strong as can be borne. May 6th. Patient had used two pints of whiskey nearly, and the alcoholic gargle frequently; was more comfortable; sweating freely; the inflammation in fauces, and over hard palate, had apparently ceased, the surfaces having a shriveled look — the change being as evident as where a burning surface has been quenched by dashing water upon it. Pulse less frequent, and patient encouraged; has faithfully carried out the treatment, and presents no indications of overstimulation. The treatment was continued, and during the day quite large masses of membrane were thrown off, more than what were visible by an ordinary examination of the fauces, leaving the woman to recover speedily from a condition which, under former treatment, I had been accustomed to see result fatally, or in severe and protracted illness. Since 1858 I have met and treated more or less frequently cases of diphtheria, but have never before seen cases of the character here described *abort*, and the patient become convalescent in forty-eight hours. If the large, even toxic, quantities of alcohol used in these cases were not spent in counteracting or neutralizing the morbid action set up, why did it not continue a longer time, and why did not the alcohol manifest its physiological effects?

In the article referred to above whiskey was thought to check the progress of malignant measles as it checks the development of micrococci in culture solutions, and the malignancy of the cases described was shown to correspond with the development of micrococci in the blood of those affected. May not this explain the effects of whiskey observed in the cases here reported? I can find no writer who has brought out the point here made on the free, primary, and sole use of stimulants in the forming stage of malignant diphtheria, except E. N. Chapman, formerly Professor of Obstetrics at Long Island College Hospital, who in 1877 wrote a pamphlet on diphtheria, in which he says: "The one indication alone obtains, to wit, the introduction as promptly as practicable of a sufficient quantity of alcohol into the circulation to counteract the effects of the poison and prevent morbid changes in the blood, its full efficacy being shown at the outset of the disease when fever is high and inflammation active. The more speedy the resort to the antidote the more speedy the cure, a day or two being often sufficient to restore the patient to his health; but if the alcohol has been held in reserve until the fever is allayed, and the system prepared for stimulants, it will be shorn of its potency."

These words I now feel to be true and full of meaning, but not until the father of the boys above mentioned gave his account of the use of alcohol in diphtheria, and not until my faith in the treatment heretofore used had all but vanished, did I feel sufficient confidence to adopt a practice so unused. Now, however, I have more confidence in the free and immediate administration of alcohol for the cure of severe attacks of diphtheria than in any other means, it having been thus far successful in every case; though of course a larger number of trials must develop failures, yet I am very anxious to see the treatment thoroughly tried, believing it will oftener prove efficacious than any other, whether bacteria be a cause or a consequence of the disease.

Todd, Beale, and others have found equally large quantities of stimulants curative in other diseases where alcohol could not be supposed to act simply as an antidote for bacterial sepsis. Dr. Beale mentions

cases of pneumonia and acute rheumatism, with pericarditis, apparently hopeless, in which one and a half to two ounces of brandy were given with benefit every hour, and then as much as thirty ounces a day without the slightest intoxication, vomiting, or headache, and followed by good recovery, the inflammatory products being absorbed. Here the theory of bacterial blood poisoning is not assumed, and alcohol may be supposed to act as a vascular, capillary, and nerve stimulant.

CASE OF PROTRACTED GESTATION COMPLICATED BY DEFORMED PELVIS AND ANTEPARTUM HOUR-GLASS CONSTRICTION OF THE UTERUS. DELIVERY BY VERSION.

BY ROBERT B. DIXON, M. D.

MRS. T., music teacher, twenty-six years old, intelligent and healthy primipara, menstruated regularly October 15th, being unwell four days, which was her usual time. She had always been regular every four weeks. November 13th she was again unwell, but for one day only. August 18th, two hundred and seventy-nine days from the date she last had any flow, she had strong uterine pains, lasting seven hours, which, however, had no apparent effect on the os. She was given a rectal injection at the beginning of the pains, and had a large dejection, but the force of the pains was not diminished in the least till several hours thereafter. She went on all right from this time till the evening of September 15th, just twenty-eight days from the day the pains formerly came on, and three hundred and seven days from the last menstrual flow. I saw the woman at eleven P. M. She said she had had no pains whatever, but one hour previously a rush of water came away, sufficient in amount to wet through the bed linen, and that a small amount had continued to dribble away since.

Upon examination I found the cervix very high posteriorly, all taken up and soft, and admitting the tip of one finger. At two A. M. pains began, four hours after the membranes ruptured, and continued regularly and forcibly, but with very little effect on the cervix. At nine A. M. sixty grains of chloral were given, and repeated again at one P. M., at which time the os was about the size of a half dollar. At four P. M., the os not having increased much more in size, ether was administered, and the woman kept deeply under its effects for ten minutes. Half past six P. M., os was about two thirds dilated. Nine P. M., os nearly dilated, pains strong, woman in good condition, but the presenting part refused to descend. The woman was then etherized, and a thorough examination made. The promontory of the sacrum was found to be very large, projecting well forward, and diminishing the conjugate diameter at the brim, about one half of an inch. The position of the child was brow anteriorly to the right side. Forceps were applied, but failed to start the head. Dr. W. L. Richardson saw the case at this time. As there was a failure from the previous attempt at using the forceps, it was considered advisable to try version. Upon introducing the hand into the uterus a strong, firm constriction at or about the internal os was found, through which the hand was slowly passed, but with considerable difficulty. The constriction was plainly visible externally through the abdomen, about one inch above the pubes, there being

a depression sufficiently large and deep to admit one's hand edgewise. The principal difficulty was to get the head to ascend, which was finally successfully accomplished, and after prolonged traction the child turned out. It showed very few signs of life, but was partially resuscitated by alternate hot and cold water applications, used thoroughly for half an hour; it could, however, be made to cry out but feebly, and lived only four hours. The child was larger than the average, but not as large as many children that are born without difficulty, and I see no reason why there should have been any trouble if the complications of deformed pelvis, constricted uterus, and too early rupture of the membranes had not been present.

