ar, the investigation of the subject by experiment appears to present little difficulty or danger. But in the case of such zymotic diseases as small-pox, scarlatina, or typhus fever, I do not see how (keeping in mind ethical considerations) it can be ascertained that the contagious matter on the skin of such persons has been rendered inert. Considering, also, the insusceptibility generally conferred on persons who have had such diseases previously, or from idiosyncrasy or other cause, I think the fact of disinfection cannot be established more than as a matter of probability. In the case of cow-pox, however, I think that if a person with the vaccine vesicle, or that portion of a person carrying the vesicle at the infectious period of maturity, were submitted to the requisite degree of temperature, and the matter taken from such vesicle were then found to be incapable of communicating the infection, the question, so far as it relates to this disease, would be positively settled, and an analogy or probability established as regards other zymotic diseases.

The suggestion which I thus throw out may, perhaps, appear worthy of being taken up and worked out to some useful result by some one with more time and capacity than I have for its investigation. Possibly it may be considered by others, as it is by me, that it is a subject which could be best handled by some of our medical or surgical bodies, by a government commission, or by a committee. If the subject should receive such notice as to lead to its being taken up by any private committee which could not be fairly expected to be at such expense as might be requisite, I would gladly contribute according to my means towards defraying such expense. Possibly I may have been anticipated, and the subject may have been already investigated and reported on in this and other countries, and I may not be aware of the result (though well known to others), owing to the nature of my duties, having for many years devoted my attention in other directions from a class of diseases to which at one time I devoted a good deal of attention, and in which I still feel the deepest interest.

ON THE INTERNAL USE OF CARBOLIC ACID.

By JAMES ALLAN, M.B., L.R.C.S.E., Newmilns, Ayrshire.

In this paper I intend to point out shortly diseases in which, I believe, from the results I have obtained, carbolic acid may be used with success. In the treatment of mucous tubercles and primary syphilitic sores, I have met with a considerable amount of success. The method of using it is by applying a solution of equal parts of carbolic acid and water once daily, and by the constant application of a lotion of eight grains of carbolic acid to the ounce of water. If the acid be applied in a concentrated form, it causes the sore to assume a whitish appearance, after which a thin yellow scab forms, which separates in three or four days. In all cases the pain was inconsiderable, and the destruction of the sores rapid. According to the trials in which I have employed carbolic acid in the treatment of syphilis, I am unable to form a definite opinion as to its merits or defects. In two cases which resisted all the usual remedial means it was prescribed, and in a few weeks all the symptoms had disappeared. The effects have also been investigated by Dr. Köhn in Hebra's wards, in whose experience the beneficial results were not so well marked as to recommend its administration.

I agree with many observers as to the beneficial effects of carbolic acid in the fermentative class of dyspeptic cases, in which there is flatulence with evolution of gas, with a tendency to vomit. For this it can be administered either in solution in grain-doses, or in the form of a pill. Thus given, it stimulates the stomach, checks the fermentative process, and produces an evolution of gas and evacuation of flatus. In hæmorrhagic ulcer of the stomach, a few administrations of grain-doses, freely diluted, are very efficacious in checking the bleeding, provided, as in all cases, due attention has been paid to the diet. Good results have also been obtained in cases of chronic gastric catarrh, especially if some stomachic sedative be first given. It should be given upon an empty stomach, in quarter to half-grain doses much diluted.

Great were the expectations raised by the use of carbolic acid in the treatment of typhus and typhoid fevers, certain writers hailing it as a specific capable of arresting and checking their course. The praises which were so loudly bestowed upon this agent did not prevent others from declaring their doubts, and the evidence which has been adduced amply confirms my own views. From a careful watching of the course, as regards the temperature of the body, the pulse, and duration of the attack, it has been definitely ascertained to have no effect.

In considering the different processes which take place during the decomposition of the pulmonary tissue in phthisis, on account of the deteriorated state of vitality, it would seem that, if an antiseptic could be introduced by any means, which would not derange the general functions,

the disease might be arrested. From a careful review of the cases recorded in our periodical literature, as well as from the results of practice which I have myself seen, I am certain that, when pulmonary disorganisation has taken place, carbolic acid has no effect to eradicate it. No doubt there are some who "lay the flattering unction to their souls" of having cured or arrested it, but I am certain they have been deceived. Endeavouring to attain this, I have used a solution of carbolic acid in the proportion of from three to six grains to the ounce of water, in the form of a spray. Great care, however, is required in its application, so that it should be at once stopped if it causes such symptoms as vertigo, rigors, faintness, or failure of the pulse. Clark's or Mathieu's spray-producers are the best. The symptoms which have been noticed invariably followed the use of Siegle's apparatus. In certain cases, in which there is abundance of secretion and not much irritation, the inhalation of the vapour has produced much relief.

