

to slough unless the precaution is taken of making several punctures in the lids with the tip of a lancet. This relieves the tension and the lids soon recover themselves. If this point should not be attended to, a portion of the skin covering the lid sloughs, a cicatrix is formed, which, after a time, contracts, thus causing the lid to become everted, and in time the sight of the eye is destroyed.

Much has been written about the spread of erysipelas from case to case and bed to bed. In some hospitals wards are set aside expressly for such cases, where they are crowded together, and the result is simply to lessen the chances of the worst and feeblest cases recovering. A person suffering from this disease wants as much fresh pure air as possible, and this result cannot be attained if several similar cases are collected together. There is one way, and one way only, of a person in a bed near an erysipelas case contracting the disease from that case, and that is by using the same sponge, towel, or by the attendants carrying clothing from one bed to the other, or after handling an erysipelas case going on to some other case without first carefully washing their hands. I have seen patients suffering from erysipelas scattered about a ward among all sorts of cases without the slightest evil result, great care being always taken to have a separate sponge, towel, etc., for each case, and to wash one's hands carefully before passing on to the next bed. These precautions being taken, I am quite certain that no fear need be entertained of the disease spreading from bed to bed as is sometimes the case. Erysipelas will hang about a bedstead for months, and each successive case will suffer in a greater or lesser degree from it. I remember a case in point: a patient, with fracture of the tibia, had an attack of erysipelas. About a month after he left the hospital, another case of fracture of the leg was placed in the same bed. Erysipelas attacked this man's leg. By a strange chance, six weeks or so after his dismissal, another case of broken leg was admitted and was so unfortunate as to be placed in this same bed. The result was that he had an attack precisely similar to the two preceding cases. During the interval between the admission of each of these two cases, the bedstead was thoroughly scrubbed with a solution of carbolic acid and the bedding completely changed. More care should be shown in thoroughly disinfecting all articles that have been used for a case of erysipelas than in setting aside a special number of beds or a ward for such cases, such beds and such wards becoming in time so completely saturated with the poison that nothing short of a fire will disinfect them.

When writing about disease of the shoulder, I omitted to mention a very interesting case of acute inflammation followed by complete destruction of the shoulder-joint, occurring in a baby three months old. When the mother brought it to the hospital it had been suffering about a week, had lost flesh rapidly and was nearly worn out with pain. There was much redness and swelling about the joint, and the axilla was filled up with pus. A small opening was made in the axilla, from which a large amount of matter escaped. In spite of every attention at the end of a fortnight the child died from exhaustion. The structures forming the joint were completely disorganized. The mother was a perfectly healthy woman, and there was no reason for suspecting that the child had been ill-used in any way.

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Progress of Medical Science.

THE TREATMENT OF WHOOPING-COUGH WITH QUININE.

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I am well aware that every therapeutical assertion, especially concerning pertussis, is to be accepted with the utmost caution, and that value can be placed upon such only as have been well tried and are based upon careful clinical study.

I deem it, however the duty of every physician, after having carefully observed the value of any one therapeutical agent in the cure of some one disease, to make the same known to the profession, whereby its real value may be proven or its worthlessness exposed. In advocating the use of quinine in pertussis, I am fortunate in being able to support my own experience with that of one whose name is well known on both continents, and whose contributions to the progress of medical science are always received as the teachings of one speaking with authority. I refer to Professor Binz, of the University of Bonn, Germany.

In 1870, a paper on "The Use of Quinine in the Diseases of Children" was contributed by him to this journal, (Vol. III, No. I, May, 1870,) in which he advocated the use of quinine in pertussis, and stated that in his hands it had accomplished valuable results. Considering pertussis to be a neurosis of the pneumogastric nerve, caused by infectious and irritating mucus that has accumulated in the larynx and pharynx, and having found by experiments that quinine destroyed, even when highly diluted, all structures found in normal mucus, he supposed, without taking into consideration the more