occurred daily. This patient had not a single urinary symptom. He had never been exposed to the action of miasmatic poison; there was no evidence of suppurative action, and yet the rigors occurred regularly and resisted all remedies. The treatment he had undergone had in no way mitigated his sufferings. He was emaciated, sallow, and extremely weak. Though there was no urinary symptom present, the urine was carefully examined, but no traces of albumen nor of sugar could be detected. Under this state of things, the patient was one day seized with sudden pain in the side and an urgent call to pass water. While doing so, he projected a uric acid calculus into the chamber vessel, and from that moment all his symptoms disappeared. At the time I attended this case, I was not aware of the value of the tincture of galls as a test. Had I known what I now know of its value, I might probably have been led to suspect the true state of the case.

In cases such as I have described above, we are not assisted to diagnosis as we are in cases showing deposits. We have not the appearance of uric acid to guide us to the truth, nor the albuminous or bloody urine occasionally observed, but the calculus remains behind, producing symptoms variable in character and often most vague. Owing to this, I have known the pains of a renal calculus attributed to hepatic congestion and to intestinal obstruction, and the position obstinately maintained till obvious symptoms placed the matter beyond doubt. I have shown above how ague was simulated, there being a most remarkable absence of all renal symptoms, though the case lasted several months. The presence of slight rigor and blueness of the nails must, I fully believe, be regarded as a corroborative symptom in cases of renal calculus. When present in obscure cases (even should there be no well recognised symptoms of urinary disease), the tincture of galls should be used in addition to other tests for the presence of blood-material in the urine, and the symptoms of the case further inquired into with especial regard to the question of renal disturbance.

These remarks may be summed up by stating—1. The diagnosis of renal calculus is often most difficult, no obvious urinary symptom being present to guide us. 2. The tincture of galls, if it give indications of the presence of the blood-extractives in the urine, shows irritation of the renal surface, and the presence of these extractives may be regarded as a corroborative symptom of the calculous state. 3. A tendency to rigor may be placed among the symptoms characteristic of the presence of renal calculus.

Cases of renal calculus are not commonly mistaken for Bright's disease in the present day, though I have known the error committed. This may happen when there has been hæmorrhage from calculus which has passed away and left a transient albuminuria. This albuminuria will also cease, however, leaving the urine after a time charged with extractives of blood only. Whenever there is a history of renal calculus, it is, therefore, well to be careful before giving an opinion as to the existence of Bright's disease. Though the error above alluded to is not commonly committed in cases in which a transient albuminuria is produced by a calculus, it is by no means unfrequent where uric acid in a crystalline form is irritating the renal tubes. Here we frequently find albumen in the urine in considerable quantity, for days or weeks together, while there is much gastric derangement; and the albuminuria may be erroneously attributed to the existence of some form of Bright's disease.

CIRRHOSSIS OF THE LIVER IN A GIRL ELEVEN YEARS OF AGE.

By THOMAS OLIVER, M.B., Preston.

THE interest attached to Dr. Griffith's case* of cirrhosis of the liver in a child rests mainly on the fact that a disease, which unquestionably is associated with habits of intemperance, is occasionally found in children, or in adults whose character is so well known as to admit of no doubt of their sobriety. The disease in question is so very rarely met with in the young—in those placed beyond the limit of intemperance as a cause—that, even in the present day, it occupies no place in the nosology of children's ailments. From its rarity, many deny its existence. But, from the remarks made by various members at the meeting of the Pathological Society in December last, and especially those of one—an authority on hepatic affections—who for many years remained sceptical on the point, we may now conclude that the occurrence of cirrhosis of the liver in children is a fact fully established. Several cases were quoted by gentlemen then present.

