applicability is a comparatively narrow one, and that, until much more extensive and satisfactory evidence of its advantages is forthcoming, it is not to be recommended as a general principle of treatment to be pursued in this disease.

At the same time, there may be conditions present, in exceptional instances, which are capable of being materially alleviated by antipyretic treatment.

In ordinary cases of the disease, with moderately high temperature and a distressing sense of heat, together with restlessness and sleeplessness, the cold bath, cold sponging of the body, or cold applications to the head for a time, will often, even at any stage of the disease, lower the temperature and afford relief to the other symptoms; but apart from this, it is not to be expected that they can have much influence on the course or duration of the fever; and, moreover, most of such ordinary cases do perfectly well if carefully dieted and nursed. Again, in a protracted case, with continuous high temperature, and, it may be, evidence of severe intestinal lesions (diarrhoea, etc.), some antipyretic drug, such as quinine, is a safer plan of treatment for lessening the febrile action than the external application of cold; yet should this medicine fail, it might be justifiable to resort to the latter plan, in the form, however, of cold sponging rather than the bath. Still, such treatment, even if successful for the purpose, will probably have but little power to control the progress, or the ultimate issue, of the case. It is to be noted, however, that in neither of the above-named instances would advocates of the antipyretic system admit that it had been properly carried out, seeing that it had not been begun early and persevered in all along.

Lastly, in the rare event of hyperpyrexia, the cold bath should be resorted to, just as in acute rheumatism or other malady in which this formidable symptom may arise.

These observations are submitted as a humble contribution to the discussion of a subject upon which diversity of opinion exists; and as an exposition of my reasons, founded on considerable opportunities for observing the phases of this disease, for declining to adopt as a principle of treatment a practice which, notwithstanding the strong advocacy it receives from eminent authority, has not, in my view, been proved to possess the advantages claimed for it as a method of rational therapeutics. It is not necessary, in order to an estimation of its value, that it should have first been tried, for *a priori* reasons and observations may be quite sufficient to furnish arguments against any system of practice which may entail avoidable risks, and for the alleged benefits of which other considerations may be assigned.

It does not fall within the scope of this paper to deal with other measures of treatment in typhoid fever, but I cannot conclude without quoting some weighty sentences from the memorable address on this subject of Sir William Jenner, delivered before the Midland Medical Society, on November 4th, 1879. "Typhoid fever cannot be cured; but more lives may be saved by the judicious treatment, and more lives lost by the improper treatment, of typhoid fever than of any other acute disease. For a very large proportion of cases no other treatment is really required from beginning to end than rest in bed, quietude, fresh air, pure water, and regulated diet, although most cases are benefited by a little wine in the third or fourth weeks. . . . Temperature so high and continuous as to be a cause of danger, either directly, or indirectly by favouring serious degenerative changes of structure, is present in exceptional cases only, and for such cases alone is the direct application of cold to the general surface required. . . . My experience has impressed on me the conviction that that man will be the most successful in treating typhoid fever who watches its progress, not only with the most skilled and intelligent, but also with the most constant care, and gives unceasing attention to little things; and who, when prescribing an active remedy, weighs with the greatest accuracy the good intended to be effected, against the evil the prescription may inflict, and then, if the possible evil be death, and the probable good short of the saving of life, holds his hand. While admitting, without reserve, that heroic measures fearlessly but judiciously employed will save life when less potent means are useless, the physician whose experience reaches over many years will, on looking back, discover that year by year he has seen fewer cases requiring heroic remedies, and more cases in which the unaided powers of nature alone suffice for effecting cure; that year by year he has learned to regard with greater diffidence his own powers, and to trust with greater confidence in those of nature."

THE Wandsworth and Clapham Guardians have, upon the recommendation of a committee, added £40 *per annum* to the salary of Dr. Field Flowers Sutton, Medical Officer for the Streatham district, in consideration of his arranging to have five dispensing stations, at various points within the district.

