slight difficulty in micturition; the urine dribbled; the wound presented a perfectly healthy surface.

March 3rd. Some hardened feces had passed through the wound, and occasioned great pain; as, upon examination, the rectum was found to be loaded with scybala, it was cleared out.

March 4th. She was ordered to take half an ounce of castor-oil at once, and afterwards to have a clyster.

Evening. She was much troubled by nausea and vomiting; tongue coated; pulse 80, soft; the bowels had acted freely. She was ordered to have two minims of Scheele's hydrocyanic acid in saline effervescent mixture, every four hours; and next day was better.

March 7th. She was again more sickly; there was free purulent discharge from the wound; tongue coated; bowels confined; rectum loaded; the rectum was again cleared out. She was ordered to take five grains of calomel immediately.

March 8th. She was better, though she felt weak, and had but little appetite; the bowels were open, about half of each motion passing *per anum*.

Careful attention was paid to the state of the bowels; and on April 24th, the wound was almost closed; feces did not pass through it, though flatus did so occasionally.

April 29th. The wound had not yet entirely healed, but it no longer afforded exit to either feces or flatus; she micturated without difficulty, and not too frequently. She was in good health, and left the hospital on the following day.

The tumour, soon after removal, weighed one pound and eleven ounces; in outline it was somewhat crescentic, but extremely irregular, from being divided by dense fibrous bands into two large and numerous smaller lobes. It was invested with a distinct capsule, and was of moderately soft consistency. Its extreme length was nine inches by four across its widest part; each of the larger lobes, from its tip to its junction with the main portion of the tumour, measured three inches and a half. The general colour of the tumour was yellowish-white, but some portions were buff, others of a pink hue, and others again darkly-red; from its section serous fluid oozed in small quantity. Under the microscope, numerous vessels were seen ramifying in a network of wavy fibres of connective tissue, closely compacted. The addition of acetic acid brought into view curled elastic fibres, and a great abundance of oat-shaped nuclei.

REMARKS. Prior to the operation, it was extremely difficult to form an opinion as to the real nature of the swelling further than this—that it was occasioned by the presence of some kind of tumour: whether this were fatty, fibro-cellular, or cystic, seemed doubtful, though the last was apparently excluded by the fact of no fluid, other than blood, having issued from a deep exploratory incision.

The integuments over the tumour were uniformly smooth, preserved their natural colour, and were moveable; the mass of the tumour was firm and solid, but in one portion afforded a sensation difficult to distinguish from fluctuation; pressure over the tumour was well borne, there was neither rumbling nor impulse on coughing, nor could the tumour be reduced in size by manipulation.

The damage done to the rectum, in the course of the operation, proved of less consequence than might have been anticipated; probably from the rent being situated high up, and so out of the way of disturbance by the action of the sphincters.

If it be true, as the best authorities assert, that tumours are liable to return after removal, in proportion to the degree in which their structures are rudimentary, the microscopic appearances in this

case, showing the complete development of the textures, render the prognosis as to the probability of recurrence of the disease highly favourable.

[In the course of the discussion, following the reading of the case, Dr. Mackinder remarked that, prior to entering the hospital, the patient had been under his care, and that he had passed a trochar deeply into the tumour, with the result of affording exit to a small quantity of serum tinged with blood.]

IS THERE A CHANGE OF TYPE IN DISEASE?

By WILLIAM NORRIS, M.D., Stourbridge.

ARE we really to consider there is a change in the type of diseases? Diseases have certainly assumed a different character in the last thirty or thirty-five years; and those who were not in practice previously to that period cannot, I think, be competent judges on this important point. I am decidedly of opinion that there is a change in the character of diseases, and our first inquiry should be to learn the cause of this change; and really this is a very difficult question to answer rationally and satisfactorily; for a theory should account for all the phenomena it pretends to explain.

About the year 1832 a most general influenza came, and affected both old and young. Very few, I think, escaped its ravages, more or less; it appeared to me to be a severe catarrh with typhoid symptoms. I remember being at St. Bartholomew's soon after it occurred, and Dr. Latham asked me if I bled my patients. I told him that I had one strong female patient affected with the disease, with some crepitation in the lungs, and that I ordered her to be bled, but it so much exhausted her that she dismissed me; she recovered. He told me that his patients in the metropolis could not bear the lancet.

I have read with much pleasure Dr. Markham's paper in the BRITISH MEDICAL JOURNAL, and the philosophic remarks by Dr. Watson, and his comments on Dr. Latham's views on fever. Observations from such high authorities carry great weight with them, and I think their united evidence goes far to prove that there is some change in the type of diseases, but not so great as to lead us to abandon the use of the lancet in many cases.

Although modern pathologists have proved that we may have enteric fever, perhaps, as frequently as typhus, we must not fail to remember that, although bleeding may be forbidden in many cases of this species of fever, yet there may be cases of synchus and synocha where the lancet may be occasionally necessary, more particularly in the inhabitants of rural districts.

To bleed, or not to bleed, in inflammation is one of the most important inquiries in medical science; for the lives of thousands and tens of thousands depend upon its judicious solution. Are we to adopt the expectant practice in pneumonia? or are we to use antiphlogistic measures with a little more caution? I have lately had three cases of pneumonia, one of pleuro-pneumonia, not in rural district men, but in men who worked at the fire, making nails or chains, in a very unhealthy district. Two of these patients I bled twice, the other three times, and the last bleeding was on the sixth day, because the worst symptoms, after subsiding, had recurred again; all these patients had a good recovery.

