

that when anyone was unconscious of the nature and quality of his act, whatever the cause, he was irresponsible. No difference was to be made as to how or why, he, being unconscious, was also irresponsible. The ruling was startling and novel, and had not been generally accepted.

Expectancy as an Element in the Exaggeration of Railway Injuries, Real and Imaginary. By H. C. TWEDDY, M.D., Physician to Stevens' Hospital.—In this paper the influence of imagination in producing physical phenomena was described, and instances given where not merely sensations of pain resulted from unreal impressions, but actual changes of structure as well as function. The success of quacks, charmers, etc., was shown to be frequently due to the faith placed in the representations of the performers. Having shown the power of expectancy, the writer proceeded to develop the probability that expectancy plays a very important part in cases where shock, as the result of accident, has been sustained, or even where nothing worse than a fright has been produced. That the suspense of an impending trial may prolong the ill-effects of a concussion, even in a conscientious person, is only what might naturally be expected. Suggestions were given to gauge the real from the seeming results after accident, by showing how to discount whatever is due merely to mental strain, suggestions of *ex parte* medical opinions, hysteria, etc. A further section of the paper dealt with the modes by which fraudulent exaggeration may be detected and exposed. The rules that should guide prognosis were detailed, and in the last part it was urged that in disputed cases the assessment of damages should be made as speedily as possible, not merely in the interest of the railway company, but of the patient. The writer held that not merely would the injury sustained be estimated with less risk of self-deception, but that recovery would be less likely to be retarded by the mental strain. It was finally suggested that independent experts ought to be employed, whose testimony would be free from the imputation of serving the side which summoned them, or else that, as in Admiralty cases, a specialist assessor should assist the Court in assigning due weight to the often conflicting evidence of medical witnesses.

(To be continued.)

THERAPEUTIC MEMORANDA.

TINCTURE OF SIEGESBECKIA ORIENTALIS IN RINGWORM.

SINCE my short article on Tincture of Siegesbeckia Orientalis in Ringworm appeared in the JOURNAL of June 25th, I have received quite a number of letters from all parts of the country, asking me if there is any danger to be feared from the use of the remedy, if any constitutional symptoms are likely to arise, or if the affected part requires to be cleaned in any way before the drug is applied. I have answered all the queries addressed to me, but as letters are still coming in, it would save me an amount of trouble if you would kindly find space for these lines, and at the same time set at rest the minds of many who may at present be testing the efficiency of the drug. So far as my researches have carried me there is no danger—either local or constitutional—to be apprehended from the free use of siegesbeckia. I never prepare the affected part, as I find that the mixture cleans the place, while at the same time it kills the parasite. The red blush which is produced during the application, and which causes an amount of alarm in some people, is of no moment, and I never found it remain more than a day or two after the medicine was stopped. Though my usual prescription is tincture of siegesbeckia and glycerine equal parts of each, I see no reason why in obstinate cases the siegesbeckia might not be increased to three-quarters and one quarter of glycerine. The tincture as supplied to me by Messrs. Thomas Christy and Co., London, is of the strength of 1 in 8, but if found necessary a stronger preparation could be made up, say 1 in 5 or thereabouts. I have had good results from the tincture of 1 part in 8, and have not yet seen any reason to have it made stronger. To use the drug properly, it must be well rubbed into the diseased portion of the skin several times a day, not merely painted on.

J. HUTCHISON, M.D., Physician Anderson's College Dispensary, Glasgow.

ANTISEPTIC CIGARETTES.

