

the temperature had fallen to 98° F., and in the evening rose to 100.2° F. No delirium.

From this time onward the fever pursued a course of moderate severity, the temperature at no time rising above 101° F. The same large quantities of milk, brandy, and quinine were taken until two weeks later, when convalescence was established. The patient made a good recovery.

Typhoid fever during pregnancy is rare. In regard to the influence of this complication upon the course of the disease authorities differ. Out of fourteen hundred and twenty cases of typhoid fever seen by Liebermeister¹ in the hospital at Basle, only eighteen occurred in pregnant women. Of these eighteen, fifteen aborted and six died. Griesinger² met with five cases, of which three proved fatal. Niemeyer³ says, "Pregnancy gives almost absolute immunity from the disease." Playfair⁴ reports twenty-two cases, of which sixteen aborted. He does not give the mortality. Schroeder⁵ says that the immunity is not so great as was formerly supposed, and that on the whole the disease does not take a more unfavorable course in pregnant woman than in other individuals. Cazeaux⁶ gives the result of his experience in the following words: "La fièvre typhoïde a rarement été observée pendant la grossesse, et ne paraît pas recevoir de cette coïncidence une influence fâcheuse." I have myself seen a case, in addition to the one above reported, in which the fever occurred in the third month of a first pregnancy. Abortion followed, and the woman died.

A remarkable fall of temperature immediately following abortion was observed by Liebermeister⁷ in all his cases, and was attributed by him to loss of blood. He found that the temperature always rose again within twenty-four hours to a point as high as before the abortion. In the case reported above, the temperature fell to about the normal point immediately after abortion occurred, but did not rise at any time afterwards to within three degrees of the point at which it stood on the evening previous. I attribute this circumstance to the fact that large doses of quinine were given on the day before the abortion, and continued throughout the remainder of the fever. The value of quinine as an antipyretic is now well established. I cannot, however, agree with Liebermeister as to the best method of administering the drug. He says,⁸ "This dose [twenty-two to forty-five grains] must positively be taken within the space of half an hour, or, at the most, an hour. It is useless to expect the full benefit of this dose to appear, if the dose is divided and its administration extended over a longer time." I have obtained more satisfactory results by giving four grains every three hours throughout the day and night than by giving a single large dose once a day. I have never been able to detect any signs of cinchonism during typhoid fever, although I have frequently given thirty-two grains per day for more than two weeks. In view of the oxytocic effect ascribed to quinine, it is interesting in this case to note the promptness with which abortion followed the administration of this remedy. The

fact that the foetus was born alive has an important bearing upon this point, since, according to Schroeder,⁹ abortion during typhoid fever is due to the death of the foetus, within the uterus, from excessive accumulation of heat.

Another point of interest in connection with this case is the amount of milk and brandy taken by the patient throughout the whole of her sickness, which was certainly large enough to satisfy the most ardent advocate of "supporting treatment." The milk taken was wholly digested, no part of it being vomited or appearing in the fæces. The brandy produced no intoxication, although the patient was unaccustomed to the use of alcoholic stimulants. In my opinion, this portion of the treatment contributed in no small degree to the successful issue of the case.

PROVIDENCE, February 11, 1880.

A PIECE OF METAL TWENTY-THREE YEARS IN THE EYE WITHOUT CAUSING SYMPATHETIC OPHTHALMIA.

BY JULIAN J. CHISOLM, M. D., BALTIMORE, MD.

I. N. M., aged thirty-nine, applied to the Presbyterian Eye and Ear Charity Hospital of Baltimore for treatment. He had lost the right eye from injury twenty-three years before. A gun-cap, exploding, struck him in the eye, cutting the cornea, and causing irido-cyclitis, through which inflammation the eyesight was lost. He was then a lad sixteen years of age. When the destructive inflammation quieted down the conjunctiva lost its redness, the cornea keeping its transparency, and the eye retaining somewhat its normal appearance. He has been a hard-working man all his life, and yet this injured eye has been in a passive state, giving him no trouble. Only recently has it taken on inflammation and shown degenerative changes. When he presented himself for treatment the eyeball was partially atrophic, somewhat corrugated, the cornea smaller than normal, but clear, and surrounded by a zone of ciliary injection, with some large subconjunctival vessels advancing from the back of the eye to the corneal border. The pupil was altogether closed by old deposit, and upon the iritic surface near the centre was a yellowish-white spot of about two lines in diameter. This reflected light, and induced the belief that it might be a fragment of the copper cap. The eye was painful, very sensitive to the touch, and exhibited all the symptoms for an early enucleation. The left and good eye gave evidences of irritation. Extirpation was performed under chloroform, the anæsthetic in daily use at the hospital.

When the eyeball was cut open the retina was found completely detached as a cord stretching antero-posteriorly through the centre of the eye chamber from the optic-nerve entrance to the ciliary region. A muddy fluid filled the choroidal cavity in which was a diaphanous choroidal membrane nearly deprived of pigmentation. The lens was cretaceous. In examining the iris, especially with reference to the glistening spot upon its anterior face, a fragment of the cap was found imbedded in lymph, and therefore shut out from view. It was the inflammatory deposit which had incarcerated it that had given the yellowish-white reflex which had attracted attention through the cornea. The interest

⁹ Loc. cit.

¹ Ziemssen's Cyclopædia, Am. Ed., vol. i. p. 143.
² Virchow's Handbuch der spec. Pathologie und Therapie, page 162.
³ Textbook of Practical Medicine, vol. ii. p. 576.
⁴ Science and Practice of Midwifery, page 195.
⁵ Manual of Midwifery, page 114.
⁶ Traité des Accouchements, page 362.
⁷ Op. cit., page 182.
⁸ Op. cit., page 213.

attached to the case was that a piece of metal cutting into the eye with force enough to excite destructive traumatic inflammation could afterwards remain in the lost eye for twenty-three years, during this long period causing no trouble, and then exciting anew a powerful inflammation which threatened sympathetic irritation to the good eye.