ANEURYSM OF THE POPLITEAL ARTERY: CURE BY DIGITAL COMPRESSION IN SIX HOURS AND A QUARTER, AFTER FAILURE OF INSTRUMENTAL COMPRESSION AND LIGATURE.

By ARTHUR E. J. BARKER, F.R.C.S. ENG.,

Assistant-Professor of Clinical Surgery at University College, and Assistant-Surgeon to University College Hospital.

IN the BRITISH MEDICAL JOURNAL of June 30th, 1883, I recorded a case of popliteal aneurysm, cured in about eight hours and a half by digital compression; and to this I may now add another, with an equally favourable result, after a still shorter treatment. Besides affording encouragement in the adoption of a mode of treatment for this disease, to which we are, perhaps, becoming a little too cool of late, the case offers some special points of interest. In the first place, the patient had been subjected to instrumental compression for five weeks before he came under my care; then, almost immediately afterwards, I ligatured the femoral artery in Scarpa's triangle with a twisted silk ligature, entirely obliterating the vessel at that point up to the present, and apparently curing the aneurysm; then, four months later, pulsation appeared again in the tumour, which became as large as before, but was this time cured finally, by digital compression of the common femoral artery, in about six hours and a quarter.

The case is briefly as follows.

J. D., aged 36, was admitted into University College Hospital, under my care, on August 29th, 1883, suffering from an aneurysm of the right popliteal artery. For this he had been already carefully treated, by Mr. Gandy of Norwood, with a Skey's tourniquet, applied almost continuously for five weeks. This compression had had no effect upon the tumour. The patient was a particularly healthy, fresh-looking, cheerful man, whose personal and family-history were excellent, and showed no evidence of constitutional disease of any kind. He had always been a gardener, working for the last eleven years in a very hilly garden, and doing all the work (which was very heavy) himself. This overstrain appears to have been the only exciting cause for the aneurysm in this case.

The appearance of the tumour dated from eight weeks before admission, when he first noticed pulsation in the ham. He was unaware of any special strain or other cause for it, and it gave him at the time no pain. Its size had remained the same since first observed. On admission, the swelling was of flattened oval shape, about two inches in diameter; it was tense and elastic, and pulsated strongly. It was seated exactly opposite the middle of the knee-joint, and was slightly red on the surface, having a distended vein on its outer side. There was aching pain on flexing the leg, but none when the limb was at rest in extension; some tenderness on pressure on the tumour was complained of, but none in the thigh or leg. Pressure on the superficial femoral artery arrested all pulsation in the sac.

Instrumental compression having failed, and the man being extremely anxious that something radical should be done, I ligatured the superficial femoral artery in Scarpa's triangle on September 6th, 1883. The operation was done in the usual way under spray, and the vessel was tied with a twisted silk ligature well carbolised, which was cut short and left in the wound. The first ligature broke in drawing the second half of the knot; the next piece of silk bore the strain well, and was placed a quarter of an inch above the first spot chosen. The pulsation in the aneurysm was now found to be completely controlled, and no pulsation was felt in it until about five hours later, when it was just perceptible. The tumour gradually shrank, while over it a small artery could be easily felt. The wound healed, without any trouble of any kind, by first intention throughout, the ligature showing no signs of coming away. The patient left hospital on October 1st, looking and feeling very well. At this time there was no pulsation to be felt in the tibial arteries, and no discomfort or pain anywhere. In this condition the patient remained at home until the second week in January, 1884 (about four months). He then noticed a return of pulsation in the right popliteal space, with pain in the knee as this gradually increased. A week later he came up to see me, when I found the aneurysm almost, if not quite, as large as before the ligature of the femoral artery, although the latter, below the seat of ligation, was now pulseless, as were also the tibials. Above the ligature the vessel pulsated strongly. Pressure on the common femoral, below Poupart's ligament, completely controlled the expansile stroke in the aneurysm, and from this there could be no doubt that it was fed by branches of the profunda, which had been presumably enlarged during the five weeks of instrumental compression of the common femoral, which had preceded ligature. Of course here

there could be no question of the ligature having dissolved away, as it was of strong silk, and the vessel was still pulseless below its seat; moreover, pressure on the femoral at this spot did not affect the aneurysm, whereas pressure above the profunda did so at once.

