tubercle bacillus had ceased to exist in the previously diseased bone, and only waits a favourable opportunity to recommence its most destructive influence on the tissues. Beyond this we should hardly rest content with having nothing more in the way of treatment to recommend these patients than rest in bed for twelve months, and it may be two years and upwards, and that at the joyous period of childhood, a time when these little beings are overflowing with restless energy, and when constant motion seems almost necessary to a healthy development of body and mind. Nor can one help feeling, as in the case of the lower animals, that life under such unnatural conditions may predispose the individual to the attacks of various forms of micro-organisms. Further than this, surgeons in charge of our London and other hospitals throughout this country and the Continent have reason to believe that in many cases rest and extension are by no means all that could be desired in the class of cases that come under their care.

For instance, Mr. Howse, in his valuable paper published in *Guy's Hospital Reports* for 1892, has brought together the details of 130 cases of excision of the knee-joint in children treated by himself in Guy's and the Evelina Hospitals from the year 1873 to 1884. The cases are not brought down to a later date because, as Mr. Howse remarks, in a question of this kind it is all-important to ascertain the result of treatment some years after the patient has been "cured" according to our most misleading hospital nomenclature. One-half of the cases of excision of the knee-joint operated on by Mr. Howse are stated to have been treated by rest, and many of them by extension for upwards of two years before excision of the joint was deemed necessary to save the limb or life of the patient. The other half of Mr. Howse's patients had been under similar treatment for less than two years, and yet their condition was such that this kind of treatment had to be given up and excision of the knee-joint performed. Do what we will in cases of chronic joint disease among the poorer classes of our larger cities, our efforts are in too many instances unsatisfactory, for many of these children suffer from the stain of hereditary disease which the hand of the surgeon cannot wipe away.

One of my former colleagues, Mr. R. Davy, was at one time rather fond of excising the bones entering into the formation of the knee-joint, both in the early and later stages of tuberculous disease. He was not at the time in the habit of employing antiseptics, and he adopted the open system of dressing wounds; no special care was taken to remove infected bone or other tissues. Nevertheless, most of these cases made admirable recoveries so far as the union of the diseased bones was concerned, and the cessation of the unhealthy action of the previously affected structures. There are, however, serious objections to excision of the knee-joint in children unless to save the limb or life of a patient, and under any circumstances this objection cannot be entertained as applicable to the early stages of the disease with which we are alone concerned at present. But one could not help feeling that the favourable results noticed in the cases referred to must have been largely due to the copious flow of blood which took place at the time and subsequently to the excision of the joint; the ends of the bones and surrounding tissues were thus flushed out and their embarrassed circulation relieved, so that the natural foes of the tubercle bacilli had an opportunity of going straight at their enemy. The subsequent free drainage through the open wound doubtless materially aided the salutary action going on within the tissues. By means of the trephine, however, we may not only secure free hæmorrhage from the interior of the bone, but also make a tunnel through it which will ensure continued and efficient drainage, and further allow the free introduction of a germicide into the affected tissues. All this may be done at an early stage of the disease without running the slightest risk of inflicting any serious injury on the bone or soft tissues provided strict antiseptic precautions are followed.

Having given the reason and method of operating on bones affected with acute infective osteitis, it is unnecessary to make any further observations on the subject, except that a precisely similar proceeding should be carried out in cases of tuberculous osteitis in its early stages; before we have reason to think that caseation or caries of the bone has occurred.

Spots in the tender bones should be exposed, and a trephine of about an inch circumference employed, so as to remove one or more small columns of inflamed bone from the affected joint. After such an operation, the limb should be securely fixed to a splint, so that the dressings can be removed without disturbing the part; at the same time extension must be employed, and kept up for six weeks or so, after which we may omit the extension during the day and employ massage. In another ten days the patient should be placed under an anæsthetic, and complete flexion and extension of the joint carefully made. From that time gentle passive motion of the joint and massage should be employed daily, and the child, if possible, removed to the country and allowed to walk about, taking at first only gentle exercise, the amount and kind being guided by the freedom or otherwise which the patient experiences from pain.

