The patient made a rapid, uninterrupted recovery, union by first intention, and was discharged October 17th, 1883.

Eleven months later, she returned, looking very poorly. She had lost some flesh, and was much reduced in strength. Four months after the first operation, the disease returned, and has increased gradually since, attended by more pain. There are two nodules in the old cicatrix, and a third over the ensiform cartilage. Patient was etherized, and the nodule, together with the old cicatrix, removed. The rib was well scraped with a curette. The nodule over the ensiform cartilage was not attached, and was easily removed. The convalescence was tedious, wound healed by granulation, but in six weeks she was able to go home, October 25th, 1884.

A CASE OF EXSTROPHY OF THE BLADDER.

PLASTIC OPERATION — SURGICAL SCARLET FEVER.

Robert M., nine years old, born in Boston, of Irish parents, has been afflicted since birth with a congenital deformity due to failure of complete development of his genito-urinary system. The pubic bones have failed to form the pubic arch for the support of his abdominal organs. There are large double herniæ extending into partially formed inguinal canals. On the perineum is a patch of scrotal integument, but no scrotal sac or tunica vaginalis. The testes can be felt in the inguinal canals just in front of the herniæ. Between these two herniæ is the exposed bladder, its dark red mucous membrane presenting in three folds or lobes, between which are seen the courses and openings of the ureters. At the base of the bladder is a large, well-formed glans penis, without corpora cavernosa or corpus spongiosum. There is no urethra proper, but on either side of the glans penis is a small opening from which the urine dribbles. The folds of the groin and front of the thighs are constantly bathed in the urine, rendered ammoniacal from the constant cystitis which the exposed bladder is subject to.

November 9th, 1883, the patient was operated on, under ether, by Dr. Gay. A longitudinal flap from the umbilical region, and hingeing on its lower border, was brought down like an apron over the exstrophied bladder, the epidermal surface in apposition with the bladder. Two flaps were now taken from the inguinal regions, their pedicles near the perineum. These were brought up over the "apron flap," and united in the median line. Shirt-button sutures were passed from side to side to prevent stretching of the flaps. Drainage tubes were inserted on either side of the glans penis for the discharge of urine.

Patient did well after the operation, but on the third day he had an attack of surgical scarlet fever, which lasted ten days. A fine erythematous rash appeared over his chest and abdomen, which was preceded by vomiting and loss of appetite. The next day the rash had extended on to the shoulders, and down about the wounds and flaps. The wounds were now covered by grayish sloughs, with thickened edges; the rash extended on to the thigh. In four days the slough had cleared off, leaving healthy granulations beneath. The rash also disappeared without further extension, and unattended by desquamation. No sequelæ followed the attack, and the child improved rapidly.

At the end of two weeks, the flaps were generally adherent to each other, the sutures were removed, but the urine continued to leak from the sides, and through sinuses between and under the flaps. There was a phosphatic deposit formed on the under side of the apron flap, which blocked up the drainage openings, but, by careful daily irrigation with warm water, the incrustation was removed. The glans penis was amputated to give a freer outlet for the urine, and the condition of the boy improved. The flaps healed down, leaving a solid abdominal wall, and the urine all escapes through the aperture. He was fitted, by Messrs. Leach & Greene, with a metalic cap, which catches his urine, and conducts it through a rubber tube into a reservoir suspended between his legs.

The peculiar method of making the flaps adopted in this operation is worthy of special attention, from the fact that, owing to the position of the pedicles, one being above, and two below the exposed mucous membrane, as the tissues contracted, the flaps were not displaced, and the interior of the bladder was not exposed, as is apt to be the case, if the pedicles are all situated above or on the sides of the viscus. It is now over two years since the operation was performed, and the boy's condition is entirely satisfactory. He is fat and rosy, and the urinal catches the water, so that he is not a nuisance to himself and to every one about him. There is no cystitis, and no gravel; in short, the urine is normal, and it all escapes from a small opening in the center of the prominent flaps over which rests the urinal.

Pharmaceutical Memoranda.

PHARMACEUTICAL NOTES.

BY B. F. DAVENPORT, M.D.

A SUBSTITUTE FOR IODOFORM.[1]

IODOL is a dark powder, obtained from "Dippel's Animal Oil." It has but little smell, and is soluble in three parts of absolute alcohol, but only in five thousand parts of water. More than two hundred observations on various diseases, have been made with it in the Royal Surgical Institute in Rome. It was used suspended in glycerine, dissolved in alcohol and glycerine, and as an ointment. Chancres were washed with water, dried, and then sprinkled with iodol powder, and covered with silk-protective, the dressing being changed daily. In six days' time, the base of the chancre began to granulate, and the edges to show signs of commencing cicatrization. Under like treatment, open buboes soon improved and healed up. With single indolent ulcers, it proved equally valuable.

DEODORIZATION OF IODOFORM.[2]

Dr. Stout finds the best effect, without altering the therapeutic effect, are to be obtained from coumarin, vanillin, and cinnamic acid. Combined with one-fifth part of its weight of cinnamic acid, it can be used as a fine powder, the acid acting both as a deodorizer and as an antiseptic. One-ninth part of coumarin covers the odor the best. Dr. Stout recommends that mixture of the fine powders be made, and kept in a stoppered bottle one or two months before use.

GERHARDT'S PLUMBUM CAUSTICUM.[3]

Gerhardt, of the Würzburg Syphilitic Clinic, finds a caustic composed of caustic potash and lead oxide,

[1] Lancet, November 28, 1885.
[2] Therapeutic Gazette, August, 1885, page 511.
[3] Lancet, November 1, 1885.

the best means of removing condylomata, as it does not penetrate deeply, yet will destroy a condyloma in a single sitting. It produces a blackish slough where it has been applied.

