form of obstruction, but to general uterine congestion, it will follow, as a matter of course, that tunnelling or other forcible dilatation is an unnecessarily radical and severe method of cure. We may hope that a course of counterirritation over the sacrum, by blisters or tincture of iodine, will reduce the congestion and prevent the recurrence of the pain. Other methods of relieving or preventing the pain will also suggest themselves, such as glycerine or alcohol-plugs, leeches, scarification, or injections of hot water. As a matter of fact, I have succeeded in curing the dysmenorrhœa in more than one case, without having had recourse to tunnelling, by means of tincture of iodine to the sacrum, combined with suitable general treatment; and, holding the views I do, I am convinced that, with a little patience on the part of both attendant and patient, the severe measures, and measures not absolutely free from risk, so freely recommended by almost all authorities, will be found unnecessary, or only requisite in extreme cases.

Dr. ATTHILL (Dublin) did not believe in the obstructive theory; at least, so far as that flexions, or a contracted cervical canal, were concerned; but he believed that flexions were often a predisposing cause, favouring the occurrence of chronic endometritis. In these cases he advocated division of the cervix, and subsequent treatment of the unhealthy uterine surface. He found that treatment by dilatation only was uncertain, and seldom followed by permanent benefit.

Dr. GEORGE H. KIDD (Dublin) expressed his belief that obstruction was a frequent cause of dysmenorrhœa, and that the disease was to be cured by removing the obstruction; but the pain might depend on many other causes; and to treat all cases of dysmenorrhœa as depending on one cause, was certain to be followed by disappointment. Dr. Kidd referred to various uterine conditions as causing dysmenorrhœa, such as metritis, endometritis, congestions, tumours, possibly flexions. He also referred to diseased conditions of the ovaries as causing painful menstruation, and also to conditions of the nervous system, as well as various constitutional conditions.

The PRESIDENT (Dr. Clement Godson) had long since come to the conclusion that obstruction was not a cause of dysmenorrhœa. He had mentioned, in a paper on Spasmodic Dysmenorrhœa read before the Obstetrical Society of London, what Mr. Burton had stated, that an uterine probe might be passed during the height of an attack without meeting with any obstruction. He had seen two cases of pinhole os uteri, in which there was no dysmenorrhœa, and frequently acute ante flexion without a sign of it. He thought that the passage of the probe covered with cotton-wool soaked in carbolic acid, mentioned by Dr. Atthill as efficacious, would be often equally so without the solution, the probe acting as an uterine dilator.

Mr. BURTON, in reply, said that his paper was limited to those forms of dysmenorrhœa that had been called obstructive or spasmodic. He was glad to find that the President agreed with him as to the non-existence of such a form. In Dr. Atthill's remark that dilatation was often successful at first in relieving the condition, but that it often recurred, he fully coincided. He had often verified the truth of it. He was sorry he could not agree with Dr. Kidd, who appeared to form his diagnosis from the result of treatment. He agreed that, *a priori*, one would almost always suppose that obstruction existed, so marked was the relief, at least for a time; but if he (Dr. Kidd) would take the opportunity of examining, as he (the speaker) had done, he would no doubt be convinced of the accuracy of his observations.

A CASE OF SCARLET FEVER IN A CANARY.

By FRANK OGSTON, M.D., ABERDEEN.

A FEW months ago, while attending a family in which scarlet fever had attacked two children, my attention was called to a cage containing four young canaries. I remarked that they seemed ill, as they were sitting moping on their perches, with their feathers ruffled up. The mother of the children said to me, "Doctor, I think they have gotten the fever. The grandmother (who had undertaken the nursing of the children) gave them some bread, which the children had been eating." The children were then desquamating freely.

Two days afterwards, when seeing the children, I found the canaries quite well and lively, all but one, which drooped more than before, and now could hardly stand. On examining the bird, its skin, under the feathers, was of a bright scarlet colour, unlike that of the others, which was of a yellow colour, like old parchment. It died the following day, after making efforts to swallow, as if its throat had been painful and swollen.

