example, or in marked lateral obliquitus of the uterus the cause of primary face presentation is involved in mystery. In the majority of cases of face presentation with chin posterior, it is difficult to force down the occiput and fix it there long enough to deliver, or while forceps are applied. In fact, in only two cases did he succeed in doing it. He thinks that there are no cases where medlesome midwifery is to be condemned more than in the management of face presentations, and his experience has been that in most cases nature is able to effect a delivery without manual interference. Nature is very slow in her process of extension, descent, rotations and flexions in cases of this kind, and caution should be used not to force the chin down too rapidly, but to imitate nature by being slow in the operation. The urgent reason for interfering at all is in case of failure of the child's pulse, in which case it becomes often necessary to take the risk, or from some alarming condition of the mother. But if the pulse is good and everything favorable, it is always better to leave the case to nature, especially if the chin is anterior. It used to be taught that the child could not be born with chin presenting and posteriorly, but now it is known that this is altogether possible, as nature in a large portion of cases will rotate the chin upon the lateral pelvic wall to an anterior position, and the birth is then altogether natural.

Dr. Taylor replied that in his case the child was well up above the superior strait, and the child was small, and dead before delivery.

Dr. B. F. Baer asked whether it would not be better in cases of face presentations with chin posterior, and the child above the superior strait, to perform version by the feet rather than to wait for nature to accomplish the delivery, and run the risk of having the child forced into a position where birth was impossible.

To this Dr. Smith replied that he did not mean to have Dr. Taylor think that he spoke in criticism of his procedure in the case reported, for he considered it perfectly right and proper under the circumstances. Neither did he say that manual interference should never be practiced after failure with its effort to restore the head in flexion, as the waters will then be discharged from around the child, the head partially engaged in the brim, and the uterus firmly contracted, being stimulated by the pressure and movement of the hand in the unsuccessful manipulation.

The danger to the child is greater, also, in erosion under these circumstances, on account of the necessity of either bringing it down in the stage or evolution as a posterior position of the dorsum, or, to avoid that, of rotating it upon its own axis, either of which, in a case already prolonged and complicated, would be a serious procedure.

But as a general rule he was entirely opposed to version, as being fraught with danger to both the mother and the child, and it should only be performed in clearly defined cases. There is danger of rupturing the uterus when it is firmly contracted down upon the child, in any attempt to turn it. Nature will usually rotate the chin anteriorly, or it may be accomplished with very little aid from the hand of the accoucheur.

Dr. J. J. Allen fully coincided with the views expressed by Dr. Smith, and went further than that in his own opinion. He thinks we ought not to perform version in any case merely to save the child, and only for the sake of saving the life of the mother does he consider the proceeding justifiable.

Dr. R. P. Harris said that he thinks Dr. Smith's position represents the one now quite generally adopted by obstetricians, and referred to his remarks upon the subject in Playfair's work.

Dr. Allen rose to explain that by version he means a complete turning of the poles of the child, and he does not include under that term partial turnings to obtain better positions, which often may be practiced with advantage.

Dr. Baer said that version by the feet was generally taught in the Philadelphia schools and by all authors, including Playfair, and that when the uterus is not contracted it seemed the most rational procedure. He criticised Dr. Smith as taking the position that a mento-posterior position is a natural labor, when in fact it is a most difficult labor, and may become impossible if let alone. He said that face presentations are said to be caused in some cases by the death struggles of the child, and suggested this as a possible explanation of the position found by Dr. Taylor in the case just reported. Dr. Taylor replied that the diagnosis was made out prior to the child's death, which did not happen, in his opinion, until his second visit, at which time, during an examination, he felt a sudden tremor of the child, and then pronounced it dead.

Dr. Smith replied to Dr. Baer's criticism, to the effect that he did not mean to say a face presentation, with chin posterior, was an *easy* natural labor, but, nevertheless, could be completed naturally in a majority of cases of multiparous women. He did not think he was prepared to go as far as Dr. Allen, but believes there are conditions where version should be performed to save the child.

HÆMOPHILIA. NOTES FROM PRACTICE; BY S. HARVEY LAMBERT, M. D., ASSUMPTION, ILL.

Mrs. R. K., aged 63, enjoyed general good health until she was 44 years old, when her menses became irregular and painful, for five years, and then ceased. Her health slowly returned, and remained good for about four years, when she was attacked with gastralgia, the pain recurring once a month for near a year, and, after six months rest, returned with renewed vigor.

About this time she noticed a small lump in her right breast just above the nipple, which, at times, would pain her at night.

July 20, 1882, Mrs. K. came under my observation, and said for the past six or seven years, she had had neuralgia of the stomach, and a tumor in her right breast. The neuralgia occurs irregularly, from twice a week to once a month, and, evidently, was due to chronic malarial poisoning.

The breast contains a firm, roundish, nodulated tumor, about the size of a hen's egg. The axillary glands are enlarged. She thinks the tumor has not

enlarged during the past five years, but states the glands in the axilla began to "grow" about two years ago.