From considerable experience in the use of the trephine in the early stages of tuberculous osteitis, I am able to state with confidence that it is possible in not a few cases to cut short disease of the knee and other joints; and so prevent it spreading to accessory tissues entering into the formation of the affected articulation. Treatment of this kind may, without question, be carried through without running any risk which may not be safely undertaken, if the alternative is either caries of the affected bones or rest for long months in bed. It seems that as in life, so in operative surgery, we too frequently begin at the wrong end; if the experience we gain as we grow in years had been at our command at the commencement of our career, it would have been better for some of us and for many of our patients. And so with surgery, all our knowledge and skill should be applied to preventing and cutting short disease in its early stages; it is then that operative surgery may achieve its greatest triumphs. In this belief I have endeavoured to explain what seem to be the correct principles, and to deduce therefrom the line of practice to be followed in cases of acute infective osteitis in its early stages, and the far more common and hardly less mischievous tuberculous disease of the extremities of the long bones in childhood.

REMARKS ON THE EDUCATION AND TRAINING OF GIRLS OF THE EASY CLASSES AT AND ABOUT THE PERIOD OF PUBERTY.¹

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In the few remarks I propose to make on my subject I do not, of course, aim at laying before you any novel matter. What I have to say is merely a little common-sense statement of general principles familiar to us all, but too often neglected. I have rather selected this subject as one which may possibly give rise to a discussion of interest, since it refers to matters constantly coming within the province of practitioners to whose charge the health of families is entrusted, and whose opinion on the questions raised may often be sought. We are all willing to admit, theoretically, that "prevention is better than cure"; practically we are apt to overlook prevention, and limit our efforts to cure. My object to-day is to insist on the endeavour at a peculiarly sensitive age in girls of so regulating their lives as to avoid sowing the seeds of mischief, which may, and often do, in future years develop into a disastrous crop.

What I think we ought especially to bear in mind is the highly sensitive nervous organisation of the human female, the development of the emotional element which distinguishes the woman from the man, and influences the character and progress of all kinds of disease in women, but much more especially diseases of the reproductive organs. Up to the time of puberty there is comparatively little difference between the sexes in health, in disease, or in any other condition. Conventionally they are separated, and different modes of education and training will soon make such difference as there is more marked, but boys and girls

¹ Read in the Section of Obstetric Medicine at the Annual Meeting of the British Medical Association, held in London, July-August, 1895.

will play together, work together, and so on, and are generally on a footing of perfect equality, there being little essential which distinguishes one sex from the other.

As soon, however, as the great function of menstruation is established, the sexual period of a woman's life begins, which must henceforth dominate her whole existence to a greater or less degree during the continuance of menstrual activity. The entire system now undergoes a marked change, the asexual child becomes a woman; her body shows the characteristic modifications fully described in all works on physiology and obstetrics, and with them are to be observed the not less important changes in character and in the general development of the nervous system which distinguish the woman from the girl. It is at this important time that the conduct of the health of the growing girl may influence for good or for evil the whole future of the woman. Judiciously managed, she may be so trained that she will be able to meet successfully the strain on the nervous system which she has so often to cope with in after-life, such as the duties of a wife and mother, or the struggle with domestic anxieties, worries, and sorrows which are rarely altogether absent from the lot of women. Injudiciously managed, as so many are at this important epoch, all these things which the strong-bodied and healthily-minded woman may bear with no permanent bad results will tell terribly upon her. She will have no stamina, no power of resistance, and she may become the wretched broken-down invalid so often met with in the present day, especially in the upper ranks of life, in which the evil effects of unbalanced culture, and the bringing-up of girls like hothouse plants are so frequently seen.

These are my reasons for asking your attention to a few words on what should and should not be done in the education and training of girls before and after the establishment of puberty. This is all the more necessary since the higher education of women has taken such enormous strides of late years, so that it is now regularly recognised and is almost universal. Everywhere the so-called "high schools" for girls are to be met with, and the still more advanced colleges of the type of Girton and Newnham are increasing in number, and are full of students. The old-fashioned girls boarding schools, with their perfunctory education and their elegant accomplishments, are driven out of the field, and a movement, which at first was scoffed and jeered at, has now gained the day.

