

line. Immediately over the aorta is the parietal pleura from the fourth or fifth rib to the diaphragm. In the normal thorax the aortic pulsations are absorbed by the compressible lung tissue and consequently are not transmitted. Fluid in the pleural cavity compresses the lung. As it increases the thoracic walls and mediastinum are pushed outwards from the pleural cavity. As long as the lung contains air it is capable of absorbing the aortic pulsations. Finally it becomes completely collapsed and at the same time the fluid in the pleura increases and presses on the intercostal spaces and in consequence of its increased tension becomes capable of transmitting the aortic pulsations. The diaphragm also probably has pulsations communicated to it but these are absorbed by the abdominal organs. As the pulsation entirely depends on hydraulic principles the nature of the fluid is not important. However, few cases of pulsating serous effusions have been recorded. In certain cases, when part of the fluid has been withdrawn the pulsation has been observed to cease—a fact which accords with the explanation given. In the majority of cases of pulsating empyema the left side is affected. Examination of transverse sections of the thorax shows that the right pleura when distended may be pushed against the aorta. Hence the explanation of those rare cases of pulsation on the right side.

#### THE WINES OF THE GIRONDE, WITH ESPECIAL REFERENCE TO CLARET.

UNDER the above heading we hope to publish in an early number the report of our Special Commissioner who was appointed by us a few months ago to visit the claret-producing districts of France during the last vintage. The investigation is now completed and the report will give an account of the processes involved in the production of claret and will include the analyses of typical clarets selected on the spot by our Commissioner, which will be compared with similar analyses made of clarets purchased in the open market in this country. The question as to whether, on the whole, the supply of Bordeaux wines may or may not be trusted will be discussed in proper sequence. Further, a section of the report will deal with the light natural clarets of France considered from a dietetic point of view, and incidentally the sociological aspects of the present habits of the nation in regard to its choice of an alcoholic beverage will be discussed.

#### SIGHING, GROANING, AND MOANING.

IT is a well-known physiological rule, often enforced by the late Mr. Herbert Spencer, that all forms of psychological emotion aroused beyond a certain pitch vent themselves in physical expression. On two recent occasions we have considered in THE LANCET certain common phenomena which are the respiratory expression of abnormal nervous functions resulting in the sudden activity of the diaphragm associated usually with some degree of vocalisation.<sup>1</sup> Sobbing, sighing, moaning, and groaning are, as it were, sentences in a monosyllabic cosmopolitan language. These sounds are really the vocal representation of certain overwrought physical or mental states consequent in general upon a longer or shorter period of inhibition of the rhythmic discharge of the respiratory centre situated in the spinal bulb; the diaphragm has been fixed, the breath either voluntarily or involuntarily has been held or has been shallow whilst breathless introspective attention has been paid to some absorbing pain or sorrow. This condition is markedly present in patients suffering from melancholia who continually and deeply sigh. If this expression of excessive psychical

stimulation is rapidly and vigorously performed a cry of anguish or of fright may result, whereas at the other end of this series of phenomena is the feeling of "wanting to sigh," well known among those who are run down in general health. At times these sounds are emitted with the sole object of eliciting the sympathy of bystanders; this is notably the case with hysterical cries. There is, however, no doubt that there are considerable mental comfort and relief obtained from a series of long-drawn sighs during a period of sorrowful depression or from noisy ejaculations of the nature of groans and moans made by a sufferer from such a painful disorder as acute dyspepsia or violent toothache.

#### THE RIGHT HONOURABLE SIR WALTER FOSTER, P.C.

THE granting to Sir B. Walter Foster of the dignity of a Privy Councillor is a well-merited distinction to a member of the medical profession, although the honour, so rarely gained by medical men, has in his case been awarded almost wholly for political work. From 1892 to 1895 Sir Walter Foster acted as Parliamentary Secretary to the Local Government Board, having as Member of Parliament for the Ilkeston division of Derbyshire faithfully served his constituency and party. At the Local Government Board he was recognised by both sides of the House as a thoroughly able and conscientious administrator, and the medical profession, who perforce regard the Board as the medical bureau of the country, felt safe in his hands. Sir Walter Foster has contributed to the literature of medicine both from the point of view of the treatment of disease and in the wider aspect of public health, has been an important and energetic member of the British Medical Association, and was for ten years a Direct Representative of the medical profession upon the General Medical Council.

