

## REPORT OF THE MIDDLESEX EAST DISTRICT MEDICAL SOCIETY FOR 1878.

F. WINSOR, M. D., REPORTER.

THE Middlesex East District Society has held monthly meetings during the past year, as during several previous years. At two of these meetings addresses have been given by physicians from outside the district; but as the same lectures have been listened to by other medical societies, whose members are also members of the state society, any further mention of them seems foreign to the purpose of a district report.

From the many papers, reports of cases, and discussions, the reporter selects and summarizes the following:—

*Drunkenness in Parents.* — DR. F. F. BROWN, of Wakefield, read a paper on the connection between drunkenness in parents and disease in their children, which was very suggestive, and elicited much discussion. Circulars had previously been sent to members, inquiring what had been their experience: (1.) As to intemperance in parents tending to implant marked appetite for alcohol in their children. (2.) As to intemperance in parents tending to produce disease in their children by heredity, apart from the influences of privation and exposure, to which such children are peculiarly liable. (3.) As to the effect on nurslings of the use of malt or stronger liquors by their nurses. It was the general opinion that the children of intemperate parents inherit an unusual appetite for intoxicating liquors and drugs, and a number of members gave instances in their own experience sustaining this opinion. The experience of members also furnished many instances corroborating the impression that the children of drunken parents are peculiarly liable to hereditary disease, especially to the neuroses running from neuralgia to idiocy. The question was raised whether appetite for alcohol may not be an evidence of this neurotic taint in one generation, which in a later generation manifests itself in chorea or insanity, instead of drunkenness being the origin of all.

Several gentlemen related independent cases of large families, the parents of which were intemperate during a portion only of their married lives, where the mental and bodily condition of the successive children improved or deteriorated, *pari passu*, with the habits of the parents. And furthermore, this was sometimes observed in families whose pecuniary circumstances were independent of the habits of the parents, so that the offspring of the drunken portion of the married life could not have suffered from privation or exposure.

The limited experience of the members present corresponded with the large experience of specialists, from whom Dr. F. F. Brown quoted in his paper. But the essayist stated that he is satisfied that there are as yet no data from which it is possible to determine how strong the heredity in question is. From the statistics of asylums and almshouses, it may be proximately calculated how many insane or idiotic inmates had drunken parents; but we have no means of showing what per cent. of the children of drunkards are of unsound or feeble mind.

*Iliac Inflammation in a Male.* — DR. W. S. BROWN reported a case of in-

flammation in the right iliac inguinal region in a man, which was followed by extensive sloughing, extending to the scrotum and laying bare both testicles. The external inflammation was supposed to arise from perityphlitis. The patient recovered, and is now at active labor. To expedite the process of repair in the denuded regions, five hundred skin-grafts were employed.

The same gentleman read an interesting paper on Ovariectomy, which was printed in the *JOURNAL* for January 9, 1879.

*Opium Habit.*—DR. S. W. ABBOTT, of Wakefield, made a report on So-Called Antidotes to the Opium Habit, showing that these extensively advertised nostrums all contain opium in some form, and are certain to confirm the habit which they promise to cure. Chemical analysis fully sustains the charge made by *each* of these nostrum venders against all his fellows, namely, that the so-called “opium cures” contain opium in very large quantities, and are the most mischievous class of quack medicines. This paper was a prosecution of the work begun a few years ago by the Cumberland Medical Society of Maine. It adds seven more names to the list of impostors published by them, and it is to be hoped that Dr. Abbott will extend it still further, and lay the result of his work before our state society.

*Turning versus the Long Forceps* was discussed at length one evening, three gentlemen giving their experience in a number of cases where turning was successful after the forceps had completely failed to deliver, or with patients whose previous labors had with difficulty been terminated by forceps. They incline to the opinion that it is not only easier and safer for the mother than the long forceps, but quite as safe for the child. Most members present were in the habit of using forceps in all head presentations where nature failed to bring down the head, and were not ready to admit that turning can be more successful. The discussion was animated. The advocates of turning maintained that it can be done earlier, which was admitted,—no member approving of the application of the forceps when the head is at the brim and the os less than half dilated; that it allows the head to adapt itself to the irregularities of the pelvis better than is possible when it is held in the forceps; that with proper manipulation no dangerous traction need be made on the child's neck. It was with regard to this last point, and also on the question of compression of the cord in delivering by the lower extremities, that issue was most strongly taken. One of the advocates of turning gave the authorities in its favor, as furnished by *Braithwaite's Retrospect* for twenty years (Simpson, Braxton Hicks, Barnes, and others, and especially, and to an unqualified degree, Figg, in 1859). These writers claim for turning, in cases where the head is arrested at the brim, the following advantages over the forceps, in addition to those already enumerated, namely: turning gives the best means of determining whether the disproportion of the head to the pelvis is so great as to demand craniotomy; and it gives the best chance for craniotomy, if that operation prove inevitable. No member had fairly tried bi-manual version, as recommended by Braxton Hicks.

Though such a discussion makes no immediate converts, it is certain to lead to a more extended trial of the method of the minority, with that result most to be desired in medical practice,—a wider experience from a greater number of independent observers.

