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THE CANADA MEDICAL RECORD.

VOL. IX.

MONTREAL, JUNE, 1881.

No. 9

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Original Communications.

CASE OF PERITYPHLITIS.

By GEORGE E. ARMSTRONG, M.D., C.M.,

Professor of Anatomy, Faculty of Medicine, University of Bishop's College, Montreal; Attending Physician Woman's Hospital.

On the 16th March I was asked to see Mr. J. M., æt. 38 years, a man of medium height, spare build, dark hair and complexion. I went to his residence, and found that he had been sick for about a fortnight, under the care of Dr. Rodger, who, being exceedingly busy, had requested them to get some one else to attend.

I found well-marked symptoms of saturnism present—a pale anæmic look, together with an icteroid tinge of the integument and conjunctiva, fætor of the breath, a blue line along the margin of the gums, furred tongue, anorexia, constipation, muscular weakness, and severe paroxysmal pains in the abdomen, confined to the umbilical region. The abdomen was slightly tympanitic, and pressure and percussion over the abdomen were moderately well borne. His temperature was 99.5 F., pulse 92. The integument over the right iliac region was œdematous, and presented many bluish spots, giving to it a peculiar mottled appearance. On pressure being made in this region there was an indistinct feeling of localized fullness, and

the patient complained of pain. The percussion note over this circumscribed fullness was dull, but quite clear and tympanitic all around. The tumor was deep-seated and immovable. No fluctuation could be made out. Digital examination of the rectum discovered nothing. Liver and spleen were a little enlarged, heart and lungs healthy. The only cause he could assign was that a couple of weeks before he took sick he had strained his right side in lifting. He felt it sore for a few days afterwards. Dr. Rodger told me that the patient had had some local peritonitis in the right iliac fossa, and that he had had mustard and turpentine applied, followed by linseed-meal poultices. As he still complained of some soreness here, I had the poultices continued. On the 18th he had a little diarrhoea, and I ordered Castor Oil $\frac{3}{4}$ ss., which relieved it.

On the 20th he had a rigor, and from that date until the 5th April, a period of 15 days, he continued to have rigors, which were irregular in time of occurrence, and varied in severity and duration, generally having 2 or 3 in 24 hours. Occasionally he had none for a day or two. They were all attended by a high fever, the temperature running up to 104° or 105° F., and on one occasion, immediately after a severe rigor, his temperature was 106. They were followed, as a rule, by profuse exhausting perspiration, and the temperature would fall to 99 or even normal. They were either accompanied or followed by retching and vomiting.

He had several attacks of epistaxis. On the 23rd I asked Dr. Fenwick to see him with me, particularly as to the advisability of making an exploratory puncture according to the plan recommended by Dr. Willard Parker in 1867, and if an abscess was found to empty it, but he did not think the evidence of the presence of an abscess sufficiently well marked to do so. He advised the administration of a large dose of *ol. olivæ* to make sure that the cæcum was emptied. This was done, but it did not throw much light on the case. On the 4th April Dr. R. P. Howard saw him, and agreed with me that the symptoms were those of septicæmia, and suggested the possibility of hepatic suppuration.

On the 5th April a smart diarrhœa set in, 10 or 12 stools in 24 hours. The first three or four stools had been emptied before I saw them. His wife thought she had seen some matter in the first, but was not very sure. Those that I saw were fluid of a yellow color, and horribly fœtid, the smell sometimes causing the patient to vomit. I had all the stools kept until I saw them, for a day or two, but never found any trace of pus in them. The diarrhœa continued for ten days.

After the onset of the diarrhœa he had no more rigors, and for 27 days or until the third of May his condition steadily improved. His temperature ranged from 99° to 100°, occasionally rising to 100½°. His pulse fell from 140 to 112, and one day 92. The vomiting was less, though it never entirely ceased. Bowels became quite natural, one or two well-formed stools each day, the abdominal pain disappeared entirely; he took considerable nourishment, and was looking and feeling much better.

On the 3rd May when I saw him he was not so well. His temperature was 101.5°, pulse 130, and he complained of severe pain in his stomach, and the nourishment taken that morning had been immediately returned. From the 3rd until the 15th May, when he died, he was unable to retain any nourishment of any kind, and became rapidly emaciated. His bowels remained quite regular; no albumen was found in his urine at any time during his illness. On the 13th May I noticed for the first time dullness on percussion in the right loin, which extended round across the abdomen to within 6 in. of the *linea alba*; above, it was continuous with liver dullness, and below with the dullness in the right iliac fossa. There was no bulging nor any sense of fluctuation. Hepatic dullness

extended from the lower margin of the 7th rib to 2 in. below the margin of the ribs in the line of the right nipple. Percussion showed the spleen somewhat enlarged, though I could not feel it on palpation. Heart and lungs healthy. Pulse 130, temperature 103.5°. The next day, Dr. Fenwick being present, I introduced the needle of a hypodermic syringe into the right loin, and drew off clear serum. I then introduced an aspirator needle, and drew off three half-pints of the same. His temperature was then 104°, pulse 144. Immediately after the operation for the severe pain in the epigastric region I gave him a hypodermic injection of M xxx. of Battley's sedative solution. He died the following morning, seemingly from inanition. At the autopsy performed by Dr. Osler, an abscess was found behind the cæcum which communicated with the cæcum by a small round opening. No concretions were found in the abscess. The cæcum and ascending colon were healthy. Considerable serum was found in the cavity of the peritoneum.

