wards established, through which the discharge now escapes freely. The patient has been ever since comparatively well, and quite free from the periodical attacks of ileus, as well as from the constant pain and soreness from which she suffered for so many years.

THE HEALTH OF ROME.

By LAUCHLAN AITKEN, M.D.

IN a paper read last year at the meeting of the Association in Edinburgh, I showed by incontrovertible data that the health of Rome was very much better than it is represented by the numerous correspondents, whose ludicrous mis-statements are constantly appearing in the *Times* and other English newspapers. An abstract of that paper was published in the *JOURNAL* for August 28th, 1875. I wish now to add a few facts to the data contained in it.

The establishment of a registration office at the Capitol after the entry of the Italians dates from February 1st, 1871. The census was taken on the last day of that year and the first of 1872, the previous one having been in 1853. Hence it is obvious that the estimates prior to 1872 must have been to some extent conjectural. The reports furnished by the statistical department at the Capitol seem now sufficiently trustworthy. From them, the death-rate in 1872 was found to be 37.1 per 1,000; in 1873, 29.1; in 1874, 26.2; in 1875, 30; and, in the first quarter of this year, 37.7 per 1,000; the mortality in 1872 and in the first quarter of this year being very high. On both occasions, the increased death-rate was due to the same cause, an epidemic of small-pox, combined this year with a fatal type of measles. In 1872, no fewer than 737 persons died from small-pox, while, from the middle of September last, when the two complaints mentioned may be said to have assumed epidemic proportions, up to the beginning of April in this year, 755 deaths had been entered under the heading "Eruptive Fevers". In the epidemics of 1871-72 and 1875-76, children under five years have formed more than two-thirds of the victims. This year, a few deaths have also been due to scarlet fever.

Apart from these epidemics, the zymotic mortality seems to diminish in Rome. In 1872, the seven chief preventable diseases—pernicious intermittents, enteric fever, diphtheria, croup, small-pox, measles, and scarlatina—caused 2,270 deaths, or more than one-fifth of the total mortality. In 1873, 1,218 persons died from these complaints; in 1874, 977; and in the first five months of 1875, that is, previously to the fresh outbreak of small-pox, 340. Malarial and enteric fever, two diseases to which strangers always give the generic name "Roman fever", show a distinct improvement, the deaths from the first having fallen from 506 in 1874 to 395 in 1875, and to 69 in the first quarter of this year; while enteric fever, which in 1873 caused 324 deaths, in 1874 only caused 247, in 1875, 235, and in the first quarter of this year 48 deaths, or 16 fewer than in the corresponding quarter of 1875, and that at a time when it was declared to be raging in our city. In proportion to population, there are at present fewer deaths from enteric fever in Rome than in any other large continental capital.

This, indeed, is only natural. The drainage of Rome is good, that of its English quarter excellent, it having been entirely renewed in 1872 and 1873, and modern Roman engineers retain much of their ancestors' ability in drain-building. The water-supply, too, is enormous; no less than 317 gallons per day to each inhabitant from the four aqueducts alone, and the drains are consequently thoroughly flushed. The Trevi water, which ought to be drunk by all, contains neither organic matter nor excess of earthy salts. As it runs night and day in the courtyards of every house in the English quarter, and is never kept in cisterns, there is no danger of its contamination.

Having shown that the preventable mortality was diminishing in Rome previous to the outbreak of eruptive fevers, which have confined their ravages very much to children, I will point out how English-speaking strangers, for whom alone I can answer, have been affected. Among them there have been sixteen deaths this season. Six are entered as from enteric fever. In four out of the six, the fever originated in Naples, in one in Rome, and in the sixth the place of origin is doubtful. Five of the victims were from the United States, one was a Canadian. The other ten deaths were from ordinary acute or chronic maladies. No death was due to malarial fever, small-pox, measles, scarlatina, or diphtheria. Indeed, it is certain that not more than two or three English and Americans took small-pox. Sixteen deaths out of more than 20,000 persons, the lowest estimate of the English-speaking visitors to Rome in a season, is no alarming mortality, especially as many are travelling to improve their health.