Its length was twenty-two and a half inches and weight nine and three fourths pounds, being from two to three inches longer and three pounds heavier than the average.

The diameters of the skull were all slightly increased, as follows: Occipito-frontal, four and three fourths inches, occipito-mental, five and three fourths, and bi-temporal, four and one fourth inches.

The case is interesting from its many complications. That the woman was ten months along there is very little doubt. The very perfect and accurate history of menstrual periods in a very intelligent primipara, always before regular regarding her menses, also the pains coming on, on the two hundred and seventy-ninth day and lasting seven hours, and labor itself coming on just twenty-eight days from that time, as well as the increased size of the child, all indicate that it was a case of prolonged gestation.

The deformity of the pelvis probably acted to some extent as a cause for the uterine constriction, as did also the early rupture of the membranes; and the fluid wedge being thereby destroyed the slow dilatation of the os is partially accounted for.

The convalescence of the woman has been perfectly normal.

Reports of Societies.

THE NEW YORK ACADEMY OF MEDICINE.

The first meeting of the Academy after the summer recess was held on the evening of Thursday, October 5th, with the president, Dr. Fordyce Barker, in the chair. Julius Althaus, M. R. C. P., of London, was elected a corresponding Fellow of the Academy. The paper of the evening was by Dr. E. G. JANEWAY, professor of diseases of the nervous system and clinical medicine in Bellevue Hospital Medical College, and was entitled

CASES BEARING ON DIAGNOSIS AND LOCALIZATION OF CEREBRAL DISEASES AND THEIR DIFFICULTIES.

The first part of the paper was devoted to pointing out the danger, under certain circumstances, of mistaking various general diseases, especially the fevers, for affections of the brain, and a number of interesting cases were cited in illustration. The head and front of diseases thus simulating brain troubles, Dr. Janeway said, was typhus fever, on account of the very marked cerebral symptoms which were apt to occur in connection with it, yet in every case where there was the slightest reason to apprehend the presence of typhus it was of the utmost importance to arrive at a correct

diagnosis as soon as possible on account of the danger of the spread of contagion. He mentioned a case in which typhus was mistaken for both acute cerebritis and alcoholism, and showed how these affections, on the other hand, might easily be taken for typhus. The delirium, stupor, stiffness at the back of the neck, and irregularity and slowing of the pulse often met with in the latter were equally characteristic of cerebral disease, and in a boy who was admitted to Bellevue Hospital, suffering with these symptoms, the stiffness at the back of the neck being particularly well marked, he could only arrive at a correct conclusion by investigating the antecedent history and surroundings of the patient. He then ascertained that there had been and still were cases of typhus in the house from which the boy had been removed, and this, of course, settled the question at once. In this way only was it possible to form a correct diagnosis in certain cases of typhus. This disease was also liable to be confounded with cerebro-spinal meningitis and with acute suppurative endocarditis, giving rise to embolism and the petechiæ, closely resembling those of typhus, which are apt to result therefrom. When there was definite paralysis or aphasia there was not much room for doubt, but if these were both absent, and there was beside no heart murmur, the diagnosis was often very difficult to decide upon. A case illustrating these points was then given. Typhoid fever, he said, rarely appeared under the guise of cerebral disease, as the tympanites, diarrhœa, and characteristic eruption were generally sufficiently marked to render the diagnosis comparatively easy; yet in certain cases where these symptoms were absent there was danger of confounding it with meningitis, and if in addition there was the complication of bronchopneumonia, not infrequently met with, it might, perhaps, be supposed that there was tubercular trouble both in the lungs and the meninges.

Malarial diseases were not often taken for cerebral, but the latter were not infrequently confounded with the former. In abscess and tumor of the brain, for instance, there was apt to be hectic characterized by marked periodicity and striking elevations of temperature which closely resembled intermittent. The most severe cases of malarial trouble came from the tropics, and sometimes organic cerebral disease was found co-existent with this. Such a case he had seen in the hospital. When admitted the patient was semi-unconscious, was suffering from well-marked stiffness at the back of the neck, and had a temperature of 104° F. The next morning the latter had gone down to 99° F., but by the end of twenty-four hours it had again run up to 104° F. In three or four days the patient died, and the autopsy showed that there were present both basilar meningitis and the distinct lesions of malarial disease.

Pneumonia and pleurisy, he continued, were in numerous instances mistaken for meningitis and other cerebral disease. This was much more apt to be the case with the former, in which marked muscular soreness and stiffness at the back of the neck were sometimes met with, than with the latter. In children especially the true nature of the disease was likely to be disguised, on account of the pneumonia commencing in the centre of the lung or high up in the axillary regions. In order to prevent the mistaking of meningitis for malaria the history and order of symptoms should be taken carefully into account.

In Bright's disease, and more particularly the vari-