

port comprises (1) the staff of the Health Department of the Sanitary Authority and the appliances provided for work, and (2) the work including the diseases dealt with and the amount of inspection done. The Health Department at present consists of a medical officer and assistant medical officer of health, an inspector, and two assistant inspectors of nuisances, the steward, matron, watchman, and servant of the floating hospital, and crew of the steam launch. Mr. Armstrong described the changes that had occurred and the development that had taken place in the department since its formation in 1871, and detailed the respective duties of the different officers. The hospital accommodation of the Port Sanitary Authority includes a pontoon hospital of thirty beds in three ward blocks, the original float of ten beds, which will be abandoned on the completion of the administrative block of the pontoon hospital, and a cholera hospital of ten beds built on the Dutch galliot *Alliance*. In several respects sanitary authorities in ports have more power over diseases than those on land, as was shown. The means of acquiring information as to infectious disease on shipboard, or which might be introduced into this country by means of ships (cholera, &c.), were described at length. The nature and extent of the diseases for which patients were admitted to hospital during each of the seven years under review, and the ports or countries from which such diseases were brought, were stated in tables. The effect of coasting vessels not reporting all cases of sickness to the Customs on entering the port was dwelt on. The cholera precautions adopted in the port were described in full. A series of tables set forth the numbers of vessels arriving in the Tyne from cholera infected or suspected ports, the respective months in which the largest numbers of these arrivals occurred, and the cholera-infected ports from which they came during each of the last three years. After this came an account of the general sanitary inspection carried on in the port, showing in tabular form the number and nationality of the vessels inspected each year, the comparative sanitary state, the character of the principal defects, accommodation provided, population of the vessels visited, with certain particulars respecting the emigrants calling at the port *en route* for America, the provisions and water supplied to ships, and special and perishable cargoes. A short statement as to the smoke nuisance, and the action taken in respect to it, followed by some observations on the relations existing between the Port Sanitary Authority and the Local Government Board, brought the paper to a close.

NOTTINGHAM MEDICO-CHIRURGICAL SOCIETY.

A MEETING of this Society was held on Dec. 16th, Dr. Ransom, F.R.S., President, in the chair.

Tapeworm.—Mr. WINDLEY read notes of a case of this disease. The patient, a lad of seventeen, was under treatment for seventeen weeks, during most of which he was in a high state of fever, the temperature several times rising above 105°, and occasionally over 106°. The diagnosis was doubtful, there being no confirmatory evidence of enteric, acute, tuberculosis, or other disease. On a dose of one drachm and a half of extract of male fern being given, a large tapeworm was expelled, and the temperature rapidly became normal. The convalescence was very speedy, and strength was very rapidly regained. — Dr. RANSOM, in a large experience of tapeworm, had seen no parallel, and thought that this case was one of some other disease—e.g., enteric—with which the tapeworm happened to be associated, and that the tapeworm was not the cause of the pyrexia.

Locomotor Ataxy.—Mr. PRYCE showed a case of this disease in a woman aged forty-five, who presented the usual characteristics of the disease. The most important symptom in the case was total blindness, the result of atrophy of the discs. Impaired vision was noticed six months after the commencement of the ataxic symptoms, and rapidly (within six months) developed into total blindness.

Dr. ELDER described a case of Double Ovariectomy complicated by secondary hæmorrhage and the opium habit.

Mr. KINGDON showed (1) a case of Enlarged Spleen in a man, and (2) two pathological specimens—(a) Syphilitic Cirrhosis of Liver, (b) Alcoholic Cirrhosis of Liver.

Dr. WHITELEGGE showed a chart of the fatal cases of Measles occurring in Nottingham for each quarter since 1870, and pointed out the regular recurrence of epidemic prevalence, each alternate winter, from 1878 onwards.

A meeting of the Society was held on Jan. 6th, Mr. Hatherly, Vice-President, in the chair.

Dr. MUTCH read notes on a case of Acute Peritonitis (tubercular) treated successfully by abdominal section, and Dr. ELDER described the operation which was performed.

Mr. BARBER showed a case of Ulnar Paralysis due to rupture of the ulnar nerve, following dislocation backwards of the elbow.

Perforating Ulcer of the Stomach.—Dr. ROTHFRA read a paper on this subject. He commenced by treating somewhat fully the etiology of the disease, in which he endorsed Professor Virchow's theory—viz., that there must be some interruption to the circulation of the blood in the gastric wall, leading to necrosis, which is in turn attacked by the corroding or digestive action of the gastric juice. With regard to treatment, he laid stress on the importance of keeping the stomach at absolute rest by means of rectal feeding; and also strongly advocated abdominal section in case of perforation, this giving, in his opinion, more hope of success than the old method of opium and expectancy.

