by everybody as hysterical or hypochondriacal, and was treated for that disease by assafoetida, etc.; but one day the man fell down in a fit and died. An abscess was found in his brain. He complained of one painful spot in his head day by day, and maintained that nothing removed it or influenced it. Where you find such a pain complained of continually, and without variation in its seat or character, you will do well to pay heed to it, and not to regard the patient as a hypochondriac. One young lady whom I knew complained always of a pain just at the junction of the spine with the neck. The pain was constant, and was invariably referred to the one spot, and all other suffering was disclaimed with an earnestness not common in hysteria. The constancy and severity of the pain made her nervous, and she was regarded as hysterical, and treated accordingly by the physician attending her. One day he was hardly out of the house when he was hurriedly sent for, but she had fallen down dead. A small aneurism was found, causing erosion of the spine, without giving rise to any of the ordinary symptoms.

Dr. Fuller then noticed a case of true hysteria in the hospital, and contrasted the symptoms presented with those of the girl first brought under notice. He then referred to cases of hypochondriasis connected with the excretion of excessive quantities of nitrate of urea, and pointed out how the symptoms in these cases differ from those met with in hysteria. He then proceeded to allude to the connection between hysteria and uterine irritation, and deprecated the course often pursued of employing specular examination in young girls who presented no symptoms of uterine mischief other than that of leucorrhœa. He believes that the great majority of such cases have a constitutional origin, and are to be remedied by treatment addressed to the improvement of the general health. In many such cases the bowels are habitually constive, and, as long as the secretions from the bowel are allowed to continue scanty and unhealthy, so long the remedies employed will usually fail; but as soon as a free daily action of the bowels has been induced, the source of irritation seems to be removed, and in most instances not only will the general health improve, but the uterine and hysterical symptoms will disappear.

THE ANTISEPTIC TREATMENT OF SMALL-POX.

By ARTHUR ERNEST SANSOM, M.D. Lond.,

Physician to the Royal Hospital for Diseases of the Chest, and to the North-Eastern Hospital for Children.

THE interesting communication of Dr. Hjaltelin on "Small-Pox imported into Iceland by French Fishing Vessels, stamped out by Quarantine and Sulphurous Fumigations" (BRITISH MEDICAL JOURNAL, November 4th, 1871, p. 519), affords most valuable evidence in support of the opinion I have often submitted—that the course of zymotic diseases can be modified in intensity and in duration by the internal administration of antiseptic agents. The following case, though, of course, individual instances can have but little value as evidence in regard to the major proposition, may serve to illustrate the method of putting in force the antiseptic treatment of the disease.

I was called on October 13th, 1871, to visit Miss E. T., aged 18. She had high fever, subdelirium, and vertigo. The pulse was 128. Temperature, 105 deg. Fahr. The tongue was red, dry, with brown streak down the centre; the pupils were widely dilated. A few spots closely resembling those characteristic of typhoid existed on the abdomen, but there was no abdominal tenderness, distension, nor diarrhœa. The diagnosis was complicated, for the young lady had lately been staying in a locality wherein typhoid was prevalent. There was no lumbar pain. I gave a guarded diagnosis, but considered it most probable that the case would prove to be one of typhoid. I ordered cool sponging; milk and beef-tea; half an ounce of brandy every four hours; a scruple of sulphite of sodium in solution every four hours. On October 14th, the pulse was 124; the temperature was reduced to 102 deg. Fahr. Several papulæ were present upon the face. The case now assumed the aspect of variola. On October 15th, papulæ were abundant over the face, arms, and legs. On October 16th, all signs of general discomfort had subsided; the patient only complained of irritation of the papules, which began to become pustular. On the 17th, I touched the centre of each pustule on the face (over sixty in number) with a fine camel's-hair pencil, dipped in strong liquid carbolic acid, taking care not to allow any to reach the sound skin, and ordered a solution of one part of carbolic acid in three of olive oil to be applied over the individual pustules night and morning. On October 18th, the patient slept well, all irritation from the pustules having subsided. The carbolic liniment was continued; the surface of the skin was sponged now and then with oatmeal water. The temperature from this date never rose above the

normal; there was no discomfort whatever; the pustules all dried up, and, on the eighth day, a large number had completely fallen off, leaving no cicatrices; the others were quite dry and scaly. On October 23rd, the sulphite of sodium was discontinued, and sulphocarbonate of iron given in five-grain doses three times a day. The surface of the body was washed with coal-tar soap to aid disinfection.

