individual and associated influence to stay this plague, proclaiming that alcoholic liquors are injurious to the highest interests both of the individual and of the State.

As to alcohol as a medicine, our Association leaves every member perfectly untrammelled. Some of us use it often; others consider it dangerous, and so unjustifiable, to put such beverages into the hands of patients, and think it more scientific to administer it in the same way as we give other drugs. Others have little or no faith in it, and never awake a dormant appetite for drink, or implant in their patients that craving, or those ideas about alcohol, which may hereafter prove their ruin for time and eternity.

The recent revelations of Dr. Ogle, on the great mortality of medical men from the effects of alcohol, explode one assertion, namely, that education in physiology, and in the nature of alcoholic liquors, will obviate the evils of alcohol-drinking. Hence we are sure of our ground, that only total abstinence from any narcotic can prevent that narcotic from claiming its full tale of victims.

We ask medical men to reconsider their position in the light of ever-accumulating experience. We desire to see all promoting temperance, by recommending total abstinence from that which renders it more difficult, or, perhaps, impossible. We desire them to join our Association, in order to raise a powerful and united voice in favour of total abstinence. We welcome medical students as associates. Each must realise his responsibility, and act accordingly, resolving that "what one man can do" to stay the ravages of alcohol, that, God helping him, he will do.

ON THE VALUE OF BORIC ACID IN VARIOUS CONDITIONS OF THE MOUTH.

By A. D. MACGREGOR, M.B., Kirkcaldy.

BORIC ACID is now officinal, and justly so. It has long been used in various metallurgical and ceramic operations, and more recently its preservative power has been abundantly demonstrated. It is this antiseptic power which gives it its great therapeutic value. It is a very stable compound—one of the most stable of the acids; it is not volatile, and only exerts its action when in solution; fortunately, however, it is soluble in more than one menstruum. Up till now, its chief application has been in connection with modern surgery, where the boric ointment, lint, and lotions all hold a prominent place. There are spheres of usefulness for it, too, in medicine: and one of these is in diseases of the mouth. It is the benefit of its local action we usually wish to gain, for, though sometimes given internally—as in irritable conditions of the bladder—its topical antiseptic effect is more often desired. In connection with its local application in various diseased conditions of the mouth, its solubility in water and glycerine, its unirritating character, its comparatively innocuous nature, and its almost tastelessness, are greatly in its favour. More particularly is this the case in treating such conditions in children, whose oral cavities cause them so much annoyance. Speaking generally, boric acid will be found useful in all conditions of the mouth, fauces, pharynx, and nose, where there is any abrasion of the epithelium; whether it be used as a powder, gargle, mouth-wash, pigment, or confection. More definitely, I may say, it is not contra-indicated in any of the forms of *stomatitis*, though scarcely severe enough for the graver varieties.

In *simple catarrhal stomatitis*, a mouth-wash, containing from 10 to 15 grains to the fluid ounce, speedily cures the condition, and exercises the same beneficial influence in the *ulcerative* form, though there in addition to the rinsing of the mouth, a local application in the form of the powder or pigment, should be made to the individual follicular ulcers. The powder simply consists of finely powdered boric acid, mixed in various proportions with starch; the pigment is a solution of boric acid in glycerine (1 in 4 or 5). In both cases, the addition of chlorate of potassium is advantageous; indeed, I usually combine it, but it is not essential.

Nothing I know of is at once so rapid and so efficient, in the treatment of *parasitic stomatitis* or *thrush*, as this remedy. The youngest children do not object to its application, and, occasionally, you have to caution against its too frequent use. The *oidium albicans* quickly succumbs to its influence. I am well aware of the great value of nitrate of silver, in many of these conditions; but, I am also alive to its extremely disagreeable and persistent taste, and the dislike which precocious children at once take to it. For thrush in children, I especially recommend boric acid, either as a mouth-pigment or as a confection. Honey and sugar have both been condemned, as being inadmissible, in combination, for the treatment of thrush; but, so far as children are concerned, I must say I consider a confection

(though made with honey), which has been impregnated with boric acid, gains more by its palatableness than it loses by the tendency of the saccharine matter to further the growth of the fungus. The boric acid at once does away with this tendency. Let the pigment be frequently painted with a brush over the patches, never omitting to do it after food has been taken; or, a little of the confection, simply allowed to dissolve in the mouth; and the days of the fungus will soon be ended. I have found boric acid, combined with its salt (borax), markedly beneficial. Borax alone, however, is not nearly so good.

