

and sees him as often as possible, for the child is out at nurse. Unexpectedly she returns with the nurse and the child, for the country doctor has ordered that wet nursing should be given up and that the child should be fed with a bottle. Then the grandmother, wishing to get at the root of the matter, consults a specialist who, as every experienced playgoer must expect, turns out to be our friend of the first Act. The doctor asks to see the father of the child and recognises his old patient. Madame l'Avarié has escaped infection but the child has not. The wet-nurse ought no longer to run the risk of danger. So says the physician. But the grandmother wishes the nurse to stay, otherwise the child might die. What matter if the nurse runs a risk? If she were infected they could pay her. However, the nurse chooses to go and demands her money, whereupon M. l'Avarié refuses to pay. Then the nurse, touched in her pocket, turns on him and tells him that she knew the nature of the illness and Madame l'Avarié overhears the end of the conversation. In the third Act a new character appears, the father of Madame l'Avarié, a "député." He is received at the hospital by the physician who presumes that he has come to get some information for use in the cause of hygiene. He has in reality come to obtain a certificate from the physician to enable him to sue for a divorce for his daughter who has returned to him. The physician declines. He also advises that the nature of the child's illness should be kept secret. A cure is possible. A public scandal can never be obliterated. He advises pardon, hope, and patience—patience for the present and hope for the future. So the play ends. That the scabrous theme of hereditary syphilis, which has already been used as a *motif* by Ibsen, is here treated by M. Brioux discreetly may be true, but the production of such work at a theatre cannot be recommended. The lessons in practical life and morals may all be sound and forcibly inculcated, but most people expect recreation and the creation of pleasant emotions at the theatre; they do not want instruction in the pathological sequelæ of venereal disease. We trust that the play will not get a public hearing.

#### THE PHYSIOLOGY OF THE ADRENALS.

Dr. Hans Strehl and Dr. Otto Weiss contribute an article to a recent number of Pflüger's *Archiv* which contains the results of their researches on the physiology of the suprarenal capsules on which they have been engaged for the last three years in the Physiological Institute of the University of Königsberg. They first occupied themselves with the question of the importance to life of these organs. Upon this point there has been much difference of opinion. Brown-Séquard in particular, who removed them entirely from the body, thought their presence was indispensable to life, since death was the invariable consequence of their removal. Subsequent experimenters, like Tizzoni and Nothnagel, opposed this statement, but in their method of operation the organ was not removed but only broken down *in situ*. Neither by Brown-Séquard nor by the above-named observers was any dissection made to determine the presence or absence of accessory adrenals. Dr. Strehl and Dr. Weiss find that such structures, the presence of which, of course, invalidated the results of both sets of observers, are to be found occasionally in rabbits; in two cases they were situated behind the vena cava and in another in the substance of the cortex of the kidney, whilst two of the size of a bean were discovered in a cat which had survived without apparent injury the removal of both adrenals. Their operations to determine the results of total extirpation were performed on dogs, cats, rabbits, guinea-pigs, rats, mice, a hedgehog, and a weasel, and upon frogs; for those made on rabbits, mice, and rats albinos were

selected. The removal was usually effected by laparotomy in the linea alba, though occasionally through the back of the animal, the right adrenal being first removed on account of the greater technical difficulties attending the operation. Asepsis was carefully effected in every instance. Experiments were performed upon a number of other animals from which only one suprarenal capsule was removed. They were uniformly fatal in the case of guinea-pigs, but the other animals appeared to suffer little inconvenience except that two dogs and a cat became thinner. In the animals which died after removal of both adrenals the symptoms observed were great muscular weakness and apathy; the gait was vacillating, the legs straggled, and the head was depressed. The temperature slowly fell. The blood-pressure was found to be diminished to the extent of four or five millimetres of mercury after the removal of one adrenal, but when the second one was extirpated the blood-pressure at once fell 20 or 30 millimetres and continued to fall more slowly till death ensued. Transplantation of the adrenals even into parts that were highly vascular, like the substance of the liver or kidneys, was never successful. Dr. Strehl and Dr. Weiss point out the difficulty of determining with certainty the cause of death, some attributing it to loss of nerve-power, others to the adrenals secreting or producing a substance which, entering the blood, keeps up the blood-pressure, and others to the adrenals destroying some substance proceeding from the muscles or other tissues and accumulating in the blood after their removal which would otherwise exercise a deleterious influence on the blood-pressure. The experiments in favour of the last-named view are that animals die much sooner after ablation of the adrenals if their muscles have been previously tetanised; whilst the injection into frogs of the plasma of blood of warm-blooded animals from which the adrenals have been removed proves fatal, acting like curare in paralysing the end-organs of the motor-nerves generally. On the other hand, the researches of Oliver and Schäfer and other observers seem to show that some substance is formed by the adrenals the action of which is to maintain the blood-pressure.