That the proportion of cases of enteric fever originating in Naples is not merely accidental this season, may be seen from the data of my own

practice. Within the last three years, I have treated nine cases of enteric fever. Seven of these originated in Naples or its neighbourhood, two in Rome, no case being attributed to Naples in which there were not symptoms already present on the arrival of the patient in Rome. I have found no difficulty in discriminating between enteric and remittent fevers. The symptoms are quite distinctive. Genuine enteric fever is very severe in this climate. I lost four out of the nine cases, whereas, out of thirty-six cases of remittent fever treated in the same three years, only one died—a lady who miscarried at the eighth month during the fever, and really died from flooding. Whether there is a typho-malarial fever, or whether remittents sometimes assume a typhoid type, is another question. Malarial fever usually takes the remittent form with strangers, and may be severe, as in the case published in the *JOURNAL* for April 1st. All I maintain is, that, under prompt and active treatment, anyone in ordinary health, who takes remittent fever at Rome during the winter months, recovers.

But, while there has occurred this season among English-speaking visitors in Rome one single death from a preventable complaint undoubtedly originating here, rumours of a large mortality in England from fevers contracted in Rome reach this city. These deaths do not seem to be ascribed to malarial fever, to which they might naturally be due, considering the want of treatment, in their early stages, the journey from Rome to England implies, but to enteric fever.

As enteric fever, however, has an incubation period extending occasionally even to twenty-one days, it must surely be a matter of some difficulty to trace clearly the germs of the disease to Rome, especially as the victims have been probably moving about from Naples to Rome, from Rome to Florence, Venice, Turin, etc. Instead of there being an epidemic, it is certain that the number of cases of enteric fever is steadily diminishing in Rome itself. Of course, if a case of enteric fever get into an hotel in Rome or elsewhere, and efficient measures of disinfection are not taken, the disease may spread to other visitors. One fact I may mention. I have never known nor heard of a case of enteric fever originating in a private apartment in the English quarter of Rome. To sum up:

1. The mortality in Rome from enteric fever has steadily diminished within the last fifteen months.
2. The deaths in the same period from malarial fevers have also been fewer.
3. English-speaking visitors have not suffered from the prevailing epidemics of small-pox and measles, which have raised the death-rate, but are now subsiding.

MODIFIED SMALL-POX AND CHICKEN-POX.

By CHARLES F. HUTCHINSON, M.D.

THERE is no class of cases in the whole range of medicine which presents greater difficulties to the medical man practising in small communities than these. The diagnosis between the two is acknowledged by all to be of the greatest difficulty, nay, almost of impossibility; and, in the face of all this, we are taught that the mildest case of modified small-pox may be the means of communicating the most formidable forms of true variola. Then, again, the public, in all matters medical, is, in the strictest sense, essentially conservative, and small-pox is still looked upon with the greatest dread; and horrible visions of loathsome disease ending in death, on the one hand, or of a long protracted illness, out of which the patient at length emerges with a pock-marked face, on the other, present themselves to the mind.

With these facts before him, the medical man is placed in a position of great delicacy; for, if he diagnose small-pox, all inmates must be cleared out of the house, a sick nurse must be telegraphed for, and every possible precaution taken; it becomes noised abroad that small-pox is in the town, and the small community is thus thrown into a state of great disquietude, to say the least of it. Now, if the case prove to be one of modified small-pox, which may last only a few days (Sir T. Watson mentions a case in which the patient was convalescent in four days), the public thinks it has been unnecessarily frightened; the patient's friends think they have been put to all this trouble and expense without a cause; it is reported that it is simply a case of chicken-pox, and great discredit is thrown upon the doctor.