Abuse of alcohol is by all recognised as the chief factor in the production of cirrhosis: of other causes there is a well-grounded suspi-

cion—syphilis and intermittent fever have been cited. In a few of the cases, it would seem that the little patients had been in the habit of taking alcoholic liquors; but in many no such, or any other probable, cause could be found. Frerichs mentions a case which occurred in a boy of ten years of age, and in him departure from health dated from a period—a year before death—when he had been bathing and had been kept by his companions submerged for a time. In him there was no apparent cause. According to Budd, it would seem that the excessive use of curry and other irritating spices may have something to do with its production. All are agreed, however, that in a few cases there is no discoverable cause. One of the most marked instances of cirrhosis of the liver I have met with was in a cat. It has occurred, too, in other animals; and in them there was no assignable cause.

The following case, while adding testimony to the occurrence of the disease in children, furnishes little of any etiological value. There is no history of syphilis or intermittent fever.

E. D., eleven years of age, came under my care in October last. Her history is as follows. The patient had always been a delicate girl. In her infancy she suffered much when teething, but never had convulsions. Her first tooth was cut when she was four months old. From the age of two till eight, she enjoyed fair health, but was never robust. Three years ago, she had measles and suffered from a severe pulmonary affection. As the chest symptoms began to decline, an exhausting and protracted diarrhoea set in. It was a simple diarrhoea. At this time, I am told, *stimulants were made use of*, but only in very small quantities and very freely diluted. Repeated inquiry elicited from the mother that port-wine was given; but it was either freely diluted with milk and water, or more intimately mixed with arrowroot. Brandy was used sparingly for two or three days. She had occasionally taken a little beer; but this, the mother firmly asserted, only since her illness declared itself.

After a tedious illness, she recovered slowly, and returned to school. Soon after her return to school—and at this time she was between nine and ten years of age—her companions noticed that her colour was changed. She was jaundiced, but not deeply. The change of colour was gradual. In addition, they complained that her interest in their games was gone; and that, in place of participating, she was listless and inattentive. On account of her indisposition, they named her "old wife". Her appetite at this time varied, but she made no complaints. In the month of July of last year, she vomited blood, and the jaundice thereafter assumed a more decided tint.

When I first saw her, she seemed a delicate girl, of average height for her years. The symptoms she complained of were great weariness and slight pain in the epigastrium. Her appetite was variable, her pulse weak and bowels regular. She was sallow, and at places her skin was of a dusky-brown colour. The dark colouration was not equally distributed. The brow was very dark, as also the skin at the roots of the hair; elsewhere the face was pale. The conjunctivæ were pale. The abdomen was very much distended, and the skin in front more deeply discoloured than that of the brow. During her illness, the distension of the abdomen increased. There was no pain over the right hypochondrium, and only slight pain was experienced when I applied my hand firmly to the epigastrium. The area of hepatic dulness was diminished; that of the spleen was much increased. It extended downwards to the left renal region, and forwards and inwards to a short distance from the umbilicus. There was no œdema of the feet: at Christmas, however, it made its appearance. Though her bowels remained pretty natural throughout her illness, she suffered on two or three occasions from diarrhoea, which was always easily checked. Her urine was passed twice a day, each time in large quantity. It was of a deep orange-colour; and did not give with nitric-acid a play of colours. There was no albumen. It contained a few oxalates, and amorphous urates in great abundance.

About the middle of January of this year, slight cough supervened, and a few bronchial râles were heard over the lower lobes of both lungs. The sounds of the heart were normal. She now began to vomit her food; and her motions, now watched, were found to be streaked with blood. There were external piles.

On the evening of January 22nd, she began to vomit blood containing a few clots, and this continued until 2 P.M. next day, when she died unconscious. In the early part of the night, she seemed to suffer great pain in the abdomen and back.