#### BELATED HONOURS TO MEDICAL WORTHIES

AN Italian contributor writes from Florence, Nov. 22nd: "The Medical Congress which recently sat at Pisa wound up its proceedings by an impressive, if very tardy, acknowledgment of the obligations conferred on that seat of learning by the great anatomists and nature-students Andrea Vesalio and Andrea Cesalpino. The former, though not an Italian by birth, made Italy the scene of his most effective work, leaving on anatomy in all its departments the marks of true genius in research and of an expository power at once luminous, artistic, and fascinating. To commemorate these services a tablet inserted in the façade of the old Church of Our Lady of Snow (Santa Maria delle Nevi) opposite the University bears the following inscription:—

In questo edificio  
fu l'anfiteatro anatomico  
dello Studio Pisano  
dove per primo insegnò  
Andrea Vesalio  
negli anni 1543-1545

Ottobre, 1901.

(In this edifice was the anatomical amphitheatre of the Pisan University, where for the first time Andreas Vesalius gave instructions in the years 1543-1545. October, 1901.) At the unveiling the Senatus Academicus, the students, and all the members of the Congress were present and the spokesman was Dr. Guglielmo Romiti who worthily holds the chair from which Vesalius taught. Professor Romiti gave a brilliant sketch of his illustrious predecessor's career, dwelling emphatically on the spirit of independence with which he investigated nature, even though it brought him

into collision with his own teachers and with the traditional science of the period. This ceremony concluded, the Congress shortly thereafter repaired to the hospital to assist at a similar function, the unveiling of a memorial tablet to Andrea Cesalpino, another light of the Pisan School, one of the most profound and most accomplished physicians of his time as well as an able and intrepid physiologist, who 'just missed anticipating Harvey in his epoch-making discovery of the circulation of the blood.' The inscription runs as follows:—

In questo luogo ove per lungo tempo di secoli furono le stanze anatomiche del Pisano Nosocomio è fama Andrea Cesalpino ricercasse nei cadaveri sedi e cause di morti e dopo di lui una pleiade di osservatori fra i quali Alfonso Borelli e Marcello Malpighi—qui al principio del secolo XIX s' incontrarono Giorgio Cuvier e Paolo Mascagni—E l'Accademia che dal gran Cesalpino prende nome a perpetuare memorie così gloriose pose questa lapide.

(In this place, where for a long time throughout the centuries were the anatomical rooms of the Pisan Hospital, Andrea Cesalpino is reputed to have sought in the human subject the seat and the causes of death, and after him a pleiad of nature-students, among them Alfonso Borelli and Marcello Malpighi; where also at the beginning of the nineteenth century George Cuvier and Paul Mascagni met; the Academy, which takes its name from the great Cesalpino, in order to perpetuate such glorious memories, has placed this stone.) The oration at the unveiling was delivered by Dr. Carlo Fedeli, professor extraordinary of medical pathology, well known in the balneological world as consultant to the thermal establishment organised by Government at Montecatini. Once more the spokesman proved worthy of the occasion, fitted as it was (for the younger portion of the audience particularly) 'not only to commemorate, but to inspire.'