I now determined to try digital compression, and, on the readmission of the patient on January 26th, he was put upon a somewhat restricted diet for two days, being confined to bed, and smartly purged. The effect of this treatment in lowering the arterial tension was most marked, and to it, no doubt, some of the good result may be attributed. Then, on the 28th, having a number of most willing volunteers from among the students, I commenced digital pressure of the common femoral at 10.50 A.M. This was carried out with the same attention to details referred to in my former case, and, at 5.15 P.M., all pulsation in the aneurysm had ceased finally. Compression was still continued until 8 P.M., and then stopped. The temperature of the limb remained lower than the other for some time, but all discomfort and pain was soon gone. The patient returned home cured on February 5th. Since then, I have seen him several times; there has been no return of the aneurysm, which has shrunk up to small size. The pulsation in the tibials is still absent. The man is now engaged in his gardening work as before, without any pain or trouble from his former ailment.

A CASE OF FACE-PRESENTATION.

By P. J. CREMEN, M.D.,

Physician to the Cork North Charitable Infirmary, and the Cork Union Hospital (Female Department).

ON June 19th, 1883, at 1 P.M., I was summoned to see Mrs. D. in labour. This was her third pregnancy. The membranes had burst at 6 A.M. on the same day. Slight labour-pains commenced at 8 A.M. Strong expulsive pains set in at 10, lasting until my arrival. On each previous occasion, it was necessary to deliver her with the long forceps, in consequence of a narrowing of the conjugate diameter of the brim; and, when called on this occasion, I thought it was probably the same condition of things as before, namely, arrest of the head at the brim. However, on making an examination, I discovered that it was a face-presentation, and in the most unfavourable position—first mento-posterior. The presenting part had not yet entered the brim, although strong expulsive pains had lasted for the space of three hours. I decided, if possible, to change it into a vertex-presentation, as offering the best chance, in my opinion, both to mother and child.

The os uteri and soft parts were well dilated and cool. After passing the catheter, and emptying the rectum by enema, in the interval between the pains, I passed two fingers of my right hand over the vertex as far as they could reach, and applied the left hand externally over the hollow of the occiput as it lay in the left inguinal region. I felt I had complete control over the head, using gentle pressure externally with the left hand, aided by the two fingers of the right on the vertex internally. This served a double purpose; first, that of a tractor, and second as a director, preventing any contusion of soft parts. I was thus enabled to push down the vertex with very little difficulty into the right oblique diameter of the pelvis, thus changing the most unfavourable facial position into the most favourable cranial one.

I then left the case to nature, so that the head might mould itself into the cavity of the brim, and thus enable the woman to be safely delivered with the forceps, as, from previous knowledge of the case, I was satisfied that delivery would not be effected naturally. In two hours, the head fully occupied the brim; and, as a *caput succedaneum* was rapidly forming, I applied the forceps, and had the satisfaction of delivering a healthy living male child.

REMARKS.—The treatment usually recommended in face-presentations in most of the modern works on obstetrics is to leave them to nature, although the mortality is stated by Playfair and others to be one in ten of the children when rotation takes place, and all lost when it does not take place. Why then leave such a case to nature if you see it before it enters the brim? Does it not, under the most favourable circumstances, involve a tedious labour and its consequences to the mother, and a certain risk to the child? I am certainly inclined to agree with Hodge, so far at least as mento-posterior positions are concerned, when he argues that they should be all changed into vertex-presentations, and for the valid reason of diminishing infantile mortality, and sparing the mother the effects of a tedious labour. One of the most recent authorities states it is more difficult and painful to the mother to bring down the vertex than the head, and prefers podalic version.