SOME few years since Messrs. Corbyn, Stacey and Co. prepared, at my suggestion, some cigarettes of iodoform, carbolic acid, and chlorate of potash for fumigation of the nasopharynx, the basis of which was powdered eucalyptus leaves with some eucalyptol added; of these I found from experience the iodoform were the most useful, the chlorate

of potash did not ignite or draw well, and the carbolic acid were not sufficiently strong. The iodoform cigarettes laboured under the disadvantage of the characteristic odour of the drug being diffused when they were smoked. Also, as has been drawn attention to by Dr. Arthur Hill Hassall in his work on the *Inhalation Treatment of the Organs of Respiration*, the quantity of iodoform contained in these cigarettes was too small. Accordingly, to try to meet these defects I had some cigarettes of iodol prepared, which is said to contain 90 per cent. of iodine. However, I found that, owing to its decomposition with heat, a volatile product of a very pungent and irritating nature, in all probability diiodomethylamine (as has been shown by Wurtz) was given off, which irritated the nasal membrane, and made it impossible to make use of this drug. Therefore, after some experiments with various bases and quantities, Messrs. Corbyn, Stacey and Co. have prepared for me four different forms of medicated cigarettes: 1. Containing eucalyptus and iodoform disguised with vanillin. 2. Eucalyptus with iodo-salicylic acid. 3. Coltsfoot with eucalyptus and iodoform disguised with vanillin. 4. Tobacco, eucalyptus and iodoform disguised with coffee. Each cigarette contains one grain of the active ingredient. I may mention that the iodo-salicylic acid has not the unpleasant odour of iodoform and other iodine compounds, while it is quite as effective on the lower forms of life; under combustion, iodine is evolved. All the cigarettes will be found pleasant to smoke, and the odour of the iodoform well disguised, whilst its presence in the nasopharynx for some time after the cigarette is used may be detected by its taste. Those made with tobacco, eucalyptus, iodoform and coffee are particularly agreeable, and the odour is thoroughly disguised. So indeed is it with those made with vanillin and coumarin, yielding an aromatic vapour which is pleasant rather than otherwise. I draw special attention to these cigarettes, as in the last edition of my book on the ear and nasopharynx I had mentioned my suggestion, namely, the substitution of iodol for iodoform before I was aware of the decomposition above referred to. Half a cigarette is sufficient to smoke at one time. Three in the day are not too many, though the number must be regulated by the prescriber.

141, Harley Street, W.

H. MACNAUGHTON JONES.

THE BINIODIDE TREATMENT OF SCARLET FEVER.

HAVING satisfied myself of the value of the biniodide of mercury in the treatment of scarlet fever, I recently tried its effect when applied locally to the inflamed throat. Taking two ounces of the bichloride of mercury solution, I carefully added a few drops of a 1 in 4 solution of the iodide of sodium or potassium, shaking the mixture after the addition of each drop, until I secured a cloudy-red liquid indicative of the precipitation of the biniodide. To this I added half an ounce of glycerine for the purpose of keeping the particles of biniodide in suspension. This mixture I applied twice a day with a straight brush in some severe cases of scarlatina anginosa, with the effect of arresting the inflammatory and ulcerative action in a very short space of time. I also injected some of it up the nostrils in one very severe case, in which the disease had extended behind the soft palate, and was causing profuse discharge from the nose, and with excellent effect. In cases where it might be thought advisable to make more frequent applications to the throat, the biniodide thus prepared might be easily applied by the nurse or mother of the patient with a little help. My practice is to introduce the handle of a tablespoon well back on the tongue, and then to apply the brush rapidly and vigorously to the affected parts of the throat.

I should think that the same application would prove of great service in diphtheria also.

C. R. ILLINGWORTH, M.D.

Clayton-le-Moors.

STROPHANTHUS IN HEART DISEASE.

IT is now two years since Professor Fraser read his paper on the action of strophanthus, at the annual meeting of the Association at Cardiff. His lucid illustrations of the therapeutical action of the drug made a strong impression on my mind and induced me to adopt it in my practice. Having recently had occasion to prescribe it in two cases with excellent results, I take this opportunity of bearing testimony to its action as a certain cardiac tonic and powerful diuretic, with a hope that it may induce others to use it when they find themselves in a dilemma, and feel anxious to resuscitate the failing action of the heart.

I have used it firstly in four cases of angina pectoris, in two cases associated with dilatation of the heart. A fortnight ago I was hurriedly called to see a young man, aged 25, in an agony of pain, with tumultuous action of the heart. Within five minutes of the administration of a five-minim dose his breathing became quiet, pain disappeared, and the rhythm of the heart's action was restored. In two

cases of dilatation of the heart, the patients took five-minim doses three times a day with marked benefit.

