her own urine; and half the other nurses using mother's milk in the baby's eyes, — I realized that in justice to the patients it was necessary to train some needy, intelligent women for service, and give them the preference over the officious, untidy and unreliable make-shifts whom one would otherwise have to endure. By so doing the patient is better cared for, the nurse is changed from a drudge to a pupil, and the doctor is sure of a nurse who will be loyal to him, an important matter to a young practitioner.

Right here, let me say that if the doctor's lot is cast among those too poor or to indifferent to employ reliable nurses, he must at whatever sacrifices of time or dignity, take off his coat, roll up his sleeves and attend to the indispensable details of nursing himself. Better a half-hour spent in making an unfortunate woman safe and comfortable than to wake at night and reflect on the danger and uncertain outcome of a case which might have been rendered safe.

In the treatment of puerperal fever, little was formerly advised by way of direct treatment to the utero-vaginal cavities. Curetting or inter-uterine injections were regarded as unsafe or too troublesome to give; but medicine and outside applications were unstinted. It was taught twenty years ago that two ounces of alcohol was as much as the system could assimilate to advantage in twenty-four hours. Of late, however, I have seen a septic case (puerperal fever) take ten times as much as that, with good results.

We were warned in school that if puerperal fever occurred in our practice we must give up all new cases for a period. Acting upon this theory I once lost twenty days' work. Lately, however, while caring for a very severe case of puerperal fever in which I had to make applications, give douches and perform other services involving handling the patient, seven other cases of obstetrics were attended, three of which were instrumental, and though forced to do considerable of the nurse's work in these, too, no case showed infection. Sterilizing all the instruments by boiling, disinfecting the hands and bared arms, are precautions which leave little to be feared from contagion.

For the vomiting of pregnancy, our resources were formerly limited to oxalate of cerium, etc. Later experience has taught me to place more reliance upon painting the cervix with a ten-per-cent. solution of argent nitras, or slight dilation of the os-externa in cases of such severity as call for any treatment.

The benefit to be derived from position and support by well-applied compresses and bandages in suppuration of the breasts were not taught; those were the days of poultices.

What instruction we had in extra-uterine pregnancy was not encouraging either as to diagnosis or treatment. Within the last decade so much advance has been made that we now know it to be far from uncommon, and while startling in the event of rupture it is easily recognized and very hopeful of recovery, if treated promptly by laparotomy.

I regret to say that I have not as yet mastered examination of fetal position by external palpation, nor incised laterally for rigid outlet, nor attempted the recently suggested primary operation for cervical tear, that is, suturing before leaving the chamber.

No doubt the near future will bring many innovations and improvements in our practice. Some have characterized as officious interference these measures that have proved useful to us. Parturition, they say,

is a natural process which, they argue, can be left to nature. They forget that women at present are not in a state of nature. Engleman says that Indian women have Indian babies very easily, but have hard labors when they bear half-breeds on account of the relatively larger heads of the half-white offspring.

Possibly the "new woman," with the advantage of better living, dress, athletic training and general education may need physicians less; but for the present we have to take cases as we find them; and though it is no new or easy field, opportunity is given to save lives and reduce pain.

It requires some temerity to come to this hall and voice platitudes, much more to claim merit for procedures which do not have the sanction of the experts. If it were not known that within a radius of two miles from where we stand, practitioners are waiting for the extrusion of putrid placenta, and ascribing the associated rigors to cold, that scape-goat of the conservative doctor, or treating perineal tears by not looking for them, a dignified silence would best become one.

Between the experts, who can wave aside as "trite" the problems that daily confront us, and the medical moss-backs who will not learn, there is still the bulk of the profession, who need the opportunity to meet and exchange the small coin of personal experience as well as to draw on those whose greater opportunities and broader views enable them to give us the latest and best teaching. To this middle class then, I hope to appeal in this paper, being wholly willing, however, to abandon my way of doing when I can learn of a better.

We can all read at home; but the placid page cannot give us the mental etching which comes from the face to face discussion.

Clinical Department.

A FATAL CASE OF POISONING BY RED OXIDE OF MERCURY: NECROPSY.

BY LOUIS T. MITCHELL, M.D., CHICAGO.

THE following case seems worthy of record on account of the infrequency of deaths from this cause.

John T., aged forty-seven, a machinist, and a native of Sweden, was admitted to the Cook County Hospital on July 9th at 9.10 A. M. He gave a history of having been sick three days with vomiting and diarrhea. Absolutely denied eating or drinking anything that could give rise to his symptoms, and also denied having taken any poison.

On admission complained only of severe pain in abdomen, and especially on the right side. The patient made frequent attempts at vomiting, but ejected nothing save a little clear or greenish fluid occasionally. According to his statement he had considerable diarrhea before coming to the hospital, but he only had one passage during his stay in the institution, which was serous and colored reddish.

Three hours after admission the temperature was 100.2°, respiration, 26, pulse 108; four hours later, 97.6°, 26, and 104 respectively. The patient gradually grew weaker, and died at 7.45 P. M. on the same day. Just before death he acknowledged having taken an unknown quantity of "red precipitate."

Necropsy, fourteen hours post-mortem. Rigor mortis well marked. Pupils unequal, right larger.

