spoken to. On the morning of April 7th, seeing the temperature at 105, her pulse 120, and respirations 48, I determined to commence quinine in large doses. A glance at table No. 4 will show the progress of the case. The quinine was administered day and night perseveringly, in ten- and fifteen-grain doses. On the night of the 9th and part of the 10th, also on the night of the 12th and part of the 13th, it was omitted, producing on these occasions vomiting and great straining. The usual dose was ten grains every four hours, occasionally every third hour. She had no other medicine throughout her illness. The quinine was administered with spirit of chloroform and aromatic sulphuric acid. She was taken into the convalescent ward on April 26th, and was ultimately discharged cured. She was liberally supported throughout with brandy mixture and claret.

Date.	Day of Disease.	Pulse.	Respiration.	Temperature.	
April 5...	5	120	36	102	
" 6...	6	114	28	101.3	
" 7...	7	120	48	105	Quinine commenced.
" 8...	8	112	36	100.6	Do. repeated.
" 9...	9	126	38	102.4	Do. do.
" 10...	10	130	36	102	No quinine.
" 11...	11	132	36	103.2	Quinine given.
" 12...	12	132	40	105	Do. do.
" 13...	13	120	40	101.5	No quinine.
" 14...	14	120	36	105	Quinine given.
" 15...	15	120	36	102	Do. do.
" 16...	16	108	30	102.4	Do. do.
" 17...	17	120	30	105	Do. do.
" 18...	18	120	30	103.5	Do. do.
" 19...	19	120	30	102.9	Do. do.
" 20...	20	114	30	102.2	Do. do.
" 21...	21	100	28	100.2	Do. do.
" 22...	22	84	26	91.2	

This last case is an example of a form of intermittent fever, of which I saw many examples during the late epidemic of small-pox, with high temperature, relapses, and copious diaphoresis. It occurred during convalescence, and often when the patients had left hospital.

REMARKS ON PSORIASIS.

By A. S. MYRTLE, M.D.,
Consulting Physician to the Harrogate Bath Hospital.

THE communication of Mr. Balmanno Squire on the Etiology of Psoriasis deserves notice, as everything bearing upon that most inveterate disease must, so long as we know so little regarding its pathology and treatment. As a very considerable number of chronic skin-diseases come under my care every year, I trust the observations I am about to make may be found worthy of a place in the JOURNAL.

I do not agree with Mr. Squire in his supposition that psoriasis (*lepra vulgaris*) is the disease meant in Scripture when the word leper, or any of its derivatives, is employed. It ought to be borne in mind that where the appearance of the skin is spoken of as being "as snow" (the word white does not occur in the original, and is never used by eastern nations as it is by us), there are only three cases mentioned—Moses's hand, Miriam's case, and Gehazi's. Now these were not examples of disease in the ordinary sense or natural course, but instances of miraculous interference with healthy skins, and we, therefore, cannot take them into account. I suspect that all cutaneous diseases, scabies, favus, porrigo, herpes, eczema, psoriasis, and elephantiasis (true leprosy) are spoken of in the Bible under the general name of leprosy; and, as the treatment adopted by the priests was the same in each, and certainly is not such as we would think of resorting to, even were it lawful, we need not speculate whether psoriasis was the disease for which such stringent regulations were enforced among the Jews or not. One thing strikes me as worthy of remark; namely, that whereas the word "white" is applied to the hair and spots of the leper, and "snow" to the three miraculous cases above-mentioned in the Old Testament, in the New we have no mention of the colour of the skin, each case is simply spoken of as "a leper." Doubtless the term leprosy was frequently made use of to indicate that the man, garment, house, or article of furniture was unclean, contaminated, capable of conveying infection; in fact, anything but "white," which is generally associated with purity.

In common with others, I have been struck with the number of cases where the disease is confined entirely to parts of the body which are always under cover, and often its existence is only known to the individual, who keeps his secret even from his ordinary medical attendant as well as his relatives. When anything affects the skin, it seems a law that the individual shall strive to hide it as long as possible, and when it can no longer be hidden, often the first person who is made acquainted with matters is the specialist. Accordingly, we may reckon that psoriasis is much more frequent than is known even to the profession. There can be no doubt as to its being hereditary, but it is by no means always so, and is perpetually occurring spontaneously. It cannot be traced to any diathesis except its own, and is more prone to attack the "blooming and healthy," as Hebra states, than the pale and weedy. Race, country, climate, diet, as far as I have been able to ascertain, have nothing to do with it, and even the habits of the individual seem incapable of affecting his condition; every now and then we find cases where symptoms become worse or better at certain seasons—some in spring, others in autumn or winter, but these, for the most part, are exceptional.

As for treatment, I feel satisfied from extensive personal observation, that protracted oft-repeated courses of arsenic, mercury, and iodine, whilst they undoubtedly relieve local symptoms, do so in the great majority of instances only temporarily, whilst they permanently exercise in many a baneful influence on the general health or condition of certain viscera.