I am much disposed to believe that there is not much change in the type of diseases in rural district men, but I believe that there is a change of type in the working men in large towns; and certainly many

diseases assume more of a typhoid character, and will not bear the lancet as in former years: what is the cause of this change? Did the general influenza in 1833 alter the state of the system? or has the cholera and the potatoe blight done so? I am very much disposed to think that all these causes have had some effect, and probably there is much more spirits drank now than in former years; but I am more inclined to believe that the too frequent use of obnoxious tobacco, is one great cause of enfeebling the system; for men and women smoke, and when women do not smoke how frequently do they inhale the fumes from their husbands' pipes in their own apartments.

Typhus fever appears to me not to be half so frequent as in former years, which is probably owing to our wise sanitary measures.

Progress of Medical Science.

MEDICINE.

SYPHILITIC DISEASE OF THE BRAIN. A woman, aged 47, was under treatment for syphilitic papulae on the abdomen and legs, mucous patches on the labia, and other indications of syphilis, when she was seized with convulsions, and paralysis of the left side of the face and left arm, without loss of consciousness. Subsequently she had epileptiform attacks, with loss of consciousness; the right leg was paralysed; cutaneous sensibility was diminished; the patient became somnolent and delirious, with profuse sweats, stertorous respiration, and incontinence of faeces and urine; and at last died. On examination, there was found to be supuration of the meninges. Dr. Kuh, who relates the case, observes that the remarkable point in it is the early development of the syphilitic lesion of the brain, which generally is slow in appearing. In this case, it had come within two months and a half; and the liver, spleen, kidneys, peritoneum, and bones, were still unaffected. (*Prag. Mediz. Wochenschr.*; and *Jour. de Méd. de Brux.*, Nov. 1866.)

PHYSIOLOGICAL PROPERTIES AND THERAPEUTIC ACTION OF VERATRUM VIRIDE. Dr. L. C. Butler, in a paper read before the Vermont Medical Society, at the last annual meeting, thus sums up the knowledge gained concerning veratrum viride. 1. The tincture made by macerating eight ounces of the fresh-dried root in one pint of alcohol for a week, and Thayer's fluid extract, are the most reliable and preferable preparations for its administration. 2. The dose of the tincture is five to ten drops, of the extract two to four drops, varied according to the urgency of the symptoms, the age and strength of the patient, and repeated at intervals of one to four hours. 3. It is not necessary to push the remedy so far as to produce emesis or catharsis. Its full effects are usually reached without either of these results. 4. Veratrum is essentially an arterial and nervous sedative, whether employed by himself or in combination with other agents. 5. It is as safe a remedy as any we possess, only requiring the ordinary degree of caution in its employment, and, like the majority of our remedial agents, liable to fail in special cases of peculiar idiosyncrasy or of wrong diagnosis. 6. It is equally applicable in the treatment of low forms of fever and those of an inflammatory type; in the former it is to be preferred to the lancet, and relieves without depriving the patient of any portion of the vital fluid, while in the latter, the better its remedial properties are understood, the less frequently will the lancet be employed. (*New York Medical Record.*)

THE PUBLISHER begs respectfully to inform the Secretaries of District Branches and the members of the Association interested in extending its numbers, that the prospectus of the forthcoming volumes of the JOURNAL for the year 1867 is reprinted in a separate form for distribution, and that he will be happy to forward it where desired.

British Medical Journal.

SATURDAY, JANUARY 26TH, 1867.

YELLOW FEVER AND QUARANTINE.

YELLOW FEVER has usually been looked upon as a disease essentially belonging to countries where the ordinary temperature is one of excessive heat, and where miasmatic conditions are generally found in great abundance. Yet in one instance (that of the *Hecla* at Swansea last year) yellow fever was carried to the shore, and there spread to persons who had been brought within the influence of the contagion, even though they had not been on board the ship in which the fever originated.

The occurrence of yellow fever in this country is a matter of such an exceptional kind, that, when the outbreak occurred at Swansea, in the early part of September 1865, great consternation was felt, and many persons began to doubt the impossibility of its assuming an epidemic form in this country. But what are the facts of the case? The summer of 1865, especially the latter portion of it, had been one of a most unusual kind in this country. The heat throughout the country had been almost as great as it is in the tropics; and at Swansea the thermometer registered, during the month of September, as high as 88, 89 (twice), 90 (five times), 92, 94, and 95. The rainfall throughout the month had been correspondingly slight; for, from August 25th to October 7th, the total rainfall was only 13-100th of an inch. There was, therefore, no means of flushing the drains; and thus a state predisposing to fever was created. The place, too, is described by Dr. Buchanan as having a fever-rate as high as the needlessly high rate of England; and the "alluvial island [the place where most of the fever-cases occurred], and some inhabited portions of both river-banks, have only a few feet of elevation above high-water mark."

From this it will be seen that the Swansea outbreak was greatly owing to peculiar local conditions, and to such an atmospheric influence as is very rarely found to exist in England.

But, in the instances of the disease at Southampton in November last, the case is entirely different. The weather there was as unusually cold as at Swansea it was unusually hot; and, in addi-