

system and free bromine eliminated by the breath.

5th. While passing into the system it acts as a local irritant on the surfaces through which it passes.

6th. While in the system it acts as a vascular and nervous sedative.

7th. While passing out of the system its primary effect is to diminish all the secretions, except perhaps the urine, but secondarily hypersecretion may be induced.

Reports of Medical Societies.

SPRINGFIELD SOCIETY FOR MEDICAL IMPROVEMENT. M. CALKINS, M.D., SECRETARY.

MARCH 16th, 1868.—Dr. Buck related a case of *Nasal Catarrh*; discharge profuse and offensive. On using the nasal douche, a vest button was expelled from the nares, supposed to have been there for several years. Within two weeks the discharge had entirely ceased.

Dr. Calkins reported the case of a gentleman, aged 35, who was of scrofulous tendency and had formerly suffered from caries of the femur. The last two or three years he had had catarrh, with a tendency to bronchial affections. During the past year the nasal discharge had become very offensive. He became a patient of Dr. C. three months since, and was treated by nasal douches of carbolic acid and chlorate of potash alternately, with iron and generous diet. From time to time the nasal passages were examined, and the bones found to be denuded of periosteum. The inferior turbinated bone being loose, was removed with some difficulty, and afterward part of the superior turbinated bone. The catarrhal symptoms immediately ceased, and there has been no return.

Dr. S. F. Pomeroy reported a case of *Sub-aponeurotic Cephalamatoma*. At first it was a large fluctuating tumor, extending to the lambdoidal suture posteriorly and covering a large part of the parietal bone. It was treated by evaporating lotions, and after three or four weeks disappeared.

Dr. Calkins mentioned three or four similar cases which had come under his observation, all but one disappearing under the use of lotions. In the exceptional case pus formed and was discharged by an incision.

APRIL 27th, 1868.—Dr. H. R. Vaillie reported a case of *Puerperal Nymphomania*. The patient was 22 years old; second con-

finement; breech presentation; had been in labor 36 hours when Dr. V. was called. Instrumental delivery was effected successfully. She was comfortable for two days, but on the third she was pale and excited, and the nurse stated that she had been rubbing the genitals, using obscene language, and making violent gesticulations. These symptoms continued till her death, on the fourth day.

Dr. Vaillie also reported a case of *Adherent Placenta*, with rupture of the membranes 65 hours before delivery. Profuse hæmorrhage followed delivery, and on passing the hand into the uterus the placenta was found adherent to the fundus. As soon as this was detached the uterus contracted vigorously, and no untoward result followed.

Dr. S. F. Pomeroy reported a case of *Ossification of the Sutures of the Skull*, preventing normal delivery. The mother was a vigorous, healthy woman. Two hours after being called, he became satisfied, from examinations, that the case would demand instrumental interference. After consultation, the puncture of the head was resolved upon. The crown of the skull was removed, and the instruments applied to the base of the skull. By these means delivery was effected. The child was otherwise normal in its development, and weighed 12 pounds. The mother rapidly recovered.

A case of *Masturbation*, successfully treated by tying the spermatic arteries, was also reported.

The patient, unmarried, aged 35, had been addicted to the vice from boyhood; had nocturnal emissions, and was very melancholy. Little medicine was given, but marriage advised. For six months he was better, but afterwards became worse, and meditated suicide. Tying the spermatic arteries was decided on, and one was tied first; after which, for one month, he had no emissions. A month subsequent, the other artery was tied, and for six months after he had no emissions nor carnal desire. This desire gradually returned, and entire recovery was effected.

MAY 11th, 1868.—Dr. R. L. Buck reported a case of *Obstruction of a Bronchus by a Water-melon Seed*. The seed remained for nine weeks in the bronchus, producing much irritation, and all treatment failed to dislodge it until the feet were held up and the head down, and sharp percussion of the chest resorted to. After several trials of this expedient the seed was removed.

