symptom belonging to typhoid which can be characterized as pathognomonic, yet a tendency to diarrhoea is quite frequent and intestinal hæmorrhage quite rare; in our cases we found the bowels confined in over half of the cases.

Dr. Broadbent looks upon constipation in typhoid as of sufficient importance as to entitle the fever a distinct variety.

Hospital Practice and Clinical Memoranda.

MASSACHUSETTS GENERAL HOSPITAL.

SERVICE OF GEORGE C. SHATTUCK, M.D.

CASE OF ULCERATIVE ENDOCARDITIS.

REPORTED BY HENRY JACKSON, HOUSE OFFICER.

HISTORY TAKEN FROM THE FATHER OF THE PATIENT.

FAMILY history good. Child always delicate; subject to slight cough; he had noticed rapid and violent action of the heart. So far as the father knew the child had never had any acute disease.

Four days before entrance the child was apparently as well as usual. Three days before entrance she seemed sick in the morning; vomited once. That night was restless and had slight pain in her head. The next day screamed all day from severe pain in her head; the day before she entered she was delirious, constantly tossing, screaming, and apparently in great pain. She had not slept since the first of the attack.

Physical Examination.—Child twelve years old, emaciated, cold, and livid; mouth open; sordes on teeth and lips; tongue dry and cracked. Moans occasionally; head retracted; muscles of back of neck rigid; thighs flexed; resists attempt to straighten them. Lies on the left side and cries if touched. Very violent, tumultuous pulsation in the left front from second to fifth interspace. No localized apex beat. Thrill at the apex most marked in the sixth interspace just outside the nipple; area of cardiac dullness begins on the second rib, extends one and one-half inches outside the left nipple, and half an inch to the right of sternum. Loud presystolic and prolonged systolic murmur at the apex. Systolic murmur is transmitted into the left back. The pulmonic second sound is accentuated. Pulmonary resonance and vesicular respiration throughout the chest without râles. Pupils contracted, equal. Nothing abnormal was found in the abdomen. The spleen was not examined. There were a few small dark-red papules on the trunk. Temperature 102°F.; pulse very small, 140; respiration, 35. In the afternoon patches of urticaria appeared on the legs and abdomen. Tracheal râle; moaning; evening temperature 105.5°F. A little morphia was given at night. The next day numerous small petechiæ were found scattered over the body. There was involuntary micturition. The patient was perfectly quiet all the second day, and died at 4.30 P.M.

Autopsy by Dr. R. H. Fitz.—Extreme lividity of

the dependent portions of the body. Numerous small petechiæ and hæmorrhagic papules.

Brain. On removal of the calvarium the dura mater was tense; the pia mater was deeply injected and dry; the convolutions somewhat flattened; pale opaque gray streaks along the veins over the convexity, suggesting purulent infiltration. The right side of the brain near the angle over the fissure of Silvius contained a diffused patch of hæmorrhage infiltrating the arachnoid, and extending to the median line at the base. Both middle cerebral arteries were obstructed by reddish-gray emboli at the point where the anterior cerebral arteries are given off.

In the cerebral substance of the right hemisphere, corresponding to the region supplied by the obstructed artery, was a clot of blood the size of a walnut, lying in a cavity the walls of which were dotted with points of blood.

Heart. Pericardium opaque and thickened. Heart the size of an adult's fist. The initial valve admitted two finger-tips. Endocardium of the left auricle and ventricle were thickened and opaque. Endocardium of the left auricle near the initial valve was spotted with numerous elevated patches of gray translucent tissue. A reddish-gray soft thrombus adhered to an ulcerated surface of the left auricle. The ulcer was as large as the end of the thumb. Curtains and tendons of the initial valve were thickened and contracted. Spleen was increased threefold in size.

In the kidneys were numerous nodules of anæmic necrosis, several of which contained small cavities from which purulent fluid could be squeezed. There were also emboli of the liver and spleen.

Diagnosis. Cerebral embolism and hæmorrhage. Chronic endo- and pericarditis. Acute ulcerative endocarditis and parietal thrombosis. Embolism (septic?) of spleen, kidney, liver, and hepatic artery. Fatty degeneration of the kidneys.

Therapeutic Memoranda.

PHENOL-CAMPHOR.

BY THEODORE SCHAEFER, M.D., OF BEECHER, ILL.

THE writer noticed (in December, 1882) the important fact that when common or Japan camphor and crystallized carbolic acid are mixed together and subjected to heat, a colorless liquid would be the result. The only reference he finds so far with regard to this reaction occurs in the very excellent and valuable scientific publication of Dr. E. R. Squibb, "Ephemeris of Materia Medica," etc., on page 673, vol. ii., No. 5, where a brief allusion appears under the appellation of Compound Alum Powder. Dr. E. R. Squibb, however, in a letter to the writer states that he has "several times before heard of this reaction between phenol and camphor." Phenol-camphor is best obtained by heating crystallized carbolic acid until it melts, and then gradually adding camphor; a clear liquid is obtained, which is characteristic on account of its permanency. In preparing this substance the writer uses equal parts of camphor and of carbolic acid. It remains liquid for an indefinite time, and does not solidify on being