Reports of Societies.

PROCEEDINGS OF THE BOSTON SOCIETY FOR MEDICAL OBSERVATION.

F. C. SHATTUCK, M. D., SECRETARY.

OCTOBER 6, 1879. DR. BOARDMAN read a paper entitled

SOME OBSERVATIONS ON THE TREATMENT OF UTERINE DISPLACEMENTS.

The paper was reserved for separate publication. He advocated strongly a tolerably extended use of pessaries of a dumb-bell shape composed entirely of cotton-wool, and reported some cases to illustrate the successful application of his method. — DR. BAKER thanked Dr. Boardman for his interesting and valuable paper. One of the cases in particular illustrated very well the great importance of preparing the vagina to receive a pessary. It is far too common to attempt to use a hard instrument from the first; indeed, as Dr. Boardman shows, the cotton pessary will often enable us to dispense entirely with a hard form. The form shown corresponds in some respects with one described some years since in the *New York Medical Journal*, but differs in two important points: that of Dr. Boardman contains no whalebone, and is applied transversely, while the New York form is applied in the axis of the uterus. Even if it proves necessary finally to use a hard pessary, the cotton dumb-bell will often so prepare the way that a decidedly smaller hard instrument will attain the ends which could at first have been attained only by a larger one.

INNOMINATE ANEURISM.

DR. BEACH reported a case of innominate aneurism which had gradually developed in a man of thirty-seven years without known cause. When he entered the hospital the prominent symptoms were aphonia and more or less pain in the vicinity of a pulsating tumor, which had a well-marked thrill, and extended for an inch and a half above the sterno-clavicular articulation. There was a considerable difference in the pulsation of the two radial and temporal arteries, those of the right side having less force and volume. Tufnell's method of treatment was adopted with good effect up to the twenty-eighth day, the pulsation in the radial and carotid arteries of the affected side having in the mean time stopped; the tumor had become firmer, and the thrill was less perceptible. From the twenty-eighth day his respiration became more and more labored; as the tumor grew harder and its expansive pulsation diminished, his dyspnoea grew worse. On the forty-eighth day after the treatment had begun, he coughed, and felt something "give way" in the tumor. From that time he grew worse rapidly, bronchitis developed, dyspnoea increased, and he had occasional attacks of asphyxia, from which he was with difficulty relieved, dying quietly three days after. Upon exam-

ination after death the aneurism was found to involve the innominate artery and sufficient of the arch of the aorta to include the organs of the left subclavian and carotid arteries, the tumor extending from a point one inch and a half above the top of the sternum to the arch of the aorta (four and a half inches); the innominate portion of the aneurism was partly filled with laminated fibrin. This clot had been forced upward against the origins of the subclavian and carotid arteries by the arterial current, and had partially stopped them, thus accounting for the absence of pulsation in those vessels and their branches. The arch of the aorta was dilated to three times its normal size, and there was a hypertrophied left ventricle of the heart. Old clots were found adherent to the mitral and tricuspid valves. The lungs were oedematous; the trachea was flattened at the seat of the tumor, and filled with a frothy, muco-purulent fluid. The right lung was adherent to the chest wall. The pericardium contained half an ounce of turbid serum. The right recurrent laryngeal nerve had been compressed by the tumor.

A NEW ANTISEPTIC.

DR. BEACH showed a specimen of styrene (styryl alcohol or cinnyl alcohol, $C_9H_{10}O$ or C_9H_9OH). It is obtained by heating styracin or cinnyl cuniamate (a compound contained in liquid storax and in balsam of Peru) with caustic alkalies. It crystallizes in soft, silky needles, having a sweet taste and an odor of hyacinths, melting at $33^\circ F.$, and volatilizing without decomposition at a higher temperature. It is moderately soluble in water (about one part to twelve), freely in alcohol and ether.¹ Dr. Beach had tested the efficiency of the antiseptic by applying it (one part to twelve of water) to a foul, ulcerated surface, with the effect of completely deodorizing it. The same surface was dressed with sheet lint saturated with an emulsion of the styrene and olive oil, one part of the former to twelve of the latter, covered with thin gutta percha and the edges of the gutta percha fastened to the skin by collodion. At the end of five days the dressing was removed, and the accumulated secretions were found sweet, and having the odor of the styrene, which is fragrant. This dressing was repeated at different intervals with a like result; the granulating process progressed as well as if it were under a carbolic or thymolized dressing. The pure styrene is slightly irritating to a raw surface, causing a burning sensation, but diluted to one part in six either of oil or water the result is a non-irritating emulsion. In either form it is a perfect deodorizer of a foul wound, and does not interfere with the process of cicatrization. One part in twelve of oil or water is sufficiently strong to be effective. To determine the relative efficiency of carbolic acid, thymol, and styrene, the following test was made: Three ounces of normal urine from the same specimen were placed in each one of four clean glasses. To the first glass was added ten drops of pure carbolic acid, to the second ten drops of pure thymol, to the third ten drops of styrene, and to the fourth nothing. The open mouths of the glasses were filled with borated cotton to protect the urine from dust. On the second day the urine without an antiseptic became decomposed, and was thrown away. The first specimen, containing carbolic acid, was offensive from the smell of decomposing urine on the sixth day, and under the microscope presented bacteria in the monad and rod

¹ Fowne's Chemistry, Philadelphia, 1869, page 554.