On September 23, 1882, having missed her so-called neuralgia, she decided to suspend further treatment.

I now lost sight of her until April 16, 1883 (seven months) when I was called, and found she had been bleeding from the nose for about ten hours, and had lost one and a half pints of blood. By the 20th she was quite well; on the 25th she again lost near a quart of blood from the nose; on the 30th she had a severe hæmorrhage from the gums; May 6 she lost over a pint from the nose; same amount on the 9th; the 20th she vomited fully half a pint. From May 30 to August 21 she had six hæmorrhages from the nose, and lost from four ounces to one pint of blood each time.

August 29, at 4 o'clock, A. M., was called in haste and found her in a fearful tetanic spasm; August 30, very nervous and weak. September 2 she again lost one pint of blood. All along, there has been no evidence of cardiac disease, until to-day we have an anæmic murmur; liver and spleen somewhat enlarged; cachexia and emaciation marked.

These hæmorrhages are preceded by pain in her cancer, and a determination of blood to the head.

Notwithstanding, blood was once vomited, tenderness was not detected in her epigastrium, and, I think, must have been swallowed.

During the months of June, July and August, extreme prostration prevailed, with localized neuralgic pains over entire body. Temperature has fluctuated between 98° and 102° F. At this writing she is much stronger, and quite free from pain. Appetite fair; bowels rather costive.

I have carefully investigated her family history, and find it good. She states her parents died of old age, and were free from hereditary tendency to phthisis, cancer or bleeding.

She has two brothers living, and in good health, except each of them has a tumor, and has been advised by Dr. Penwell, of Shelbyville, Ill., to have no surgical interference. She has two sisters dead; one died from milk-sickness, the other from childbirth. Herself, was never pregnant.

As yet I have no comments, except to intimate that I firmly believe, where we have even a remote tendency to skin disease, or malignancy, continued malarial poisoning is likely to bring it out.

The treatment has been anti-malarial, tonic and astringent. Strict attention given to hygiene and general nutrition.

As ergot would promptly vomit her, I began the use of "Kennedy's Aqueous Extract of *Pinus Canadensis*," and find it has a positive effect in contracting dilated vessels and toning up the relaxed bowels.

Now, any suggestions of real merit the profession may favor me with will be thankfully received, and and due credit given in a report of progress and termination of the case.

The following letter, though written for the *Daily Springfield Register*, so fully expresses the views and

expectations of a large proportion of the sanitarians of the present day, that we give it a permanent record.—[ED.]

MY DEAR SIR: I am this evening in receipt of your circular of inquiry, forwarded to me from Chicago, and in which you ask a brief statement of my views "as to the probability that this country will suffer from the threatened epidemic" of Asiatic cholera, and as to the precautions which should be adopted, etc.

I am reconciled to the fact that my "views" concerning such a probability are worth no more than, if so much as, those of the editor of a metropolitan newspaper, with his facilities for judging of probabilities, by the other fact that epidemics are by no means unmixed evils. It was a recurrence of cholera epidemics which directly led to the first attempt at sewers in Chicago, and to the present system of water supply. It was the recurrence of yellow fever epidemics in Memphis which led to the sanitary regeneration of that city. It was the recurrence of epidemics of both diseases which resulted in the magnificent sanitary work, educational and practical, of the New Orleans Auxiliary Sanitary Association.

The salutary spur of an occasional epidemic outbreak seems to be necessary in order to secure any decent amount of attention to the care of the public health, at least while the sanitary schoolmaster is so much abroad as at present. In any prolonged exemption from such visitations, communities become lax, and gradually grow to tolerate conditions which result, directly or indirectly, in an enormously greater aggregate of mortality than that caused by any epidemic.

For example: The class of diseases to which Asiatic cholera belongs, and which are all more or less preventable, caused 5,136 deaths in an aggregate mortality of 13,234 in Chicago last year. In 1881 it caused 5,985 deaths out of a total of 14,101. This is an average of 40 per cent. of the total mortality. The last epidemic of cholera (1873) caused only 3,825 deaths in the whole country—nineteen States being invaded. There had been no epidemic cholera in the United States for six years previous, since 1866; but during those six years not less than 125,000 persons had been carried off by the group of diseases most closely resembling it.

The moral of these figures seems to me no less obvious than that of the tables in the report of the Health Department, recently issued. Take from this report the table of zymotic mortality by wards, and compute the ratio of this mortality to population. The result will furnish a very accurate index of the sanitary status of each ward. When the zymotic mortality is greatest there will be found the most overcrowding, the greatest amount of personal uncleanness, the greatest want of sewerage, the most neglected scavenging, the most abundant and various filth, both surface and subterranean. Epidemic cholera might temporarily increase the death rate under these conditions, but the average mortality for a series of years would not be materially affected.