The slight operation of substituting the vertex for the face above the brim, in my limited experience, bears no comparison to podalic

version, for in the latter, as we are well aware, the maternal mortality is one in fourteen, that of children one in three. In the case related it would have indeed been difficult, and not unattended with danger, to perform podalic version, when the waters had escaped for seven hours, and when the uterus was contracting powerfully. On the other hand, the operation of bringing down the vertex was accomplished with the greatest ease, and with little or no pain to the mother. This, however, I think it right to state, was mainly due to the external pressure.

This plan is one which, I feel confident, will prove successful in the hands of any accoucheur of ordinary experience, in cases where the face is yet above the brim.

A NEW EFFERVESCING CHALYBEATE SPRING AT STRATHPEFFER SPA, N.B.

By D. MANSON, M.D.

I WISH to bring to the notice of the medical profession a new effervescing chalybeate at this Spa. For centuries the spring has been well known in the Scottish Highlands as the "Iron Well." It rises at the foot of Ben Wyvis, about three miles from the Spa, and was brought in iron pipes to the Pump-room a few years ago. Up to the present time, the water had stood, on its way to the Pump-room, first in a large deep open well where it rises, and then at the Spa-buildings in an open filter, allowing of the partial precipitation of the iron at each place from atmospheric oxidation, and the escape of carbonic acid gas, the iron existing in the spring as a carbonate of the protoxide. The filter having now been done away with, and the well emptied down to the effluent pipe at its bottom, the result is the conservation of the iron and of a very large amount of free carbonic acid gas in the water, with the delivery at the now permanently open taps in the Pump-room of an opalescent highly effervescent chalybeate, which, when received in the drinking-glass, gradually clears up like champagne. Like the most used and the most successful iron waters, it contains the essentially small quantity of iron (in its case, $\frac{1}{4}$ grain of the carbonate to the 10 ounces); and as the supply of the water is abundant (900 gallons per day), there will be sufficient for carbonated chalybeate baths, in addition to the present sulphur-bath establishment of the Spa. Besides, therefore, Strathpeffer possessing sulphur-springs, among the strongest of their class in Europe, as well as recently established facilities for the inhalation of sulphuretted hydrogen-vapour, it will now have the advantage of a first-class acidulous chalybeate, to enhance its attractions as a Highland health-resort.

CLINICAL MEMORANDA.

DIAGNOSTIC VALUE OF SPUTUM.

THE very interesting contribution by Dr. Gabbett in the JOURNAL of April 26th, on the diagnostic value of sputum stained by Koch's method, reminds me of a case which occurred here in March last, occurring in a patient whom I saw in consultation with my partner, Mr. Gowing. The patient was a young lady, aged 16, for whom Mr. Gowing had been consulted first on February 19th, for what was said to be a slight cough. He informed me that he considered the case to be suspiciously phthisical, although there was not sufficient evidence to justify at first a positive diagnosis. I saw her and examined her carefully, and, with the exception of a limited dulness over the upper border of the left scapula, and some crepitation in the same region, and a temperature varying from 100° to 102°, which had persisted for some days, material evidence of phthisis was conspicuous by its absence. The girl was plump, and apparently well nourished, with good appetite until within a day or two of my visit; bowels and catamenia regular. She slept well and coughed very little; and had had then no expectoration. In view of the temperature and dulness, I concurred in the diagnosis, and suggested an examination of any sputum that could be obtained. As soon as some could be procured, I prepared and stained it according to Dr. Heneage Gibbs' method, when swarms of bacilli were at once apparent. Thereupon, a most unfavourable prognosis was given, and the patient was removed to her home on the first suitable day. She died of acute phthisis on April 21st. After her removal, the right lung was very quickly invaded.

In mentioning this case, I do not, for obvious reasons, wish to draw any positive conclusions; such can only be justified by a far larger amount of material than anyone can encounter in private practice. Nevertheless, we assumed for once the truth of the dictum "No bacilli (*i.e.*, the bacilli which alone stain by the method we employed)