On inquiring why this one should have suffered so much, and the

others so slightly, I was told that it had eaten greedily of the bread left by the children, which the others had hardly touched, and that it had pecked away some of the loose epidermis from the lips of one of the children.

It certainly seemed to me that the bird had scarlet fever; and it at least should give us the caution that our domestic pets may not only spread this disease by conveying the infected epidermal scales on their fur or feathers, but also by taking infection from their owners, and directly infecting individuals of the human species in their turn.

OBSTETRIC MEMORANDA.

THE MODERN TREATMENT OF POST-PARTUM HÆMORRHAGE.

THE able and interesting report by Dr. Raglan W. Barnes, A.M.D., of a case of *Post-partum* Hæmorrhage, in the JOURNAL of August 30th, suggests this note. The author extols the treatment by intrauterine injections of pure liquor ferri perchloridi fortior, having failed to restrain the hæmorrhage by compression, ergot, ice-packing of the uterus, and injections of hot water.

Although the hot-water injections disappointed Dr. Barnes's expectations, it is a practice which has proved quite as successful in the hands of other practitioners as the injection of the iron solution did in his. If he had tried either of the following plans of treatment, no intrauterine interference might have been required.

The hypodermic injection of ergotinine has quite recently been very highly recommended (*vide Obstetrical Transactions*, vol. xxiv, p. 286) by Dr. C. Chahbazian of Paris; he states that the advantage of ergotinine over ergot is these: hypodermic injections do not produce local abscesses or indurations; they act more quickly, and produce more steady and permanent contraction. The action of the ergotinine given by the skin on the uterus is not certain, while that of the ergotinine *has not yet failed* (the italics are the writer's). As a general rule, the ergotine is never used when the uterus is not empty. Dr. Chahbazian does not, however, pretend to say that ergotinine replaces the intrauterine treatment of *post partum* hæmorrhage, though, in all cases but one, after the hypodermic injection of ergotinine, no other treatment had been necessary. It should, therefore, be used before any attempt at intrauterine injection is made.

Dr. W. C. Grigg (of Queen Charlotte's Lying-in Hospital) advises (*vide BRITISH MEDICAL JOURNAL*, January 12th, 1884) the internal use of vinegar as "almost the specific for *post partum* hæmorrhage." He gives it, after the expulsion of the placenta, in doses of a wineglassful of the pure vinegar, and, if necessary (which is seldom needed) he repeats the dose at the end of fifteen minutes. Dr. Grigg feels certain that he should not have obtained such favourable results with ergot as with vinegar; and, from his own experience, and from the reports obtained from his house-surgeons and midwives, he can confidently recommend the use of vinegar in *post partum* hæmorrhage. I have used it with the happiest results in a couple of cases lately, where there was a predisposition "to flood;" and when I had, according to my usual custom in such cases, given a preventive draught of ergot immediately before delivery (without producing the desired effect of either preventing or controlling the hæmorrhage). The vinegar-treatment was most successful; and it gives me the greatest pleasure to add my humble testimony to that of so eminent an authority as Dr. Grigg, on the rapid, steady, and permanent contractile power which vinegar exerts over the uterus in *post partum* hæmorrhage. J. D. McCaw, F.R.C.S., Portlengone, Belfast.

CLINICAL MEMORANDA.

GENERALISED SCLERODERMA.

SKIN-BOUND patients are rare. At meetings of medical societies they are sometimes exhibited as clinical curiosities. The interesting paper read on this subject by Dr. Alpagu Novello, at a meeting of the Medical Society of Conegliano, shows that this rare affection possesses considerable interest. Interesting also, both to physicians and surgeons, is the very graphic description and treatment of localised scleroderma by Mr. Sympton of Lincoln (*BRITISH MEDICAL JOURNAL*, June 7th).

Miss E., aged 33, came under my observation in the beginning of June last. She told me that she was a chronic invalid; that for years she had been relegated to the list of incurables; that she was a pronounced martyr to chronic rheumatism, gouty rheumatism, etc. I was merely asked to treat her for a little intercurrent affection. But