Society agreed in its non-infectious nature. It attacks more children under 14 years of age than adults. With regard to treatment, a variety of remedies was employed. The bromide of potassium, chloral, and henbane were useful in relieving pain; but the hypodermic morphia carried off the pain, and I believe Case III would have succumbed without it. It would require much more experience to state positively the value of the other drugs employed. I am inclined to believe the disease is very little influenced by drugs. The cod-liver oil, especially phosphorised, was of undoubted service during convalescence. I can also recommend the ice-bag to the spine. The Calabar bean seemed to produce no physiological effect. It was obtained from three different sources, and I believe was well prepared. Yet one patient took it in fair doses for a month, and another in very large doses. Twenty-four grains in twenty-four hours is a considerable quantity for a boy only 13½ years old. But there was no more loss of motor or reflex activity of the cord nor diminution of pain; no more enfeebling nor slowing of the heart's action, nor interference with respiration, than during the time the patients were not taking the medicine. Nor did it produce any giddiness, torpor, excessive secretion of tears and saliva, vomiting or purging, muscular twitching, or the least contraction of the pupils. It would seem that the bean cannot be so poisonous as it has been stated to be. I think much of the success of these cases is due to the *vis medicatrix nature*, a power which has a far higher place in the cure of disease than we often suspect or allow. I should be much disposed, were any new cases to come under my care, to push belladonna, with purgatives and other eliminants. Such an occurrence may at any moment enhance the interest and importance attaching to this group of maladies. The few drops of silently falling rain to which we pay but little heed may usher in a terrific storm, pregnant with destruction, desolation, and death.

P.S.—I should be grateful if any members who may have seen similar cases would kindly communicate them to me, as the matter will be more fully discussed at a subsequent meeting of the Branch.

THE PRESENT EPIDEMIC OF SCARLET FEVER IN BRISTOL.

By DAVID DAVIES, M.R.C.S.Eng.,
Medical Officer of Health for the City.

I.

THE *bête noire* of health officers is here in force; and has, after a struggle of seven months, set our regulations at defiance, and re-asserted its usual fatal character. I will give an account of my knowledge of it in the form of short propositions.

History of the present Epidemic.—A few cases, isolated and at different points, appeared in the autumn of 1874. These were, so far as I know, successfully stamped out by isolation and disinfection. Cases kept dropping in at intervals during the winter of 1874 and 1875. By redoubled energy, we succeeded in keeping the disease within narrow limits, and at isolated points. All infected houses and clothing were disinfected. Drains in localities wherein the disease prevailed were kept saturated with disinfectants, viz., sulphate of iron and carbolic acid. Handbills containing instructions and cautions for the prevention of its spread were freely circulated.

With the approach of spring, the cases multiplied; in the summer, still more so; until, last week, we had 28 deaths from it in a population of 196,000. Judging by the history of former epidemics, I do not think we have yet reached the highest point, which, in the epidemic of 1870, was 35 deaths in one week. We still disinfect and do our utmost to prevent its spread; but I acknowledge most freely (as with regard to this disease I always have) that we have utterly failed to produce much effect on it, except to postpone it in an epidemic form for four or five months. During the quarter ending September 30th, we lost 161. In Bristol, the disease, as an epidemic, has very regularly observed a cycle of about four years; of the cause to which this is due, I can form no opinion.

Type of the Epidemic.—A small proportion of the cases have been of a most malignant character, the poison destroying life in eighteen or twenty-four hours by acting on the blood, and through the blood as a depressant on the nervous system. Death in these cases has taken place before there has been time for the development of the rash on the skin. A considerable number of the cases have been of the middle type, usually called "scarlatina anginosa". Many of these have died from excess of zymosis and throat-affection; but, judging by the returns of mortality and the frequent entry of "scarlatina", "dropsy", or "nephritis" in the returns, I believe that more than one-third of the

fatal cases were originally light, and became fatal through an affection of the kidneys, produced by exposing the skin to cold during the convalescent stage. Having formed this opinion, I had a handbill of cautions on this head circulated extensively among the poor. I believe it has done some good. This form of death is more frequent among the poorer class than among the rich.

