made marked use of the scaleni and other extraordinary muscles of respiration. There was orthopnoea. The chest was barrel-shaped. A hard body could be felt in the left hypochondriac region, which was diagnosed as an enlarged spleen. On the right side anteriorly, the percussion-note was tympanitic to the third rib when the patient was sitting up, but dull over the same area when lying down. From the third rib downwards, there was dullness. Rhonchus and sibilus were heard over the upper part of this area, and distant breathing below. The voice was tremulous in the lower part. On the left side in front, there was rhonchus; and in the lower part also sibilus, chiefly heard with expiration. There was dullness on percussion over the lower part of the thorax in front. On the right side posteriorly, rhonchus and sibilus were heard all over. From the angle of the scapula downwards, the breathing was distant. The voice was tremulous, if not agophonous. There was dullness all over the right side behind. On the left side posteriorly, there was dullness in the lower part, but comparative resonance above. The vocal resonance and fremitus were greater on the left side than on the right. In no part of the chest could any pure vesicular breathing be heard. The heart's sounds were normal. The urine contained no albumen. The bowels acted daily. The tongue was thinly furred, and the appetite was fair. The temperature was 98 deg. Fahr. He was placed on a meat-diet, and ordered thrice daily a draught containing fifteen grains of nitrate of potash, half a drachm of oxymel scillae, and the same quantity of tincture of senega, in an ounce of camphor-water.

April 10th. As the patient was very dirty, a warm bath was ordered. This was given at 1.45 P.M., at temperature of 90 deg. Fahr. The patient, after being in the bath about ten minutes, was attacked with urgent dyspnoea, and could only breathe in the upright position. He was ordered, at 7 P.M., a draught containing carbonate of ammonia and ipecacuanha wine; and at 11.30 he was breathing much more easily, and lying on the right side. Temperature 98.4 deg. Fahr.

April 11th. He passed a restless night, the cough being very troublesome. He talked a great deal in his sleep. The breathing was quite as easy as on previous nights lately. The expectoration was rather more copious. Temperature 97.8 deg. Fahr. Measurement of chest: at nipple, 34¼ inches; left side, 17¼ inches; at lower part of sternum, 34½ inches; left side, 16¾ inches; 2½ inches below the nipple, 34½ inches; left side, 17¼ inches.

April 12th. He was slightly delirious at times in the night, and very restless. Evening temperature 99 deg. Fahr.

April 13th. He was delirious during the night. He lay on his right side always. The tympanitic note on percussion had disappeared from the upper part of the right side of the chest in front when the patient was sitting up in bed. Morning temperature 98.8 deg. Fahr. At 10.30 A.M., paracentesis thoracis was performed by Dr. Humphry, at my request. The aspirator was used, and five pints of sanguinolent fluid were drawn off. The cannula, which was about one-twelfth of an inch in diameter, was introduced just below and behind the inferior angle of the scapula. During the tapping, especially towards the end of the operation, the patient had violent fits of coughing. A large quantity of air or gas of some kind was mixed up with the fluid withdrawn. The fluid was semiopaque, and of a reddish-brown colour; it became almost solid on the addition of nitric acid; and was found, on microscopical examination, to contain a great number of red blood-corpuscles. The fluid was alkaline, and its specific gravity 1017. The patient was ordered thrice daily a draught containing carbonate of ammonia, spirit of chloroform, and tincture of senega. At 6 P.M., he was lying on his left side. Vocal resonance and vocal fremitus were heard on the left side quite distinctly. The vesicular breathing (if any) was masked by friction-sound and sibilus. During the afternoon, he slept, but was delirious. Respirations 48 in the minute. At 5.30, he had a very severe fit of coughing, the only bad attack since the tapping.—8.30 P.M. Pulse 123. He was breathing comfortably. Temperature 101 deg. Fahr. At 11 P.M., the pulse was 106; respirations 36. He had not coughed much since 5.30 P.M. He stated that he had breathed much more comfortably since the tapping. He seemed restless, and for the last two hours had been at times delirious.

