phide of potassium, bromine, and the balsam of copaiba and cubebs. I have had no experience with any of the above named remedies except mercury, and would not administer it only in a case of laryngo-tracheal diphtheria or the so-called pseudo-membranous croup. In a malignant case of pharyngeal diphtheria I certainly would not administer mercury, because I believe other remedies would give better results.

The general antiseptic remedies are the tincture of the chloride of iron, chlorate of potash, carbolic acid, and salicylic acid with its compounds. The value of iron and chlorate of potash I have already referred to. Dr. Mackenzie states that sulpho-carbolates as referred to by Sansom have proved beneficial in his hands only in secondary poisoning of diphtheria. Five grains of the sulpho-carbolate of soda in water may be given to a child of two years every three or four hours. Salicylic acid has been used by Fontheim, who highly recommends it. Salicylate of soda and potash have been found of doubtful efficacy in the treatment of diphtheria.

Of the local solvents, Steiner recommends particularly lime water. Sanne has recently suggested saccharate of lime. The solvents can be applied to the membrane by means of a spray apparatus or camel's hair pencil. Mackenzie states that lactic acid is a most reliable solvent, and that he applies it freely with a brush.

As local antiseptics, carbolic acid, permanganate of potash, chlorinated soda, glycerine of borax, and hydrated chloral suitably diluted have been recommended. The antiseptics may be gargled or used by a spray apparatus. Varnishes act as antiseptics by excluding the air from the false membrane, and have been recommended and used by Dr. Mackenzie. They consist of gum benzoin, gum tolu, mastich and resin, either of which may be dissolved in rectified spirits of ether. He prefers ethereal solutions (1 to 5) and tolu as most pleasant, and lasts longest as a varnish. It is applied by a brush after the false membrane has been dried by blotting paper.

Until recently I believed that laryngo-tracheal diphtheria, and the so-called pseudo-membranous croup, were two separate and distinct diseases. I think now they are one and the same disease. To substantiate me in my opinion as to the unity of the so-called pseudo-membranous croup and diphtheritic croup, I refer you to an article written by Alex. Harris, M.D., page 330, Vol. 1, No. 11, JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION. I have observed the so-called pseudo-membranous croup treated with emetics, and have witnessed the patient vomiting from the effect of these drugs, and never have I known a patient recover by this mode of treatment. Of course, if we have reason to believe the membrane in the larynx or trachea is loose, then a brisk emetic may remove the exudation, otherwise it will do harm.

In a few cases I have prescribed one grain of calomel every two hours, and my patients so treated recovered. Twelve years ago my attention was directed to the beneficial effect of this remedy in this disease. I was attending professionally a boy, five years old, suffering from so-called pseudo-membra-

nous croup. I prescribed the regular routine of expectorants and emetics, and my patient grew worse, till I thought it a proper case for surgical treatment. An experienced and skilled surgeon was called to see the case with me, who gave it as his opinion that the case was a proper one for tracheotomy. It being late in the evening, and the parents of the patient not having consented to have the operation performed, we determined to postpone the operation till the following morning. A grain each of calomel and pulverized ipecac was directed to be given every two hours, and the inhalation of steam from lime. The following morning, I was notified my services were no longer required. The family, a short time after my dismissal from the case, called in an irregular, but the calomel powders, in the meantime, were administered according to directions. Shortly after the irregular saw the boy and had administered a few sugar pellets, the membrane was expectorated and the child recovered. The calomel did its work, and the irregular got the credit of curing the disease.

Recently I attended a boy, six years old, suffering from diphtheritic croup. I administered calomel in grain doses, every two hours, with inhalation of steam from lime. The patient recovered. Dr. Wm. Pepper has lately reported a like success in the treatment of a case of laryngo-tracheal diphtheria with mercury.

A CASE OF VICARIOUS CATAMENIAL HÆMORRHAGE FROM THE GUMS, WITH RE- CESSION OF THE GINGEVAL MARGINS AND ALVEOLAR PROCESSES, THE RESULT OF AMENORRHEA.

BY W. W. ALLPORT, M.D., CHICAGO, ILL.

[Read to the Section of Oral and Dental Surgery, of the American Medical Association, May, 1884.]

Miss K. W., aged 25 years, of tall, slender form and nervous temperament, has been under my professional care for the past twelve years. As a girl she enjoyed average good health; several years ago noticed a tumid condition of the margins of the gums, which were also detached from the necks of the teeth, and slightly receded, accompanied with a tendency to hæmorrhage on mastication, or when using the tooth-brush.

Upon a careful examination, could find no deposits of salivary calculus about the necks or roots of the teeth, nor could I discover any discharge of pus. Pressure, however, upon the congested portions of the gums, caused slight hæmorrhage. The case was treated at that time by free scarification of the gingival margins, and astringent washes. The young lady has been seen at frequent intervals during the intervening years, and the same treatment substantially adopted, but with only temporary benefit.

