

applications of fused nitrate of silver in addition. In more extensive ulcerations of the epiglottis and larynx he applies iodo-glycerine after the following formula: iodine grs. viij., potassium iodide ℥i., glycerine ℥i., to be applied by the brush. Astringent solutions are to be applied by means of the laryngeal brush every second or third day: chloride of zinc (one to fifty), acid nitrate of mercury (one to one hundred), nitrate of silver (one to twenty), chromic acid (one to five), sulphate of copper (one to twenty). Frictions of mercurial ointment over the larynx and iodide of potassium internally are recommended by Schnitzler in perichondritis of the larynx. When the pain is severe we may resort to a teaspoonful of the following solution of Fauvel, inhaled from a steam atomizer or used as a gargle with water: morphia muriatis gr. xv., potassii bromidi ℥iiss., orange-flower water ℥ij., water ℥vi. Local applications of sulphate of morphia, one part to fifteen each of glycerine and water, or the insufflation of one fourth of a grain of morphia with sugar of milk or gum arabic, will often prove efficacious. Gargles of salicylate of sodium. Absolute rest of voice and abstinence from alcohol and tobacco should be insisted upon. The application of mercurial ointment to the larynx externally, the use of croton-oil liniment on the chest, or two blisters placed on either side of the larynx in such a manner as to leave space to perform tracheotomy if required, generally relieves acute oedema. These means failing, Dr. Morgan quotes the advice of Isambert to apply a strong solution of chromic acid (one to two or four) directly to the parts, which often succeeds immediately in reducing the swelling. Scarification of the oedematous parts is effective in preventing suffocation, and should be made freely and often, if necessary. Dr. Morgan has seen good results in chronic oedema from insufflation of iodoform in powder in combination with powdered gum arabic and sugar of milk, or iodoform in glycerine (thirty grains to one ounce). Tracheotomy should not be delayed too long, and the canula should be removed as soon as possible.

Hospital Practice and Clinical Memoranda.

MASSACHUSETTS GENERAL HOSPITAL.

REPORTED BY DUDLEY P. ALLEN, M. D.

SURGICAL CASES OF DRs. CABOT AND WARREN.

ACUTE SPONTANEOUS GANGRENE OF SPECIFIC ORIGIN.

J. F., the subject of this affection, twenty-five years of age, was born in Spain. Is a cigar maker by trade. Four weeks before entrance to hospital, patient was seized with pains in both lower extremities, which afterward became limited to the right. Some time later the lower extremity became gangrenous. On entrance to hospital the lower two thirds of the right leg were entirely gangrenous, and there was also a gangrenous spot three to four inches in diameter on the inner side of the thigh.

No cause whatever for the disease could be discovered. The leg was poulticed, and the patient stimulated and nourished as highly as possible. Temperature did not rise above 100° F. until one day before operation.

Nine days after entrance, as the line of demarkation

was fully formed, all the gangrenous parts were removed, almost no fresh tissue being cut. The amputation was at the upper third of the tibia, and on removal of the island of sloughing tissue, on the inner side of the thigh, the femur was exposed for about three inches. The slough in the thigh ran upward three to four inches under healthy tissues. A Lister dressing was applied to the leg, and renewed from time to time for seven days. After that time simple dressings were applied. After operation patient's temperature fluctuated considerably, and he had a poor appetite. The discharge of pus was copious. Twenty days after operation patient's urine contained a large trace of albumen, with numerous hyaline and granular casts.

Shortly after this patient improved somewhat, eating better and feeling stronger, but on the thirty-first day after operation he had a chill, which was repeated in twelve hours; several chills followed; his temperature fluctuated more widely, reaching 104.4° F. He gradually grew weaker, breathed more rapidly, and on the thirty-first day after operation, and about the tenth week after first attack, patient died.

Autopsy showed thrombosis and complete closure of the right external iliac artery. There were metastatic abscesses of kidneys, spleen, liver, and lungs. Gum-mous deposits were found in the kidneys. It was supposed that the gangrene resulted from thrombosis dependent upon syphilitic endarteritis.

LACERATED WOUND FOLLOWED BY DIFFUSE GANGRENOUS CELLULITIS.

N. A. C., fifty-seven years of age, came to the Massachusetts General Hospital with two splinters in the back of his right hand, extending from the distal extremity of the third metacarpal bone to the extremity of the radius. No bones were broken, and the injury appeared slight. The splinters were removed, and a moist dressing was applied. Two days later the hand and arm were painful and inflamed. A poultice was substituted. On the following morning the back of the hand and whole lower part of the fore-arm were much inflamed and swollen, and there was a crackling sensation, as from the presence of gas in the tissues. Three longitudinal incisions were made in the back of the hand, and two long incisions were made on the front of the fore-arm, evacuating a large amount of very offensive pus. Cellulitis continued actively for about ten days, although the arm was freely opened and drained. After this for three days the patient's condition improved, the discharge became less offensive, and the slough gradually separated. At this time a profuse hæmorrhage occurred, as was supposed, from the radial recurrent artery; shortly after, hæmorrhage leaving the patient cold (temperature 96.2° F.), almost pulseless, and unconscious, he was nourished and stimulated by enemata of beef tea, ammonia, and milk and brandy. The enemata were continued for eleven hours. After this the patient's general condition gradually improved. Profuse suppuration of the arm and hand continued, all the soft parts sloughing away except the integument on the anterior surface of the arm, which was sufficient to preserve the fingers alive, although all the bones of the carpus and metacarpus were removed one by one. The lower two thirds of the radius and ulna were exposed and necrosed. Five weeks after the patient was first injured the fore-arm was amputated about four inches below the elbow, the wound healing kindly.

