

her scalp had been scurfy after bathing, she had bought a pot of dandruff-cream, and used it the day before. The symptoms had commenced very soon after the application, and were continually on the increase. She then showed me some small patches of swelling, on which appeared a few vesicles, between the clefts of each finger. Knowing that these preparations often contain white precipitate, I at once asked the patient as to whether she knew that she was peculiarly susceptible to the influence of mercury. She said "Yes;" that some years since, in Germany, her medical man had prescribed an ointment for a small sore behind the ear, and one slight application of it had produced an exactly similar condition to her present one; that he had ascribed it to the use of a mercurial ointment, and cautioned her never to make use of any preparation containing it. A saline aperient was given, and an effervescent medicine to allay the irritable condition of the stomach.

In the evening, the œdema had much increased, but was principally upon the left side; both eyes were closed; a larger quantity of cream had been used upon the left side.

The next day, all the symptoms were increased, and the chin hung down upon the left side like a great pendulous bag.

The following day, the patient was much better, and in a few days quite well again. In fact, it disappeared as quickly as it came, and there was no loss of strength.

The skin desquamated between the fingers and over the whole scalp. Throughout, the pulse was natural; there was no rise in temperature, no pain, and no prickings or local heat. Had these been present, I should at once have considered the case to be erysipelas, but the whole thing so apparently came as the result of the local application of the cream, as instanced by it also affecting the skin between the clefts of the fingers, presumably because it was more tender in those parts, or else had not been thoroughly washed off, that I could only look upon it as cause and effect, and not as a constitutional affection. I wrote and asked the opinion of Dr. Robert Livinge thereon, which he very kindly gave, as follows.

"I should call the eruption one of acute local dermatitis, produced by unguentum hydrargyri ammoniati (I assume you are right as to its origin). Of course, you are quite right as to its not being erysipelas. It comes much nearer to acute eczema, with much infiltration. I have often seen the eyes closed—in fact, all you describe—from an acute eczema of the head; but in your case—and that is the point of interest—you seem sure of an artificial production from the ointment. I have never met with a case of the kind produced by unguentum hydrargyri ammoniati, which is not usually an irritating application, but I have from a very strong ammonia lotion."

I should add that I found, upon inquiry, that the preparation used did contain about 40 grains of white precipitate to each ounce of the cream.

FIRST AID TO THE WOUNDED IN CIVIL LIFE.

By A. W. MAYO ROBSON, F.R.C.S.,

Surgeon to the Leeds General Infirmary.

Those who have had experience in the casualty-department of a hospital in a manufacturing town cannot have failed to notice the very dirty, and consequently septic, condition of wounds when first brought under the notice of the surgeon, rendering it often impossible to give the patients a chance of being treated antiseptically, and thus often leading to the loss of digits, of limbs, or even of life.

Now if, as is at present proposed in military surgery, some simple antiseptic dressing were immediately available, with short directions affixed, the injured might at once have their accidents attended to, and be sent to a surgeon, who would have a clean wound to deal with, instead of a foul sore, which must, of necessity, suppurate.

Messrs. Mayer, Meltzer, and Co., have, at my suggestion, put up such a dressing in little space, and at small cost, which can be supplied to firms, and either kept in the office or distributed to the foremen of departments; each packet having simple directions affixed as follows.

"Do not wash the wound, but simply dust over it, by means of the dredger, a thin layer of the yellow powder. Then apply a layer of the cotton, so as to completely cover the wound. Lastly, apply the bandage just tight enough to keep the dressing in place, until the patient sees a surgeon."

The whole is contained in a small tin case, whose contents are a dredger containing half an ounce of iodoform, a small amount of salicylic wool, and a carbolic gauze-bandage.

OBSTETRIC MEMORANDA.

DECIDUA TUBEROSA ET POLYPOSA.