*Placenta Prævia; Twins.* — DR. J. M. HARLOW, of Woburn, reported a case of placenta prævia, with twins, where the mother and both children were saved. The patient, a multipara, about a fortnight before full term, awoke to find herself flowing, without any "pains." Examination found the os undilated, but detected above it a pulpy mass. She was kept in bed for a week without further hæmorrhage, but on the eighth day awoke, flowing severely. The os was then found dilated to the size of half a dollar, and occupied by the placenta, so that no presentation could be made out. Bleeding being no longer free, further dilatation was awaited. In four hours the os was sufficiently open to allow the head to be felt. The membranes were then ruptured. Bleeding was slight, but no pains occurred for half an hour. Then they came frequently and regularly, and in due time a boy weighing six and a half pounds was delivered. The funis was very short, and on examining for the placenta it was detected, as Dr. Harlow at first supposed, in the vagina; but he very soon found that it did not belong to the child he had delivered. It was, however, shortly followed by another placenta; and then the breech of a second child presenting, he delivered it alive, though *ten minutes after its placenta*. It was a female, weighing five pounds. Dr. Harlow judged, from the appearance of its placenta, that about one quarter of it had been detached at the time of the first hæmorrhage, eight days before delivery.

As the bleeding was not alarming, this case was left to mature up to the point when the membranes could be ruptured without disturbing the placenta.

In the discussion which followed the report of this case, it appeared that in four cases of central implantation of the placenta, which had occurred in the practice of gentlemen present, two had been fatal to the mother. Of a number of cases of partial placenta prævia, about one half had been fatal to the child, and none to the mother. It was the general opinion that, unless the bleeding is so great as to threaten the mother's life, cases of placenta prævia should be left to rest and nature, till the os is sufficiently dilated to allow of rupturing the membranes. Barnes's plan of separating successive zones of placenta did not commend itself to the judgment of any member.

*Plaster-of-Paris Jacket.* — DR. A. H. COWDREY, of Stoneham, applied a plaster-of-Paris "jacket" to a child with antero-posterior curvature of the spine; and at the same time showed a "jacket" removed from the same patient because he had outgrown it after several months' wear, during which time he had greatly improved.

*Enteric Fever.* — DR. F. WINSOR reported a fatal case of enteric fever, in which a portion of the rose-spots pursued the normal course, while others persisted, became indurated and acuminated, and somewhat resembled the eruption of acne, a peculiarity mentioned by Roberts, but not by most of the authorities. There was no diarrhoea in this case. Careful examination of the premises, and inquiries into possible exposure of the patient to typhoid poisoning elsewhere than at home, negatived the supposition of the disease having been acquired in the usual way by the alimentary canal. There was, however, clear evidence of exposure morning after morning to cess-pool gas through an untrapped sink in the kitchen, where the patient made the fire and cooked breakfast. In the discussion which followed, the question was raised whether

the case was not one of those which an English authority has recently named "sewer-gas fever" rather than typhoid.

Two very instructive cases, — one of tumor of the brain, the other of chronic ulcer of the duodenum, — reported by Dr. J. M. HARLOW, who also showed the post-mortem specimens, have already appeared in the JOURNAL.

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### JEFFRIES ON COLOR-BLINDNESS.<sup>1</sup>

THOUGH nearly ninety years ago the English chemist, Dalton, gave an accurate description of the defect which for a long time bore his name, though others from time to time investigated and wrote on color-blindness, and devised means for detecting the anomaly, until the past few years it was very generally regarded so exceptional as to offer rather a scientific than a practical interest. Indeed, it may be said to be only since the publication of Holmgren's book, in 1877, that its frequency and the practical importance of its recognition have been fairly appreciated even by those who might be expected to be specially informed. Holmgren so modified a method for its detection, proposed by Seebeck forty years before, that it became possible to examine large numbers of persons with small risk of error and little expenditure of time. He moreover presented evidence that in Sweden, at least, a considerable per cent. of the male population are color-blind. The numerous papers on the subject that have since appeared, and the extensive statistics that have been collected, chiefly on the continent of Europe, indicate how great an interest was awakened by this publication. An equally large percentage of color-blindness with that found in Sweden has also been discovered to exist in several other parts of Europe, and, through the investigations of Dr. Jeffries, in America.

In the book before us Dr. Jeffries has given a full and accurate account, written for the general public as well as the medical profession, of the present state of our knowledge in this direction. Cases illustrating the mistakes made by the color-blind are given, and a chapter is devoted to explaining the classification according to the Yomag-Helmholtz theory. The fact that color-blindness may be caused by diseases or injury, and especially by the misuse of alcohol and tobacco, is referred to. Interesting examples are related of hereditary transmission, and the tendency sometimes manifested by this, as by other hereditary peculiarities, to skip over one generation and reappear in the next. It is proven by numerous statistics gathered from many countries that in general terms one of every twenty-five males is blind for red or green, while the very small proportion of females thus affected presents a striking contrast.

The dangers on railroads and the ocean from color-blindness are strongly, but not too strongly, insisted on; the impracticability of changing the signals

<sup>1</sup> *Color-Blindness: Its Dangers and its Detection.* By B. JOY JEFFRIES, A. M., M. D. (Harvard), Fellow of the Massachusetts Medical Society; Ophthalmic Surgeon Massachusetts Charitable Eye and Ear Infirmary, Carney Hospital, and New England Hospital for Women and Children; Member of the International Periodic Congress of Ophthalmology, American Ophthalmological Society, Boston Society of Medical Sciences, Boston Society for Medical Observation, Boston Society of Natural History, etc. Boston: Houghton, Osgood & Co. 1879. 8vo. Pp. 312.