However desirable it may be to ameliorate the cough, sustaining measures are required in most cases during the spasmodic stage and in convalescence. Dr. Smith speaks highly of beef, wine, and iron, as now prepared by pharmacutists, for these patients, given in teaspoonful doses every two hours to a child two years old.

[Birch-Hirschfeld¹ reports to have had very satisfactory experiences with the use of carbolic-acid inhalations in the treatment of pertussis. In his cases the patients were confined in a room (otherwise well ventilated) the air of which was impregnated with carbolic-acid spray (twenty per cent. solution) by means of a steam atomizer. Dr. E. Thorner, of Berlin,² reports a very beneficial effect upon the number and violence of the paroxysms with the use of a one to two per cent. solution of carbolic acid in a steam-inhaling apparatus. The method of employment was quite similar to that recommended by Dr. Smith. — REP.]

*Sixteenth Annual Report of the Jenner Children's Hospital in Berne for 1878.*³ — Professor Demme, after giving a statistical summary of the hospital and out-patient practice for the year, speaks of the intestinal troubles of infants, and especially of the abundant development of vegetable parasites (entero-mycosis) found in the intestines of these patients. In two fatal cases of this description, with a high terminal fever, as in Buhl's case,⁴ the lacteal vessels and mesenteric glands were found filled with micrococci. In addition to a careful regulation of the diet (the mother's milk, if possible) and an avoidance of amylaceous or sugar-containing substances, Demme has found cognac, properly diluted and freely given, to be extremely useful in these cases, with or without creasote, opium, etc.; also benzoinate of soda.

The latter remedy was used with good effect in cases of diphtheria (scarlatinal and idiopathic). Of twenty-seven severe cases of diphtheria thus treated six terminated fatally. It was given internally in daily doses of two and a half grammes (thirty-seven grains) to infants from three to six months old, and five grammes (seventy-five grains) in the twenty-four hours was the amount employed for those between six months and one year of age, gradually increasing this quantity with increasing age, so that children from eight to fifteen years took daily twelve to fifteen grammes (three to four drachms) without injurious effect. It was also applied locally by insufflation, or in a more or less strong solution as a gargle.

Among other diseases reported is a case of diabetes insipidus in a boy six years old, where a swelling of the right leg and light multiple swellings of the glands excited the suspicion of syphilis. Treatment with iodide of potash produced a partial, mercurial inunction a complete cure. In a case of congenital encephalocele in a boy six years old, the swelling was brought down to a level with the bones of the cranium without any disturbance by means of a gentle steady pressure, with gradual increase. When this was rapidly augmented there followed sometimes convulsions, paleness of the skin and mucous membrane, loss of consciousness, and retention of urine lasting several hours.

In pursuance of his experiments with anæsthetics, Demme states that a mixture of one part of chloramyl with one hundred parts of chloroform effects a somewhat slow but very quiet narcosis.

¹ Vide JOURNAL, July 19, 1879, page 89.

² Deutsches Archiv, xxii., 3 and 4 Heft, 1878.

³ Berne, 1879, 8vo, pp. 68. Centralblatt für die medicinische Wissenschaft, No. 15, 1879.

⁴ Centralblatt für die medicinische Wissenschaft, 1868, No. 1.

Two cases of operation for incarcerated inguinal herniæ in infants two months old are reported; also the successful treatment of scrofulous swelling of glands by subcutaneous discission, and a few cases of struma in children.

Hospital Practice and Clinical Memoranda.

BOSTON CITY HOSPITAL.

CASES IN THE SERVICE OF DRs. ARNOLD AND MASON.

[REPORTED BY DR. H. HUN.]

Cases of Pelvic Inflammation. — CASE I. E. H., aged twenty, entered the hospital May 23d. She had been married two years, but never had had children. Catamenia regular. She had been well until eight weeks before entrance, when she began to have pain in the lower part of abdomen, which grew steadily worse, so that she could not lie on either side. She had had a number of chills and moderate diarrhœa. There had been night sweats, and she had lost much flesh and strength. The patient was very pale, emaciated, and weak.