In *pharyngitis*, and *relaxed conditions of the throat*, a gargle, containing boric acid and glycerine, with either tannic acid or alum in addition, ought not to be forgotten.

Let me allude to another condition, in which I have found combinations of this substance helpful and grateful to the patient. I refer to the condition in which we frequently find the mouth, tongue, and teeth in severe cases of typhoid fever. The mouth is hot; the lips dry, cracked, and glued to the sordes-covered teeth by inspissated mucus and saliva; the tongue dry, or even glazed and hard, brown or black, crusted with a foetid fur. Under such circumstances, a pigment, containing boric acid (30 grains), chlorate of potassium (20 grains), lemon-juice (5 fluid drachms), and glycerine (3 fluid drachms), yields very comforting results. When the teeth are well rubbed with this, the sordes quickly and easily become detached; little harm will follow from the acid present. The boric acid attacks the masses of bacilli and bacteria; the chlorate of potassium cools and soothes the mucous membrane; the glycerine and lemon-juice moisten the parts, and aid the salivary secretion. I consider this application well worth a trial.

So much for the soft parts; a word in conclusion regarding the teeth. Few medical men, I suppose, have ever given a prescription for a tooth-powder (such a matter is beneath their notice), and the selection of the ingredients for the various powders and pastes in vogue for the purpose of beautifying and cleansing the teeth is left entirely in the hands of those who certainly should not know better than medical men. I have frequently trespassed on this debatable ground, and recommended a particular dentifrice. In view of the extremely important part the teeth play in the economy of life, I never hesitate occasionally to inquire as to the attention they receive.

A tooth-powder should possess certain characteristics; it should be antiseptic, cooling, agreeable to taste and smell, and have no injurious action on the teeth. After use, it should leave the teeth white, and a sensation of freshness and cleanliness in the mouth. As an antiseptic in this connection, nothing can displace boric acid. For years I have used the following powder, and can recommend it. Boric acid, finely powdered, 40 grs.; chlorate of potassium, 5ss; powdered guaiacum, 20 grs.; prepared chalk, ʒi; powdered carbonate of magnesia, to ʒi; otto of roses, half a drop. The boric acid in solution gets between the teeth and the edges of the gums, and there it discharges its antiseptic functions; the chlorate and guaiacum contribute their quota to the benefit of the gums and mucous membrane generally; the chalk is the insoluble powder to detach the particles of tartar which may be present, and the magnesia the more soluble soft powder which cannot harm the softest enamel.

It is only right to say that boroglyceride (Barff) can replace boric acid in almost all the forms of administration I have enumerated; it is efficacious, sightly, and pleasant to the taste.

A CASE OF PURPURA: WITH REMARKS.

Read at a Meeting of the South-Eastern Branch.

By EDWARD MACKEY, M.D., M.R.C.P.

Physician to the Alexandra Hospital for Children, and Assistant-Physician to the County Hospital at Brighton.

IDIOPATHIC, as distinguished from symptomatic purpura, is still one of the "unknown quantities" in medicine, as little explained now as when Werlhof first described the "*morbus maculosus*": a hundred years ago (1785). Yet, clearly, the systemic fault must lie either in the blood or in the capillaries (including their nerve-supply), or in both; and this much may be said, that the tendency of modern opinion is to connect the malady with defect of nerve and vessel rather than of the effused fluid.

The same remark applies to *hemophilia*, which, *quâ* hemorrhage, is related to purpura, and in which there is no constant fault in the blood-composition; whilst, in *scorbutus*, such fault may be proved by analysis, and its causation, course, and treatment are markedly different.