Secondly, I have used it in two marked cases of fatty degeneration of the heart. I had a patient, aged 45, under treatment when Professor Fraser read his paper, and whose life was altogether despaired of at the time. The state of degeneration was much advanced, and she had some general dropsy. She lived to take it for nearly eight months—five-minim doses three times a day; but about six months after its first administration the cardiac response became more and more feeble, until she succumbed. I believe her life was prolonged with some comfort solely by the use of strophanthus. I have at present a case of fatty degeneration of the heart in a woman, aged 49, accompanied by attacks of angina, much dyspnoea, and palpitation. I have administered to her five-minim doses every hour till the action of the heart is quieted and the breathing rendered easy. She now takes it three times a day in the form of a mixture, which can be safely trusted to the patient, namely: Tinct. strophanthus ℥jss; extract ergot liq. ℥vj; spirit chloroform ℥jss; aqua lauroceres ad. ℥iv; a teaspoonful three times a day in a wineglass of water. The latter patient has taken this mixture during the last week with marked benefit.

I have had, unfortunately, the experience of tincture prepared from other parts of the plant than the seed, in two cases which eventually proved fatal. Judging from actual observations at the bedside, I cannot but pronounce it as uncertain in action and totally unreliable, notwithstanding the assurance of the druggist of its equal efficacy when the supply of the seeds had gone out of the market at the end of last year.

MONTAGUE D. MAKUNA, M.R.C.S. Eng.,
L.R.C.P. Lond., Lic. Med. (Bomb. Univ.)

CLINICAL MEMORANDA.

HYDROCELE IN THE FEMALE.

I WAS glad to see your note in the JOURNAL of August 20th in reference to hydrocele in the female. I have had a case of it during the past week, and had been hunting through a number of leading works in which I hoped to find a record of it, but was unsuccessful in meeting with one. The patient is married, and pregnant a third time. Until within a few months nothing abnormal occurred; since, a swelling gradually appeared in the labium, on the left side, and, when I first saw it ten days since, was about the size that an ordinary scrotal hydrocele in the male is when one's attention is first called to it. The tumour was translucent, fluctuating, and distinctly circumscribed, with no impulse on coughing or other indications of hernia. Seven days since I introduced a fine trocar and cannula into it. On withdrawing the trocar about six ounces of fluid escaped, and the tumour entirely collapsed. The patient being well advanced in pregnancy, I did not think it advisable to inject tincture of iodine into the sac, as I should have done had it been otherwise. I have never seen the injection fail to cure in case of the disease in the male. If it fills again after the confinement, I shall inject it. A. HIRST, F.R.C.P. Ed.
Clark's Hill, Prestwich.

LOCALISED FACIAL SWEATING.

IN the JOURNAL of August 20th, I see a note from Mr. Richard Rice, in which he refers to the rarity of this affection. In July last I had a candidate before me at the Examination Hall, who, during what I trust he did not find a very *mauvais quart d'heure*, had one side of his face bathed in perspiration, whilst the other side remained dry. I have at present under my care a gentleman, on one side of whose face beard and whisker would grow with extreme vigour, whilst the other side remains comparatively hairless; his moustache, however, is symmetrical. In the latter case the phenomenon is probably due to error in development in the skin, but in the case of the unilateral sweating, would the same theory hold good, or should one look to that of nerve influence?

Seymour Street, W.

EDMUND OWEN, F.R.C.S.

HYDATIDS IN THE CAVITY AND SUBSTANCE OF THE HEART.

A FEW days ago I was called in to see a little fellow, 5 years old, whose life had suddenly become extinct within a few moments of his playing about in almost perfect health. He had once, two or three weeks previously, and again nearly a week ago, complained of a slight pain about the heart, but little notice was taken of a matter apparently so trivial. On August 1st he again made a similar complaint, and his father imagined he felt the child's heart beating a good deal quicker, if not more vigorously, than it should do. However, he

played about with his ball, and helped his mother at the pump, and then sat playing on the sofa, when he suddenly uttered a scream, turned over on one side, and in a few moments was dead.