The depressing effect of this disease on the spirits, especially of the young, is great and constant; in the male this is not so much the rule as in the female. With her, psoriasis too often proves a barrier to all that makes life desirable; she cannot go into society and dress like other girls, from whom she is virtually set apart; she may be admired, have offers of marriage, but all is a mockery. Under these circumstances we need not be surprised that she should grow melancholy, and ere long fall a victim to decline; this is all the more likely to happen after often promised cures and as often repeated disappointments.

External applications of the various preparations of coal-tar, creasote, carbolic acid, and mercury or iodine, singly or in combination, are most useful, and cannot with ordinary care be injurious. The internal and external use of mineral waters frequently exert a most beneficial influence where other means have failed, but in old standing cases no good need be looked for unless these are steadily persevered in for months. I have now several boys and girls under my care who have been sent to Harrogate, for the double purpose of trying the effect of its waters and allowing their education to go on at the same time at one or other of the many schools with which the place abounds; and I am not only satisfied but the patients and their friends are delighted with the result, contrasting, as they do, most favourably with that obtained from all other methods of cure previously adopted.

ON THE INDUCTION OF PREMATURE LABOUR.

By JOHN BASSETT, Esq.,
Professor of Midwifery in Queen's College, Birmingham.

THE induction of premature labour is one of the established operations in midwifery. The various circumstances which necessitate its performance, and the different methods by which the operation can be accomplished, are set forth in detail in the text-books on midwifery, but nowhere so concisely and clearly as in Dr. Barnes's well-known and inestimable treatise. I do not propose in this note to travel over the whole subject, but to draw attention to what Dr. Barnes has laid particular stress upon; viz., the different treatment which is required in the varying degrees of contraction. If the pelvis measure from three inches and a half to three inches in the conjugate diameter—the operation having been undertaken at the right time, the child's head being of average size, and with no unusual ossification, and the uterus of normal power—then, the uterus having been set in motion, the case may be left to nature, and it will usually terminate without interference; but when the pelvis measures three inches only in its conjugate diameter, and the same circumstances as indicated above are present, then the child's head will be so long delayed at the brim that its life will be very likely to be sacrificed. Therefore it is proper, as soon as the soft parts are sufficiently dilated, to perform the operation of turning, unless during the stage of dilatation the head have so far entered the brim of the pelvis as to permit the forceps to be applied with facility. Where the third degree of contraction exists, the conjugate diameter measures less than three inches; here, under ordinary circumstances, both turning and craniotomy will be required. I have recently had under observation a case in which the pelvis measures three inches only in its antero-

posterior diameter at the time appointed. The uterus was set in motion by the passage of a bougie; in twenty-four hours, an insufficient amount of dilatation being present, the case was allowed to go on another day. The head not having then entered the pelvic brim, and the parts being sufficiently dilated, chloroform was administered and the operation of version performed. This was my patient's fourth confinement. In the first instance, I had to perform the operation of craniotomy, the forceps having failed to effect delivery; on the second occasion, the os was fully open twenty-four hours after I inserted the bougie. The head not being within reach, I passed my hand and turned with facility. In the third confinement, labour supervened spontaneously the day before I had appointed to visit the patient to bring it on. The child's head was arrested at the brim of the pelvis, and required the application of the forceps. In each of these three instances the children have been born alive and have thriven well, a circumstance which has not always happened where children have been born prematurely; for in several instances they have remained weak and puny, and this has, to my mind, seemed a drawback to an otherwise most beneficial proceeding.

In closing this note, I would make two other remarks. The first is, that I have tried nearly all the methods of inducing premature labour that have been advised by authors, and find no other so efficacious as the introduction of the bougie; secondly, the capacity of the pelvis may be accurately measured by Dr. Earle's pelvimeter, the one figured at page 297 of Dr. Meadows's *Manual*. The use of this instrument is much more satisfactory than the employment of the hand, which has long been the guide of British accoucheurs; it is easy to introduce, and, when manipulated with care, gives little pain, and yields an accurate and satisfactory result. This I had occasion to test last spring in the case of a lady who came from London to reside in this town; she was of small stature, had been delicate all her life, and had had some serious illness. Her former medical attendant wrote to me expressing his fear as to the size of her pelvis, and requesting me to make a careful examination of it when she had completed the eighth month of her pregnancy. I did so, and found that it measured four inches in its antero-posterior diameter, that it was normal in all its proportions, and also that the long bones of her body were free from any sign of curvature. She completed her term, and passed through a natural labour.

CARBOLIC ACID AS A CEREBRO-SPINAL POISON.

By DAVID J. HAMILTON,

Junior House-Surgeon to the Northern Hospital, Liverpool; formerly Resident Surgeon to the Royal Infirmary, and Chalmers Hospital, Edinburgh.

