

rel containing the alcohol having been placed near some steam pipes, and having been subjected to more or less heat for a considerable time.

A CASE OF TETANUS.—A patient aged forty-four years died at the German Hospital on June 22d, from tetanus, which is believed to have been caused by the extraction of three upper teeth.

Miscellany.

A LAW FOR THE DETENTION OF CERTAIN PERSONS WITH SYPHILIS.

THE Massachusetts Legislature passed the following act just before it adjourned, so that it is now the law of the State:

SECTION 1. Any person who is confined in, or an inmate of, any State penal or charitable institution, a common jail, house of correction or municipal or town almshouse, who shall have the disease known as syphilis, shall at once be placed under proper medical treatment for the cure of such disease, and when in the opinion of the attending physician it is necessary for the proper treatment thereof, or that such disease is contagious, so as to be dangerous to the health and safety of other prisoners or inmates in such institution, the persons under treatment shall be isolated from such other prisoners or inmates until the contagious stage of such disease has passed, or until the time when in the opinion of the attending physician such isolation is unnecessary.

SECT. 2. When at the expiration of the sentence of any person who is confined in, or is an inmate of, any of the institutions named in section one of this act, such person shall then have the disease known as syphilis in its contagious or infectious symptoms, or in the opinion of the attending physician of such institution, or of such physician as the authorities thereof may consult, would cause the discharge of such person to be dangerous to public health and safety, such person shall be placed under proper medical treatment, and kept and suitably cared for as provided in section one of this act, in the institution where he has been confined, until such time as in the opinion of the attending physician such contagious and infectious symptoms shall have disappeared, and the discharge of the patient shall not endanger the public health. The expense of his support not exceeding three dollars and fifty cents a week shall be paid by the city or town where he has a legal settlement, after notice to the overseers of the poor of such city or town, or, if he is a State pauper, after notice to the State Board of Lunacy and Charity, of the expiration of his sentence, and of his condition. [Approved June 11, 1891.]

AN OBSTACLE TO SCIENTIFIC RESEARCH IN ENGLAND.

IN a dispatch, dated June 6th, the London correspondent of the *New York Times* says: "The principal biologists and scientists of England, headed by Lubbock, Lister, Lockyer, Playfair, Roscoe and others, to the number of one hundred and fifty, and backed by strong letters from Huxley and Tyndall, yesterday waited on Sir Michael Hicks-Beach, President of the Board of Works, for a second time, to beg that a license be found for the British Institute of Preventive Medicine, and for a second time met with a refusal. Their eloquent speeches laid stress upon the national disgrace of a situation in which English students of bacterial growths were compelled to go to

Paris, Berlin, and Vienna to study their science, and intelligent inquiry and experimental research were forbidden on English soil, as if it were an impious thing to seek for wisdom in the science of saving human life. Sir Michael Hicks-Beach gave an evasive and roundabout reply, which the London *Times* editorially translates as meaning that the anti-vivisectionists have many times more votes in England than all its men of science put together. English laws pay great attention to conserving the rights of rich men to breed hares, rabbits and game birds for annual slaughter and maiming by shooting parties, but they sternly punish a man of science who chloroforms one of these rabbits for purposes of experiments having no earthly purpose but to increase knowledge as to saving human life. But without these grotesque paradoxes this wouldn't be England."

IS MALIGNANT PUSTULE AN ACCIDENT?

SIMILAR questions have been discussed in different courts, suit being brought to compel accident-insurance companies to recognize different forms of septic infection as an accident. In a recent trial in Albany a case was tried in which a man who had a policy in such a company in some unknown way became afflicted with a malignant pustule, which formed on his lip and from the effect of which he died.¹

The reasoning of the plaintiff's attorney was, that the pustule was the result of an external injury, accidentally received; that the pustule, which fastened on his lip, came suddenly from the outside; it was not a disease, and death was therefore effected through accident.

The facts proved were these: That car-loads of hides frequently passed the railroad station where the insured was employed, and that a large number of cattle are brought there and slaughtered in the vicinity.