Let me say at once that with limitations which are essential because of the question of sex, which cannot be got over, the movement is one which seems to me an enormous gain, and which I write of in no spirit of opposition. This statement is needful, since there is an unfortunate tendency on the part of many mistresses of high schools to listen to the warnings of medical men with incredulity, to accuse them of narrow-mindedness and opposition, which, as a matter of fact, the great majority of them are in no way guilty of. The recognition of and warning against possible evils are neither the one nor the other.

The one great fault which those who manage these educational establishments appear to commit is that they have started on the absolutely untenable theory that the sexual question is of secondary importance, that there is little if any real distinction between a girl between the ages of 14 and 20 and a boy of the same age.

I know of no large girl's school in which the absolute distinction which exists between boys and girls as regards the dominant menstrual function is systematically cared for and attended to. Indeed, the feeling of all schoolmistresses is distinctly antagonistic to such an admission. The contention is that there is no real difference between an adolescent male and female, that what is good for one is good for the other, and that such as there is due to the evil customs of the past which have denied to women the ambitions and advantages open to men, and that this will disappear when a happier era is inaugurated. If this be so, how comes it that while every practical physician of experience has seen many cases of anæmia and chlorosis in girls, accompanied by amenorrhœa or menorrhagia, headaches, palpitations, emaciation, and all the familiar accompaniments of breakdown, an analogous condition in a schoolboy is so rare that it may well be doubted if it is ever seen at all? It is certainly not necessarily from work. The successes of women in the schools

have been so striking and numerous that their capacity for intellectual work cannot be doubted for a moment. One chief reason probably is that the male's work is safeguarded by an amount of physical exertion in the way of sports, which tends to keep him in health. It is true that in a few girls' schools attention has of late been paid to this point, but it is in a perfunctory sort of way at the best. There may be a gymnasium or some form of game, but while at a boys' school cricket and football are compulsory, to say nothing of the natural disposition of a boy to athletic pursuits, at a girl's it is merely optional, and if a pupil tending to ill-health avoids exercise little or no attention is paid to it.

As an evidence of this within the past week, I have been consulted in the case of two young ladies, aged respectively 11 and 16. One was chlorotic, and her menstruation had ceased for a year. On taking her time table at a well-known high school, I found she had 7½ hours of work, an amount not in itself, perhaps, excessive in a healthy girl. From 2.30 to 4 there were no lessons, and, if the weather permitted, she might if she liked take a walk, but it was not insisted on, and being naturally languid and listless, as all such cases are, she rarely did so. There was no other opportunity for exercise at all.

The other suffered from pronounced menorrhagia, anæmia, and debility. Her time table also was seven to eight hours, and she "occasionally took a walk."

In neither of these cases had the school authorities ever inquired into the state of an all-important bodily function which in both was very markedly aberrant, and yet, considering the paramount importance of such symptoms of impaired health in girls of these ages, it might fairly be held to have been part of the duty of those in authority in such schools to make the necessary inquiries which might have led to some alteration in the course of study or in her general mode of life.

While it is questionable whether in boys' schools the attention given to exercise and athletics may not be excessive, in girls' schools it is, on the other hand, not nearly sufficient. And yet this is a fault which might very easily be remedied. It would not be difficult to make games compulsory as they are in public schools for boys, and there are some which are admirably adapted for women, as, for example, golf, or rowing when it is feasible, or it may be by cycling. Each of these exercises the muscles generally, without those spasmodic efforts required in cricket, football, or even lawn tennis, which are, perhaps, too violent for girls. The results when well and freely used must be well known to all who have a knowledge of what a thoroughly healthy English girl may be. No better description of this could be given than that contained in a leading article in the *Speaker* on what the writer calls "the lawn tennis girl."