The double principle of the antiseptic method of treatment is the arrest of the disease-process in the individual, and the prevention of spread to the community. The same class of agents which common experience declares to be disinfectants, can be administered to the living body with at least a fair hope of their accomplishing that destruction of disease-germs which they accomplish externally to it. Carbolic acid has been administered by many, especially by French, physicians. But I believe that, in many cases, carbolic acid and its compounds can be advantageously replaced by other antiseptics—especially in those wherein head-symptoms are prominent. I think it very probable that we shall find certain antiseptics are best suited to the treatment of certain diseases; in scarlatina, diphtheria, and all zymotic ailments in which the throat is involved, I have found the sulphocarbonates specially valuable. In his successful cases of variola, Dr. Hjaltelin employed the ordinary sulphurous acid in fluid-drachm doses every third hour. I have rather inclined to the use of the sulphites recommended by Polli—they are powerful and direct antiseptics, easily administered and readily absorbed. I believe that in this country the error has been made of administering them in insufficient doses, or else of employing the hyposulphites—pur-gative salts, and far less efficient as antiseptics.

The external treatment of the pustules is most important. No agent seems to me so valuable as carbolic acid; its application in the pure form to the summit of each pustule is perfectly painless. It is not necessary to touch each individually at one visit, but at subsequent times to touch those which have been omitted previously. I have found nothing so effectually disguise the odour of carbolic acid, without impairing its antiseptic efficacy, as oil of wild thyme (oleum origani). Thymic acid is itself a well-known antiseptic. The effect of the application of the carbolic acid is at once apparent; the pustule first becomes white, and then dries up. The carbolic oil afterwards applied, penetrates amongst the purulent crusts, and is far more efficient than any watery application. The general surface of the body may likewise be sponged with any soluble antiseptic. I believe the coal-tar soap to be very valuable for washing the surface of the body. By the antiseptic method of treatment, external as well as internal, the patient is really disinfected from the onset of his malady, and the benefits are manifest alike upon himself and upon those subject to the contagion.

OBSTETRIC MEMORANDA.

FLEXIONS OF THE UTERUS.

THE case of retroflexion of the uterus described by Dr. Boulton in the number for November 4th, raises in my mind the doubt whether it is necessary or advisable to shore up the simply retroflexed uterus (especially if in a virgin) by the contrivances therein described. As a general practitioner, such cases frequently come under my care, and are generally complicated with some inflammatory or ulcerative mischief in the os or cervix. I have always treated first the inflammatory or other affection; and generally find, when that is cured, that no inconvenience arises from the retroflexion. Should any pain or discomfort continue, I find a simple Hodge's pessary answer every purpose, without danger or inconvenience to the patient.

J. WALTERS, M.B., Reigate.

LABOUR OCCURRING WITH AN UNBROKEN HYMEN.*

ON Tuesday, October 17th, 1871, at 1.30 A.M., I was called to attend Mrs. F. of Lancaster in her first confinement. She was in her twentieth year, had always enjoyed good health, and menstruated regularly previous to her marriage. On making the usual examination, I found the vagina closed by a firm membrane, through which I could detect no opening, nor could I feel any pressure against it during the pains. On examination by the rectum, the head could be obscurely felt at the brim of the pelvis. She had strong pains till 4 A.M., when she fell asleep, and I left her. At 9 A.M., I visited her again, and found she had had slight pains. After a very cautious examination with the finger, I found a small slit, like the orifice of the female urethra, and with some difficulty introduced a finger and felt inside the os uteri slightly dilated and the head presenting. At half-past 10, I met Mr. Howitt in the

* Read before the Liverpool Medical Institution.