There was no direct proof that the deceased ever came in immediate contact with the hides or flesh of those animals or swallowed anything affected. Several physicians testified, among them F. A. Harris, M.D., of Boston, to the effect that a case of malignant pustule is not a disease, in the strict sense of the term, but a pathological condition of the system, caused by the accidental infliction of diseased or putrid animal matter, infested with bacteria or anthrax bacilli upon the thick skin of the lip, whence the bacilli multiply and are diffused through the system. In speaking of it he said that there had been noted epidemics of the disease.

The defence claimed that an epidemic disease was inconsistent with an accident theory. Also, that a pathological condition is not an accident in a legal sense. As it was also claimed that it was a carbuncle, the judge charged the jury that if it was a carbuncle, the plaintiff could not recover; but that if it was a malignant pustule, he could. The verdict of the jury was conclusive that it was a pustule. A verdict was given for the plaintiff.

In the Court of Appeals the principal case relied on as a precedent by the plaintiff was a recent one in which a guest at a hotel died from the involuntary inhalation of illuminating gas while asleep. This had been decided to be an accident within the meaning of an accident-insurance policy.

¹ Brooklyn Medical Journal, June, 1891.

The Court of Appeals divided in this case on the question involved, Judge Peckham leading the majority, including also Judges Andrews, Earl, Finch and Gray; while Judge O'Brien wrote a dissenting opinion, which was concurred in by Chief Judge Ruger. The judges on both sides considered the Paul case, Judge Peckham arguing that the latter case was like death by drowning; that it did not produce a disease, but sudden death without disease and from causes without the person or control of the sufferer; that from the evidence of the expert physicians called for, the plaintiff showed clearly to his mind that death from pustule was regarded generally by the medical world as death from disease; that the definition given by them as to the difficulty being "a pathological condition of the body and not a disease, is upon these facts entirely too fragile to base a recovery upon."

Judge O'Brien considered in the dissenting opinion, that the case was identical in principle with the "Paul" case and "that an infliction of animal virus by some exterior force or power" "was a bodily injury effected through external, violent and accidental means."

In this case, although the judges of the court of last resort were divided, the view of the majority of the court is that the cause of death, while in its nature somewhat accidental, was yet from a disease; that a recovery could no more properly be had than if the insured had inadvertently passed through a hospital filled with persons sick with scarlet fever or small-pox, and had contracted by infection either of those diseases. It is therefore decided in the State of New York that death from malignant pustule, contracted by contact, is not an accident as against an accident-insurance company.

SYPHILIS OF THE LUNG.

IN view of the interest at present taken in this subject, and in connection with the paper by Dr. T. E. Satterthwaite, recently published in the *JOURNAL*, a paper by Dr. W. T. Councilman,¹ of Johns Hopkins University, on the subject is especially interesting.

After going over the history of the subject, Dr. Councilman describes fully two typical cases of syphilis of the lung, which died at the hospital. In one, especially, the extent and acuteness of the lesions offered the most favorable opportunity for the study of the process. In concluding the author says that it is interesting to find that the essential process in the production of gummata in the lung is a pneumonia with fibrinous exudation, accompanied by fibrous thickening of the alveolar walls, the whole undergoing caseation. It would seem that the gummata were produced where the action of the virus was most intense. Necrosis of the tissue takes place before there is time given for the development of connective tissue. The large gummata which were surrounded by the connective tissue had sharp edges, and there seemed to be no advance of the necrosis. The smaller ones, which were surrounded by the acutely-altered lung with exudation in the alveoli, were increasing by an extension of the necrosis. Where the action of the virus was less intense there was time given for the development of connective tissue, which in some

instances seemed to grow into the altered lung from the fibrous tissue around the arteries and bronchi. In other instances the connective tissue apparently developed from the walls of the alveoli.