To show that these difficulties are not merely imaginative, I will briefly refer to a few cases which have lately occurred in my own practice. On Monday, January 24th, I was sent for to see Mr. S., aged 18, who was said to be covered with spots. I found him with his face covered with a discrete pustular eruption, which was also on the scalp and on the mucous membrane of the lips. On the back and chest, there was also a copious eruption, which was papular and vesicular

and a few scattered papules were also observed on the legs. The history was, that he first noticed some little spots on the face on the Saturday before, previously to which he had been feeling out of sorts for a day or two. It was, therefore, on the third day of the eruption that I saw him. His temperature was 102.4 deg., and his pulse 110 to 120. He complained of no pain in the back; had no sickness or delirium; only a slight sore-throat. I had no hesitation in pronouncing this to be a case of small-pox, which opinion was confirmed by Mr. J. W. Teale, who saw the patient with me the same day. All necessary precautions were taken, and the patient was isolated. The feverish condition lasted till the Wednesday, and, on the Thursday, *i.e.*, the sixth day of the eruption, he was free from fever. The eruption was complete all over the body, and incrustation had begun on the face. There was no secondary fever, and the disappearance of the crusts went on in regular sequence from the face downwards without another symptom. On the sixteenth day, he was able to go out, and, in another week, was declared convalescent, and sent on a voyage to Gibraltar and back to complete his recovery.

Five days after the commencement of the above, I was sent for to see Miss E. S., aged 10, who was a cousin of his, and was living in the same house with him up to the time of his illness. Without going again into the details of the case, I may say that she went through an attack precisely similar to that of her cousin, except that it was slightly more severe; her temperature rose to 103.5 deg.; she was slightly delirious at times, and the eruption was more copious; the face also was swollen up about the eyelids. This case lasted slightly longer than the former one, and, excepting a slight acceleration of the pulse on the eighth and ninth days, there was no secondary fever-pain in the back or other symptom. This patient was able to go out in three weeks.

Now, these two cases may, I venture to think, be looked upon as almost typical of ordinary modified small-pox. They had both been vaccinated, and had perfectly formed cicatrices. The absence of pain in the back and other severe symptoms at the commencement, and of the secondary fever at a later period, distinguish them from ordinary variola, while the appearance and behaviour of the eruption point upon them indelibly and unmistakably the true nature of the disease. I may here add that the pustules, with their depressed centres, were very characteristic.

While attending these two cases, I was asked to see two children who were suffering from hyperpyrexia, with an eruption. I found them with an eruption more or less copious all over the body, which had come out in successive crops; the face and mucous membrane of the mouth were affected in both cases, and on the face and chest were several large isolated pustules with depressed centres. Except for about three or four days, these children did not seem at all ill. Now, these were very doubtful cases, the succession of crops pointing to chicken-pox, and the large isolated pustules being very suspicious of small-pox. These children were kept up in a top room by themselves, and well looked after, and were well in a fortnight.

I am strongly inclined myself to look upon these also as cases of modified small-pox, simply on account of the appearance of the pustules; for, as regards diagnosis, I do not see what we have to go upon, if not the actual appearance of the eruption. The general symptoms are of no use whatever, for they may be the same in both. The day on which the eruption shows itself is of no use, as this is, of course, modified like the general symptoms by the vaccination; hence we have to fall back upon the actual appearance of the eruption, if we can admit that chicken-pox, when uninitiated and left to itself, is as likely as not to go on to the formation of pustules such as I have described. Then these two latter cases were undoubtedly chicken-pox; if, however, chicken-pox is to be looked upon as an essentially vesicular eruption which dries up without proceeding to pustulation, then I maintain that these cases must be looked upon as modified small-pox, and precautions taken accordingly. If this question could be more thoroughly gone into, and some more definite ideas upon the subject made public, it would be a great boon to the world in general, and to medical practitioners in particular.

SURGICAL MEMORANDA.

FRACTURE OF UPPER THIRD OF THE ULNA, FROM A FALL ON THE PALM OF THE HAND.