Dr. Pomeroy reported the discovery at

an autopsy of a portion of a nail in the lower part of the lung, that had been there for two years, causing great irritation.

Dr. Vaile reported a case in which a thimble remained lodged in the posterior nares for two years. He removed it by passing the finger through the mouth into the posterior nares. It was very much corroded.

Dr. Gardner said he had seen at an autopsy a rye-head in the air-passages that had been inhaled twelve years previous.

Dr. Calkins reported a case that came under his care, of a workman in the Armory, who, while ascending the lower portion of a stairway, suddenly slipped backward upon an upright iron rod, perforated at the upper end with an eye through which cotton waste was drawn. The rod was of the diameter of a gun barrel, and was used as a swab with which to clean the inside of the barrel. The rod entered the body just behind and a little to the left of the anus, passed behind the bowel and along the posterior wall of the pelvic cavity, upward above the brim, pressing upon the tissues, and almost coming through the skin about an inch to the left of the spine and between the last false rib and the transverse process below. It was smeared with emery and oil. The rod was withdrawn, with the assistance of two workmen, who stated that it required considerable force. The rectum was afterwards examined and found to be intact, and was accordingly unloaded by an enema. A counter-opening was made near the spine, and the track of the rod washed out carefully by injecting water through the wound. Considerable cotton waste, emery and oil, from the rod, were thus removed. In five or six weeks the patient recovered, and returned to his occupation.

MAY 25th, 1868.—The subject for discussion was the hypodermic use of morphia.

Dr. R. L. Buck said he had used morphia in this way in his own case for severe neuralgic pain in the instep. Following and remitting for three weeks after the use of the syringe there was a small hard swelling, about as large as a walnut. He had been accustomed to use this method frequently, and had seen no alarming results follow.

Dr. Pomeroy had seen alarming syncope follow the injection of one-eighth of a grain, and thought the greatest caution should be observed. The patient was an anæmic and sensitive woman, and the phenomena were almost instantaneously developed. Dr. P. had used this method in some fifty instances,

but always had observed great caution, and felt fearful in using it.

Dr. Gardner had never seen any bad result, having used it in some twenty instances, but suggested that the method of Stellwag should be observed, viz., making the injection slowly, and watching the effect; and the needle should remain in the tissues for a while, that a portion of the liquid, in case of the occurrence of alarming symptoms, might be withdrawn before its diffusion in the tissues.

Dr. Calkins had used it in more than a hundred instances, always, however, with the greatest caution. He had seen no bad result except once, when the symptoms of poisoning by opium were suddenly developed from the injection of one quarter of a grain of morphia, and the case required antidotal treatment for several hours. In one case its peculiar efficacy was remarkably exhibited. A lady, pregnant at the fourth month, had for a week previous vomited every article of food and medicine. Morphia in solution per rectum, bismuth, oxalate of cerium, nux vomica, external applications, &c., had failed to relieve the symptoms in the least degree. Apprehending that the difficulty arose from hyperæsthesia, more than from any gastric derangement, one quarter of a grain of the acetate of morphia was injected under the skin of the arm, and in ten minutes the nausea and faintness had ceased, and in one hour the patient ate with a relish. From this time she had but little nausea during her pregnancy, and took no medicine.

Dr. Gardner reported the successful destruction of a *Nasal Polypus* by the injection of persulphate of iron into its tissues. Dr. Buck reported the success of a similar treatment for obliterating varicose veins, but alluded to the danger of the formation of thromboses.

