

distressing pain in the above-named spot; in his own words, "a pain that made him sick and faint, and took away his strength." When his stomach was empty he was quite free from pain, and generally rested well nights. Frequent sour eructations; heartburn; vomiting more or less; relief for a while after vomiting; could not lie on his right side; bowels constipated; no tympanites; pain in his right shoulder. The 12th of March he vomited more than a quart of dark-colored blood, became much exhausted, radial pulse imperceptible, deadly pallor, eyes glassy; appeared to be in "*faucibus mortis*," but by the aid of stimulants he rallied. From this time to his death (seven weeks) all of his symptoms were aggravated, and he lost what little appetite he had before.

He became delirious a few days before death. Breath very foetid.

The medicines that gave him the most relief were whiskey, morphine, bismuth and chloric ether. His bowels were moved once a week by injections.

Diagnosis:—The symptoms, namely, spitting, pain aggravated by eating and exercise, the frequent vomiting, the profuse hæmorrhage and the long continuance of the disease, indicate plainly the perforating gastric ulcer.

The tender spot in the liver, the pain in the right shoulder, the inability to lie on his right side, indicate inflammation of the liver. But I know of no symptoms by which I could have diagnosed that this inflammation had terminated in gangrene, as the sequel will show. The perforation probably took place near the time of the hæmorrhage, for so large a quantity of blood must have come from some large arterial branch on the outside, or in the peritoneal coat of the stomach.

Autopsy:—The countenance was more natural than when alive. The first thing that struck my attention on opening the abdomen was the dark appearance of the lower part of the left hepatic lobe, except at the very tip. The edges of the affected part adhered to the pylorus and duodenum. I broke with my finger the adhesions, and raised the lobe. It disclosed a ragged hole about one half inch in diameter at the pyloric extremity of the stomach. That portion of the liver around and over the perforation, was dark brown, gangrenous, rotten and foetid—a black pulp. This gangrene extended through the lobe. The surrounding tissue of the lobe was inflamed, and contained a little pus.

The gangrene extended to within two lines of the lower margin of the lobe.

Rokitansky (Path. Anat., Vol. ii. p. 110) says: "Gangrene of the liver is very rare, in fact Ferrers and Bérard deny its occurrence, but we have seen it in one well-marked case, associated with pulmonary gangrene. The liver was slightly enlarged, and presented, very distinctly, the nut-meg appearance. The stomach was contracted and contained a small quantity of dark-colored fluid, that, with slight pressure on the stomach, ran out of the perforation. I removed, opened and washed the stomach. At its pyloric extremity, extending into the duodenum, was a large round ulcer, two inches in diameter, of a grayish color, and nodulated, the walls growing thinner from the circumference to the centre, where the perforation was located. At a short distance from the ulcer, on the lesser curvature, were three small, irregular ulcers, the mucous membrane only being destroyed. In the cardiac portion, the mucous membrane had a striated appearance, i. e. parallel striæ, or lines of scarlet and white. He had been, from his youth up, very intemperate. Intemperance is the greatest cause, in my opinion, of ulceration of the stomach. I have had four cases of this species of ulcer, and three of them occurred in habitual spirit-drinkers."

Mr. Brinton says, in his admirable treatise on gastric ulcer (Med. Chirurg. Rev. Vol. 18, p. 137): "Old age, privation, fatigue, mental anxiety and intemperance are such frequent coincidents of its occurrence that we are fully entitled to regard them as its more or less immediate causes in a large proportion (I think we might say a majority) of cases."

A PLEA AGAINST THE INDISCRIMINATE EXHIBITION OF ACID MEDICINES.

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I wish to speak of the internal exhibition of acid medicines, and in particular, of zinc, muriate of iron, and nitric, sulphuric and hydrocyanic (hydrochloric?) acids.

