

times cold, being directed against the os uteri, so as to wash out the mucous plug. Although this is comparatively a safe measure, it is not always certain in its effects, and is also somewhat slow in acting.

The uterine douche, or injecting water into the uterine cavity by means of a syringe and an elastic tube passed between the membranes and uterus, has the approval of some practitioners. A considerable quantity of fluid has been thrown up by some; but this is a most hazardous experiment. Others have only injected three or four ounces. The risk of separating the placenta and throwing air into the uterine vessels renders the uterine douche rather objectionable.

Mechanical dilatation of the os by expanding instruments has been recommended; but such a plan ought never to be done; it is attended with great hazard.

Sponges, prepared so as to easily pass through the os, and left to expand, are comparatively safe, and may sometimes be employed as preparative measures. Distending the vagina with sponge-plugs, or by the introduction of a bladder which is afterwards filled by a syringe, with water. One formed of caoutchouc is better adapted for the purpose. These latter methods are useful, precursory to other plans.

Elastic bags of various sizes have been contrived by Dr. Barnes, which are to be distended with water when they have been passed through the os uteri. As dilators, these contrivances are both safer and more efficacious.

The attempts to dilate the os uteri should be both gentle and gradual, and made to resemble as nearly as possible the method Nature pursues in opening this part. Foreible dilatation, without preparation, is at all times most mischievous. In cases of labour in which the hand has to be introduced through the os uteri, this operation ought not to be undertaken until this part (the os) becomes dilatable. So, in the operation of the induction of premature labour, our efforts ought to be directed to attain, if possible, this state.

In December 1844, I proposed galvanism as an important means of arresting uterine hæmorrhage, and I also at the same time recommended this agency for the induction of premature labour; and my opinion still remains the same. If, however, galvanism is not used to excite uterine action *de novo* in these cases, its employment will be found most advantageous when uterine contraction does not easily or vigorously respond to the employment of some of the other measures. (*Provincial Medical and Surgical Journal*, Dec. 1844.)

Whatever plan is adopted, we should never forget what has been before said as to the necessity of having the parturient process completed as nearly as possible within the period of pregnancy fixed for its accomplishment.

TEST FOR COFFEE. There is probably no reader of the *Chemical News* who is not familiar with the test for the detection of chicory in coffee just published by M. Coulier; and I only quote it for the sake of the explanation he gives. Coffee, we all know, swims on water, while chicory sinks. The reason for this, says M. Coulier, is, that in the roasting of coffee the berry becomes distended, so to say, with carbonic acid, while in the roasting of chicory no gas is disengaged. (*Chemical News*.)

Original Communications.

CASE OF TETANUS IN AN INSANE PATIENT.

By J. GILCHRIST, M.D., Medical Superintendent
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THE patient was a female, aged 74, well educated, respectably connected, and in comfortable circumstances. She is stated to have been insane for a month previous to admission; but it is also recorded that peculiarities were observable for some months. She was admitted on Dec. 22nd, 1864, and died on January 13th, 1865, having thus been three weeks resident.

On admission, she laboured under a mixed form of insanity, the characteristics of which were excitement, restlessness, vigilance, and abstinence, associated with delusions of a depressing nature. From the persistence of these conditions for some time previous to admission, the patient had become considerably exhausted, so much so, indeed—considering age, etc.—as to render the prognosis decidedly unfavourable. The usual treatment in such a case was followed—rest, sedatives, nutrients, stimulants, etc. By the end of the first week she had considerably improved. In a few days more, improvement had so far progressed as to allow of her associating with her companions in the common sitting-room. The excitement had disappeared; sleep had returned; she was taking the full ordinary diet, with the addition of beef-tea, milk, and wine daily. Her appearance had greatly improved. The only indication of her unsound condition remaining, being a tendency to revert to her delusions when left alone.

On January 3rd—the twelfth day after admission—her appearance struck me as unsatisfactory, and she was ordered to bed. It was then discovered that the right foot was swollen, and the cause was ascertained to be gangrene of the great toe. A corn which had existed on the first joint of the little toe was also in a state of slough. This had been previously noticed by the attendant, who thought it of no importance.

The patient was now kept in bed. Poultices, etc., were applied, and nutrients and stimulants increased. For the next nine days, she was in every respect satisfactory, with two exceptions. She was sleeping well, feeling comfortable, taking food abundantly, and expressing herself rationally. The two exceptions were—the entire absence of reactive inflammation round the margin of the slough, and an unsatisfactory condition of the pulse, which, during the whole period of improvement, was slightly accelerated, and had a peculiar thrill.

On January 12th, the attendant went to give the patient her supper at 10 P.M., when she complained that she was unable to open her jaws. I was immediately sent for; but the spasm had considerably relaxed on my arrival. The nature of the disease; its probable cause; the condition of the toe; and the unsatisfactory state of the patient, were immediately appreciated; and, of course, an unfavourable result was anticipated. Attacks followed at 3, 8, and 10 A.M., at 12 noon, and at 1 P.M. The last terminated in death.

The spasms, excepting the two last, were not severe, and involved only the muscles of the neck, and latterly those of the chest.

Pain was never complained of, except in the jaws and neck during the spasms, and especially in the left side, immediately under the mamma. The sternal pain, so often noticed in this disease, did not exist.

The circulation was not much impeded, except during the two last paroxysms. The patient, however, evidently died asphyxiated, as the heart's action was vigorous only a few minutes before death.