IN consultation with Dr. Wright of Finchley, I saw a case in which this very rare accident occurred, and I think it worth putting on record from its extreme rarity; moreover, I am unable to find any such case reported. The patient was six years of age, very intelligent, and the

accident was seen to happen by those who explained the matter to us. The exact mechanism of the fracture is not quite so evident, and I feel hardly prepared to account for it; but that it occurred in the manner stated, there seems to be little doubt. She fell on the ulnar aspect of the wrist. It will be noticed that fractures of the radius almost invariably occur from falls in the radial aspect, as naturally, in the effort for safety, *pronation* is almost always the rule. As the seat of fracture was at or near to the point of entrance of the nutrient artery, the products of nature's attempts at repair were unusually free, and so much so that, at first sight, the real nature of the injury might have been overlooked. Such an accident, if effected by direct violence, must have given some external evidence, as of bruise, since it occurred at the strongest portion of the bone. I need hardly say that this is one of those instances in which, unless care were taken to place the bones in the greatest antagonism, especially as the fracture occurred at this point, there might be a fear of union between the radius and ulna, so as to cause a restriction of movement between these bones.

EDWARD BELLAMY.

A CASE OF WOUND OF THE KNEE-JOINT.

AS I see two cases of wound of the knee-joint reported in the JOURNAL of July 29th, one with a favourable and the other with an unfavourable result, and a contrast has been pointed between the irrigation with iced antiseptic solution in the former case and with only plain water in the latter, I wish to report a similar case, in which, I believe, the good result was chiefly due to the use of the antiseptic treatment with irrigation. Six weeks ago, a lad, aged 17, employed in felling timber, opened his left knee-joint with the axe; the wound was about three inches long, and along the inner side of the patella. The cartilage of the head of the femur was distinctly visible. Having passed my finger into the joint to remove a small clot, I poured in a watery solution of carbolic acid (1 to 50), and having closed the wound with three silver sutures, completed Lister's method of antiseptic dressing. The limb was then laid on a back splint, and irrigation with plain water employed. No pain, swelling, or increased heat over the joint followed, nor, in fact, any constitutional disturbance at all. On the seventh day, the sutures were removed; and on the ninth day the wound was healed. The leg was still kept on the splint for ten days, when quiet movement was permitted. At the end of a month from the time of his injury, the lad was able to walk again without any inconvenience.

MILES A. WOOD, JUN., F.R.C.S. Eng., Ledbury.

ON THE TREATMENT OF RANULA.

THE Paris correspondent of the BRITISH MEDICAL JOURNAL, in his last letter, draws attention to the treatment of ranula, and alludes to the success attending injection of chloride of zinc, as practised by M. Panas. I might observe, without entering into the morbid conditions leading to obstruction of a sublingual gland or duct, that, practically, the surgeon's intention is to make a permanent opening in the sac, one which will allow the saliva continuous and natural exit into the mouth. It occurred to me, some years ago, that the use of a metallic seton acting, to some extent, as a drainage-tube, would attain this object; and, as two cases (both children) came under my notice, I tried the following operation. An ordinary suture-needle, carrying medium-sized silver wire, having been passed directly through the sac-like tumour from one side to the other, the ends of the wire were brought forward, twisted together, and cut off, leaving a small ring of metal half within and half externally. The wire was allowed to remain three weeks, then cut and withdrawn. It caused no irritation or impediment, and a patent orifice remained after removal. Both cases were permanently cured. The ordinary seton, made of silk or hemp, necessarily sets up inflammation, and may induce subsequent closure or fistulous aperture. Injection of caustic fluids, as chloride of zinc, in ranula is open to objection, as destruction of tissue is not desirable, at least in simple cases of obstruction. The plan I suggest is worthy of extensive trial, as it promises to supersede those hitherto adopted.

THOMAS H. MORTON, M.D., C.M., Sheffield.

FRACTURE OF THE SPINE OF THE SCAPULA.

I WAS sent for on July 31st to see J. S., aged 47, an engine-driver. He complained of pain in the back of his shoulder, which was much worse when he tried to raise his arm. He said that on the previous day he was on his engine, when his foot slipped suddenly, and, in attempting to save himself by reaching one of the levers, he fell forward, striking his chest violently. At the same time, he heard a crack in his shoulder. On reaching home, his wife, finding the shoulder