#### THE EVOLUTION OF THE TREATMENT OF SEROUS PLEURISY.

THE history of the treatment of serous pleurisy is an interesting one. As Dr. William Ewart remarked at a recent meeting of the Chelsea Clinical Society, little progress was made until the beginning of the nineteenth century. Dr. Ewart thought that the cause of this long delay was clearly traceable to the absence of clinical methods of diagnosis until Laennec's discovery of auscultation. The recognition that certain symptoms were produced by the collection of fluid in the pleural sac naturally led physicians to seek for some methods by which the effusion could be removed. Dr. Ewart's remarks in this connexion were valuable. He pointed out that three periods might be distinguished in the evolution of treatment: (1) from 1800 to 1834 therapeutic measures were purely medical—paracentesis was hardly ever practised; (2) from 1834 to 1869 (from Davies to Dieulafoy) paracentesis gradually came into fashion—this was a mixed period, partly medical and partly surgical; and (3) from 1869 onwards the treatment became almost exclusively surgical and medication fell into the background. Dr. Ewart then mentioned the principal steps in improved surgical procedure which had from time to time been introduced—the exploratory puncture employed by Davies (1834); the use of the syphon suggested by Carter in 1830 and ultimately elaborated by Potain and by Sir Richard Douglas Powell; and the construction of the aspirator by Stamsky in 1841 and its subsequent improvement by Dieulafoy in 1869 and by Potain in 1872. The methods employed at the present time differ, some practitioners preferring the syphon and others the aspirator, but in the majority of cases the use of the exploring needle precedes actual withdrawal of the fluid. In considering the medical therapeutics of serous pleurisy Dr. Ewart remarked that the English school took the lead

<sup>1</sup> THE LANCET: Yawning, Jan. 21st, 1905, p. 174; Hiccough, August 26th, 1905, p. 616.

in advocating the common-sense principle of feeding instead of starving the sick. He was further of opinion that the "expectant treatment," derived from the scepticism of science on the one hand and of Hahnemann on the other, rapidly gained ground and paved the way for a growing neglect of drug treatment. More recently certain measures have been suggested having for their object the prevention of the re-accumulation of the fluid. In referring to this part of the subject Dr. Ewart mentioned the method published by Sir James Barr, which includes not only the injection of air but the after-injection of adrenalin, and which may therefore be regarded as a "combined medico-surgical" method. This combination was also stated to be a feature in the "preliminary treatment" of serous pleurisy. Dr. Ewart maintained that much might be effected medicinally by way of preparation before paracentesis to insure successful re-absorption of the remnants of the effusion. He stated that the "preliminary intravenous injection method" provided in addition a local preparatory treatment of the pleura. Hitherto adrenalin had been used, as in Sir James Barr's method, but other agents might become available. Dr. Ewart went even a step further and related a case in which the preliminary injection led to re-absorption and so obviated the necessity of tapping. He hoped, therefore, that in a proportion of cases the preliminary injection might in itself be a method of cure. The recurrence of effusion after paracentesis is by no means an uncommon event and any measure by which this may be prevented is well worthy of trial. The remarks made by Dr. Ewart merit attention, for they deal with a condition which is constantly met with in the ordinary course of practice.

#### MEDICAL RECIPROCITY WITH JAPAN.

At the last session of the General Medical Council the motion of Dr. Norman Moore that the second part of the Medical Act, 1886, should apply to the empire of Japan was carried without discussion. The recommendation of the Council was approved at a meeting of the Privy Council in December last and has now been duly recorded in the columns of the *London Gazette*. This will subsequently give to Japanese medical men the right to be registered as foreign practitioners in the Medical Register. This recognition of the excellence of the medical work done by our Japanese allies will be approved by all British medical men.

