

Special forms of micrococci may increase in each specific decomposition, finding there their chosen food, and hence may prove valuable aids in both diagnosis and prognosis, and we may find the aseptic agent also a germicide, but we must distinguish in diagnosis and treatment between the *post hoc* and *propter hoc*.

Dr. Geo. M. Sternberg, Surg. U. S. A. (*American Journal Med. Science*, April, 1883), has, by elaborate and definite experiments, shown the exact strength of the various antiseptics necessary to destroy bacteria life. "Mercuric Bichloride: The value of this potent agent as a parasiticide for external use is well established. * * * The proportion in which it prevents the development of septic micrococci is 0.0025, or one part in 40,000. * * * The quantity required to prevent their development in a man weighing 160 pounds would be $3\frac{1}{2}$ grains."

A full dose of the agent is from $\frac{1}{4}$ to $\frac{1}{12}$ of a grain. "In iodoform we have an agent which permits the introduction of iodine into the system in larger doses than is tolerated when the agent is given uncombined in the form of tincture or in solution with potassium iodide. And we have evidence that this substance is not eliminated so readily as the potassium salt, and that it is decomposed within the body; still it does not seem practicable to administer it in sufficient quantities to take advantage of the germicide power of iodine for the destruction of pathogenic bacteria in the blood and tissues.

"Bacteric organisms failed to multiply after being exposed to a one per cent. solution of carbolic acid. * * * The experimental data recorded do not favor the idea that in this agent we have a cure for all germ diseases. The quantity which should be present in the blood of our standard adult, to accomplish the desired purpose would be considerably above an ounce of pure acid."

Dr. Sternberg, despite his proof that the quantity of an antiseptic possible to be taken by a patient without destroying life, is insufficient to even prevent germ accumulation adopts the germ theory and germicide treatment of disease, and Dr. Wier, who believes carbolic acid the "safest" agent for the destruction of the bacteria, and deems a five per cent. solution necessary for that purpose, declares the germ theory settled.

There is so much averse to its settlement that it seems to us many distinguished investigators have placed themselves rather in the position of advocates than scientists. We would call the attention of the society to the many cases of poisoning reported in the journals by iodoform and other germicides, and recommend the members to avoid putting the theory to a practical test with their patients. Physicians may adopt it while it is the fashion, but we cannot avoid the prognosis that the fashion will change. Bacteria are found in the body under all circumstances, and with favorable conditions of food, moisture and warmth, like all other living organisms, they multiply. They may be carriers of the disease ferment with which they are covered and on which they feed, and thus communicate disease. They carry it as does the unwashed doctor who goes from his sep-

ticæmic patient to the lying-in room, and are proved its cause much as we would prove the doctor the cause of puerperal fever by purifying him with a half scruple dose of mercuric bichloride or five ounces of pure carbolic acid, thus saving his patron from disease and death.

The physician of the future will learn to distinguish between the carrier and the cause of disease as well as between the germicide and antiseptic action of medicines.

BI-CHLORIDE OF MERCURY IN DIPHTHERIA.

BY MADISON REECE, M.D., ABINGDON, ILL.

During the past two and a half years I have used, exclusively, in the treatment of diphtheria, the bichloride of mercury in large and frequent doses. My attention was called to its use by reading the address of Dr. Wm. Pepper, chairman of the Section of Practical Medicine, before the American Medical Association for the year 1881. The statements therein made interested me to such an extent that, having on hand two cases of this disease of a malignant form, I determined to try its efficacy.

Up to this time I had found (as who has not?) true diphtheria one of the most fatal forms of disease that could be encountered. I had used the usual remedies, so far as I could observe without any effect upon the progress of the disease, and had arrived at the conclusion that in the worst forms of the disease the patient would die with or without treatment, but since adopting the method of treatment to be described, I have not felt the same anxiety as formerly, when called to a case.

To this date thirty-five cases have been treated in this way, with three deaths. Two of these deaths were the first cases referred to above, and although they ended fatally, I was thoroughly convinced that the remedy had special power to combat the disease, and I now believe that with my present experience in the use of this remedy, I could have saved one, if not both of these patients.

My method of preparing this medicine is to dissolve one grain of the bi-chloride in four ounces of rain-water; then, if the patient is old enough to gargle and rinse the throat and mouth, he is to do so every two hours, and immediately afterwards to take a teaspoonful internally. If the disease be of a severe form, it should be administered in this way every hour. The above dose is calculated for a child of five years of age. I have often used the same amount for a child of two years of age.

It will be observed within fifteen or twenty hours that the exudations on the tonsils and palate will begin to fade away and in a few hours more rapidly disappear. If then, unfortunately, as I found by experience in my early use of the remedy, the medicine be discontinued, the exudation will rapidly reappear, to be again dispersed by a return to the treatment, so that it is necessary to continue for a week, or even a longer time, the use of the medicine, not in such large and frequent doses, for it is observed that as soon as the patient shows signs of becoming bet-

ter, the effects of the bi-chloride are shown by nausea, or vomiting, or purging. But so long as the system seems to be laboring under the diphtheritic poison, these effects are not manifested.