On opening the pericardium, the front wall of the right ventricle, near the base, was found bulged out by an hydatid, giving the appearance of another auricle. An incision was made into this, passing first through the ventricular wall, then through a tough adventitious sac about one-fifth of an inch thick, firmly adherent to the muscular substance, and rough inside like pericarditic lymph; the delicate mother cyst within this contained fresh blood-clot and eight or more daughter cysts (mostly pyriform or ovoid in shape, and varying in size from small currants to small beans), and had evidently attained a diameter of nearly one inch and a half before rupturing into the right ventricle; about the rupture the endocardium seemed rough and fibrous.

On raising the heart, and detaching it by cutting through the large vessels, there flopped out of the left auricle a simple hydatid cyst, measuring one inch and a half in diameter, which must have occupied almost the entire space of the auricle.

No hydatids were found elsewhere, but only a superficial examination of the other organs was made.

Kendal.

WM. RUSHTON PARKER, M.A., M.D. Cantab.

OBSTETRIC MEMORANDA.

SEVERED CORD: STILL-BORN CHILD: HOUR-GLASS UTERUS.

ON Sunday, July 17th, I was called to see Mrs. H., who had been in labour for about two hours. I was told that she had not felt the child move since the day before, when she was greatly annoyed by the very violent movements of the child. On examining, I found the os dilated to about the size of half-a-crown, and the child lying in the first position. The labour progressed very slowly for four or five hours, after which the pains became much more severe. From this time onwards each pain was accompanied by cramps in both legs, so severe that it was necessary to hold the patient in bed. About eight hours after my arrival the child was born dead, and it was found that it weighed thirteen pounds.

The peculiarity in the case was shown after the birth of the child, when it was seen that the cord had been severed about one inch from the placenta. I waited for some time to see if the placenta would be expelled; but, as it did not appear, I thought it advisable to leave it till next morning, when I made an examination, and found the os fully dilated. I passed my hand into the uterus, but could not feel the placenta. On passing my hand and arm still further into the uterus, I felt what at first seemed the fundus of the uterus, a small aperture almost similar to a slightly dilated os. I passed one finger into this opening, then two, and, by a gradual process of dilatation, I got in my hand, and found the placenta in the upper compartment of this hour-glass uterus. The placenta was removed, and the patient has made a very rapid recovery.

The question in this case is: What caused the severing of the cord? Was it the violent movements of such a large child? or was it due to the placenta being held in the upper chamber of the uterus and the child pulling the cord down into the lower? The cord, to all appearance, was perfectly healthy, and of considerable thickness.

Alyth, N.B.

JOHN ALLEN, M.B., O.M.

THE PREVENTION OF PUERPERAL SEPTICÆMIA.

I WOULD rather call this disease puerperal micro-organismæxrem-tæmia, but as I do not mean to dilate on the subject, I forbear from giving the title. "Heterogenetic," or more plainly, inoculated septi-cæmia, should be unknown. That is the ideal, and I believe it may be realised by the following method, which is an intensified form of that used by a brother practitioner who had some unfortunate experience which led him to appreciate the benefit of using iodine in obstetric practice. Dr. Wynn Williams strongly advocated iodine fumigations, I believe. Well, (1) the nail brush is to be used before leaving for the case; (2) using warm water and soap not previously used, the hands are washed in the patient's room, or room adjoining as the case may be; then (3) about a drachm of liquor iodi is added to about a pint and a half of warm water, and the hands thoroughly rinsed in the mixture; (4) carbolic oil (1 to 20), or in cases of forceps or turning, preferably fresh benzoated lard is used for lubrication, and the examination of the patient proceeded with.