#### THE CARE OF THE INSANE.

EARLY in last September, at Hadsor, near Droitwich, a lady named MacDonnell, who had been recently confined in the Warneford Asylum near Oxford, but had been released on trial a few days before, murdered her sister with whom she was staying and her sister's child, and committed suicide herself. At the inquest upon the bodies the coroner, in summing up to the jury, criticised unfavourably the manner in which the unfortunate lady had been allowed to leave the asylum, imputing a want of proper precaution to the authorities of the institution, who were not represented at the inquest, either as witnesses or otherwise. A report was sent in due course to the Commissioners in Lunacy by the committee of the asylum, and the Commissioners' reply to that report, we are glad to say, completely exonerates the Warneford Asylum from all blame. We have perused both documents and we fail to see how Dr. James Neil, the medical superintendent of the asylum, could have done otherwise than he did in releasing Miss MacDonnell and permitting her to return to her relative, who was anxious to receive her, while we do not see that there was any precaution that should have been recommended to the murdered sister or that there was any ground for any such recommendation, taking into consideration that all the circumstances of Miss MacDonnell's illness and detention were already known to her. Miss MacDonnell had been detained for more than nine months, and during that period had improved in health, slowly at first but more rapidly later, until she was able to enjoy the social amusements provided for the recovered inmates, and until finally she showed no mental symptoms at all except a slight occasional depression. All delusions had disappeared and she had expressed apparently sincere penitence for one or two determined attempts at suicide which she had made before her detention. An impulse to injure her sister in the early stages of her derangement had been

noted, but during her residence in the asylum she had evinced no signs of this or of any homicidal tendency. In fact, in her conversation with regard to her sister and her little nephew she had always expressed warm affection for them and a desire to return to them, while her sister, as has been said, was anxious to have her with her. A brother who gave evidence at the inquest, in writing to Dr. Neil after the occurrence, expressed the opinion quoted in the report referred to, "I cannot conceive that anyone could have foreseen the existence of the homicidal mania"; and this gentleman, after waiting until Dr. Neil should fully sanction the provisional release of his sister, gave the necessary approval in writing of the course taken. In these circumstances we not only fail to see any cause for blaming the authorities of Warneford Asylum, but we are also unable to discover any means by which the patient could have been legally detained for a longer period or anything that pointed to the necessity, involving additional expense to the relatives, of keeping her after release under continued supervision by trained attendants, the only precaution which could have proved effective. In any case it appears to us to be a matter of regret that the coroner should not have confined himself to the subject of the inquiry before him, or if he thought the conduct of the asylum authorities germane to it that he should not have obtained their evidence before he indulged in censure. It is the duty of those who occupy judicial positions to keep as closely as possible to the issues and parties before them, and to hear both sides before giving vent to strong remarks which may do considerable injury to those who are made the subject of them, while those who utter them, owing to the privilege of their position, are free from all responsibility.

#### THE FACIAL OR SUPRA-ORBITAL REFLEX.

AS the knowledge of the nervous system increases so more importance becomes attached to the presence or absence of any given reflex. At one time little diagnostic value was attached to the character of the knee-jerk; at a later date little attention was paid to the character of the plantar reflex; both these have now been shown to be of the greatest value in the diagnosis of affections of the nervous system. The presence of the facial reflex, sometimes known as the supra-orbital reflex, has of late attracted considerable attention. This reflex is produced by striking some part of the forehead and is followed by contraction of the orbicularis with more or less movement of the eyelids. In order to exclude the visual reflex the eye is kept gently closed. It is generally found that on tapping the frontal region a contraction of the orbicularis takes place on both sides. The path for this reflex passes centripetally through the fibres of the supra-orbital nerve to the sensory nucleus of the fifth nerve and thence to the nucleus of the upper branches of the seventh nerve on both sides. McCarthy, in the *Neurologisches Centralblatt*, says that he found this reflex present in 100 normal persons investigated. When exaggerated the reflex is obtainable by percussion on any portion of the supra-orbital nerve, but when diminished it can only be obtained by striking the nerve at its exit from the supra-orbital notch. This reflex was found to be absent on the left side in one case of cerebral syphilis in which the fifth nerve was affected whilst the seventh nerve was unaffected. In cases of facial paralysis the reflex was constantly absent, and in 25 cases of tabes it was diminished in 23 and absent in two. In a case of section of the supra-orbital nerve the reflex was absent. Some doubt has been expressed as to whether this is a true reflex, and Carl Hudsvernig, who investigated 1000 cases and found it present in all, expresses, in an article in the *Neurologisches Centralblatt*, the belief that it is an overflow of the muscular irritability to mechanical irritation into neighbouring muscles innervated by the