She presented an elastic, obscurely fluctuating swelling behind the uterus, which was punctured by Dr. Arnold with Bixby's trocar on June 2d, and a pint of highly offensive pus was evacuated. The cavity was washed out with carbolic-acid solution, and a silver canula tied in. An abdominal poultice and hot vaginal douche were ordered.

June 4th. The silver canula caused so much distress that it was removed, and a drainage tube inserted. The drainage tube slipped out every few days, but was replaced each time, and the cavity washed out daily. The discharge of pus at first amounted to one or two ounces daily, but gradually diminished until the middle of July, when it ceased, the drainage tube having been omitted a few days before.

July 17th. The patient sat up for the first time.

August 10th. The uterus was slightly movable, anteflexed, and there was a hard mass in the right cul-de-sac, perceptible by abdominal palpation. At this time the patient had more color, was sitting up several hours every day, and was steadily improving. She had been taking quinia, iron, and laxatives.

August 23d. Discharged for misconduct.

September 4th. Dr. Arnold was called to see the patient outside the hospital, and found marked aggravation of all her symptoms, with tumefaction the size of a large orange, but no fluctuation in the region of the right ovary. The inflammation ran its usual course.

October 4th. Slight sense of fluctuation felt to the right and anterior to os uteri; tumefaction still to extreme right. Sound passed to the right thirty degrees from the median line; uterus fixed; pulse, 112; temperature, 102.4° F.; slight chill. Aspirator used, and about ten ounces of excessively fetid pus evacuated. The swelling in the abdomen subsided for a few days, and then began to return in the left side.

October 19th. A distinctly fluctuating mass was felt to the left of and anterior to the uterus, and was punctured with a bistoury, and afterwards dilated forcibly so as to admit the finger. This was followed by a carbolicized injection through a single catheter every third or fourth day. She has steadily im-

proved, and on December 9th was sitting up and moving about her room.

CASE II. E. D., aged twenty, single, entered the hospital May 31st. The catamenia had been rather irregular. Three weeks before, she began to be "unwell," continued to flow a little for about ten days; the flow then ceased, but began again three days before entrance. There had been much pain in the back and lower part of the abdomen, shooting down both legs. There was constant leucorrhœa.

The patient presented a soft, very fluctuating tumor in the right side of the pelvis, which could be felt above the pubes, and projected into the vagina as a small, tense bag just behind the cervix. On June 2d the tumor was punctured by Dr. Arnold with a Bixby's trocar, and a considerable quantity of purulent offensive matter was evacuated. The cavity was washed out, and a silver canula tied in.

June 4th. The canula caused so much distress that it was removed, and a drainage tube was inserted. An abdominal poultice was applied, and the patient was given a hot vaginal douche twice a day.

June 6th. The drainage tube slipped out, and was not replaced, the cavity being washed out daily with a double catheter until June 22d, when this was omitted. The fistula in the vagina continued to discharge a small amount of pus.

Early in August the patient began to sit up every day. At this time the uterus was low down in the vagina and fixed. Some discharge continued, and there was marked tenderness, with moderate tumefaction in the right cul-de-sac. A small, hard mass was felt in the left cul-de-sac. The patient had taken iron, quinia, and laxatives. Towards the end of the month cod-liver oil and extract of malt were given, and she made marked improvement.

At the end of September the vaginal discharge had almost entirely ceased, and by the first of November the patient had much better color, though still pale, was out of bed all day, and could walk about without pain. At this time the cul-de-sacs were free, though some tenderness remained.

On November 21st she was discharged, to go to St. Luke's Convalescent Home, where she was seen about the middle of December, when she was looking and feeling perfectly well.

CASE III. B. A., aged nineteen, single, entered the hospital June 5th. The catamenia had been regular. The patient had never been very strong, and for the previous two months had had a poor appetite. For a week there had been constant pain in the left inguinal region, increased by standing. There had been one or two chills. No leucorrhœa.

The uterus was pressed down and back. The sound passed the normal distance, without pain, towards the promontory of the sacrum. There was a considerable tumefaction in the left pelvic region in front and at the side of the uterus, about the size of a large orange, with a sense of indistinct fluctuation.

This tumor was punctured on June 8th by Dr. Arnold with Bixby's trocar, and about half a pint of clear, yellow serum was evacuated. The cavity was not washed out. No canula nor drainage tube was left in. An abdominal poultice and hot vaginal douches were ordered.