PARALDEHYDE AS A HYPNOTIC.[4]

Paraldehyde has been used in the Insane Hospital, at Norristown, Pa., in doses from m. fifty to seventy-five, whereby, in the majority of instances, a quiet sleep of two to seven hours, have been induced in ten to fifteen minutes after its absorption. It seems to have no particular action upon either heart or respiration, as in natural sleep, the subject is easily aroused, but soon drops off again when let alone. No convulsive effect or dreamy stimulation of the mind has been observed, its first effect being apparently upon the cerebral hemispheres. The only undesirable feature thus far observed is the disagreeable odor of the breath, which lasts twelve to twenty-four hours. It does not act as an anodyne.

Dr. Hodgson finds it especially useful over chloral in gout, as it helps to maintain the excretion of urine, well charged with its usual solid constituents. It is, however, objectionable in irritable or inflamed condition of the throat or stomach, being liable to aggravate these. It should be well diluted when taken, and the following is a good preparation for it:

℞

Spts. Chloroform	mxv
Paraldehyde	ʒj
Syr. Aurant.	ʒiv
Mucilag. Acaciæ	
" Tragacanth āā q.s. ad.	ʒiij

S. Take the above at bed-time. It may be repeated in an hour or two, if necessary.

It has been found better to repeat a small dose than to give it in single larger doses.

PHENYLMETHYLACETONE.[5]

This compound acetone Messrs. Dujardin-Beaumetz and Bardet have found to possess very intense hypnotic properties. They claim it to be superior in action to chloral, and even to paraldehyde. Given in doses of 0.05 to 0.15 grams, mixed with a little glycerine and enclosed in a gelatine capsule, it determines a profound sleep, and is especially useful in cases of alcoholism. Like paraldehyde, however, it gives a disagreeable odor to the breath, but this may be an advantage over chloral, in that it will prevent its use being concealed. It has not thus far been found to produce intolerance.

THE AVERAGE COMPOSITION OF MILK[6]

As Reported by the Leading Authorities of the World.

The accompanying tabulated statement, compiled by Professor James F. Babcock, Boston, showing the average composition of milk from the reports of the leading authorities of the world, abundantly fortifies the ground taken in relation to the fixing of a standard of quality for milk. It is this standard against which the milk dealers rebel, claiming that it is much higher than any known facts regarding pure and wholesome milk will warrant. This statement completely refutes their persistent assertions, and leaves them absolutely no ground to stand upon.

[4] Philadelphia Medical Times, May 16, 1885. British Medical Journal, July 18, 1885.
[5] Comptes Rendus, ci., 960.
[6] Massachusetts Ploughman, December 19, 1885.

Authority.	Solids.	Fat.	Not Fat.	Ash.
Average proposed by M. Bondet and adopted at Paris, 1857.	13.00	4.00	9.00	70
Average of a number of farms near Paris, Five districts (Adam)	13.10	4.10	9.00	70
Report of the (1885) Paris Municipal Laboratory — Average of all authorities quoted	13.30	4.00	9.30	70
Babcock — Milk Inspector Boston, 1885. 80 samples as delivered by milkmen.	13.30	3.50	9.80	70
Wurtz (leading French authority) Average of large number of analyses.	13.50	4.00	9.50	60
J. Carter Bell. Average of 181 cows.	13.60	3.70	9.90	76
New York Diary Commissioner's Report 1885 — Average of 296 cows	13.73	4.21	9.52	71
New Jersey State Board of Health — Average of 85 diaries.	13.80	4.22	9.58	65
Davenport — Average of 18 Native Cows.	13.82	3.84	9.98	64
Poggiale — Average of 10 analyses.	14.00	4.30	9.70	70
Average of a large number of analyses by Bouchardat.	13.30	4.10	9.20	70
Davenport, Milk Inspector of Boston, 1884, Average of 31 cows (Grade Ayshire)	13.32	3.70	9.62	
Cameron — Average of 100 cows of the Russell Farm (England)	13.40	4.40	9.00	70
Cameron — Average of 42 cows at the Agricultural Institute, Dublin.	13.40	4.00	9.40	70
Davenport — Average of 3 diaries of 56 cows.	13.45	3.79	9.66	66
Sharples — Report of American Academy of Sciences — Average of 19 cows.	14.49	4.83	9.66	66
Average of the above 16 authorities.	13.53	3.91	9.62	68

During the month of November, 100 samples of milk, from as many milkmen in the city of Boston, were analyzed at the Milk Inspector's office. Of these, 10 proved to be adulterated, and were complained of in the Municipal Court.

The average of these samples, including the adulterated samples, was as follows:—

Total Solids	13.01
Fat	3.37
Solids not fat	9.64
Ash	.62

If milk, of which 10 per cent. of the samples was known to be adulterated, averages 13 per cent. of solids, does not this show conclusively that 13 is a fair standard for any honest milkmen, or milk producer?

Reports of Societies.

BOSTON SOCIETY FOR MEDICAL IMPROVEMENT.

E. M. BUCKINGHAM, M.D., SECRETARY.

DECEMBER, 28, 1885, the president, DR. F. W. DRAPER in the chair.

DR. A. T. CABOT showed the specimens and read the notes of two cases, the first case being

A TUMOR OF THE BLADDER, COMPLICATED BY THE PRESENCE OF A CALCULUS.

The patient, a woman of seventy-three, first noticed ten months ago, that her water was thick and brownish. Within the last four months she has at times noticed blood in the urine, and during the past three