of corrosive poisoning supposed to have been due to zinc chloride and tin chloride derived from the use of the "muriate of zinc" amalgam in soldering cans. This flux, consisting of a solution of zinc chloride, is said to be quite commonly used in the place of rosin flux, which is more troublesome, but harmless. Every care is said to be taken in its application, but as it is a poison, some risk of poisoning must attend its use.

Drs. Ungar and Bodländer,¹ of Germany, have recently examined a number of cans of vegetables and fruits, and in every instance found tin in the solid portion of the contents in the form of an insoluble stannous compound. The percentage of the impurity, calculated as metallic tin, was, however, very small, in no case exceeding 0.04 per cent.

Professor Attfield,² in a paper read at a meeting of the Pharmaceutical Society, March 5, 1884, expresses the opinion that the action of the fluids or juices of the food on the tin of the can, and consequent solution of the tin, and consequent admixture of a possibly assimilable compound of tin with the food, never occurs to an extent which, in relation to health, has any significance whatever. The occurrence of tin, not as a compound, but as the metal itself, is, if possible, still less important.

During the last fifteen years Professor Attfield has frequently examined canned foods, not only with respect to the food itself as food, and to the process of canning, but with regard to the relation of the food to the can itself. He gives the results of some analyses by which it appears that about one half of the articles examined contained no appreciable amount of tin; the remainder contained varying amounts up to 0.007 grains in a quarter of a pound. The largest amount of tin he ever detected in actual solution in food was in canned soup, containing a good deal of lemon juice. It amounted to only three hundredths of a grain in a half pint of the soup as sent to the table. He thinks that these proportions are undeserving of serious mention; that probably no article of canned food, not even the most acid fruit, if in a condition in which it can be eaten, has ever contained, in an ordinary table portion, as much of a soluble salt of tin as would amount to a harmless or useful medicinal dose; that, if a possibly harmful quantity of a soluble compound of tin be placed in a portion of canned food, the latter will have so marked a metallic taste that no sane person will eat it. This opinion seems to be in accord with the known effects of the very soluble chloride of tin upon animals and man.

Professor Attfield has occasionally met with small pieces of metallic tin in canned foods, perhaps amounting in some of the cases to a few tenths of a grain per pound. These are chipped off from the tin sheets in the operations of cutting, bending, or hammering the parts of the can, or possibly melted off in the operations necessary for the soldering together of the joints of the can, or perhaps cut off by the knife in opening the can. He considers these perfectly harmless. Respecting the globules of solder (lead and tin) that are occasionally met with in canned food, he believes that most persons detect them in the mouth and remove them, as they would shots in game; but if swallowed they do no harm.

He thinks it just possible that in the early days of canning the use of "spirits of salt" in soldering may

have resulted in the presence of tin, lead, or other chloride in canned food; but such a fault would soon be detected and corrected. It is just possible, also, that formerly the tin itself may have contained lead, but he has not found any lead in the sheet tin used for canning of late years.

The following are other conclusions to which the author has arrived: (1.) Unsoundness in meat does not appear to promote the corrosion or solution of tin. I have kept salmon in cans till it was putrid, testing it occasionally for tin. No trace of tin was detected. Nevertheless, food should not be allowed to remain for a few days, or even hours, in saucepans, metal baking pans, or opened tins or cans, otherwise it may taste metallic. (2.) Unsound food, canned or uncanned, may of course injure health, and where canned food really has done harm, the harm has in all probability been due to the food and not to the can. (3.) What has been termed idiosyncrasy must also be borne in mind. Serious results have followed the eating of oatmeal, shell-fish, salmon, and mutton. Possibly there were cases of idiosyncrasy in the eater, possibly the food was unsound, possibly other causes led to the result, but certainly, to my mind, the tin had nothing whatever to do with the matter. (4.) In my opinion, given after well weighing all evidence hitherto forthcoming, the public have not the faintest cause for alarm respecting the occurrence of tin, lead, or any other metal in canned foods.

PEPTONURIA.

From an investigation of the frequency with which peptone appears in the urine, Von Jaksch³ has drawn some interesting conclusions. It was found in seventy-six out of 354 cases; seventy-two being instances of inflammation or of pus accumulation, three of scorbutus, and one of phosphorus poisoning. He agrees with Hofmeister in thinking that the peptone is not merely dissolved in the pus (in those cases where pus formation is the predominant feature), but that it is contained in the pus corpuscles. With reference to the cases which were not purulent, he is of opinion that, from the increase of white corpuscles, as well as of the products of their destruction in the blood, it may be concluded that peptone may be set free in the blood by the destruction of these corpuscles, and may be excreted by the kidneys. He gives some examples showing that the onset and course of peptonuria may be of use as a sign of the commencement and cessation of the absorption of inflammatory products.

Hospital Practice and Clinical Memoranda.

A CONCRETION IN THE EXTERNAL AUDITORY MEATUS.

BY DAVID COGGIN, M. D., SALEM, MASS.

AN American lady, aged forty-five years, consulted me on the 11th of July last because of deafness in her left ear. The canal was occluded by wax, and after its removal the hearing was normal.

The patient then expressed the wish that the hearing in her right ear might be as easily restored. She stated that there had been a foetid discharge from it since her childhood, when she had scarlet fever. Of

³ Edinburgh Medical Journal, May, 1884, page 1059.