From June 12th to 25th the patient had a severe attack of tonsillitis.

On June 27th, the pelvic tumor having refilled with

fluid, it was punctured again with Bixby's trocar, evacuating a considerable quantity of fetid purulent matter. A silver canula was tied in, and the cavity was washed out daily with a solution of carbolic acid.

On June 30th the canula was removed on account of the distress which it caused, and a drainage tube was inserted, which was also removed in a few days.

Patient continued to have for some time abdominal pain and slight diarrhœa, the discharge from the cavity gradually diminishing in amount.

August 20th. She sat up for the first time.

September 1st. Having previously been given quinia and iron, she began to take cod-liver oil and extract of malt, which was followed by rapid improvement.

September 27th. She left the hospital. At that time she had gained much flesh, and was looking well. There was no tenderness in either cul-de-sac. Slight induration about old seat of puncture. Uterus fairly movable. Little discharge, without odor. The patient was seen about a month later, after she had been at work two weeks, and was looking and feeling quite well.

CASE IV. E. C., aged twenty-three, married, was admitted July 29th. She had had two children, the youngest being two years old. Since the last child was born she had been weak, and had had pain in the lower part of the abdomen and leucorrhœa. Defæcation had always been a little painful. In March, 1878, she entered the Massachusetts General Hospital, where she was operated on for laceration of the cervix and perinæum. For the past few months she had been troubled by night sweats, and for two weeks had been quite sick, with pain in the lower part of the abdomen and vomiting. During the past week had had a number of chills. The night before admission she went down to supper as usual. Later in the evening she began to vomit and to have chills, and then had much pain in the abdomen. She did not sleep at all, and in the morning was cold and very faint, but rallied somewhat.

She was brought to the hospital at seven p. m. in a condition of collapse, with great abdominal pain. Pulse 122, very weak; temperature 103° F. Whiskey and morphia were given, but she did not rally well.

The os was pushed forward against the pubes. A large, tender bag of fluid pressed down the posterior cul-de-sac, not tense, but yielding readily before the finger. The abdomen was distended and tympanitic. The patient was etherized, the sac in the vagina was aspirated, and twenty ounces of thin, serous fluid of great fetor were withdrawn. The pulse was then scarcely perceptible and the skin cold.

On the afternoon of the next day, her pulse being a little stronger, the condition otherwise unchanged, she was brought into the operating room to have a drainage tube inserted, but no tumor could be felt in the posterior cul-de-sac.

From July 29th to August 9th she suffered from an attack of acute general peritonitis, the pulse varying for the first three days from 100 to 120, and afterwards from 120 to 130; the respirations from 38 to 50; the temperature from 100° to 103° F. for the first six days, afterwards from 99° to 100° F. The patient had great abdominal pain, tenderness, and tympanites, profuse perspiration each morning, diarrhœa, retention of urine, almost constant vomiting; she could retain a little milk, but no stimulants. The thighs were flexed on the abdomen. An abdominal poultice was applied, and the patient was given morphia in sufficient quan-

tity to control the pain. At first she required nearly a grain a day, later about half a grain.

On the evening of August 5th she was able to retain brandy for the first time, and after August 6th took eight ounces of brandy daily.

Ever since the entrance the patient had had an offensive, thin, watery vaginal discharge, very small in amount. On August 8th this discharge became very abundant, and on August 9th a pint of thick, yellow pus escaped from the vagina; in the afternoon the discharge was again watery, abundant, and very offensive. At this time she was having warm, carbolized vaginal douches three times a day, and frequently in the day carbolic acid was sprinkled about the room to control the odor.

From this time the patient steadily improved. The offensive vaginal discharge continued. For several days it would be very scanty, and then a large quantity of thick pus would be discharged, but on the whole it steadily decreased in amount. The patient's temperature was usually normal in the morning, and every evening rose to 102° or 103° F., occasionally to 104° F. An exceptionally high evening temperature was usually followed by a free escape of pus. The pulse continued from 110 to 120; the respirations from 20 to 30.

September 5th. The cervix was in the normal position. There was some induration and tenderness in the posterior cul-de-sac.