No marks in mouth. Base of tongue and mucous membrane of larynx of a deep purplish hue. Pharynx and esophagus normal. Stomach about one-quarter distended with food, colored grayish pink; small lumps of the mineral visible here and there. The stomach walls were coated with a layer one-quarter of an inch thick of pultaceous matter. On washing this off, the mucous membrane appeared pale; it was much softened, and could be readily scraped off by the finger-nail. The duodenal mucous membrane was also softened and the contents here showed much larger lumps of the mineral. No trace of it was found beyond here. The lower part of the small intestine contained considerable fluid similar to "rice-water." The other organs were healthy.

Upon searching the room of deceased a pint whiskey flask was discovered, containing a small quantity of alcohol, with a precipitate of the mineral. It could not be ascertained how much had been taken, nor how long before admission it had been taken.

GUIACOL IN PUERPERAL ECLAMPSIA.

BY J. F. R. APPELBY, A.M., M.D., WASHINGTON, D. C.

RECENTLY a number of articles on puerperal eclampsia have appeared in various medical journals. In none have I noted a wide departure, in treating this disease, from methods which have been in use for many years.

On the one hand, such remedies as lessen blood-pressure in the cerebral vessels—as blood-letting, chloral hydrate, bromide of potassium, and veratrum viride—have their advocates; while, on the other hand, those which control nervous irritability, such as opiates and anesthetics, are held in high repute by many. All have been found useful, and may become valuable in peculiar contingencies.

It is my desire to call attention to another remedy of which I have seen no mention in connection with this disease, and which, in a limited number of cases has in my hands, proven so satisfactory, that I am assured it will find a leading place among other reliable remedies in this perilous disorder.

When guaiacol is poured upon the abdomen it is rapidly absorbed. Its physiological effect is to cause rapid and marked lessening of arterial blood-pressure, lowering of temperature and free diaphoresis.

These physiological effects first led me to use it in a case of nephritis attended with slight convulsions and a full, hard pulse. This patient was an adult male. Twenty-five drops were poured upon the abdomen, and rubbed in with the tips of the fingers. Relief was certainly marked.

Next I used guaiacol in two cases of puerperal eclampsia, with surprising and happy results. They were primiparas. In the first, labor was progressing favorably; dilatation had been accomplished and the occiput had begun to descend, when convulsions came on, becoming more profound with each recurring seizure. As soon as practicable chloroform was administered and the child, a large male, was delivered with the forceps. On the effect of the anesthetic wearing off, the convulsions returned, whereupon I poured forty or fifty drops of guaiacol (the case seemed too urgent to take time to count the drops) upon the abdomen and gently rubbed them in as in the preceding case.

In a few minutes the pulse became soft, free diaphoresis set in, and the convulsions died away.

The second patient had been delivered by a midwife. Both baby and placenta had come away, when convulsions set in. On arriving at the bedside, I found that the patient was enormously swollen over the whole body, and the pulse was full, hard and tumultuous. The convulsions were almost continuous. They were as powerful if not more powerful than any I have seen in a practice extending over nearly thirty years. It looked like a hopeless case. As with the other patients, I used forty or fifty drops of guaiacol and gave a hypodermic injection of one-fourth of a grain of sulphate of morphia. In less than an hour the patient was sleeping quietly, and no more convulsions followed.

Both of the above cases had albuminuria and were much swollen, which symptoms demanded treatment for a few days. Both made good recoveries, and are now enjoying ordinary health.

For guaiacol there may be claimed certainty of action, speedy relief of urgent symptoms and ease of application which renders it perhaps more desirable and less objectionable than any one of the remedies heretofore used in eclampsia.

In neither case did I find it necessary to make a second application, but would certainly have done so had it been necessary.

Medical Progress.

REPORT ON DERMATOLOGY.

BY JOHN T. BOWEN, M.D., BOSTON.

SARCOMATOSIS WITH PURPURA HEMORRHAGICA.¹

MARTIN and Hamilton, of Montreal, have studied two interesting cases of sarcomatosis associated with so-called purpura hemorrhagica. Fagge, who has reported six instances of this association, advances three possible explanations. First, that a minute development of sarcomatous tissue with vessels made up of embryonic cells, takes place at each hemorrhagic spot; second, that an embolus in the capillary vessels is formed by a metastasis of the sarcoma cells; third, that the cachexia of sarcomatosis may sufficiently account for the purpura.

The first case reported by Martin and Hamilton is that of a woman of thirty-five, who was admitted to the hospital, affected with bleeding from the gums, anorexia, emaciation and numerous areas of subcutaneous hemorrhage. There was vomiting of blood and rapid failure until death in ten days. The cutaneous hemorrhagic areas were in some instances firm, distinctly nodular on deep pressure, and painful. At the autopsy there was found a sarcomatous infiltration of the cervix uteri, ovaries, stomach, spleen, kidneys, adrenals, liver and skin. The growth was shown to have spread by means of the lymphatics, especially those about the blood-vessels, and by an infiltration of the walls of the vessels. The microscopical examination of the skin, showed circumscribed nodules of small round cells, with a great infiltration of the adipose tissue and of the coats of the arteries and the perivascular tissue. No emboli were found.

¹ Martin and Hamilton: *Journal of Experimental Medicine*, November, 1896.