¹ Medical News, May 31, 1884, page 642.

² American Journal of Pharmacy, May, 1884, page 269.

late years, in spite of her endeavors to keep the ear clean, the odor had been so noisome as to cause her to avoid mingling in society. Watch heard only on contact. On attempting to introduce a speculum, it struck a hard, gritty substance, just within the cartilaginous portion of the meatus. With forceps, this was found to be firmly fixed. By picking it, filaments resembling cotton fibres were drawn out.

The patient said she was positive that cotton-battling had not been introduced in the canal for over twenty years.

Not succeeding in withdrawing the foreign body with the angular forceps, a pair of strong, straight ones was used, and it was only after several trials, and by the employment of considerable force, that the offending plug was removed *en masse*. The lining integument of the meatus was much ulcerated, or bathed in blood and pus. In the lower and posterior quadrant of the drum there was a perforation. After cleansing the middle ear, the watch was heard at five centimeters.

The cretaceous cast of the meatus that was extracted was about twelve millimeters in length, of a dirty gray color, and closely resembled an ordinary pebble. Cotton fibres were readily recognized in the particles of the concretions that were broken off.

Because of the very unpleasant nature of the specimen in the consulting-room, it was at once destroyed, so no careful examination of it was made. Doubtless the deposition on the pledget of cotton, of lime, and other salts from the pus that for two decades was being poured out, resulted in the stalagmitic formation that was encountered.

Reports of Societies.

PROCEEDINGS OF THE OBSTETRICAL SOCIETY OF BOSTON.

C. M. GREEN, M. D., SECRETARY.

MARCH 8, 1884. The President, DR. C. ELLERY STEDMAN, in the chair.

LABOR IN A CASE WITH CONTRACTED CONJUGATE.

DR. W. E. BOARDMAN reported a case of labor in which the pelvis was contracted in the conjugate diameter, and in which version and perforation of the after-coming head were performed.¹

DR. RICHARDSON said that this was the most difficult and at the same time the most interesting case he had ever seen in the Lying-In Hospital. Considering the long and difficult operation to which the patient had been subjected, it was surprising to see what a convalescence she had. Dr. Richardson also spoke of the advantage of using forceps with the pelvic curve reversed in cases in which the occiput was posterior and the head extended, and he alluded to a case in which he had so used the forceps with success. He thought that after version, when the occiput remains posterior, the forceps could be used to advantage with reversed pelvic curve. In answer to a question by Dr. Lyman as to how high the head was in the case to which he had alluded, when he applied the forceps reversed, Dr. Richardson said that the head was above the superior strait.

¹ See page 176 of this number of the JOURNAL.

DR. C. E. STEDMAN asked what experience members had had with repaired perinæums in subsequent labors. He had had one case in which the new perinæum had not torn in the next succeeding labor. He also inquired how many members had seen fatal hæmorrhage consequent upon laceration of the cervix in labor. He had seen two cases of severe hæmorrhage from lacerated cervix, and also two fatal cases, in one of which the cervix was known to be torn, and in one in which it was thought to be.

DR. HODGDON had seen one case in which a severe pain had lacerated the rigid os and brought the head to the perinæum: hæmorrhage was so severe that the patient fainted before it was controlled.

A SANITARY TOWEL.

DR. CURTIS showed an English sanitary towel for the use of menstruating women: the towel was made of borated cotton, and provided with suitable tapes for adjustment. These napkins were soft, deodorizing and comfortable, and could be thrown away when soiled.

DR. BROWN spoke of an American towel which had been well spoken of: it was made of absorbent cotton and had a thicker band than the English pattern.

DR. DOE had found these towels of value in the lying-in room.

DR. BOARDMAN said that in the Lying-In Hospital a pad was used after labor made of gauze and carbolized charpie: the charpie, he thought, held the secretions better than absorbent cotton.

DIFFICULT DENTITION.

DR. LYMAN alluded to a case of difficult dentition. On two separate occasions, with the advent of the last molars, the child had convulsions followed immediately by severe spasmodic asthma with labored breathing, sonorous and sibilant râles; the symptoms subsided in a few days without treatment, as the local irritation in the jaw passed away. He supposed the pulmonary complication to be purely reflex and similar to the well-known cases of the so-called ear cough.

PLACENTA PRÆVIA.

DR. O. W. DOE reported a case of placenta prævia as illustrating the ease and rapidity with which labor may be induced and completed when this complication arises.

Mrs. J., aged thirty-one, was confined with her first child on the 23d of December, 1879, after a normal labor of twelve hours. Two years and eight months later her second child was born after a very easy and normal labor of three hours: post-partum hæmorrhage ensued directly, which caused a somewhat protracted convalescence. Her catamenia last appeared on May 30, 1883, the second child being then eight months old. Pregnancy caused but little discomfort, though she complained continually of lack of her usual strength.

On February 13th she was suddenly seized with hæmorrhage from the vagina sufficient to thoroughly soak a napkin. There was no pain whatever attending it. She lived out of town, and when I saw her at 3.30 P. M. there had been no recurrence of the sudden flow; but there had been a constant dribbling which had increased during the last hour. On examination the os was found to be very soft and dilatable, easily admitting two fingers. The head was presenting, but disengaged and freely movable. The placenta