Sensible people have long ago agreed to accept this new type of womanhood as distinctly admirable. She has made her influence felt everywhere, both in real life and fiction. In real life we meet her in every country house, in every foreign hotel, and in almost every London square. And everywhere we meet her we come upon an excellent example of the healthy, well-developed, and unsentimental girl—the girl who does not think it necessary to devote herself to the study of her own emotions, and who finds in active physical exercise an antidote to the morbid fancies which are too apt to creep into the minds of the idle and self-indulgent.

This is an excellent description of a type we are all familiar with, and which, it is needless to say, we all admire. If high class educational establishments could succeed in turning out girls of this kind in larger numbers than they do at present they would do more towards lessening the number of neurotic women that the medical profession has to deal with than the medical profession can possibly do by any exercise of its own art.

One other regulation in girl's schools I should like to see made compulsory, and that is that no form of corset should be worn. The evils of these have so often been pointed out that it is needless to dwell on them in such a paper as this. Possibly in adult women the exigencies of dress and of custom make it hopeless to expect that more rational dress should be adopted, and it may even be that in child-bearing women they have certain uses. In adolescent girls, however, who are still *in statu pupillari*, nothing can be said in their favour, and it would be very easy for schoolmistresses to issue a sumptuary law prohibiting their use altogether.

It is an obvious corollary from what has been said that it is

the bounden duty of mistress, parent, and doctor at once to insist on the cessation of all severe study as soon as any of the physical signs of illness have shown themselves, such as it is impossible to be mistaken in, as, for example, chlorosis, amenorrhœa, or menorrhagia, wasting, complete loss of appetite, and the like, and yet this is not generally done. Quite recently I was consulted by a medical man, whose daughter was a pupil at one of the principal and best known colleges for girls. Her menstruation had ceased for a year, and she had lost over a stone in weight. On this account her father, as I think very properly, removed her, on which the head mistress remonstrated, and wrote saying that they considered the menstrual function was not of consequence, and that when it was in abeyance for a time it came all right afterwards, when the girls left school. Any theory more unphysiological and more likely to lead to subsequent shattered health in girls it would be difficult to imagine.

It is not work which, in my judgment, hurts, but the perseverance in work after Nature has hung out its danger signals, work in an unhealthy body; the attempt, in fact, to fight Nature. Then, indeed, the careless, prejudiced, or unwise mistress or parent may well find that "over-pressure," the very existence of which so many deny, is a stern reality, which may shatter the whole future of the girl.

ON SOME SUPERFICIAL AFFECTIONS OF THE RED PORTION OF THE LIPS.

[WITH A COLOURED PLATE.]

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It is somewhat singular that disorders of the vermilion portion of the lips receive in general but scant notice in most works on dermatology. Some of these are not rare, while all are both annoying to the patient, and troublesome either by their obstinate tendency to recur, or by their intractability to treatment.

The best known of these is the common herpes labialis, so often met with in association with an ordinary catarrhal attack, or in some febrile conditions with the subsidence of the pyrexial symptoms, but occurring, also, quite independently of any such state. The patient, who is either quite young or at least under middle life, finds, rather suddenly, part of his lip swollen, perhaps hot and painful. The upper is more frequently attacked than the lower, and the same situation is prone to be implicated in successive seizures. On examination there may be only very slight redness, but if so there soon appear one or more groups of small vesicles seated on a swollen and reddened patch. These, if undisturbed, dry up in course of from three to six days into a brownish crust, or if disturbed too early, a weeping surface remains, to heal more slowly, and to occasion a thicker crust.

Should the weather be frosty, or a chill wind prevail, the lip is apt to become dry and chapped, as a result of the continual and involuntary moistening with saliva by the tongue, to replace the arrested secretion of the labial glands interrupted by the inflammation. In some districts infection from kissing is popularly blamed as a cause, possibly rightly in some instances. However this may be, the proclivity once induced, the ailment is liable to reappear at irregular and often inconvenient times. In both sexes it, like its congener herpes progenitalis, grows rarer as years advance, to cease finally at or soon after forty.

In treatment the administration of arsenic in small doses seems to control to some extent the repetition of the process, while locally painting the erythema or vesicles, as soon as they appear, with a film of flexible collodion, checks the further progress and expedites the cure. In those of the male sex the protection of the beard and moustache when worn is a valuable prophylactic.