I shall not attempt to give the *rationale* of the action of this medicine, but will only call attention to the fact that it belongs to that class of remedies which is rich in chlorine, and to which physicians have resorted for many years in the treatment of this affection, such as the tr. of the chloride of iron, chlorine water, chlorate of potassium, and here the bi-chloride of mercury. Also in view of the strong germicidal qualities of this substance, as recently demonstrated by Dr. Sternberg, we may reasonably suppose it has a destructive effect on the bacteria that swarm in the exudation in the throat and surrounding structures.

To show that this remedy in diphtheria seems to be appreciated abroad, I quote from Dr. Sternberg's article in the April number of *the American Journal of the Medical Sciences*, page 337: "A medical friend who has just returned from Vienna informs me that mercuric bi-chloride is at present the favorite remedy in that city for diphtheria."

My friends and neighbors, Dr. H. Judd, of Galesburg, and Dr. W. G. Piersol, of Hermon, have used this remedy in their practice with the most satisfactory results.

In conclusion, I would request those who may make a trial of this treatment to communicate the result to the JOURNAL, or if not wishing to do so, to the writer.

AN OCULAR POLYPUS.

BY S. POLLAK, M.D., OF ST. LOUIS.

A lady of 74 years presented herself with a "bleeding eye." Blood was oozing from beneath the upper lid constantly when the lids were open. The eye was perfectly sound, vision good, except when obscured by the blood. The upper lid was somewhat conical, and of a light bluish tint. On everting it, the conjunctiva was found perfectly smooth, but on pressure, directly on the superior orbital margin, a racemous, painless tumor was extruded from the sulcus, of the size, shape, and color of a Lawton blackberry, which was bleeding profusely on the lightest touch. It was very brittle and friable, and could have been crushed with ease. It was difficult to determine the nature of it. Was it benign or malignant? Was it an angiectasia, an erectile tumor, or a polypus? I am inclined to think it was the last. Though a very confined space for a polyp to emanate from and to grow, yet the mucous membrane everywhere is the habitat of polypi, and the upper sulcus of the eye is well adapted for its origin, although not for its development. It had to be removed at once, and it was promptly effected. With a curette the edges of the tumor were raised; they were found flattened against the conjunctiva, but not attached to it. A pedicle of about a centimeter was reached and readily twisted off with the forceps. Bleeding stopped at once. The levator palpebra superior be-

ing freed from the impediment of the tumor, resumed its function. The result was entirely satisfactory. No recurrence of bleeding. The wound was nearly cicatrized the next day. This polypoid tumor is carefully preserved, and will be accurately examined with the microscope.

MEDICAL PROGRESS.

MIDWIFERY AND GYNÆCOLOGY.

A FRAGMENT OF A CANDLESTICK IN THE UTERUS.—Dr. E. Hjerstrom reports the case of a working-woman 49 years of age who had been subject to periodical attacks of mania since puberty, with lucid intervals. Although single she is the mother of three children; was under treatment for an abundant and foetid vaginal discharge. Examination of the uterus showed a neck covered with granulations, and irritated by a secretion which came from the uterine cavity; exploration of the uterus with a sound disclosed the presence of a metallic body. The patient would not admit that a foreign body had been introduced into the womb. After dilatation of the cervix, a piece of brass was extracted which had lodged in the superior portion of the uterine cavity. It proved to be a bobèche or socket, the tube of which measured cm. 0.15 in length, and 2 centimeters in diameter, and of which the flange reached 4 centimeters in diameter. The patient did not know how the bobèche got there. Her menses had ceased for five years; her last confinement was twelve years previous; she never had any symptoms of parametritis, but had suffered from uterine colic particularly of late. Possibly the piece was detached from a candlestick introduced into the vagina through eroticism, and seized and retained by the uterus during the mechanical excitement.—*Hygieia Rome Medicale, Paris Medicale.*

CURE OF A SEVERE CASE OF HYSTERIA BY CASTRATION.—Dr. Bernh. Heilbrun (*Centralblatt für Gynäkologie*, Sept. 22) gives us the details of a case of hysteria in a girl 24 years of age, who was bedridden for seven years, suffering from excessive vomiting and cramps in the stomach to that extent as to lead to the diagnosis of ulcer of that organ; these symptoms were relieved sufficiently during her illness to allow of the retention simply of eggs and of milk. Contractions of all of the muscles of the body gradually developed themselves, commencing with the left lower extremity, the slightest movements causing severe muscular cramps. The ovaries were removed and found to be very different in size, the right 1 cm long, $\frac{3}{4}$ cm. broad, $\frac{1}{2}$ cm. thick, irregularly shaped and of firm consistency; the left $3\frac{1}{2}$ cm. long, $1\frac{1}{2}$ cm. broad, 1 cm. thick, the surface uneven, tuberculated, and filled with a number of cysts the size of a pea. A fresh corpus luteum was noted.

The abdominal wound healed by the first intention. On the 12th day the patient left her bed; four weeks after the operation she could walk alone, and eight days later returned to her home; three months later the menses appeared without pain, but never returned. She now, ten months after the operation, walks from her home to her physician, a distance of $1\frac{1}{2}$ leagues.