NECROPSY, made twenty-six hours after death. Rigor mortis well developed. From twenty to thirty pints of clear serous fluid were removed from the abdomen. The vessels of the peritoneum were somewhat injected. The liver was driven up under the diaphragm, to which it adhered pretty firmly. It was very much diminished in size, and was a beautiful specimen of "hob-nail" liver. On section, it was tough, from the increase of its fibrous tissue. The spleen was much

* Pathological Society of London, December 7th, 1875. In Dr. Griffith's case, there was no history of syphilis or intemperance. The patient was ten years of age.

enlarged, was firm to the touch, and much congested. The kidneys were normal; the mucous membrane of stomach and in part of bowels was covered with dark blood. Pelvic viscera were normal. Permission was not given to examine the chest.

Under the microscope, sections of the liver presented in a very marked degree the characteristic lesion of cirrhosis. The capsule was very much thickened, and from it there passed into the subjacent tissue thick bands of a fibrous structure. The hepatic lobules immediately under the capsule suffered most. Many had almost entirely disappeared. Those left were not only encircled by a dense stroma, but had delicate bands passing into the interior of the lobule, and there breaking up, in a very irregular way, the arrangement of hepatic cells.

In the absence of syphilis as a cause, the probability is, judging from the history of the case, that a morbid tendency to develop fibrous tissue in excess may have originated at the time the patient was treated by stimulants during the sequelæ of measles. She certainly never regained her usual health. But, taking into consideration the pathological conditions above-mentioned, and the fact of a long-continued pulmonary affection (unfortunately, not allowed to be verified *post mortem*), there is sufficient evidence, I think, if we accept the theory of Drs. Wilks and Moxon, to allow of our considering the origin of the disease in a perihepatitis, followed, from extension inwards, by cirrhosis of the liver.

CLINICAL MEMORANDA.

AMPUTATION OF BREAST: RAPID RECOVERY.

ON Thursday afternoon (October 12th), assisted by Dr. Jack, Mr. R. Davy, and Mr. Nickolls, I removed the left mammary gland, the seat of scirrhus. The edges of the wound were brought together by catgut sutures, and a small skein of the same carbolised gut was left hanging out at the axillary angle of the wound to promote drainage. Large compresses and strapping were applied to keep the raw surfaces in apposition, and a piece of lint, damp with carbolic water, was overlaid. Yesterday (October 15th), seventy-two hours subsequent to operation, Dr. Jack writes to me: "Removed one pad to-day; found all united, save one little point, at which was a drop or two of pus. Pulse has been constantly from 120 to 140. Temperature never above 98.5 deg. I have, therefore, given food and stimulants moderately freely. Is to sit up in a chair a little to-morrow."

C. F. MAUNDER.

ON PRIORITY IN THE USE OF BROMIDE OF POTASSIUM.

UNDER Hospital Notes in the last number of this JOURNAL, some remarks are made on the early use of bromides, of interest as giving reasons for their administration in Guy's Hospital for certain cases of epilepsy, but not quite satisfactory as to the history of their first employment in medicine. Sir Charles Locock's observations in May 1857 do not refer to cases treated by bromide of potassium in Germany, but to his own experience. Before his published statement, he had prescribed this salt for a patient of mine, now living and in good health. Dr. Russell Reynolds also saw the patient with me in consultation. We raised the dose to double the amount previously used either by Sir Charles Locock, or the German self-experimentor to whom he refers. Some share of success in the treatment depends upon this increase in the dose. Many other cases were successfully treated in this way before March 1860. Unlike the iodide of potassium, the bromide is not an excitant of the excretory organs, for it is not necessarily excreted, and can take the place to some extent of common salt. Nor is it chiefly "as an alternative to the iodide treatment in epilepsy" that the more remarkable results now daily verified are obtained by the majority of practitioners. The influence of this agent in moderating emotional excitability determines its employment in numberless cases that in no way suggest the use of iodide of potassium. The cases of epilepsy, in which the bromide of potassium is most beneficial, are not those in which the iodide is indicated, or for which it is likely to be useful.

WILLIAM SQUIRE, M.D.

POISONING BY PARAFFIN OIL.