Fully recognizing the value of the different preparations of iron in their power to quicken the languid circulation and impart tone and vigor to the debilitated system, I feel impelled, by a sense of duty, to raise my voice against the indiscriminate manner in which the acid preparations are employed by many physicians, apparently with an utter disregard—it cannot be ignorance—of

their action upon the masticatory organs. Many times during the past few years of my practice I have had incontestable and painful evidence of the ravages caused by the protracted use of various acid medicines and the unprotected preparations of iron upon teeth, which previously gave evidence of strength and unusual powers of resistance, but which now are ruined for beauty and usefulness. In several cases of young patients suffering from chlorosis or a cachectic habit, I have known the above-mentioned medicines to be administered for weeks and months without any caution or corrective being suggested. In each case the medicine has left its burning traces behind, and has given an impress to the naturally delicate organs which has either resulted in wholesale ruin, or in so great an injury as to require the utmost care, both professionally and personally, to atone, even in a measure, for the evil.

I would not have it understood by this article that I belong to that class of dental practitioners who are ever ready to teach their patients that all the ills they have to deal with are brought on by "taking cold," or are directly attributable to the action of drugs and medicine. On the contrary, it is often my privilege to remove such impressions, by pointing out plainly that defective teeth are mainly dependent upon the very conditions requiring the employment of medicine. Let any school or class of practitioners—no matter which—be the means of driving disease from the body, and the dentist's occupation will be well nigh gone. But surely it does not require the research of a Davy to demonstrate the affinity between the acids I have mentioned and the lime of the teeth, nor an extended practice to make one positive that in these acids, when carelessly used, the human teeth have a subtle and deadly enemy.

I do not expect by my protest to induce physicians to discard the list of acids from their *materia medica*. Nothing of the kind is intended. Neither do I expect to add to the knowledge of any; but I would most respectfully urge the prior claim of pure air and plentiful exercise, together with a careful and persistently followed dietetic regimen, in the treatment of the bloodless languid creatures (usually school girls) who give such unmistakable evidence of the hot-house culture they have been subjected to. If iron be needed, let us employ such protected preparations as can leave no sting after them.

And if, in the treatment of intermittent fevers, pneumonia, whooping cough, phthi-

sis, cancer or scorbutic diseases, nitric, sulphuric or hydrocyanic (?) acid is indicated, let the remedy be exhibited with such care, and with such explicit directions for its immediate neutralization in the mouth as not to add to the ravages ill health, ignorance and carelessness are daily making among those beautiful and invaluable organs, the human teeth.

Bibliographical Notices.

Dictionnaire Annuel des Progrès des Sciences et Institutions Médicales (An Annual Dictionary of Medical Sciences and Institutions). By P. GARNIER, M.D., &c. &c. (Fifth Year, 1868.) One vol., 12 mo., pp. 528. G. Baillière, Paris: January, 1869.

THIS Dictionary, says one of the oldest French Medical Journals, is now acknowledged as indispensable to every medical library. Its form is excellent, and the alphabetical order of subjects, and their condensation, answer admirably the needs of the busy practitioner, who has little time to devote to long dissertations.

To give an idea of the work, we will cite a few sections—taken almost at random:—

Fibromes.—An interesting discussion on two cases of disappearance of fibrous tumors of uterus reported to the London Obstetrical Society. The theory of the absorption of these tumors was unanimously condemned by the entire society. No process of medication can produce absorption of fibromas. An error in diagnosis can only account for such disappearance. Pelvic cellulitis has often given rise to the mistake, the tumors softening and being discharged into the rectum. A retro-uterine hæmatocele may be mistaken for an interstitial fibrous tumor.

In another instance, a tumor of the anterior wall seemed to disappear when the expulsion of a polypus discovered the error.

Fractures.—Semeiological value of the condition of the nails in fractures. Professor Broca noticed in a case of fracture of tibia that the nails on the foot of the fractured leg did not grow during the process of union, while those of the other foot maintained their proper growth.

In a case of fracture of the left fore-arm, happening October 7th, M. Duplay noted November 19th that the nails of the left hand had ceased to grow since the occurrence of the accident, and were of a black-