subjected to the low temperature of a frigorific mixture of snow and sodium chloride. Phenol-camphor ($C_8 H_{11} O$ [?]) is a colorless, refractive liquid, possessing the fragrant odor of camphor, entirely extinguishing the one of carbolic acid, and has a sweetish camphoric, but biting taste, not as caustic as that of carbolic acid, somewhat benumbing the tongue. It is soluble in alcohol, ether, chloroform, and ethereal oils, but is insoluble in water, being heavier than the latter. I have not had the occasion to determine the boiling point and the specific gravity of phenol-camphor. When ignited it burns with a smoky flame. I have used phenol-camphor as a local anæsthetic in odontalgia, introducing it on cotton into the cavity of a carious tooth, with good success, and can speak of it favorably as a local anæsthetic in the ingrowing of the toenails.¹ This substance can be likewise used as an antiseptic. It mixes well with paraffin, cosmoline, and many oils. In impregnating cotton gauze (antiseptic gauze) phenol-camphor may be used as a substitute for carbolic acid. Phenol-camphor is less irritating, less caustic than carbolic acid, and has the advantage of possessing a pleasant odor.

Reports of Societies.

SUFFOLK DISTRICT MEDICAL SOCIETY.

ALBERT N. BLODGETT, M.D., SECRETARY.

SECTION FOR CLINICAL MEDICINE, PATHOLOGY, AND HYGIENE.

DECEMBER 10, 1884. The meeting was called to order at eight o'clock, P.M., by DR. R. T. EDES, chairman.

DR. H. I. BOWDITCH asked the privilege of addressing the Section for a few minutes, prior to the transaction of the business of the evening, and then spoke as follows:—

Before we enter upon the regular business of this Section, I ask permission to announce the death of one of the ablest of the members of the Massachusetts Medical Society. I allude to Henry A. Martin. He was, in my estimation, one of the strongest of the medical men it has been my fortune to meet either here or elsewhere. His long residence in Roxbury, and his frequent intercourse with the physicians and surgeons of Suffolk and Norfolk Counties, seems naturally to call upon us, who as a section of the State Society meet first after his death, to take some notice of that event and of the loss which the profession has sustained.

Dr. Martin died of diabetes, quietly, and apparently without suffering, during the forenoon of December 7, 1884. He had been fully aware for two years that the disease had fastened upon him, but he made little or no complaint even to his family, but kept steadily at professional work until within a few past weeks. Finding that his strength was gradually but surely lessening, he had thought of resigning all laborious out-of-door practice and attending only to consultations at his office. During the last weeks especially, his physical debility

was greatly increased, and he kept his bed, but with no improvement.

Believing that death was near at hand he calmly bid farewell to his family, and soon after fell into a quiet sleep, from which he never awoke. Let us hope that such a tranquil ending of this life may be vouchsafed to us all.

In looking upon Dr. Martin's life and character, we must, I think, admit that in most of his salient points he was a man "*sui generis*." I at least know of no one like him. Intellectually he was far above most persons I have met, and physically he was one of the tallest and seemingly one of the most stalwart.

In conversation, not only on medical subjects, but upon a large range of topics, some of them widely removed from professional thought, he was superior to the majority of men. He had studied deeply into the history of medicine; in this department I know but one of our living associates who could approach him. He gloried in the greater heroes among the medical men of the past. Especially was he drawn to any one who by native vigor of intellect and perhaps fierce professional contests had won for himself fame in spite of all the babbling oppositions of men who apparently hated him because of his very superiority to themselves. For example, he sympathized heartily with that giant of our profession, grand old Ambrose Paré, who gained his ever-enduring fame in spite of the sneers of the robed professors of the School of Medicine at Paris, and the carping criticisms of smaller men in the profession at large. From a similar superiority of mind, and perhaps we may allow, from an apt readiness and joy in intellectual controversy, and from the fact that he never concealed an opinion even if it struck rather severely or perhaps sarcastically at even a friend's favorite notion, some have been led to think Dr. Martin was too pugnacious. Truth compels me to admit that at times he may have been almost savagely hypercritical in allusion to the writings or actions of others. Especially was this trait manifested whenever or wherever he knew there was a lack of fair dealing on the part of an opponent. But he was always a brave and frank-speaking antagonist. I have had some sharp passes with him at times, but our friendship was never marred by them. Nay more—I can say truly that my respect for him has always been rather increased than lessened by these contests, for I found him always open and fair in his opposition to my views. Anything like cant or hypocrisy or unfair dealing, exhibited by an opponent, seemed to awake in him a sort of fury, and he unsparingly used the lash upon his antagonist. With a kind of Martin Luther violence he would at such times hurl defiance at any thing or person that arose before him, and right manfully he would defend the position he had taken. I grieve to say that, in consequence of this peculiarity, some of the more sensitive of those whom he felt himself called upon to criticize may not hold his memory in their hearts so gratefully or so inspiringly as I do. I shall always regret his loss because our relations were always friendly, notwithstanding an occasional difference in opinion, and from him I could often gain excellent information which I could get from none else.

¹ I have also used it, in combination, in certain cutaneous eruptions due to cryptogamic cause.