PERINEAL SECTION FOLLOWED BY URINARY INFILTRATION AND SLOUGHING OF THE SCROTUM.

On September 9th C. B. was admitted to the Massachusetts General Hospital with stricture of three years' standing, following gonorrhœa.

The urethra being impervious to all instruments, perineal section was performed, and a No. 12 gum-elastic English catheter was left in the urethra.

The opening in the perinæum was about three inches long, and closed rapidly over the instrument. On the fourth day after operation the scrotum was found to have been largely infiltrated with urine, and at the most dependent portion it was gangrenous. The catheter was removed, and the parts were freely divided along the septum by a cut from the base of the penis backward to the original incision, and flaxseed and charcoal poultices applied. The patient's temperature ran very high, and his general condition was poor. The parts were thoroughly cleansed twice daily, and the sloughing tissue was cut away as rapidly as possible.

One week after the original operation all the slough had separated. The testicles and cords were fully exposed and covered with granulations. All that remained of the scrotum was a shrunken border about one inch wide on either side of the folds of the groin. From this time the case progressed favorably.

All the urine passed by the perineal opening for nearly three weeks, after which time, by holding the legs together and pressing upward on the perinæum, the patient could pass a portion of it by the penis. The opening in the perinæum decreased, and the amount of urine passed by the penis increased until time of patient's discharge, two months after entrance, at which time the opening in the perinæum was only large enough to admit a probe, and almost the entire amount of urine was passed by the penis.

The testicles, which were wholly exposed, became gradually covered by the integument, which was drawn up over them by means of bands of silk gauze, attached to the flaps on either side by collodion, and when the patient was discharged only a small surface on the end of one testicle remained uncovered, and he could introduce a No. 14 English steel sound. At time of discharge from the hospital he was in excellent general condition.

HIGH TEMPERATURE FROM CONSTIPATION.

A patient with mammary abscess had for eight days been treated by poultice, and the abscess had discharged freely, and was rapidly healing. The temperature had not risen at any time above 99° F. For four days patient had had no movement from the bowels, when one morning the temperature rose to 104.5° F. An enema of soap-suds was given, and in less than an hour after this had operated the temperature fell to 100° F., and continued normal afterward.

Patient made no complaint, nor was there any phenomenon of any sort to account for the high temperature unless the constipation would do so. No remedy was used except the enema.

—Professor Hofrath Dr. Karl Ritter von Sigmund-Ilanor, the professor of syphilis in the Vienna University, having reached his seventieth year, now retires upon a pension, declining the offer of the minister of public instruction to continue his post for another year.

Reports of Societies.

BOSTON MEDICO-PSYCHOLOGICAL SOCIETY.

WALTER CHANNING, M. D., SECRETARY.

SINCE the first meeting of this society, which was duly reported in the JOURNAL, there have been four regular meetings. The papers read have all been on interesting subjects, and, followed as they have been by long and full discussions, the meetings have been of decided profit to the members. The total membership of the society is now seventeen, two of these being honorary members. The number of journals taken is eight; these comprise the best English and German journals on psychology, and together with a number of others, contributed by members of the society, furnish reading matter which could not be obtained in any other manner.

At the February meeting Dr. C. F. FOLSOM read a paper on Fanaticism and Insanity, already published in the JOURNAL. — Dr. WHITTEMORE asked if there were any indications pointing to *petit mal* or nocturnal epilepsy. — Dr. FOLSOM replied that there were not. — Dr. FISHER regarded the kind of insanity affecting Freeman and his followers as largely emotional in origin, but resulting in religious delusion, and communicated from one to another, — a sort of mental contagion. He gave the details of several cases in his own practice. In one of these a woman first became insane, her delusion centring on an old woman whom she regarded as a witch. Shortly after her husband became possessed of the same delusion, and finally her whole family stoned the house where the witch had been seen. Dr. Fisher had collated 36,983 cases of insanity, and found of these 5.79 per cent. were due to religious excitement. — Dr. FOLSOM thought that Dr. Fisher was rather mistaken in his theory as to Freeman's case, for he had been insane before joining the Adventists, and religious excitement was a result rather than a cause of his insanity.

Dr. N. FOLSOM thought that confusion sometimes arose from the use of obscure terms; for instance, mental contagion. He did not believe in a so-called *border-line*; insanity and fanaticism were no more closely allied than pneumonia and fanaticism.

Dr. C. F. FOLSOM expressed the opinion that sanity and insanity were sometimes very near together. He stated that Mrs. Freeman was now insane. This insanity would have been temporary, like that of the other Adventists, had not her health broken down in jail.

MARCH MEETING. Dr. FISHER read the paper of the evening, called The State of Rhode Island v. George H. Brown. Brown was tried in the court of common pleas, Providence, R. I., June 16, 1879, for the murder of John A. Jenks, at Pawtucket, the preceding December. The particulars of the murder and the events just previous and subsequent to the murder are as follows: November 24th Brown asked the chief of police to go to his house and hear a confession. He went, and there heard from Mrs. Brown that she had been seduced by Jenks several years before, and he had visited her frequently since. On Christmas morning, Brown, who, in consequence of his wife's infidelity, had suffered mental agony for nearly two months, passing sleepless nights and often being at the point of sui-