In connection with this subject, I append a letter which I have received from my friend Dr. Gray, the experienced medical officer of the Children's Hospital. As the letter is, in my opinion, a very original communication and a most important one, I give it in full, hoping that Dr. Gray will publish a more extensive account of his experience in a separate paper.

"Bristol Hospital for Sick Children, Royal Fort,
St. Michael's Hill, November 20th, 1875.

"My dear Sir,—May I draw your attention to what I believe to be a sufficiently marked feature of the present scarlet fever epidemic to deserve special recognition, viz., the occurrence of a number, probably no small proportion, of cases of the latent form of the disease? I would include not only those where dropsy has followed an attack of the fever so slight as to have escaped notice, but also those in which the renal complication was primary; for it seems to me certain that here and there cases have occurred, without rash and without sore-throat, in which at the very outset the whole force of the poison has fallen upon internal organs—cases for which the term "scarlet fever" is literally a misnomer, and which can only be regarded as such from the fact of their occurring during an epidemic of that fever, and also because they seem to be quite as capable of communicating the poison as those in which it develops itself in the usual way. It is solely on account of the importance of this latter point that I have ventured to trouble you on the subject, because I think you will agree with me, that such cases are very likely to be a means of propagating the disease in an insidious and dangerous manner that is easily overlooked. I suppose I must have observed nearly a dozen of them, the last having presented itself only on Thursday; and I have thought that perhaps the occurrence of this latent form has not happened to come under your notice, as no reference has been made to it in your reports. You will know best whether there is any use in cautioning the public to beware of it. Probably you would think it futile to bid them beware of an invisible enemy! The only effective precaution that I can see lies in their being very suspicious just now of every attack of illness in their children, until its non-identity with scarlet fever becomes quite manifest.

"I imagine that isolated cases of this obscure kind do occur in most epidemics, but they must surely have been unusually numerous during this one.

"If I can furnish you with any further particulars that would be of any interest to you, I shall be happy to do so.—Believe me, my dear sir, yours sincerely,

"JOHN H. GRAY."

"David Davies, Esq., Medical Officer of Health."

As my paper is given in the capacity of a public officer, I offer no views on the medical treatment of the disease.

LIGATURE OF THE EXTERNAL ILIAC ARTERY WITH CARBOLISED CATGUT, FOR ANEURISM IN A SYPHILITIC SUBJECT.

By A. B. R. MYERS, M.R.C.S.Eng., Surgeon, Coldstream Guards.

PRIVATE A., Coldstream Guards, aged 33, service fifteen years, was admitted into hospital October 4th, 1874, for a large pulsating aneurismal sac implicating the right external iliac and femoral artery. Three weeks before admission, the patient strained himself in running, and soon afterwards observed this swelling, but he failed to report himself sick until compelled to do so by pain. In 1863, he was in hospital for the first time, and only for twelve days; for primary syphilis. The following year he was under treatment twice for a most severe secondary pustular eruption, which was treated with mercurial fumigation; and since then he has been in hospital eight times with specific ulcers of the leg, which, as a rule, readily healed under an iodide of potassium treatment, leaving, however, very brown stained cicatrices.

On admission, the sac, circular in shape, had a diameter of three inches, and pulsated very strongly; and, owing to the patient's great muscular development, much force was required to compress the external iliac sufficiently to even partially arrest the circulation.