Enough, however, in this strain. I suppose there is no prosing nor prophecy so insupportably dreary

as that of the sanitary Cassandra. By way of amends let me offer the following series of propositions concerning Asiatic cholera, formulated in a report which I drew up in 1875 at the request of Surgeon-General John M. Woodworth, of the Marine hospital service, and under whose name it was published in the volume entitled "The Cholera Epidemic of 1873 in the United States."—(Ex. Doc. No. 95, H. R. XLIII^d Congress, 2d session.) These propositions are based upon a vast mass of cumulative evidence collected by cholera students in both hemispheres, and were originally intended to bear solely upon the question of the exclusion of the disease from this country. They will be found, however, equally applicable to methods of stamping out the disease should it effect foothold, and to the personal protection of the individual:

I. Malignant cholera is caused by the access of a specific organic poison to the alimentary canal, which poison is developed spontaneously only in certain parts of India (Hindustan).

II. This poison is contained primarily, so far as the world outside of Hindustan is concerned, in the vomit, stools, and urine of a person already affected with the disease.

III. To set up anew the action of the poison a certain period of incubation with the presence of alkaline moisture is required, which period is completed within one to three days; a temperature favoring decomposition, and moisture or fluid of decided alkaline reaction, hastening the process, the reverse retarding.

IV. Favorable conditions for the growth of the poison are found (1) in ordinary potable water containing nitrogenous organic impurities, alkaline carbonates, etc.; (2) in decomposing animal and vegetable matter possessing an alkaline reaction; (3) in the alkaline contents of the intestinal portion of the alimentary canal.

V. The period of morbid activity of the poison—which lasts, under favorable conditions, about three days for a given crop—is characterized by the presence of bacteria, which appear at the end of the period of incubation, and disappear at the end of the period of morbid activity. That is to say, a cholera ejection, or material containing such, is harmless, both before the appearance and after the disappearance of bacteria, but is actively poisonous during their presence.

VI. The morbid properties of the poison may be preserved in posse for an indefinite period in cholera ejections dried during the period of incubation, or of infection matter dried during the period of activity.

VII. The dried particles of cholera poison may be carried (in clothing, bedding, etc.) to any distance, and when liberated may find their way direct to the alimentary canal through the medium of the air—by entering the nose and mouth and being swallowed with the saliva—or, less directly, through the medium of water or food in which they have lodged.

VIII. The poison is destroyed naturally either by the process of growth or by contact with acids; (1) those contained in water or soil; (2) acid gases in

the atmosphere; (3) the acid secretion of the stomach.

IX. It may be destroyed artificially (1) by treating the cholera ejections, or material containing them, with acids; (2) by such acid (gaseous) treatment of contaminated atmosphere; (3) by establishing an acid diathesis of the system in one who has received the poison.

For the non-professional reader the pith of these propositions is contained in the last two—the eighth and ninth. Nothing has since come under my observation to change the conviction arrived at, when these propositions were framed, namely: That the mineral acids may be relied upon as a certain means of preventing the spread of Asiatic cholera.

FRANK W. REILLY, M.D.

Springfield, Ill., Sept. 12.

NITRO-GLYCERINE AND DYNAMITE.

WASHINGTON, D. C., Sept. 12, 1883.

Dear Dr. Davis: Having seen in a recent number of the JOURNAL an article concerning the toxic properties of dynamite and nitro-glycerine, it occurred to me that it might be well to say that nitro-glycerine is one of the most dangerous poisons known. A single drop on the tongue of a cow will kill her instantly, and the poisonous property of this explosive, when applied to the surface of the body, is well known to those operatives engaged in its manufacture.

Now, dynamite is simply nitro-glycerine spread out upon the surface of the particles of an infusorial earth (*Kieselguhr*), which, by reason of its cup-shaped surfaces, allows a greater portion of the nitro-glycerine to be spread upon it, in proportion to its bulk, than any other substance at present known. It is thus seen that the nitro-glycerine is simply diluted when made into dynamite, and the latter still retains the toxic property of the original nitro-glycerine.

It therefore behooves those who desire to try the effect of dynamite upon their cases of cerebral anæmia to be sure that it is very dilute when administered, and very fresh, for nitro-glycerine is one of the most unstable compounds. Theoretically, it seems that small, continuous, and very dilute doses of dynamite ought to be a specific in cases of cerebral anæmia.

JOHN B. HAMILTON,

DOUBLE DISLOCATION OF THE HIP.

N. S. DAVIS, M.D., L.L.D., EDITOR JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION.

My Dear Sir:—In the weekly number of this journal, date of August 25, appears an article headed "Simultaneous Traumatic Dislocation of Both Hip Joints," by J. H. Packard, M.D. After reviewing the literature on this rare subject, he claims to have detailed all of the cases accessible. Permit me to invite attention to a case reported in the "Transactions, of the Pennsylvania State Medical Society," page 405, volume XXX—double dislocation, with fracture of the acetabulum of the right side. While the accident most happily is rare, it is well to tabu-