* Arabic for "sand".

† Read before the Cambridge and Huntingdon Branch.

April 14th, 7.30 A.M. There was great dyspnoea. The pulse could scarcely be felt. He had slight perspiration on the forehead. He complained of most intense pain in the left side. Temperature 100.2 deg. Fahr. At 7.45 A.M., he took half an ounce of brandy. The pulse-beat soon became more distinct, but could not be counted. He still complained of an agonising pain in the chest. At 8.15 A.M., he breathed more easily, and could now lie on his right side. There was much perspiration on the forehead. The pain was still severe, but less so than half an hour ago. One-sixth of a grain of hydrochlorate of morphia was injected subcutaneously. The pulse could scarcely be felt. He took three teaspoonfuls of brandy. At 9.15, he had slept since the morphia-injection. His face was covered with perspiration. The man's breathing became irregular and spasmodic, and at about a quarter to ten o'clock he died.

NECROPSY.—On introducing a knife to cut through the right costal cartilages, fluid was poured out similar to that drawn off by the aspirator; and, on removing the sternum with the costal cartilages attached, the right pleura was found to contain six pints of fluid, and the lung was forced back against the spinal column. The sternum was firmly adherent to the anterior mediastinal tissue. This tissue was hard, and the cut surface was bathed with a clear watery fluid. In some parts, the tissue had the appearance of dense fatty tissue, and in others it was mottled and of a brownish-red colour. To this the pericardium also was closely adherent; the outline, however, being quite distinct. The tissue was about an inch and a half in thickness, and extended above the pericardium to near the top of the sternum. A similar condition was found in the posterior mediastinum; the tissue here, however, was about an inch in thickness, and matted together the pericardium, oesophagus, and aorta to the spinal column. The microscopic appearance of the growth corresponds very closely with that described by Dr. Allbutt. It was not unlike that of young connective tissue, as my friend Mr. Annington, who examined the specimen very carefully, justly observed. The right pleura was opaque, thick, and the surface uneven from old inflammatory material; but there was no recent lymph. On the left side, some recent lymph was observed, and especially on the diaphragmatic surface, corresponding in position to the part where the friction-sound was heard. In other respects, it resembled the right pleura in appearance. On the surface of the pleura, especially of the right side, spots of extravasation were noticed. The pericardium was pale, thickened, and corrugated; but there was no indication of recent inflammation. The lungs themselves were healthy. A few patches, looking like atheroma, were seen on the first part of the aorta; and in this situation, and in the heart itself, there was marked *post mortem* staining. The spleen was much enlarged, weighing 17½ ounces. The mesenteric glands were large. Peyer's patches were healthy. There were marked congestion and extravasation in the mucous membrane of the small intestines.

ON THE ALLEGED DANGERS OF DENTITION, AND THE PRACTICE OF LANCING THE GUMS.

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THE question as to the relation which the process of teething bears to infantile disease is of practical as well as of scientific importance. If (as one says) "there is scarcely any affection we do not meet with in one case or other of difficult dentition", it must lie at the very root of the study of the diseases of children. If, as alleged by another, "there never is, and never has been since the world began, any such disease", the other view must stand very much in the way of all true diagnosis. Nor is it merely diagnosis that is involved. Treatment must also vary; and so we find that the operation of lancing the gums is regarded by one as "an all-important remedy", and that he recommends us to "lance the gums *freely and deeply* over the greater part of their extent *daily, or even twice a day*"; while another, "convinced from experience of its futility", has "avoided making it a source of revenue". Such statements represent the two extremes, and nearly all intermediate degrees of opinion may be found to exist among ourselves at the present time. It has appeared to me, from personal observation, that exaggerated and superstitious ideas regarding the potency of dentition as a cause of disease are injurious to the study of this branch of medicine, and no less pernicious in their practical operation in the treatment of children. As, however, such opinions prevail in the profession as well as amongst the public, it was thought that an investigation of the doctrine of teething, at different times and in different countries, might throw some light on current ideas. I must, however, pass over much of the inquiry on this occasion.