I had noticed, however, that she was gradually losing her health, and rapidly falling into a nervous,

moody condition, and suspecting uterine trouble, therefore advised consultation with her family physician; but this advice had been neglected. In October, 1883, was again consulted regarding the condition of her teeth and gums; found them in very much the same condition as already described. But the recession had gradually progressed until the necks of the teeth were considerably exposed, and the teeth very slightly loose in their alveoli. The general appearance of the patient was decidedly anæmic, and she complained of the hands and feet being habitually cold, pain and weakness in the lower lumbar region, easily fatigued, and that once in six or seven weeks her gums would bleed constantly for from two to three days—the amount small, but still enough to tint the saliva. I found also, upon further questioning, that she was suffering—and had been for the past seven or eight years—from a uterine derangement, causing irregularity in the appearance of the catamenia.

The history of the uterine difficulty is as follows: Commenced menstruation at fourteen and a half years of age. At first, menses were free, and unattended with pain, but habitually delayed from two to four weeks. This condition continued for nearly five years, when, at the age of 20, a period of six months elapsed without any appearance of menstruation. Since that time the menstrual periods have been rather more delayed than formerly, with gradually decreasing flow and more general disturbance. As the period of menstruation would arrive, she would be troubled with the hæmorrhage from the gums, already mentioned (occasionally accompanied with nose-bleed), dull headache and increasing languor, these symptoms subsiding on the appearance of the menstrual flow. The case was therefore referred to the family physician, Dr. J. S. Hotchkiss, who found, upon examination, the following conditions: Vagina quite small; uterus in a retroverted position, with the cervix anteflexed; was unable to pass the sound into the cavity of the uterus on account of the sharp flexion of the cervix.

The treatment has resulted in correcting the uterine difficulty. During this treatment the Faradic current was used about the pelvis, and the patient prescribed iron and cod-liver oil. Improvement commenced after the first week of treatment, and continued steadily. The first and second menstruations occurring after the treatment was begun were delayed till the sixth week, but were free, and unattended by any general disturbance. At the third menstrual period there was a slight show at the fourth week, but it came more freely at its accustomed time, the beginning of the sixth week.

When last seen, a few weeks ago, the patient's appearance gave indications that her health was in every way greatly improved.

The hæmorrhage from the gums has not occurred since the reestablishment of the menstrual flow; the gums have their normal color and attachments (except that they had not regained their normal position at the necks of the teeth).

The mouth is now in a healthy condition, and this result has been accomplished with no other treatment

than that adopted by her family physician for the amenorrhœa.

DISCUSSIONS ON DR. ALLPORT'S PAPER.

Dr. Marshall.—I have recently had under treatment a case in some respects similar to the one reported by Dr. Allport.

The lady, Mrs. H., 32 years of age, was married eight years ago, and after two years gave birth to a son, since which she has been afflicted with a displacement—anteversion—in all probability the result of subinvolution.

At times this condition has so affected her general health as to confine her to the house for weeks and months at a time. At every menstrual period she was obliged to keep her bed for from three days to a week, on account of severe suffering.

Five years ago she first noticed an inflamed condition of the margins of the gums, and that they were receding from the necks of the teeth. Her dentist was consulted, and he removed a small amount of salivary calculus from about the necks of the teeth, and said that was all he could do for her, as the cause was hereditary.

In June of last year (1883), was consulted by the lady with regard to the condition of her mouth. She said the recession of the gums had steadily progressed, and on examination I found the gums receded to the extent of about one-eighth of an inch from the necks of the teeth, and quite uniformly about all the teeth in both jaws. I found but little salivary calculus in any part of the mouth, and what was discovered was upon the roots of the teeth, and completely covered by the gums. The gums were congested at the margins, and loosened from the roots of the teeth to the varying depth of a sixteenth to a fourth of an inch.

Pus was found under the gums in those locations where the tartar was present.

The teeth were not loose, nor sensitive to percussion, and there was no hæmorrhage except when using the tooth-brush. Upon further inquiry, I ascertained the fact of the uterine displacement, and the history of the case as above stated, and that she had lately commenced treatment for that affection.

I was of the opinion that there was some association between the uterine trouble and the condition of her mouth, for I could not find a sufficient local explanation to account for the manifestations in the oral cavity. I therefore removed the tartar (sanguinary calculus (?)), prescribed an astringent wash for the gums, and told her we would wait the results of the uterine treatment. I have seen the patient several times since her physician began the treatment, and have noticed a steady improvement in her general health; she says—March, 1884—the uterine displacement has been entirely overcome, and that menstruation is now normal. The oral conditions are much improved in every respect, the congestion of the gums has entirely disappeared, no pus is to be found about the necks of the teeth, and the margins of the gums are firmly attached, but still leaving the necks of the teeth exposed. This case, like that of Dr. Allport's, is interesting from the fact that the oral

affection was but an expression of a disease located in a remote organ.