The close analogy between tuberculosis and syphilis of the lung is shown by the formation of the gumma, being essentially a caseous pneumonia. The chief lesions in the tuberculous lung are the results of a caseous pneumonia, but there is a wide difference in the nature of the processes. The tuberculous caseous pneumonia is the direct action of the tubercle bacilli on the tissue. The exudation is almost entirely cellular, and the result is a mass of dead cells which can undergo no further change except a liquefaction of the cells themselves or the substance between them, as the result of either the further action of the tubercle bacilli or other organisms which have entered the tissue. In the gumma the primary process is the atrophy of the alveolar walls, due most probably, to a hyaline degeneration of the capillaries. The whole thing, the epithelial cells within the alveoli, the vessels and the alveolar walls, all gradually undergo the hyaline metamorphosis and become changed into a dense solid mass of hyaline. This hyaline seems to be one of the most resistant substances, and when once formed shows no more tendency to undergo further change than does the closely related amyloid substance. The author considers that there is no such condition as syphilitic phthisis. In the syphilis of the lung there is only the production of connective tissue and the dense hyaline gummata. There is an entire absence of the ulcerative processes which we find in tuberculosis. Instead of a caseous bronchitis, with destruction of their walls, there is the same process of connective tissue formation in the bronchi leading to their obliteration that we find in the alveoli. There may be bronchiectases produced by effects of the contraction of the fibrous tissue which has formed around the neighboring bronchi. In some of the other cases reported there were cavities described with perfectly smooth walls, which were almost certainly bronchiectases. One cannot make much of the cases reported. Most of them were published before the discovery of Koch, when our means for diagnosing tuberculosis were not so accurate as they are now. A case was recently reported by Potain of mixed syphilis and tuberculosis. The author regarded this as an attack of the tubercle bacilli on the syphilitic product.

In both of the cases reported sections were stained and examined for tubercle bacilli, but in neither case were any found. The important point which has come out in this investigation, is the hyaline degeneration of the capillaries. It would not do to claim this as a special effect of the syphilitic virus in all syphilitic lesions, but in the lung it certainly seemed to be the primary lesion. The mode of formation of the gummata by a pneumonia, with a termination in necrosis, is also interesting, because in this way most of the tuberculous lesions in the lungs are formed. The hyaline degeneration of the capillaries, of the cells in the exudation, and of the necrotic masses, would seem to be a special feature in syphilis. Another feature which was most prominent was the absence of leucocytes in the exudation, although all the conditions which they usually accompany seemed to be present. It is probable that the hyaline and thickened vessels offered a greater impediment to their exit.

¹ The Johns Hopkins Hospital Bulletin, No. 11, 1891.

THERAPEUTIC NOTES.

SPASM OF THE GLOTTIS.—Sir Morell Mackenzie finds that by exciting a rival reflex, the laryngeal spasm is at once overcome. By exciting a paroxysm of sneezing, immediate relief is procured. This is best done by the inhalation of a pinch of snuff into the nares, or pepper may be used in the same way. It is sometimes possible to produce sneezing by tickling the nasal mucous membrane.

ECZEMA OF THE ANUS AND GENITAL ORGANS.—Lustgarten advises the following ointment:

R Oleate of cocaine . . . gr. xij to xxiv.
Lanolin 3 ℥.
Olive oil 5 ℥. M.

Apply twice daily, and after each application powder the affected part with an absorbent powder.

IRRITATING EYE-WASHES.—Franke¹ calls attention to the fact, that the instillation of solutions of atropin, eserin and cocaine into the eye frequently gives rise to acute conjunctivitis. The reason of this is that these solutions are not antiseptic and generally contain mould or fungi. If these remedies are added in the desired proportion to a 1:10,000 solution of bichloride of mercury, they will be kept antiseptic for an indefinite period, and not give rise to any irritative symptoms.

STYRONE IN CHRONIC PURULENT OTITIS MEDIA.—Cheltsoff² ascribes great value to styrene in the treatment of middle-ear disease. Very good results were obtained by syringing with the following:

R Styrene gr. xx.
Alcohol 1 3 ℥. M.
Sig. One part of the above to 20 parts of water.

ICHTHYOL.—Unna recommends the use of this substance in the form of a varnish, which may be painted on to the skin:

R Ichthyol } 5̄ 40 parts.
Starch } 1 part.
Albumen (in solution) 100 parts. M.
Water

Mix the starch with the water, then add the ichthyol and the albumen.

R Ichthyol 50 parts.
Starch 100 parts.
Carbolic acid 5 parts.
Water 45 parts. M.

Dissolve the ichthyol and carbolic acid in hot water, and add the starch.