September 15th. The patient sat up a little while to-day for the first time.

October 8th. Lately she has had almost no discharge from the vagina. Sits up most of the day, and walks about a little. Temperature still rises to 101° or 102° F. in the evening. Feels quite well, and insists on going home.

[REMARKS. — The four cases reported above, which remained in hospital for an average period of fifteen weeks, illustrate the usual tedious and exhausting course of pelvic inflammations, which are neglected at the outset often because they are unrecognized. The emaciation, debility, and anorexia in all were extreme; nutrition was with difficulty maintained. Case IV., however, which was the most unpromising, being complicated with general peritonitis, and in which constant drainage with washing out was not resorted to, made the quickest recovery.

In this case it was thought that a latent serous effusion of very fetid character ruptured into the peritonæum. It will be observed that the evacuated fluid in two instances was serous, subsequently becoming purulent.]

Shoulder Presentation, with Spontaneous Evolution in the Seventh Month. — H. L., aged twenty, married, was admitted September 7th. The catamenia had been regular. She had one child, three years ago, after an easy labor. The patient thought that she was last unwell in February. She felt the motion of a child two months before entrance. The day before admission she did considerable lifting, but felt no discomfort from it. About five o'clock in the afternoon, September 7th, she began to have slight griping pains in the abdomen. Shortly before seven o'clock the pains became regular and severe. Half an hour later she noticed that she was flowing, and entered the hospital at eight P. M.

On entrance, the fundus was one inch above the umbilicus. The foetal head was felt in the left iliac fossa,

the breech slightly above the right iliac fossa. The foetal heart was heard (148) below and to the left of the umbilicus. Os high up, the size of a silver dollar. A peculiar, boggy-feeling mass on the right side of os. No foetal part was felt.

At 8.50 P. M., as the head could not be brought into the axis of the pelvic strait by abdominal manipulation, and there was considerable hæmorrhage, the membranes were ruptured. The hæmorrhage stopped almost completely. The head could now be felt far up on the patient's left, but could not be brought into the axis of the pelvic strait.

At 10 15 P. M., the pains were feeble and infrequent; the os was about half dilated, and slight hæmorrhage had begun. A basinful of water as hot as the hand could bear was injected into the vagina. The pains then became of more force and more regular. Flowing ceased almost entirely; a little later a strong pain came on, and the left hand descended into the vagina, and protruded from the vulva. The appearance of the hand at the vulva was soon followed by the expulsion of a considerable amount of clotted blood. The left side of the thorax next presented at the vulva, then the buttocks, and the right hand came down spontaneously, and the foetus was expelled. There was no pulsation in the cord. There was very little hæmorrhage. The foetus was fourteen inches in length; weight twenty-seven and a half ounces. The placenta presented at one portion of its circumference a dark red discoloration (apoplectic).

The convalescence was perfectly natural. The temperature did not rise above normal, except on September 13th, when it was 99° in the morning and 99.8° at night.

Reports of Societies.

PROCEEDINGS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT.

T. M. ROTCH, M. D., SECRETARY.

JANUARY 13, 1880. DR. JAMES C. WHITE, permanent chairman, presided.

NEUROTOMY OF THE OPTIC AND CILIARY NERVES.

DR. H. W. WILLIAMS read a paper on Neurotomy of the Optic and Ciliary Nerves as a Substitute for Enucleation of the Eyeball, which is printed in full on page 73.

DR. H. DERBY spoke as follows: If the character given the operation of neurotomy by its friends is ultimately confirmed by experience, its adoption will mark a decided advance in ophthalmic surgery. Its advantages may be briefly recapitulated. If the eye left in place is a small one, an artificial eye receives better support and greater motion than could be the case after enucleation. If a large one, the expense and annoyance of an artificial eye are avoided. In the case of children enucleation impairs the development of the adjacent parts, while neurotomy would not interfere with it. Last, but not least, is the fact so justly dwelt on by Dr. Williams, that many a patient of limited intelligence or strong prejudices might consent to have the nerve cut, while steadfastly refusing to have the eye out, and thus be saved from blindness.

While possessing these advantages, neurotomy is open to certain strong objections. First among these I reckon the attendant hæmorrhage. This is in some