Dr. Richardson, indeed, has described an "aqueous" and a

"saline," as well as a "vascular," form of purpura; but, in the great majority of recorded cases, no definite blood-change has been found; sometimes a slight excess, sometimes a deficiency, of solids; in Parkes's two cases, a minute increase in the iron; in others, slightly more or slightly less, or just normal, fibrine; but, in most, nothing abnormal until after direct anæmia had followed repeated hæmorrhage.¹

On the other hand, the possibility, at least, of cutaneous bleeding from nerve-disorder, is evidenced by its occurrence in frogs after extirpation in them of sympathetic ganglia (Simon); and Nothnagel has shown, in rabbits, that hæmorrhage into the lungs resulted from certain lesions of the brain-cortex.

There is certainly room for further evidence on such subjects; and, if I record the following case as one probably *neurotic*, I acknowledge it open to the query, Why should nerve-shock in this boy be followed by capillary hæmorrhage, and yet be so seldom followed by it in others? And I can see no clearer answer than to the query why cold should cause, in one, pleurisy; in another, rheumatism or nephritis, etc. There are, however, on record several cases of purpura following severe fright.

Besides the interest of causation, there is a point worth noting in *differential diagnosis*—namely, the occurrence of localised swellings before hæmorrhage. Thus, when Dr. Whittle was first called (November 27th last), to a boy, aged 11 years, with pyrexia and wandering pains, the most marked symptom was a large, soft, elastic swelling over the splenic region. Next day, this had disappeared; but the forehead was cedematous. Later, the face and portions of the limbs were affected similarly with serous effusions, which were difficult to explain until purpuric patches were seen.

The boy was previously of average health, able to do the same as others of his age, but not robust, being thin and markedly "nervous." One of four children of a private coachman, he lived well in a decent house and street, and had been at day-school till shortly before his illness, which came on without apparent cause; it was only later that we found he had been crushed against a wall and much frightened, two days before the symptoms began; it is this which I reckon a *nerve-shock*, and a possible cause. It is noteworthy that the case, as it developed, presented phenomena which occur separately in some cases, and have then been held to indicate separate varieties—distinguished, for example, by pyrexia, or by pains in the joints, or by gastro-intestinal disorders, as well as by hæmorrhage from various parts; such symptoms, either together or in succession, all occurring in one case, imply a unity in the malady, though some of its manifestations may be sometimes absent.

When first seen, the temperature was 100° Fahr.; pulse, 140; respirations, 28. Three days later, there was epigastric pain; and, within a week, diarrhoea and vomiting, red furred tongue, and anorexia; hæmorrhagic spots appeared, at first mostly in the neighbourhood of joints which became painful, so that, for a day or two, the case might have been taken for acute rheumatism; whilst the general aspect, the headache, and nocturnal delirium, almost recalled a specific fever, though the temperature never rose above 100.5°.

On December 12th, he remained so ill that we admitted him to the Alexandra Children's Hospital. There were then numerous petechiæ and purpuric spots, the size of millet-seeds, about the hands, wrists, legs, and feet, and a large ecchymosis on one instep; the ankles and wrists were swollen. The bowels were open six times during the night (December 13th), black-clot being passed with one motion. There were severe abdominal pain and tympanites, warranting the supposition of peritoneal irritation (from hæmorrhage), if not of true peritonitis. The pulse still remained quick, generally at 120; there was no sponginess of gums.

Under bismuth and opium (with ergot), diarrhoea ceased on December 19th; but blood passed copiously in the urine. On the 21st, he was ordered infusion of digitalis, one drachm every four hours, and dry cupping over the loins.

December 24th. The urine still was almost black; pulse, 120; temperature, 100.2°. He was ordered gallic acid, in full doses.