ERYSIPELAS.—Cayet³ has obtained the best results by spraying the following solution on to the affected parts three times a day for about a minute:

R Hydrargyri chloridi corrosivi } 5̄ gr. xxiv.
Acidi citrici }
Alcohol 3 ℥.
Ætheris 3 v. M.

SULPHATE OF COPPER IN OBSTETRICS.—Tarnier⁴ has for some time been using a five per cent. solution of sulphate of copper for washing out the uterus and vagina after delivery, and is very well satisfied with the results. From control experiments made with streptococci and staphylococci, and from his clinical experience he believes that he has proved that in this substance we have a readily obtainable, cheap, very soluble, relatively non-toxic, and an unusually active

disinfectant; although it is not entirely free from disadvantages. In cases where corrosive sublimate is contraindicated, sulphate of copper should, he thinks, have the preference over every other antiseptic.

Correspondence.

THE EFFECT OF TOBACCO ON PREGNANCY.

CHICAGO, June 15, 1891.

MR. EDITOR:—I would like an expert opinion in the following somewhat unusual case. A married lady friend of mine, who occasionally does me the honor to consult me upon obstre problems of various kinds is now in the second month of pregnancy with her first child. She is thirty-two years of age, married two years, very anxious to bear healthy offspring. Since her marriage she has acquired the habit of indulging in a quiet smoke, with or without her husband, but entirely with his approval. Smokes about three small pipes of mild tobacco a day. Over-indulgence—say a large pipe—produces nausea; cigars produce violent nausea. But within her usual limit the practice seems beneficial to her. She is of the nervous-anguine temperament, very excitable, and small doses of the fragrant weed “settle her nerves,” to use her own expression. The practice has become a habit.

(1) What would be the effect upon the health of mother and embryo, especially the latter?

(2) Should the practice, of necessity, be given up during pregnancy?

(3) What would be the effect upon lactation?

Opinions will greatly oblige PHARMA.

N. B. The patient spoken of above has a slight (compensated) mitral regurgitation, but has not suffered from it recently.

[We have had no personal experience which would warrant our giving an expert opinion of this case; but the well-known experience of Spanish women would seem to indicate that tobacco does not necessarily exert any untoward effect on the gentler sex. We would answer the questions propounded, namely:

(1) It does not seem reasonable that tobacco, used as moderately as by the woman in question, would produce any ill effect on either mother or embryo; indeed, it is not unlikely that in the above case the effect of the weed is beneficial to the mother.

(2) No; certainly not so long as there is no apparent ill effect.

(3) Probably no effect.

Ed.]

METEOROLOGICAL RECORD,

For the week ending June 20, in Boston, according to observations furnished by Sergeant J. W. Smith, of the United States Signal Corps:—

Date.	Barometer.		Thermometer.		Relative humidity.		Direction of wind.		Velocity of wind.		Weather.		Rainfall in inches.	
	Daily mean.	Daily mean.	Maximum.	Minimum.	8.00 A. M.	8.00 P. M.	Daily mean.	8.00 A. M.	8.00 P. M.	8.00 A. M.	8.00 P. M.	8.00 A. M.		8.00 P. M.
S..14	30.01	75	88	63	57	44	50	W.	W.	9	10	F.	C.	
M..15	29.91	81	95	67	53	51	52	W.	W.	11	3	C.	C.	
T..16	29.79	85	96	73	46	57	51	W.	W.	12	10	F.	O.	
W..17	29.87	61	69	53	81	97	89	N.E.	N.E.	29	18	O.	R.	1
T..18	29.90	51	53	49	90	100	95	N.E.	N.E.	24	12	R.	R.	.82
F..19	29.84	51	59	50	97	100	98	N.E.	E.	11	10	R.	R.	.06
S..20	29.92	57	60	54	100	100	100	N.E.	N.E.	7	4	O.	O.	.14

* O., cloudy; C., clear; F., fair; G., fog; H., hazy; S., smoky; R., rain; T., threatening; N., snow. † Indicates trace of rainfall. — Mean for week.

¹ Deutsche Med.-Zeitung, May 4th.
² Bolnitchnaya Gazeta Bolkina, May 9, 1890.
³ Centralblatt für Klin. Med., April 26th.
⁴ Centralblatt für Gynäkologie, May 8th.