In the treatment of certain skin-diseases I believe carbolic acid to be of much use, especially in those of an obstinate nature. Good results have been obtained in psoriasis, pityriasis, and prurigo. It should be administered in the form of pills, each containing one grain, and from six to nine of these given daily, and gradually increased. In gangrene of the lungs it removes the fetid odour, and seemingly produces good. In chronic bronchitis and oozing hæmorrhages of the air-passages it is useful; so, also, in mucous diarrhoea of the large bowel, in the form of an injection, when preceded by some alkaline solution.

BRASS A SOURCE OF LEAD-POISONING (?).

By W. A. HOLLIS, M.D., Medical Registrar and Casualty Physician to St. Bartholomew's Hospital.

THE two following cases may prove interesting to the readers of the JOURNAL.

Robert S., aged 35, a metal-turner, came under treatment on December 11th, 1871. At 3 A.M. on the previous morning, upon suddenly waking, he found that he had lost the use of his right forearm and hand. Upon examining the affected limb, I perceived that the palsy was not restricted to the extensors of the forearm, but also affected the flexors to a considerable extent. There was also some anæsthesia over the back of the forearm. The gums, with the exception of a slight reddish-blue discoloration beneath the left lower canine tooth, were natural in appearance. There was a large amount of tartar on all the teeth. The radial pulses were equal and quiet, and the bowels were regular. He had been in the business, which consists in turning iron, brass, and steel *only*, for twenty years; and during that period had never suffered from colic or habitual constipation. He had syphilis badly about four years ago. The treatment consisted in the administration of two grains of the sulphate of quinine in combination with five grains of iodide of potassium and four minims of the diluted sulphuric acid, in an ounce of water, three times daily. The limb was also to be rubbed with the liniment of turpentine and acetic acid every morning and evening. On December 11th, he was again seen, and expressed himself as feeling much better. He could extend the fingers of the right hand slightly. The bluish gum-line was rather more marked than at his previous visit, and now extended beneath all the lower incisors and canine teeth. He had continued his employment as well as he was able to do so, but was advised to leave off work for a period. Since that visit I have seen him several times. The strength of the affected limb has gradually returned, and I believe now he may be considered on the road to make a good recovery.

The second case is that of James E., aged 38, a brass-finisher, who came under observation on November 20th, 1871. He was then suffering from great loss of power over the extensors of both forearms, especially the right. The affected muscles were greatly withered. There was no anæsthesia, but considerable muscular tremor. There was a distinct blue line along the lower border of the gums of the upper incisors. His tongue was clean; his bowels were regular; and he slept well. His habits were temperate. Two months ago, he had an attack of colic, and had perceived the palsy gradually stealing upon him during that period. *He used lead in making the brass.* The treatment consisted of three grains of the iodide of potassium, to be taken with half a drachm of the aromatic spirits of ammonia in an ounce of water three times daily. Five grains of the compound extract of colocynth were also given occasionally, in the form of a pill. I have since seen this patient on several occasions, and have found at each successive visit a small but decided improvement in the paralysis of the hands. The tremor of the muscles also to a great extent had disappeared at the last visit. He left his occupation immediately after his first visit, and has not yet resumed it.

These two cases are instructive, inasmuch as I consider the symptoms of lead-poisoning in both instances were due to manipulation of brass, as the sequence of events after the removal of the patient from this probable source of the disorder to some extent proves. In the first case, I may mention that I was particularly careful to inquire whether the trade of metal-turning in any way involved the use of lead in a simple or combined form; but I obtained only a negative reply to my query. The history of syphilis in the first case might possibly invalidate the conclusions to some extent, had not the blue line which subsequently appeared on the gums with great distinctness set aside this objection.

Harley Street, W., January 26th, 1872.

CLINICAL MEMORANDA.

LACERATION OF IRIS (?) CAUSED BY CRYING.

A FEMALE infant seemed quite healthy, and nothing abnormal was noticed about her until she was three weeks old, when she cried excessively. A change in the right eye was then observed: it consists of a laceration of the iris downwards from the pupil to the outer edge, equal in width to the pupil, but being a little broader at the ciliary attachment. There do not appear to be any synechiae. The iris acts perfectly. The child is now three months old, and during the past month has had an eczematous eruption, probably derived from a syphilitic father.

STANLEY HAYNES, M.D., Malvern Link.

OBSTETRIC MEMORANDA.

EARLY RUPTURE OF THE MEMBRANES.

Two communications have recently appeared in the JOURNAL on this subject—the one by Dr. Savage, and the other by Mr. Bradley of Manchester; the former affirming its frequent occurrence some time before the setting in of labour; and the other giving a flat contradiction to this statement, as well as to the cause to which it is assigned. It is somewhat singular that, in doing this, Mr. Bradley has, no doubt unconsciously to himself, testified to the correctness of Dr. Savage's position by publishing a case from his own experience in which the disputed event happened. In his last communication, he says, on the authority of Mr. Whitehead, that the uterus was slightly retroverted. As, however, Dr. Savage is quite capable, if need be, of defending his own position, I go on to the original object of my letter—viz., to affirm that cases are occasionally met with in which a daily discharge of watery fluid from the uterus takes place for some time before delivery; and such fluid may be either the liquor chorii or the liquor amnii. That it is more frequently the former, is very fair to suppose, because it does not alter the duration of pregnancy, nor interfere with the nutrition of the child. These I should take as tests of its being what the midwives term "false waters". The most interesting case in this category that I have met with was recorded by Mr. George Elkington of Edgbaston at a meeting of our social medical society. The facts are briefly these, for I am writing from memory; viz., a daily discharge of watery fluid from the uterus, extending over a period of two months; the pregnancy; in no way interfering with a natural delivery and a healthy child. A subsequent examination of the membranes revealed a sac formed between the chorion and amnion, which had evidently been the source of the discharge. From the thickened and opaque condition of the textures, it was considered that a pseudo-inflammatory action had been set up. The amount of fluid discharged was computed to be about a pint daily.