During the progress of the case until delivery takes place, the iodised water is occasionally used, and instruments are thoroughly washed (blades and handles) with it. Of course, in ordinary prac-

tice one avoids unnecessary handling of erysipelas, scarlatinal, ulcerating sores (such as scirrhus), and other infectious cases, as well as of dead bodies, or making of *post-mortem* examinations, or even shaking hands with anyone who has been in attendance on any septic case whatever.

"Autogenetic" septicæmia, I need scarcely say, is rendered less likely by avoiding lesions and remnants of secundines, through not rupturing the membranes too early, giving timely instrumental help when required, and in doing so carrying the forceps handles well forward, somewhat approaching a line parallel to that joining the umbilicus and coccyx, when the body is in the straight position, so as to lessen the danger of perineal laceration; and by careful expression of the placenta, and gentle extraction of the membranes. The same precautions in managing labour of course also help to diminish the chance of septicæmia by inoculation. Should the hands become a little hardened by the iodine, rubbing with vaseline and the use of kid gloves during sleep will remedy that not very important matter.

I do not require to occupy space with evidence in support. My cases have included putrid fœtus and emptying uterus of secundines, removing placenta in abortion with vulsella and uterine forceps, adherent placenta, turning, and the various malpresentations, as well as the ordinary cases, extending over a period of six years. There has been only one case of septic pneumonia, and there I was stupid enough to use oil which I was given in the house, for lubricating the forceps. It was one of my early cases. From complications following labour, too, I have been wonderfully free. I commend the practice to be used more widely than it now is.

Liverpool.

ARCHIBALD D. MACDONALD, M.D. Edin.

OPHTHALMOLOGICAL MEMORANDA.

THE USE OF ESERINE EYE DROPS QUICKLY FOLLOWED BY SYMPTOMS OF POISONING.

In the present month a well-grown, healthy, young lady, aged 10½, a resident and native of the Isle of Wight, was sent to me for eye troubles. In the course of the treatment, in order to neutralise the effect of atropine on the accommodation, I prescribed a solution of sulphate of eserine, of the strength of four grains of the alkaloid to one ounce of distilled water. A single application of these eye drops induced nausea, a repetition in four hours vomiting. A large experience of eserine eye drops in public and private practice has not afforded me a single illustration such as the one here recorded.

Birmingham.

J. VOSE SOLOMON.

REPORTS OF SOCIETIES.

ACADEMY OF MEDICINE IN IRELAND.

OBSTETRICAL SECTION.

FRIDAY, JUNE 10TH, 1887.

Dr. MACAN, President, in the Chair.

Exhibitions.—*Fœtus of Six Months.*—Dr. A. SMITH exhibited a fœtus of six months. It was surrounded by membrane and had the placenta attached. The extremities were folded together, the cord was round the neck, and one foot was almost touching the nose.

Ovarian Tumour.—The PRESIDENT exhibited an ovarian tumour which he had removed from a woman, aged 40 years. Twelve months ago she attended the Rotunda Hospital, and was advised to submit to an operation, but would not do so, and left. In June she came back to the hospital, being swollen to an enormous size, and unable to walk. On examination it was obvious that there had been a large effusion into the peritoneum, and the tumour could hardly be made out. An aspirating needle drew off only a very small quantity of fluid, as the needle was stopped by particles of thick, jelly-like matter. As it was obvious that the cyst opened into the abdominal cavity, it was thought better to operate at once. The abdominal cavity was full of viscid stuff, and it was found that the tumour had burst at one side. The walls were so thin that it broke down, and the whole abdomen was filled with the viscid, jelly-like mass, which it was very difficult to get out of the abdominal cavity. The cavity was thoroughly washed out with a weak carbolic solution. The distension had been so great that the whole vagina was completely prolapsed, and could not be replaced when she lay in bed.—Dr. KIDD said he had seen three or four cases in which tumours had burst into the cavity of the peritoneum, and the majority of them did not turn out satisfactorily.