It is needless here to record the treatment day by day of this case; suffice it to say that to November 20th mechanical and digital compression with and without the administration of large doses of chloralhydrate were tried, with great perseverance and to the utmost endurance

of the patient, and also flexion of the thigh on the abdomen, but with no benefit, excepting, no doubt, in developing to some extent the collateral circulation, and thus assisting much in the future treatment. On November 24th, the aneurism measured four and a half inches longitudinally, and four and a quarter inches transversely, the increase having taken place chiefly on its proximal side; and I then performed the following operation, assisted kindly by Mr. Gascoyen of St. Mary's Hospital, as well as by my colleague Surgeon-Major Trotter. Having made the usual external incision, commencing about an inch above, and to the inner side of the median line of Poupart's ligament, the oblique and transversalis muscles were, owing to their great thickness, very freely divided. No notice was taken of the transversalis fascia. The peritoneum, with abdominal contents, was thus easily detached and drawn inwards; but the artery was with difficulty reached, as it seemed to have been considerably pushed inwards by the long course of mechanical pressure, but, pulled outwards slightly with a forceps, the ligature needle was readily passed round it without any attempt being previously made to open the thin sheath which surrounds the vessels there. Perfectly fresh carbolised catgut was used; and, owing to the fear that the first ligature might not have been well applied, and having a great belief in its non-irritating properties, I put another round it of the same material, and in juxtaposition. The wound was then sewn up, and the whole limb, having been well enveloped in cotton-wool, was raised, and a hot bottle applied to the foot.

On examining the foot a few hours afterwards, it was warm, and the patient was quite comfortable. Again I will omit the course of the case, beyond stating that a great portion of the wound towards each end healed by first intention, and that this process was partially retarded by his having a troublesome cough, which strained the abdominal parietes; and for a time there was a rather free discharge, due to the man's state of health, and not apparently set up by the ligatures, which were never observed to come away in it.

On January 6th, he was allowed to get up; and on February 8th, he rejoined his battalion, when his general health was good, and hardly any traces of the aneurism were left; and, I may add, the man has continued quite well to the present time.

This case is published by permission of Surgeon-Major Cay.

SPONTANEOUS CURE OF AN OVARIAN CYST.*

By W. JACKSON CUMMINS, M.D.,
Physician to the Cork South Infirmary and County Hospital.

THE patient, a married lady, aged over 40, with no children, had for some years been off and on under my care for a muco-sanguineous discharge from the bowels. In December, 1873, she received a fall from her horse, and a few days afterwards called on me, as she complained of being slightly hurt in the abdomen. On examination, there was no trace of injury to be seen, but the hypogastric region was found occupied by a tumour tending rather to the left side, and looking like a pregnant uterus. The lady was entirely unaware of its presence, and stated that she menstruated regularly, and had no signs or symptoms of pregnancy. After repeated and careful examination, the diagnosis of ovarian cyst was made, and, in order to confirm this, she was advised to consult Dr. Kidd in Dublin, which she did, and who, in consultation with Mr. Hamilton, reported on the case as follows. "On introducing the uterine sound it was found to pass two inches and no further. The tumour is without doubt 'ovarian', nearly unilocular, and tolerably free from adhesions. No operation should be attempted at present, as it has not interfered with the patient's general health, and no certainty exists as to its rate of growth." She was ordered iodide of potassium ointment and Blanchard's pills, and advised to return home and await the progress of the case. The following are the measurements of the tumour then taken, in inches.

	1874.	Jan. 21st.	29th.
Circumference of abdomen at ninth rib	-	-	27½
" one inch above umbilicus	-	30¼	30½
" at crest of ilium	-	33¾	35
Distance from end of sternum to umbilicus	-	5¼	6
" " umbilicus to pubes	-	7½	7¾
" " umbilicus to right anterior superior spine of ilium	-	-	7 7½
Distance from umbilicus to left anterior superior spine of ilium	-	7	7½

There was slight crepitus to the right of the umbilicus on full inspiration.

* Read before the South of Ireland Branch.