WE understand that arrangements are being made for erecting a memorial to Dr. Ernst Ziegler, professor of pathological anatomy in the University of Freiburg in Baden, who died on Nov. 30th last. As already mentioned in THE LANCET of Dec. 23rd, 1905, p. 1874, Professor Ziegler was a well-known authority on pathological subjects and the founder of two periodicals. He was also highly esteemed as a teacher of pathology. Some new buildings, including a large lecture-room, are being constructed at the University and the present intention is to place a bust of the deceased in the lecture-room. Subscriptions are invited for this purpose and should be forwarded with the designation "Ziegler Ehrung" to Dr. Edgar Gierke, Freiburg i.-B., Rosastrasse 9.

Lord Rothschild, G.C.V.O., P.C., has accepted the office of President of, and Sir Frederick Treves, Bart., G.C.V.O., C.B., LL.D., the office of consulting surgeon to, the Royal Dental Hospital of London.

THE honour of a Privy Councillorship has been conferred upon Mr. Henry Labouchere, whose fearless exposures of fraud in the columns of *Truth* have earned the gratitude of medical men. His denunciations of numerous impostors

masquerading as healers of disease and thriving upon the credulity of the public have greatly helped our endeavours to curtail the rampant mischief of quackery. We congratulate Mr. Labouchere upon the honour that has been conferred upon him.

THE medical officer of health of the Cape Colony states that for the week ending Dec. 9th, 1905, the condition of the Colony as regards plague was as follows. No case of plague in man or other animal was discovered at any place throughout the Colony except at Port Elizabeth, where 1 plague-infected mouse was found. As regards the Mauritius a telegram from the Governor received at the Colonial Office on Dec. 29th states that for the week ending Dec. 28th there were 2 cases of plague and 2 deaths from the disease.

WE are requested to announce that the endowment fund now being raised for the family of the late Professor G. B. Howes, F.R.S., will shortly be closed and all intending contributors are asked to send their contributions without delay to the treasurer, Mr. Frank Crisp, at 17, Throgmorton-avenue, London, E.C.

## Looking Back.

FROM

THE LANCET, SATURDAY, Jan. 5th, 1828.

A Correspondent who signs himself X.Y.Z., complains of the five years apprenticeship exacted by the regulations of the Apothecaries Company, and suggests an improved system of education in toto. As long as the profession remains under the *ban* of its present rulers, no remedy can be effective; nothing short of a radical extinction of the present accursed system will avail, and that this will speedily occur, our correspondent may rest assured. The latter observations apply to the letter of Mr. ALISON, of East Retford, who complains that medical men have not the power of legally enforcing payment for *attendance*, and cites the authority of an eminent counsel to that effect. All this, we repeat, is to be traced to the imbecility and supineness of our rulers, or rather, to the wretched and narrow-minded policy which dictated the framing of laws for their own immediate benefit, whilst the majority of the profession remain unprotected.

The Worshipful Company of Apothecaries seem to be universally despised; we have literally a pile of letters from various sources, complaining of their "worships." One signed W.P. speaks of the injustice resulting from the inquisitorial power possessed by this Drug Company, of visiting the shops of apothecaries and inspecting the drugs—destroying them too, if in the plenitude of their wisdom they should deem fit. It certainly is a most odious enactment—one that is in direct violation of every principle of justice, and utterly opposed to the boasted liberty of the subject. *Prima facie*, the thing is glaringly absurd, that vendors of drugs should be made the judges of articles, furnished by *rival traders*.

With respect to the late regulations of the Company, on which subject we have many letters, we have already expressed our opinions. Well, indeed, might Napoleon exclaim, that the English were but a nation of shopkeepers, when we reflect, that the sacred trust of regulating and superintending medical education, is *here* placed in the hands of an ignorant herd of drug dealers.

An *Occasional Contributor* laments the want of means in our public charities, for giving to the sick the advantages of *locomotion* in the open air, so essentially beneficial in many diseases.

The *Per-centage* system alluded to by our correspondent, F.P., from Cheltenham, as existing between a certain physician and druggist of that town, is truly disgraceful.<sup>1</sup>

<sup>1</sup> Excerpts from "a compendium—a digest of the mass of correspondence now lying before us" entitled "Excerpta quædam; ex Epistoles Amicorum."