SINCE carbolic acid has come to be extensively used in surgery and for ordinary disinfecting purposes, instances of poisoning by it have become much more common than before; indeed, several remarkable records of death from tetanus in a few hours after the application of pure carbolic acid or a strong solution to a wound, which have been published within the last two years, were due, I feel convinced, to poisoning by carbolic acid. Several instances of poisoning from the absorption of carbolic acid have come under my notice. The symptoms were the following.

S. R., a female child, aged four years and six months, had an operation performed on the arm, requiring an incision through the skin about four inches long. The wound was covered with lint soaked in pure carbolic acid—actual contact, however, being prevented. In an hour after the operation I was called to see the patient, as the nurse thought that she was suffering from the effects of the chloroform. I found, on examination, that the conjunctivæ were almost quite insensible; the skin was cold and clammy, and the face of a slightly livid colour. The pulse was slow and depressed. Thinking that very probably the chloroform might have something to do with the production of these symptoms, I resorted to the ordinary restorative measures; but, notwithstanding this, the patient was evidently becoming more comatose. The dressings were now removed, and it was found that a large quantity of carbolic acid had melted and run down into the wound. The wound was now washed with water and rectified spirit, and artificial respiration was commenced and steadily kept up. The natural respiration at this time occurred at intervals of about half a minute. Injections of brandy were administered, and hot fomentations were wrapped round the patient. In three hours after this, the respirations ceased entirely when artificial aid was not employed. The pulse at the wrist had disappeared, and the face became more livid. At the same time, the coma was complete. Half an hour afterwards, the child died.

THERAPEUTIC MEMORANDA.

POTASSIUM CHLORATE IN CATARRH.

A NOTICE in the *London Medical Record* of February 10th, on "Borax and Nitrate of Potass in Loss of Voice", suggests to me the seasonableness of drawing attention to the immense value of potassium chlorate in catarrh. If taken early and taken frequently, it will stop many a cold. The best form is the lozenge, eight or ten or more in the twenty-four hours. It should be sucked very slowly, for its action is chiefly, if not altogether, local. It always quickly relieves the stuffing of the nose, the rawness of the throat, the thickness of the voice, and, if begun soon enough, speedily cures the cold.

LEONARD W. SEDGWICK, M.D.

OBSTETRIC MEMORANDA.

CHLOROFORM IN INFANTILE CONVULSIONS.

ON noticing in last week's JOURNAL Mr. Mowat's cases of convulsions in children treated successfully by chloroform-vapour, it occurred to me that a few months ago I treated successfully a very severe case of convulsions—rather of a tetanic type—in a child five months old, with repeated large doses of spirit of chloroform. For two or three days, others measures had been employed; but, finding the convulsions becoming almost continuous, I gave twenty minims of spirit of chloroform every hour, with the effect of soothing the patient, and in about twelve hours completely arresting the convulsions. The child is now quite well.

HENRY M. MADGE, M.D.

REPORTS

OF

MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS OF GREAT BRITAIN.

KING'S COLLEGE HOSPITAL.

OPERATIONS, FEBRUARY 1ST.

Excision of Knee-joint: Convalescence in eight weeks.—Mr. Henry Smith brought forward a patient whose knee had been excised exactly eight weeks that day. She was a scrofulous girl about eighteen years old. When a child, she had suffered from acute inflammation of the knee-joint, the result of an accident. Firm bony ankylosis of the joint finally took place; but, unfortunately, the limb was flexed at an angle of about 120 deg., so that she could make no use of the leg in standing. The toes just touched the ground as she walked, and were liable to catch in any obstruction. She had applied at one of the metropolitan hospitals, when extension under chloroform was attempted, but the union was too firm to be broken down by a reasonable amount of force. Amputation was then proposed, but the patient would not consent. She was admitted into King's College Hospital for strumous iritis, which proved very obstinate; it required a month's treatment, including mercurial salivation, before it was cured. At the patient's own request the knee was then excised, and, in spite of the unfavourable antecedents, the result was most successful. Bony union took place in five weeks, and in eight weeks was firmly and soundly united in most excellent position; the shortening was only one inch.

Excision of the Knee.—Sir William Fergusson excised the knee of a man who had suffered for twelve months from disease of the joint of a somewhat acute character; constant and severe pain had been a prominent symptom, and the patient was evidently greatly reduced. Sir William Fergusson observed that he preferred to open the joint by a straight transverse cut. In this case he made a lunated incision on account of some sinus in front of the head of the tibia, which it was desirable to lay open as far as possible. He was rather surprised to find that there were still some surgeons who questioned the expediency of removing the patella. He could only say that five and twenty years' experience of the operation had left no doubt on that point in his mind. If the patella were not evidently diseased at the time of the operation, it was liable to become so afterwards; and if it remained sound, its function was abolished as soon as bony ankylosis occurred; it did not strengthen the limb materially, was, in fact, of no use, and to leave it was only to increase the risk of a recurrence of disease. The compara-