HAVING read the case of Mr. Robert Smith, F.R.C.S.E., in the BRITISH MEDICAL JOURNAL of the 14th October current, and also your "Hospital Notes" of the 16th September 1876, permit me to mention a case (the notes of which were published in the *Edinburgh Medical Journal*, 1874) where a woman by mistake drank a pint of paraffin oil.

An emetic was promptly given, causing copious vomiting; and then large doses of bicarbonate of soda, dissolved in water. The woman complained of burning pain in the region of the throat and stomach; clearly showing that the paraffin acts as an irritant. In a few days, the woman was moving about in her usual health.

G. R. GILRUTH, L.R.C.S.E., Edinburgh.

THERAPEUTIC MEMORANDA.

TREATMENT OF SCABIES BY CARBOLIC SOAP.

DURING the past six years, I have been treating patients in the Medway Union Hospital, suffering from scabies, in the following manner. The clothing is disinfected. The patient is put into a hot bath, and then thoroughly soaped with carbolic soap (1 in 20), the latter being allowed to remain on for a quarter of an hour; at the expiration of this time, it is washed off and the patient thoroughly dried; one application is often sufficient to destroy the acari, but generally it takes three washings to effect a cure. In private practice, this treatment is far preferable to the old one by compound sulphur ointment, that remedy being almost as offensive as the disease.

WALTER BUCHANAN, M.R.C.S.E., Chatham.

FIR-WOOL FOR ARTIFICIAL DRUM-HEADS.

OF the many interesting questions discussed at the recent Medical Congress in Philadelphia, those brought forward in the Otological Section are by no means of the least value, and many moot points in this branch of surgery have been set at rest by men most competent to speak with authority. Amongst other matters, the various forms of artificial tympanic membrane have been thoroughly examined, and a report has been made in favour of Yearsley's, which, as is well known, consists of a thin disc of cotton-wool of the shape of the membrane it is intended to replace. I believe that most English aurists will agree with this verdict. I have for some two or three years used fir-wool—that is, the fine wood fibre from the cones of the *pinus sylvestris*, as a general application in those cases in which I have considered wool advisable, as well as for artificial membranes. It has all the advantages of the cotton-wool discs, namely, simplicity, easy introduction, greater uniformity of effect, comparative safety of its employment, and adaptability as a medium for direct therapeutic applications. It has further advantages over cotton-wool, in that it has undergone no chemical dressing, that its colour (a light fawn) renders its use less obvious to others, and, I may add, my belief in its vegetable character and terebinthine impregnation. On this latter account, it appears to be of direct antiseptic value in purulent cases. I enclose a specimen of the wool and of a couple of membranes made of it. I have only to add, that it was formerly procurable only as a patent remedy. It may now be obtained at about eightpence a pound through any wholesale druggist.

LENNOX BROWNE, F.R.C.S.Ed.

SURGICAL MEMORANDA.

THE ANÆSTHETIC PROPERTIES OF CARBOLIC ACID.

MR. MORGAN, in the JOURNAL of August 19th, stated that he observed that carbolic acid caused complete cutaneous anæsthesia where it was spilt on his hand. It is well known to all who have employed antiseptic precautions in surgical practice, that carbolic acid is a local anæsthetic, the antiseptic dressing being the most comfortable of all dressings. Cases are on record where one limb was amputated under the old system, and the other had to be amputated at some future period under the antiseptic system. The second amputation was by far more painless.

JOHN A. ERSKINE STUART, L.R.C.S.Ed., Chirside, N.B.

ON A CASE OF IRIDODIALYSIS.

In the afternoon of September 25th, I was requested to see a gentleman who had met with an accident to his eye. He had been in his garden, and was endeavouring to fasten a climbing-plant to the wall with a nail, when, on striking the latter, the head broke off and hit his right eye. On my arrival shortly after the accident, I found the iris partially detached from its border upon its outer and lower aspect, but without any wound of sclerotic or cornea. The vessels of sclerotic,