A PATIENT aged 26, a multipara, three months pregnant, called me in a few days ago. On examination, I felt a mass of membranes, and, through them, a peculiar nodose substance. On passing my fingers further into the womb, the whole mass came away, with comparatively slight after-discharge. The membranes were very tough and thick, and were filled with a dark grumous fluid, with no traces of the foetus. The uterine surface of the decidua vera was rough, and covered with coagulated blood; and upon the surface of the decidua directed towards the ovum there were large polypoid excrescences, which had caused the peculiar nodular feeling which had been detected on examination. The length of these polypi was from one-eighth to a quarter of an inch; they were devoid of mucous membrane. On section, they appeared filled with coagulated blood, and connected with each other by narrow bands of decidual tissue. According to Lusk, the cause of this variety of decidual inflammation is very obscure. Virchow states that syphilis is the exciting cause, with pre-existing endometritis as an additional causative agent. Gusserow suggests that conception soon after delivery may excite the recently formed mucous membrane of the uterus to abnormal proliferation. Other writers state that it is idiopathic. This case I can ascribe to neither of the first two causes; but about three months ago, at the time of her supposed conception, the patient suffered from croupous pneumonia with high temperature, from which she recovered very slowly, and since then her periods appear to have been irregular. This form of decidual inflammation seems generally characterised by early miscarriage, as appears in this case. The patient has since made a good recovery.

ALFRED WARD, M.B.,

Austin, near Rotherham, April 19th, 1884.

THERAPEUTIC MEMORANDA.

SUBSTITUTE FOR NITRITE OF AMYL CAPSULES.

It must often happen to medical men, especially to those practising in the country, that, just when they want some nitrite of amyl capsules for administration in an urgent case, they find they are without them, and cannot obtain them without considerable delay. Although it is easy for the medical man himself to administer a few drops from a bottle by dropping, still it would be very dangerous to leave the bottle with the patient for self-administration, and therefore the remedy cannot be employed till the medical man has again been summoned.

To provide for the above contingency, I think the following plan will be found both convenient and economical. Some small wide-mouthed bottles should be obtained with closely fitting corks, and into each bottle a little cotton-wool should be placed. All that is necessary is to drop the required dose into the bottle, cork it tightly, and invert it. In this inverted position, the nitrite of amyl will retain its properties unimpaired for a considerable time, for some months at least, and can be used by simply removing the cork and applying the bottle to the nose of the patient.

R. L. BATTERBURY, M.D. Lond., Berkhamstead.

BEQUESTS AND DONATIONS.—Mr. John Harding, formerly of Manchester, afterwards of Leamington, bequeathed £3,000 to the Manchester Royal Infirmary, £3,000 to the Salford and Pendleton Royal Hospital and Dispensary, £2,000 to the Royal Hospital for Incurables at Putney, £2,000 to the National Hospital for the Paralysed and the Epileptic, £1,000 to the Manchester Royal Eye Hospital, £1,000 to St. Mary's Hospital at Manchester, £1,000 to the Northern Counties Hospital and Home for Chronic and Incurable Diseases at Ardwick Green, £1,000 to the Midland Counties Idiot Asylum at Knowle, Warwickshire, £500 to the Hereford Infirmary, £500 to the Samaritan Free Hospital for Women and Children, and £500 to the Cancer Hospital.—The Salop Infirmary at Shrewsbury has received £518 8s. 8d., under the will of the Rev. T. B. Parkes, Vicar of Atcham.—Mrs. Eliza Hawkins, of Uttoxeter, bequeathed £500 to the Burton-on-Trent Infirmary.—The Chester Infirmary has received £358 under the will of Mr. C. V. Royle, solicitor.—Major and Captain Thurlow has given £250, and Mrs. Fletcher £100, to the London Fever Hospital.—The Mercers' Company have given two hundred guineas, additional, to the National Hospital for Consumption at Ventnor, on account of the Earl of Northampton's Charity in aid of its funds.—The Merchant Taylors' Company have given £105 to the Royal Free Hospital.