While some writers seem to see in the local process of dentition an event fraught with danger to the general health and the whole economy of the child, others have regarded the irregularities and peculiarities of dentition rather as manifestations of the general condition of the infant, and have looked upon most of the disasters overtaking infants during the teething period as due to faulty management, to bad nutrition, or to some defect in their own constitution or in that of their nurses, when they were not to be regarded in the light of simple coincidences.

The relationship existing between the quality of the milk and the earliness (and presumably the facility) of dentition, was referred to by Aristotle in two separate passages, and it is probable that it was never altogether lost sight of by subsequent writers. The phenomena of dentition, however, are so striking, and the importance of the teeth for the future life of the infant so obvious, that we need not wonder that great weight was attached to the local process. But, important as this process without doubt was, some physicians began to see that it was but one of a multitude of changes occurring simultaneously in the history of the child, and that many morbid phenomena popularly ascribed to teething could with greater propriety be referred to the other systems more directly concerned. Billard refers the attacks of diarrhoea, so common in children during the teething period, to the development of the intestinal follicles and of the other parts of the digestive system occurring at this epoch. He likewise points out that important changes take place in the brain of the child during the first year of its existence; and he maintains that the frequency of cerebral affections at that age ought to be attributed to these changes; this period, however, is the same as that of the appearance of the first few teeth, and, as the changes in the mouth are much more obvious than those in the brain, they have received the credit of producing the convulsive and other cerebral disorders of infancy. Armstrong also seems to have had some doubts about referring the convulsions of children during the period of dentition to this cause, alleging that convulsions occurred before and after the usual periods of cutting the teeth, and that these fits were of the same character as those which happened during the process. But from what age may symptoms fairly be referred to dentition? The earlier authors seem to have contented themselves with regarding the date at which the teeth usually appear, as the date also of the symptoms referable to this cause; in this view, the seventh month may be named. Soranus suggests that means of mollifying the gums may be commenced about the fifth month, so as to anticipate the dangers of the seventh. But physicians could not forget that symptoms almost precisely the same as those usually attributed to teething were frequently observed before the time for the appearance of the teeth had arrived, and that these symptoms, at whatever age, frequently appeared and subsided without any fresh tooth coming to the surface. To account for such cases, the theory was started that one set of symptoms might be due to the deeper processes of teething—"to the opening of the jaw by the tooth", as Sydenham called it—and another set to the piercing of the gums. This double set of dangers for every one of the twenty milk-teeth affords sufficient scope for the physician to set down any illness he may please during this period as coincident with and dependent on the process of dentition. Accordingly, we find that one writer is convinced of the error of waiting till the sixth month before attributing infantile diseases to teething; another authority begins to suspect teething as the cause of illness after the child has reached his fourth month; a third somewhat arbitrarily assigns the date of birth as the beginning of the troubles of dentition, while Hunter states somewhat vaguely that dentition "is a disease of early age, and, indeed, almost begins with life". It is rather surprising that no writer (so far as I have noticed) has sought to connect distinctly congenital disorders, such as club-foot, with the development of the foetal teeth. It is evident that to date teething from birth, as Marshall Hall does, is very arbitrary; and the congenital club-foot may surely with as much reason be referred to the irritation of teething as the similar deformity which results from the so-called "dental paralysis" affecting young children.

With an available range of time, extending almost from the beginning of life up to the completion of dentition, it is evident that it must depend very much on the preconceptions of the physician, as to which, if any, of the numerous ailments of infancy he is entitled to refer to teething. Some, indeed, have sought to substitute for this process other causes nearly equally universal, and they have not found it difficult to refer to them a multitude of diseases usually attributed to dentition. Dr. T. Ballard finds, in the various forms of fruitless sucking, a potent cause of infantile derangement, and it takes the place of dentition so efficiently, that he can make no room for this process in the nosology. Dr. Norton, at the Obstetrical Society, likewise contended that teething ought to be expunged from our list of disorders, and he regarded the evils usually ascribed to dentition as "due to the universal but unphysiological prac-