Dr. Williams.—I have noticed the same conditions as those mentioned by Dr. Allport and by Dr. Marshall, and cases are not infrequent in which diseased conditions located in the reproductive organs find expression in the oral cavity. One marked case, with inflammation of the gums and discharge of pus about the necks of the teeth, occurred in a young woman married just a year, and whose mouth was in a normal condition just previous to marriage. It was evidently the result of excessive venery.

Dr. Stellwagen.—I have seen two cases of vicarious catamenial hæmorrhage from the gums and alveolus occurring after the extraction of a tooth.

One was a young lady troubled with a slight ulceration of the os uteri; treatment of the ulceration resulted in the cessation of the hæmorrhage.

Dr. Briggs moved that the discussion on the papers be now passed, and that Dr. Allport be given an opportunity to present the models of a peculiar case of irregularity, and the methods adopted for its treatment.

MEDICAL PROGRESS.

MATERIA MEDICA AND THERAPEUTICS.

HYPODERMIC INJECTION OF AMYL FOLLOWED BY EPILEPTIFORM CONVULSIONS.—Dr. Sidney Ringer (*Journal of Mental Science, Practitioner*), has noticed the occasional action of the nitrite of amyl upon the heart, and the strange effect sometimes produced upon the nervous centres. He says: "I have seen one case where a woman immediately after a drop dose turned deadly pale, felt very giddy, and then became partially unconscious, remaining so for ten minutes." And again: "A delicate woman, after one-thirtieth of a drop, passed in a few moments into a trance-like state." In a case described by Dr. Strahan, a chronic maniac aged fifty-three had suffered for several days from severe lumbago; a ten-minim dose of a 10 per cent solution of nitrite of amyl in rectified spirit was injected hypodermically. "Immediately after the injection the pain disappeared. He got up from the bed, and at my request stooped and touched the floor with his fingers. In, as nearly as could be guessed, about a minute and a half, he suddenly became deadly pale and sank back upon the bed." Then his face, head (bald), and neck became congested, and he was strongly convulsed for about half a minute. The convulsion affected the face and arms strongly, the legs slightly. The teeth were ground, and the breathing was suspended. In a few minutes after coming out of this fit, he was attacked by a second one, during which the heart's action became very faint. He was made to inhale some chloroform, and the fits did not return. The lumbago entirely disappeared. This observation is interesting, as inhalations of nitrite of amyl have been recommended to check the recurrence of epileptic convulsions.

ANTIPYRIN IN CHILDREN'S DISEASES. As the result of numerous trials of this new anti-febrile substance on children at the Erlangen polyclinic, Professor Penzoldt (*Berliner Klinische Wochenschrift, Practitioner*) arrives at the following conclusions:

1. It is to be regarded as a very suitable means for diminishing the temperature in the febrile affections of children.

2. In proper doses it effects a diminution by several degrees during several hours.

3. The diminution of the pulse does not always correspond to that of the temperature.

4. Its influence upon the general condition of the patient is usually favorable.

5. Vomiting only sometimes attends its employment; but when this persists the antipyrin must be given in an enema.

6. The proper dose to begin with is as many decigrammes as the child is years old, repeated three times, at intervals of one hour. If this dose does not suffice for the production of a decided effect, then it must be increased decigramme by decigramme. In an enema we may give at a single dose from three to six times as many decigrammes as the child has years.

7. After long use of it the child's system sometimes gets accustomed to the remedy.

SURGERY.

STRETCHING THE INTERCOSTAL NERVES.—Dr. L. von Lesser, (*Deutsche Med. Wochenschr., Practitioner*) of Leipzig, has recently reported a somewhat remarkable case of intercostal neuralgia and of mastodynia treated successfully by stretching of several intercostal nerves. The patient, a woman, aged 61 years, and the mother of eight children, had suffered during seven years from a feeling of compression of the thorax, very severe paroxysms of darting pains along the intercostal spaces on both sides, but more intense on the right, and neuralgic attacks in the mammae and nipples. Through the intensity of these paroxysms, which came on usually at night, she was prevented from sleeping, and her sufferings were so severe that she became very anxious that some operation should be performed which might give relief. Just below the ribs, on the right side, was a fatty tumor of the size of a plum; but this was soft and free from tenderness, and clearly not the cause of the neuralgia. On pressure over each of the much-atrophied mammary glands, a few drops of fluid, resembling milk, could be forced out through the nipple. This fluid, which was secreted more abundantly during the paroxysms of neuralgia, presented under the microscope an abundance of oil-globules of different sizes, and a few round cells, containing oil globules. As the neuralgic pains were much more severe on the right than on the left side, the operation was performed on the right intercostal nerves, from the fourth to the tenth. The incision was begun in the axillary line, and carried obliquely backwards and downwards, from the upper margin of the third rib to the lower margin of the tenth rib. The processes of the serratus magnus muscle having been divided, and the external inter-