With respect to the escape of liquor amnii, this occurs, I believe, less frequently than the former mentioned fluid, and is not always associated with immediate uterine action; but I have met with more than one case in which, as far as one could judge, the liquor amnii was escaping, and the labour did not supervene—in one instance for six weeks. This is the longest time I have recorded. In other cases, it varied from one to three weeks. In all the cases, the pregnancies were unnatural, and the delivery premature. The causes seemed to me to be spasm or preternatural peristalsis of the uterus; over-distension from too much liquor amnii; imperfect organisation of the membranes, as evidenced by their friability and the softness of the placenta. These are conditions which would be very likely to be associated with a preternatural position of the uterus: hence malposition may be regarded as a contributing cause to the premature expulsion of the water. Why labour does not always supervene in these cases, as when we designedly puncture the membranes, most likely arises partly from the position of the rupture, but more from the fact that the membranes are not detached from

around the inner surface of the os and cervix uteri so much in cases of spontaneous rupture as when we have separated them for a purpose.

J. BASSETT, Professor of Midwifery, Queen's College, Birmingham.

REPORTS

OF

MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS OF GREAT BRITAIN.

THE LONDON HOSPITAL.

MR. JONATHAN HUTCHINSON'S CLINIQUE.

THERE are a few features in the method of clinical instruction pursued by Mr. Hutchinson which we should be glad to see more extensively adopted in London than is the case. Before making the usual ward-visit, a few of the selected cases under care at the time are brought into the operating theatre; the clinical history and condition of each patient are entered into, the features of interest in the cases pointed out and discussed, and made as far as possible clinically instructive. The cream of the cases in the wards is thus fully and carefully utilised for clinical instruction, and in a way which cannot be done effectually at the bedside. There are, indeed, at all times a certain number of cases presenting great interest which cannot be moved for this purpose; but these are, of course, as in other hospitals, made the subjects of remark at the bedside. Such a system of instruction is in principle more or less extensively adopted in some of the chief continental schools, and prominently in Edinburgh. In very many of our metropolitan schools, however, much more might be done in the way of utilising the material at the disposal of the physician or surgeon. The advantages to the students of detailed instruction on the surgical cases under treatment, such as Mr. Hutchinson affords at the London Hospital, are apparent, when at the same time the wards are freely open to the students. At Berlin, the clinical instruction of the renowned Professor Frerichs is dwarfed and rendered to a great extent ineffectual from the fact that admission to his wards is denied to the student, who obtains spasmodic information secondhand as to the progress of the case; but in London unrestricted *entrée* is rarely denied to students, excepting under very proper regulations framed for the comfort of the patients. But the plan of clinical instruction carried out by Mr. Hutchinson presents another excellent feature. His *clinique* is fed from the out-patient room of his assistant-surgeon, Mr. Waren Tay. Obscure and difficult cases, which require that time and opportunity for very careful inquiry which a crowded out-patient room does not readily afford, are sent for further investigation and a second opinion to Mr. Hutchinson. While the out-patient surgeon has thus the advantage of consultation with his senior colleague, the out-patient room is made peculiarly available for clinical instruction. Moreover, one of the original intentions, we take it, of an out-patient hospital department, is carried out—viz., to afford to general practitioners an opportunity of consulting with members of the hospital staff on difficult cases among their poor patients. Indeed, at our visit, advantage was taken of this opportunity by a neighbouring practitioner, who sent a case of ectopia vesicæ for examination in a child two days old.

We give a short outline of some of the cases of interest which came under our observation during a visit to Mr. Hutchinson's *clinique*, and we have to thank Mr. Nettleship for giving us many details of the cases.

Aneurism at Root of Neck, near to, and probably communicating with, Chronic Abscess: Obliteration of Carotid and Axillary Arteries: History of an Abscess in same Position many years before, during an Attack of Syphilis: Improvement of present Symptoms under Iodide of Potassium.—John F., aged 49, a tall, strongly built, and very powerful man, was formerly in the army, but was discharged ten years ago. Twenty-seven years ago he had syphilis, with eruption, swellings in the groin, etc.; it lasted about three months. He did not take mercury. While suffering from secondary syphilis, he had an abscess in the lower part of the neck, in exactly the same place as a sinus now present. The abscess remained open for two months, and after it closed he remained quite well until the present affair. About fourteen months ago, he first