December 26th. There were fresh purpuric spots. December 30th. Hæmaturia was still present. He was ordered iron-alum, two to four grains, thrice daily. January 2nd. The symptoms continuing, he was ordered tincture of hamamelis in three-minim doses, increasing next day to twenty minims thrice daily. This remedy seemed to act

¹ Dr. Wilson Fox's classical case of lardaceous degeneration of capillaries in a syphilitic subject would not warrant a similar explanation in average children; and, moreover, in various cases the capillaries have been found apparently normal. This, would not negative their being weakened in resisting power by impairment of nerve-supply, as suggested in the text. The latest researches of von Kogger point to actual impairment of their nutrition (*Zeitschrift für Klin. Med.*, Heft 3, 1885).

well, and, by January 6th, the urine was much lighter, and the spots less marked. By the 13th, there was marked improvement, and the dose was lessened to ten minims. The same night there occurred fresh and copious renal hæmorrhage. Half a grain of sclerotinic acid (Burrough's tabloid) was injected under the skin, twice with apparent good result; and no local bleeding, but proved too distressing to be continued in a nervous child. Twenty minim doses of tincture of hamamelis were again given. January 20th. The urine being still dark with blood, and fresh spots appearing, turpentine in five minim doses, thrice daily, was commenced; and, in two days, both symptoms were improved, and only on February 4th, after slight exertion, some fresh petechiæ occurred on the face and extremities. The dose was increased to eight minims, and improvement continuing, in a week's time, it was alternated with iron-alum. Again a slight relapse showed itself, and the dose of turpentine was increased to twelve minims.

After this, progress was only interrupted once by some spots and cedema on the first day of getting up, and these passed off on resting. Arsenic was substituted for iron (on Dr. Whittle's suggestion), and continued, with the turpentine, until his discharge, quite convalescent, in mid-April. There was no strangury at any time. I attribute much benefit to the twelve-minim doses of turpentine; and think that this should be recorded, for although not new, but equally noticed by Neligan, Richardson, etc., it has been recently undervalued by Immermann and others. Dr. Eustace Smith speaks well of two-drachm doses on alternate mornings, but they seem not so adapted as the smaller continued dose to such a case as this, where the tendency was to diarrhoea, with much abdominal pain. It is worth while to note the comparative inefficacy of acids, ergot, and digitalis, and the temporary effect of hamamelis; whilst iron, even in an astringent form, seemed rather to favour hæmorrhage in the early stages. I agree with those observers who consider arsenic a better remedy, and submit that, with turpentine, it will so far help us that we may fairly modify Dr. Bristowe's remark of some years ago: "The majority of patients (with purpura) get well in the course of a week or two without treatment: the severer cases are apt to go on from bad to worse, whatever treatment be adopted."

I desire to acknowledge the care and attention shown by Mr. Morgan, House-Surgeon, in the record and management of this case.

OBSTETRIC MEMORANDA.

CORROSIVE SUBLIMATE AS AN ANTISEPTIC IN OBSTETRIC PRACTICE.

IN connection with the use of corrosive sublimate as an antiseptic in obstetric practice, the following case may be interesting:—

I delivered Mrs. L., aged 35, primipara by embryulsa, on May 26th. There were some lacerations of the vagina and cervix. As she had rigors and a rising temperature, I gave her antipyritis, and washed out the uterus with perchloride of mercury (solution 1 in 1,000). In a week her symptoms had diminished, but the injections were continued. On June 5th, she was seized with severe pain in the hypogastrium, sickness, and diarrhoea. The motions were distinctly bloody. During the next three days, she passed black motions. After what occurred on the 5th, I stopped the injections, and, though she afterwards had a fluctuating temperature and abdominal pain, there was no further sickness nor hæmorrhage.

J. K. MURRAY, M.B., C.M., Kendal.

COMPLICATED CASE OF LABOUR: SPONTANEOUS DECAPITATION.

ON the evening of June 13th, I was called to see Mrs. W., pregnant with her sixth child, as "something had come down," supposed to be the child's head, and she was having pains. She was in her fifth month of pregnancy. On examination, I found, not a child's head, but a large mass of the uterus, about the size of an orange, and in a firm state of contraction, protruding from the vagina. I was unable to find the os; and no discharge had come away, this mass having come down quite suddenly, and without any previous pain.

I replaced it with a little difficulty, and ordered some sedative medicine, which soothed the pains; and there was no return of the prolapse. She remained in bed, and felt nothing till the Wednesday following, when the pains returned. I felt that the os was in its proper place, and showed no signs of dilatation; and I gave her two one-grain opium pills, which stopped the pains. Next morning, I was called to her at 9, and found she had been having regular pains since 6; and, on examination, I found the os dilating, and the head of a