JUNE 8th.—Dr. W. W. Gardner reported a case of *defective vision and attendant paralysis*. The patient, a boy 15 years of age, had for two weeks previous been under treatment for fever. When Dr. G. saw the patient, the tongue was loaded, pulse about 100, and vision almost entirely gone. Both of the disks were congested. Quinine and chlorine mixture were prescribed. One week later, the pulse was 88, the tongue cleaner, and he could distinguish the hand one foot from the eye. He continued to improve for two weeks, when he could read No. 1, diamond, at five or six inches with the right eye, with the left No. 200 at twenty feet. At the third

examination, the pulse was 72. Continuance of the same treatment. After a few days he labored in the garden about an hour, after which he had an attack of severe headache, followed by paralysis of the left foot, which, however, passed away by the use of thorough friction. For three or four days he was troubled with stiffness in the limbs, which passed off in a few days. The vision in the right eye was defective; in the left it was better, but still imperfect. The case ultimately recovered. Dr. G. considered that the labor and over exertion, in his debilitated state, caused congestion of the brain and spinal cord, and the resulting paralysis.

Dr. Calkins reported a case of *partial inversion of the uterus*. Mrs. S., aged 28; first confinement; natural labor of six hours duration. The placenta was easily removed without force, and no unfavorable symptom was observed. Within fifteen minutes after delivery of the placenta, the patient complained of pain in the uterus, nausea and chilly sensations, after which the pulse became very feeble; syncope came on rapidly. Uterine hæmorrhage was suspected, the hypogastric region examined, and the uterus found flabby; there was profuse flowing. The hand introduced into the uterus found the os open, and the lower part of the body contracted—as in hour-glass contraction—and girding around an introcedent fundus from which the blood was rapidly pouring away. This partial inversion was immediately reduced, the clots removed, and a piece of ice passed up the vagina to the os uteri, which treatment gave immediate relief, arresting the hæmorrhage and restoring consciousness and circulation. The patient remained comfortable for half an hour, when the same condition returned. The hand was again introduced, and the fundus pushed upward into its normal position; the clots of blood were removed, and a piece of ice as large as a hen's egg left in the uterus, which readily contracted. The patient immediately felt relieved, and the hæmorrhage ceased. Ergot was then administered. An hour afterwards, the partial inversion or introcession returned a third time, and was treated in the same manner. The patient recovered as well as parturient women in general, with no further difficulty. The introduction of ice into the uterus was followed by a very agreeable sensation to the patient, not causing any chills, but seeming to remove the faintness and collapse.

This case presents two points of interest: the occurrence of the displacement without

mechanical force, the placenta being completely and spontaneously detached; and, secondly, the recurrence of the condition after the reduction of the displacement had been effected. The patient, for several years previous to pregnancy, had suffered from chronic disease of the uterus, and was inclined to anæmia and to deficient tonicities of the muscular system.

Hospital Reports.

BOSTON CITY HOSPITAL.

Results of Surgical Cases whose termination has not been reported.

Reported Vol. I., N. S., No. 19, p. 299.

1. George O. Necrosis of radius. Dr. Thorndike. Discharged, well, five weeks after operation.

2. William D. Necrosis of tibia. Dr. Thorndike. Discharged, well, seven weeks after operation.

3. M. M. Ununited fracture. Dr. Thorndike. Discharged, well, having good union and strong leg, four months after operation.

4. H. L. H. Perinephritic abscess. Dr. Cheever. Discharged, well, one month after operation.

5. W. F. Lumbar abscess. Dr. Thorndike. Discharged, well, two weeks after entrance, and one month after opening of abscess.

6. Lumbar abscess. Dr. Thorndike. Recovered.

No. 20, p. 315.

7. M. R. Amputation of forearm. Dr. Derby. Discharged, well, one month after operation.

8. R. P. Hydrocele, double. Dr. Derby. Discharged, well, July 2d.

No. 21, p. 330.

9. J. R. Varicose veins. Dr. Ropes. Discharged, well, five weeks after operation.

No. 24, p. 377.

10. J. F. D. Amputation of thigh. Dr. Ropes. Discharged, well, two months after operation. A very good stump, and no necrosis.

No. 25, p. 394.

11. The case of compound and depressed fracture of the cranium reported in the number of the Journal for July 23d, has steadily progressed toward recovery. The hernia of the brain subsided entirely. The power of voluntary motion, which was, for a time, interrupted, has been restored and is now nearly as perfect as before the accident.