The only treatment adopted was the administration of enemata and stimulants. The results of an enema proved the evacuations to be normal; and, from the rapid progress of the case, stimulants could not be administered to any extent.

The cause of the gangrene is still an undecided point; that is, whether it was the ordinary gangræna senilis, or specially induced by the exhausted condition of the patient, or by exposure during the night when excited and sleepless. Her age points to the first as the probable cause. The slough was confined to the lower surfaces and about one-half of the inner side of the toe. It was dry in its character, and might possibly have been unobserved by the attendant.

It is, at the same time, however, to be kept in view that, especially during the first week of the patient's residence, she was restless, and occasionally out of bed, although the night-book does not show this to any great extent, and the night-watch had special instructions to visit her hourly. It remains a question, therefore, whether such exposure, if it existed, was the cause, as is often asserted, of this formidable though happily rare disease.

RETROSPECTIVE NOTES ON OUT-PATIENT PRACTICE.

By C. M. DUBRANT, M.D., Physician to the East Suffolk and Ipswich Hospital.

[Continued from page 247.]

SKIN-DISEASES.

1. *Eczema*. Among the affections of the skin which have presented to our notice in the last two years, eczema has very greatly preponderated in point of frequency. It has obtained largely among infants, and in the adult it has shown itself chiefly in the acute and chronic varieties of eczema simplex, eczema rubrum, and eczema impetiginodes. Many of the cases have been exceedingly obstinate, and the majority have been intimately associated with irritation of the gastric mucous membrane.

In the treatment of eczema as it has obtained among our patients, three chief indications have appeared to me to be essentially necessary to be observed in its management.

a. In reference to *Diet*, the mildest food, limited to broth, with vegetables, fish, and farinaceous articles, should only be allowed at first. Without this precaution, the stomach has invariably become the painful seat of severe irritative dyspepsia or chronic gastritis, so soon as the eruption has been checked by local treatment. On no account must malt liquor be allowed; but, if a stimulant be needed, claret or sherry and water may be taken.

b. *Medicines*. I have found no combinations answer so well as the citrate and chlorate of potash mixture, with the aromatic spirit of ammonia. In chronic and anæmic cases, the liquor potassæ arsenitis may be advantageously added to this mixture; but in the forms of eczema, as it obtains in this locality, I have not found that arsenical preparations, as a rule, afford the benefit, or, indeed, that they can be borne in the general manner in which their adoption is so strongly advised by many writers upon skin-diseases.

Cod-liver oil is a valuable tonic in chronic eczema; and, if a syphilitic taint be suspected, the iodide of potassium, with the bichloride of mercury, should be had recourse to.

c. *Topical Treatment*. Eczema is one of the diseases of the skin in which local applications act much more favourably when used in conjunction with the constitutional treatment recommended above.

If the form of the eruption be acute, the mildest and most soothing applications should be at first selected. Of these, I have found none better than simple warm water, applied by means of a rag, and covered with oiled silk. If this fail, a weak solution of the acetate of lead, with glycerine, will often prove of great comfort and advantage.

If the skin be dry, and the eruption assume a more chronic form, I have often found the best result from the application, night and morning, of ointment of ammoniated mercury. Again, if this fail, the zinc ointment, or the ointment of iodide of sulphur, should be tried. A solution of the nitrate of silver, in the proportion of five to ten grains to the ounce of distilled water, will sometimes effect a speedy cure, after the failure of all the above preparations.

As already stated, however, eczema is often a very troublesome complaint; and the frequent change of local treatment, with the possession of an extensive and varied formula for its relief, will be found to be the greatest assistance in its successful management.

2. *Psoriasis and Lepra*. I have coupled the notice of these two forms of squamous skin-affections together, inasmuch as the treatment for each is similar, and the consideration of them as modifications of one and the same disease is a view still held by very many. There is, however, a specific diagnosis given in books; viz., that in lepra the patches are circular and depressed in the centre, with elevated margins, while in psoriasis the eruption is irregular in form, and without the central depression. Next to eczema, these squamous forms of disease have occurred most frequently; and I, therefore, consider them in succession, irrespective of the order and classification in which they are generally arranged.

In the treatment of psoriasis or lepra, an unstimulating but moderately nutritious diet will be the best, scrupulously forbidding malt liquor in any shape. In reference to constitutional treatment arsenic is the sheet-anchor; and, if the stomach be irritable and disordered, this medicine may be advantageously combined with an alkali. It should be administered half an hour after the three principal meals. If there be coexisting anæmia, with debility, the addition of the iron wine will be useful.

I have not seen benefit from dulcamara; but forms a good vehicle for large doses of the liquor potassæ, if the arsenical preparations be not well borne.

In some obstinate forms of local psoriasis, mercury, carried to the extent of slight ptyalism, has cured the disease; and this in cases of females, in which no syphilitic taint could be detected.

In reference to local treatment, it will be well to commence, when practicable, with a few simple alkaline warm baths. After this, I have seen no formula act so well, on the whole, as the following, and which I first saw used by my late colleague, Dr. Beck.

℞ Picis liquidæ, sulphuris, axungiæ, aa partes æquales.

This is to be kept uninterruptedly applied to the parts affected for a week, and in severe and obstinate cases for a fortnight at a time, without being washed off. The patient, if within a hospital, should remain in bed during the application.

At the end of a week or fortnight, the skin should be thoroughly cleansed by means of a warm bath, and, if necessary, the same treatment resumed for another fortnight. As a rule, two or three applications, conducted in this manner, will generally cure