Another and more troublesome affection of the lips is the formation of a small though deep and painful fissure in the centre of the lower lip, where the two halves from which it is developed become fused into one; or at the angles of the mouth, or, but less commonly, in the upper lip, on either

side of the central portion of the three parts, from the coalescence of which it is formed. Those in the centre of the lower lip and in the upper are seen usually in women, and the cause is, at least sometimes, the bad habit of biting and dragging the thread before passing it through the eye of the needle. Those at the angles of the mouth occasionally own a syphilitic origin. They are often accompanied by a sort of intertrigo, the surface in their neighbourhood is soddened, and may even pour forth a degree of purulent secretion. The treatment of the fissures in the centre of the lip consists in scraping the whole surface carefully but thoroughly with a fine curette; then when the bleeding has ceased, having approximated the edges by pressure, a film of salicylic wool is placed on, and secured in place by painting over with flexible collodion. Great care must be enjoined to avoid stretching the part till firm union has been secured. Thus a very small spoon should be used, the morsels introduced into the mouth must be restricted in size, while fluids ought to be imbibed through a feeding cup. Those at the angles of the mouth, if antisyphilitic remedies are not called for, can usually be cured by cleanliness and the employment of an antiseptic ointment, such as 10 grains of salicylic acid in 1 ounce of cold cream.

Eczema limited to the exposed portions of the lips is comparatively rare. The best account is that given by Besnier and Doyon.¹ In one of the few instances which have come under my notice, the patient was a girl, aged 6, sent to me by my friend Dr. Underhill, in the end of October, 1893. The eruption tended to recur every winter. There was a thinly-crustled patch on the left side of the lower lip. The child was at the time somewhat pale. Another was a young lady, anæmic, though with some colour in her cheeks. She lived in the country and had a good appetite, but the bowels were constipated, and the periods were irregular. She had suffered for seven years from the complaint. Both lips were covered with thick yellowish crusts. The lips themselves were swollen, and felt painful when she was in a warm room, and were extremely tender to contact with any hot substance or fluid. At times there was considerable suppuration, and the lips became so stiff as to be nearly immovable. In both cases cure, apparently permanent, was accomplished by softening and removing the crusts by aid of boric starch poultices applied cold. Strips of Unna's zinc ichthyol salve muslin were closely and constantly laid on at night, the salicylic cold cream already mentioned repeatedly smeared on during the day, and iron prescribed for internal use. It seems doubtful if eczema of the seborrhœic type alluded to by Besnier and Doyon, and well described by Dubreuilh,² ever occurs on the lips alone.

The case represented in the coloured illustration is a peculiar one, and though it bears a considerable resemblance to eczema, yet the careful investigation into its morbid anatomy made by Dr. Leith, pathologist to the Royal Infirmary, brings it into closer association with epithelioma.

B. S., aged 33, a Jew, native of Russian Poland, but employed in Edinburgh as a tailor in rubber works, was admitted to Ward 37 on June 26th, 1895. Though pale in complexion he had suffered from no ailment save an attack of piles six years previously. There was no history or suspicion of syphilis. His family was apparently vigorous, as his father (80) and his mother (65) were well. He was himself a great smoker of cigarettes till his lip was affected. The complaint began three years since, on the left side, as a scaly spot. This continued much the same for two years, then it extended, and the whole lower lip has been involved for the last seven months. The lip was swollen to double its normal size and everted. Its extremelower edge for about an eighth of an inch in the centre appeared healthy; then there was a white cicatricial condition on each side of the lip close to the skin margin. The central portion was partly reddish and granular, partly covered with dirty yellow crusts, partly cicatrised, the scar being soft, white, and tender. The inner surface showed a whitish pellicle over the red mucosa, becoming gradually lost towards the gums. The gums themselves, particularly the interdental prolongations, were swollen and fungating. The lower teeth were brown and en-

¹ Kaposi, *Path. et Trait. des Maladies de la Peau*. Traduction Française 1891, T. 1, p. 664.
Annales de Derm. et de Syph., 1892, p. 221.