On her return I saw, but did not examine her, and some time afterwards she began, with my permission, to drink broom-tea. Previously to this time, she suffered severely from cramps in the stomach, and one night was awakened with a kind of violent wrench in the part, which occurred twice in a few seconds. This was followed by a gradual cessation of the cramps, but there was no diminution in the size of the tumour, but rather the contrary. Shortly afterwards, she was seized with a severe bilious attack, and took a dose of castor-oil, which was followed by purging and vomiting. As the menstrual period came round, the left leg from thigh to toe became stiff and swollen, with inability to put it to the ground. It was at this time (March 1874) that she commenced to take the broom-tea, and ceased the use of the pills and ointment; the tumour being in precisely the same condition. From this time, however, it gradually diminished in size, and, in seven weeks, had entirely disappeared. She had taken during that period a wineglassful of the broom-tea twice daily. I had no opportunity of examining the lady after her reported cure; but, as she was to pass through London on her way to the Continent, I wrote to Mr. Spencer Wells, stating the nature of the case, and Dr. Kidd's opinion, and asking him to examine her, which he did, and replied as follows. "Mrs. M.'s case is probably one of rupture of an ovarian cyst into the peritoneal cavity, with absorption of the fluid. Its occurrence during the use of broom-tea can hardly be more than a coincidence. The base of the cyst can now be felt about as large as an orange to the left and in front of a rather large uterus."

Dr. Kidd, to whom I communicated the result, seemed to agree with Mr. Wells's view of the case, as I also do myself, though the very gradual diminution of the tumour testified to, both by the patient herself and her husband, a clergyman of high intelligence and judgment, would seem unfavourable to this explanation of the cure. This case agrees to a great extent with the views expressed by the most celebrated ovariologists of the day, who, when speaking of the utter inutilty of drugs in such cases, mention the fact that spontaneous cures have taken and will take place during the use of some inert *placebo*.

Whether the cure here took place by rupture into the peritoneal cavity, and consequent absorption of the fluid; or, whether it was the result of direct absorption without rupture of the cyst-wall, is a question on which I shall be glad to hear the opinion of the members, though it may not necessarily arise in connection with the interesting case I have detailed.

THERAPEUTIC MEMORANDA.

NITRIC ACID AS AN UTERINE CAUSTIC.

I HAVE read with much interest an article from Dr. Braithwaite, in the BRITISH MEDICAL JOURNAL for November 13, on nitric acid as a caustic in uterine practice, and I can fully confirm all he says as to its superiority to other caustics. I believe that I have tried them all; but, after using the nitric acid for at least twenty-five years, I have no doubt of its superiority. It does just what is wanted and no more, rarely gives any pain, and leaves no ill-effects. If Dr. Braithwaite will turn to pp. 245, 285, etc., of Churchill's *Diseases of Women*, he will find additional testimony to that which he has quoted; and I may add that it is used and held in high esteem by all the Dublin obstetricians.

F. CHURCHILL, M.D., Fellow and ex-President of the King and Queen's College of Physicians, Ireland.

TREATMENT OF CANCER BY CITRIC ACID.

S. C., AGED 69, mother of seven children, had always had very good health. About two years and a half ago, she first found difficulty, with occasional pain, in swallowing, followed by regurgitation of food after a variable interval. Twelve months ago, she applied for treatment. There was then no marked cachexia; no emaciation; very little pain. She had regurgitation of food after every meal, and in the interval constant regurgitation of viscid fluid, clear and colourless; never any blood, etc. By the aid of oesophageal auscultation, an obstruction could be easily made out to be at the cardiac orifice of the stomach. She was then treated in a London hospital, and returned apparently dying; anæmic, cachectic in a marked degree, and unable to swallow anything, everything going down a certain distance and then being vomited. At her urgent request to give her something to "cut the phlegm", I gave her large doses of citric acid, combining with it minim-doses of ipecacuanha wine, on Dr. Ringer's plan, the good effect being very marked; the vomiting was almost stopped, and, from being unable to swallow anything, she could eat and enjoy bread and cheese and beer; she gained flesh and strength, and even did her own washing. After a few