much beyond the acute stage, but it does not last as long as the pain on motion, active or passive.

(2) The character of the paralysis also differs, at least in the early stages, although later it is often nearly indistinguishable. There is always a tendency to spastic contracture in the early stages of the paralysis of cerebro-spinal meningitis. This is sometimes so marked that it is evident on casual examination—certain portions of the limbs are flexed and there is a decided muscular resistance to passive motion due to a permanent tonic contraction. More often, and particularly in the later stages, this tonic or spastic condition is not so evident and shows itself only or principally in the extreme degree of flexion (extension) at the ankle-joint, the foot often being in a position of equinus, its axis almost in direct continuance of that of the leg.

(3) The knee-jerk is, on the whole, less affected than in anterior poliomyelitis. In other words, there seems to be a greater tendency to retain the knee-jerk. This is rather a question of degree than of anything else and may have been accidental in our patients. I lay stress on it only in connection with other symptoms. The knee-jerk is sometimes in this affection, as in anterior poliomyelitis, totally abolished.

(4) In addition to these clinical signs we have the history of the initial attack to guide us. While certain cases occur in which it is difficult to determine the character of the initial attack, as a rule the existence of the retraction of the head and of contractures of the muscles of the back or limbs, the continued presence of extreme tenderness or pain on movement and the duration of the acute stage of the disease enable us to determine more or less accurately the character of the case.

I have been accustomed to regard any case as suspicious in which the acute stage lasted more than seven days.

In conclusion, I should like to draw attention to the fact that the conditions in these cases closely resemble, if they are not identical with, those reported in certain epidemics of so-called anterior poliomyelitis, and to suggest that in some of these the disease, which assumes a more fatal course than is usual in anterior poliomyelitis, may really be cerebro-spinal meningitis.

NOTE. Since reading this paper I have seen one of the cases attacked in the Cherryfield epidemic, and its present condition would tend to confirm the above view.

Clinical Department.

BROMOFORM, CARBOLIC ACID, AND WHOOPING-COUGH—THE DANGERS OF EACH.

BY J. S. STONE, M. D., BOSTON.

SEVERAL months ago I was called upon to treat some small burns scattered upon the body and extremities of a girl of two years. In brief the history was this: The child had suffered for weeks from a whooping-cough from which she had not yet recovered. In the early part of the disease a physician who had seen her had prescribed a bromoform mixture. No marked therapeutic effect was noticed until the bottle was almost empty. A dose was given as usual one evening. The child soon sank into such a profound sleep

that a physician living close by was at once summoned. On his arrival the child was considered dead. He "pronounced" the case diphtheria. In fact he is said to have averred that the child had died of the "black diphtheria." Obviously there was no help for the child. Prompt disinfection was essential; otherwise the whole family was doomed. Accordingly the physician bravely entered the room and sprinkled a liquid from a bottle over the bed on which the partly-covered child was lying. While doing this, in order to avoid as much as possible the risk of breathing in the contagion, he held a handkerchief over his nose on which the mother said "either or something of the sort" was poured. The physician then retired.

Sorrow and anxiety prevailed throughout the household during the night. Next morning hope returned. The child, "dead from the black diphtheria," was discovered to be still warm and was seen to move slightly. A third physician was summoned. The child recovered so rapidly that in a few days she whooped as loudly as ever. Meantime some burns had been noticed about the hips and side, the thigh, the heel and the arm. They were small, round, deep and very slow in healing.

At the end of six weeks financial considerations compelled the family to call on me as the district physician. The ulcers finally healed, the whoop ceased, and the child is now again in good health.

In regard to methods of disinfection comment is not necessary. If this narrative impresses on any one the fact that bromoform, owing to its high specific gravity, settles extremely rapidly and that, therefore, while given safely if dropped on sugar, its use in mixture is extremely dangerous, and if it further impresses the fact that liquefied crystals of carbolic acid, which always settle out if the strength is more than one part to twenty, produce burns which heal very sluggishly, it may be that the child did not suffer in vain.

Medical Progress.

REPORT ON PROGRESS IN OBSTETRICS.

BY FRANK A. HIGGINS, M.D., BOSTON.

PUERPERAL SEPTICEMIA.

MUNDÉ,¹ in the President's Address before the American Gynecological Society, says that unquestionably in the large majority of cases of puerperal sepsis in private practice the infection comes from the fingers or instruments of the physician or nurse, and this statement applies not only to the poorer classes, but to a certain extent to those in better circumstances. It has been frequently stated that the women in well-conducted lying-in asylums are far safer from puerperal infection than those who are attended in their own homes. It is not only the hands and instruments which may introduce the infection, but also the clothing of the attendants, which may have been in contact with some infectious case and which has not been thoroughly cleaned and disinfected. Retention of portions of placenta or clots or membranes does not necessarily mean their decomposition and a septic infection. This takes place only when the germs are introduced from without. He is confident, however, that it is not always the fault of either the physician