Dr. BROWN SIM showed a specimen of Congenital Tumour, which had been dissected by Dr. Handford. It was rounded, half as large again as a child's head, and attached to the lower outlet of the pelvis, the lower portion of the spinal cord, and the rami of the pubes and ischia. The growth was distinctly lobulated, of unequal consistence, and in places conveyed a distinct sense of fluctuation. Microscopically it closely resembled an ovarian cystoma, contained muscle fibre (unstriated) and cartilage, but no bone or teeth. Dr. Handford considered the growth to be one of the Teratomata, and to have originated in a misdevelopment of a misplaced portion of the germinal area. It was closed allied to the dermoid cysts.

Mr. ANDERSON showed a large Polypus removed from the Naso-pharynx.

Reviews and Notices of Books.

Report of the Ninth International Medical Congress, held at Washington in September, 1887. London: Printed for Her Majesty's Stationery Office. 1888.

THIS is the official report by Deputy Surgeon-General Marston, C.B., who was sent by our Government as Army Medical Delegate to the Congress, in which he gives not merely a *précis* of the proceedings at the meetings, but also notes on various hospitals which he visited, and on other matters connected chiefly with military service. It contains much valuable and interesting information, in a very condensed form, regarding the water-supply for troops, the soldier's ration, huts, hut and field hospitals, the influence of age and acclimatisation, or seasoning, on troops, and the treatment of wounds on service and of some of the most prevalent diseases among soldiers in the field. He also gives a description of several hospitals in New York, Philadelphia, and Baltimore, and of the Soldiers' Home in Washington, an institution somewhat resembling Chelsea Hospital, but on a smaller scale. The summary of the regulations for the examination of recruits and the medical examination for pensions cannot fail to prove interesting to our military readers. As we gave a full report of the proceedings of the Congress, and the space requisite to notice all the subjects referred to in the paper now before us would far exceed the limits at our command, we shall content ourselves with calling attention to one or two subjects only, and recommending our readers to procure and study the book for themselves.

The first point we would notice is the value of opium in cases where, from over-fatigue, indifferent food, and irregular or insufficient sleep, the men show signs of depression, loss of appetite, and want of energy. In such cases, at least if the strain is likely to be only temporary, Dr. Marston has found small doses of opium to be most valuable. "The opium is a diet to them; it economises the fuel, and eases, as it were, the animal machine at a time when its energies have to be obtained from molecular dis-

integration—a destructive metabolism of its own tissues instead of that of the fuel put into it.”

In a paper on Heat-stroke and allied diseases, by Dr. John Anderson, Brigade Surgeon, retired (published in our impression of October 29th last), after pointing out the prophylactic measures which should be adopted, and the active treatment requisite in the graver forms of heat-stroke, the author brought to notice the beneficial result obtained by the hypodermic use of quinine in such cases. On one occasion, at Mian Mir, he treated fourteen cases, all of them insensible from heat-stroke, by subcutaneous use of quinine, with a fatal result in one case only. “The dose I use for injection is from two to four grains, and this may be repeated at such intervals as may be indicated by the condition of the patient. I have administered a second dose in half an hour after the first, and a third in two, three, or four hours after the second.” The quinine appears to control the temperature in a few minutes. Of course, other means of reducing the body heat, as ice and cold affusion, must also be adopted.

In the section of *Materia Medica* and Therapeutics Dr. Marston calls attention to the great importance, especially on field service, of reducing the number and bulk of the drugs employed, and shows how that could be effected by the introduction of the more active and compressed preparations in the form of tabloids and triturates. The only objection we see to the adoption of this system is the fear of adulteration on the part of the manufacturers. His suggestions for the modification of the medical and surgical equipment for the field well deserve the careful consideration of the authorities. One very important advantage would be a reduction of the amount of transport required, the difficulty of procuring which has always been severely felt by the department.