Report of Rotunda Hospital.—Dr. JOHN L. LANE then submitted the Report of Rotunda Hospital for the three years ending November 3rd, 1886.—The PRESIDENT said that these who remembered former reports of the Rotunda would perceive that the mortality recorded in the present report was twice as great in proportion as it was formerly. There had been in the last period twelve or fourteen deaths from all causes, as compared with six in the preceding one. In the last period, with which the report dealt, every single death was counted that could be traced to the puerperal state or anything connected, extending to so far as six or seven weeks after delivery, and including a case of chronic pyæmia in a woman who left the hospital and came back and died in it. Another source of mortality was the extern department, and the course which had been taken by the assistant master and clinical clerk, of bringing into the hospital every woman that they thought had a better chance of her life there than at home, and who was willing to come in. There had been only one acute case of septicæmia, in which the patient died within twenty-three or twenty-four hours after the attack. A woman who had a very fetid discharge lay in a bed next to one who had had a face presentation; the latter was attacked by septicæmia; and the gentleman who attended the two cases afterwards recollected that he did not wash his hands after leaving the first and before he went to the second. The fact that the septicæmia had not been so virulent as in former times was favourable; at the same time, they had had eighteen deaths from septicæmia, and not only that, but there had been more deaths from it last year than in the year before. He had been unable to make out the cause of this, but Dr. Lane had referred to what was one source of weakness, namely, the napkins. During the first year of their use these were comparatively fresh, but if they were used in septic cases and not afterwards boiled and thoroughly washed, they were a great source of danger. He would be glad if he could see his way to substituting some cheap antiseptic applications to the vulva for the first twenty-four hours, and afterwards he would let the discharge take place into the sheets and have these changed. In private cases sanitary towels could be used, which should be afterwards burned. Last year 86 cases out of 100 went through a perfectly normal convalescence, and without any rise of temperature save what was purely physiological. The lowest percentage in the Continental hospitals was in the St. Petersburg Hospital, in which there were 2,854 births, with 72 per cent. of absolutely normal convalescences, the temperature never going above 100.4° night or morning. The mortality of forceps cases was tolerably light—33 per cent.—and in those cases the forceps had been only used after absolute indications of the necessity for it, such as stoppage of labour, acute pulse, high temperature, or vomiting. The exact process of the infection that took place in cases of septicæmia and pyæmia was no doubt still an enigma. As for clothes, or the air of the hospital, or anything of that sort giving puerperal fever, he had not the slightest idea that such a thing was possible. Nor did he think that erysipelas or scarlatina produced puerperal fever. Professor Schröder, of Berlin, had shown that erysipelas had nothing to do with puerperal fever. He considered that as long as a single woman died, going through the hospital, from septicæmia that could be avoided, they should spare no efforts to prevent such mortality.—Dr. KIDD said Dr. Lane was to be congratulated on this report, which was a satisfactory one in every respect. The most important feature in it was the record of patients followed for five or six weeks after they had left the hospital. It was the fair and right way of estimating the mortality of puerperal conditions.—Dr. BYRNE, Dr. HOME, and Dr. DOYLE took part in the discussion, and the PRESIDENT replied.

THE MOBILISATION AND THE PARIS INTERNES.—In reply to the request of the house-surgeons of the Paris hospitals that, in case of "mobilisation," they should be named to the post of adjutant-major in the French army, the Minister of War has informed M. Peyron that, according to the law of March 13th, 1875, he is only authorised to accord the grade of adjutant-major to those possessing the degree of Doctor.

BEQUESTS AND DONATIONS.—The Birmingham and Midland Eye Hospital has received £112 10s. under the will of Mr. Henry Maudsley, and £50 under that of Mr. Charles Cartwright.—Mr. John Floyer, J.P., D.L., of Old Palace Yard, Westminster, and West Stafford, near Dorchester, M.P. for Dorsetshire for many years, bequeathed £100 to the Dorset County Hospital, Dorsetshire.—Mrs. Mary Hannah Diana Evans, of Eglefield Green, bequeathed £100 to the local Cottage Hospital.—The Jervis Street Hospital, Dublin, has received £100 under the will of Mrs. Anne Carolin, of Killiney.—"Alpha" has given £300 to the London Hospital, and £240 to St. Mary's Hospital.