In recruiting for the United States army, able-bodied men of good character, between the ages of eighteen and thirty-five, are taken. For the infantry and artillery they must not be under 5 ft. 4 in. in height, or less than 120 lb. or more than 190 lb. in weight; for the cavalry they must not be less than 5 ft. 4 in. and not more than 5 ft. 10 in., or exceed 165 lb. in weight. Height over weight is a cause of rejection. “The following is the system used for calculating weight for height. From 5 ft. 4 in. to 5 ft. 7 in., 2 lb. are allowed for every inch of height. From 5 ft. 7 in. to allow 2 lb., and 5 lb. additional for each inch over 5 ft. 7 in. Example:—A man who measures 5 ft. 9 in. should weigh 148 lb.—i.e., 5 ft. 9 in. = $69 \times 2 = 138$: difference between 5 ft. 9 in. and 5 ft. 7 in. = $2 : 2 \times 5 = 10 : 138 + 10 = 148$.”

The rules laid down in the United States army for the examination for pensions appear to be more definite, and capable of a better classification as regards the degree of disability, than in our service. Dr. Marston points out that with a medical board there is “often much difficulty in arriving at a just and definite conclusion in a particular case, and it is worth considering whether this would not be greatly diminished, if not altogether overcome, by the adoption of some such expedient as a fractional expression of the degree of wound or injury in its permanent effects.”

In some remarks on competitive examinations for admission into the army, Dr. Marston makes the practical suggestion that physical qualities “should count for something in a youth seeking to become a soldier, against another possessed of first-rate receptive faculties that have been ‘crammed’ with information, but who, in physique and physical activity, may be manifestly inferior to the first.” We have a strong feeling that physical qualities have been too much under-estimated in the regulations for army candidates. We fear there has not been sufficient importance attached to the quality of the case in which the educational qualifications have been packed. Dr. Marston has also some judicious observations on the difference of opinion frequently

found to exist between civilian practitioners and army medical officers as to the fitness of individual candidates which are well worthy of consideration.

There are other subjects treated of in this report to which we should have desired to call attention, but upon which the very condensed form in which they are stated and our limited space forbid us to enter. We can only say that the report is drawn up very clearly, and contains a large amount of information. We strongly recommend it to the notice of our readers.

A Manual of the British Discomycetes. By WILLIAM PHILLIPS, F.L.S. London: Kegan Paul, Trench, and Co. 1887.

THIS work, by an able botanist, gives a technical description of all those genera and species of fungi which are familiar under the names of *Morchella*, several varieties of which constitute excellent food, and *Peziza*, the pretty little red or brownish cups so common amongst decaying leaves. The systematic descriptions are given concisely with what is too often omitted in works of this kind—the etymology of the names; and excellent bibliographies follow each section. The work, as a whole, is adapted rather for a professed botanist than for the general public. It commences rather suddenly, and we would suggest to the learned author that a short general account of the *Discomycetes* might be introduced into the first part of the work, and that for non-professional readers a coloured plate exhibiting twenty or thirty of the typical species might be added with advantage and with very little outlay. We cannot help surmising that hereafter some morphologist will reduce the prodigious number of so-called species here enumerated to a reasonable amount. Fancy thirty-five species of *Holotium* and a hundred or two of *Peziza*. Surely a process of pruning like that which Parker and Rupert Jones performed in the case of the *Foraminifera* is here required.

CONGENITAL GOITRE.

To the Editors of THE LANCET.

SIRS,—In connexion with the case of “Congenital Goitre” recorded by Mr. Ormsby in your issue of Feb. 25th the following may be of interest.

Mrs. L.—, thirty years of age, has suffered from a large goitre for over sixteen years. She has four children—one daughter (her first-born) and three sons. In the case of each of the sons only—that is, her last three births—this congenital goitre has existed, increasing in importance upon each occasion; so much so that the severe symptoms (difficulty of breathing and swallowing) in the last instance led me to seek a second opinion as to some method of treatment. Considering the fact that in the two previous cases the enlargements had gradually lessened and ultimately disappeared, as well as the extreme difficulty of dealing with such a patient, we decided to wait and watch, with the happy result that, just as in the other cases, the enlargement diminished, the difficulty of breathing &c. disappeared in about a fortnight, and in about three months the appearance of the neck was almost normal.

I am, Sirs, yours faithfully,

A. G. WEBSTER, M.R.C.S.

Golcar, near Huddersfield, Feb. 29th, 1883.

To the Editors of THE LANCET.

SIRS,—In reference to the letter in your issue of the 25th ult. concerning a case of congenital goitre, permit me to say that I attended a woman in her confinement about three weeks ago, whose baby, a girl, showed well-marked enlargement of the thyroid. In this case the breathing was seriously impeded—almost stertorous. I applied the familiar remedy known as goose grease, and, though the swelling is no smaller, the breathing is decidedly improved.

I am, Sirs, yours truly,

T. REUBL ATKINSON.

Madley, Hereford.