Treatment.—For the lead poisoning, which seemed to be the principal trouble when I first saw him, I ordered potass. iodid., grs x. four times daily, and morphia to relieve the colic. Ten days afterwards the symptoms of lead poisoning had completely disappeared. When the symptoms of septicæmia came on I placed him on a mixture containing bark and ammonia, to which was afterwards added at Dr. Fenwick's suggestion dilute nitro-muriatic acid; also gave him each day in a single dose quinia bisulph., grs. x. to grs. xx. in powder, trying to give it a couple of hours before a chill, which, however, was not easy to do on account of their irregularity. For the persistent retching and vomiting he had bismuth trisnit, morphia, soda, oxillate of cerium, malto pepsyn, etc., and mustard applied over the epigastrium, but nothing seemed to relieve it. At Dr. Howard's suggestion he took dialysed iron for some time.

Nourishment was given in varied forms, milk and limewater, beef tea, egg-nog, raw eggs beat up in coffee, raw oysters, raw beef, &c. For some time I gave him enemata of dessicated bullock's blood with I thought some benefit.

I believe the case to have been one of inflammation of the cellular tissue behind the cæcum and of that part of the peritoneum immediately surrounding it, suppuration and the formation of an abscess taking place in the cellular tissue which ruptured into the cæcum; the chills to have been due to blood poisoning. It seems

to me that the complete cessation of the chills upon the occurrence of the diarrhoea, which probably corresponds to the rupture of the abscess into the cæcum and the escape of the pent-up pus, bears out this view. I cannot understand why he did not continue to improve. Why did he begin to fail on the 3rd May? I would like the opinion of some of the more experienced members of the Society on this point. Was it in anyway due to the lead poisoning? Could he again suffer from lead poisoning without subsequent exposure to lead?

Dr. Henry B. Sands, of Brooklyn, reports 26 cases of perityphlitis. 22 of these were observed in males and 4 in females, thus confirming the fact already established of the comparative rarity of this disease in the female sex. Ten of his cases terminated in resolution without evidence of suppuration. In three cases there was conclusive proof that an abscess had formed, had emptied its contents into some neighboring hollow viscus, two into the bowel and one probably into the bladder, and had been followed by rapid recovery. Eleven cases were treated by operation; of these all recovered but one, in which the patient would not consent to the operation until the 9th week, when the abscess pointed over the middle of the crest of the ilium. He died of septicæmia. Concretions were found in four of the eleven cases treated by incision. Two cases terminated without the abscess discharging its contents either externally or internally. In both cases a large abscess was found on post-mortem examination, and in one of these there was also discovered in the brain changes characteristic of purulent meningitis.

Dr. Flint advises the early operation for the relief of a perityphlitic abscess by opening it as soon as the nature of the case is determined without even waiting for fluctuation. He refers to the operation being performed by Hancock of London in 1848.

Habershon in his work on diseases of the abdomen reports a case in which death followed from exhaustion, after large abscess behind the colon in a tubercular patient had emptied itself into the cæcum.

NØGGERATH'S OPERATION.

By Dr. C. E. NELSON, New York.

Complete ablation of the womb, including or not the ovaries, was, up to a recent period, thought incompatible with the life of the patient; of late, the German gynecologists, with Freund at their head, have fearlessly led the way, achieving an amount of success sufficient to warrant the placing

of this operation almost on a basis similar to that now held by ovariectomy, which latter Velpeau and other Parisian surgeons said "should never be performed."

Freund's operation has been the operation performed in Germany until recently; also, modifications of the same. This method consists in making a median abdominal section, through which are taken out womb, with or without ovaries, after disengaging these organs from their connections; the upper end of the vagina, now open at the top, is then sewn up, the suture threads hanging out through the vulva. The other German gynecologists since modified this operation, in leaving the cut end of the vagina open, it healing up subsequently by granulation; in the meantime a Bardenhauer's rubber drainage tube is inserted through the cut end of the vagina from below, the upper portion, "abdominal" (which is only a quarter of the diameter of the "vaginal" portion), passing out upwards, through the abdominal incision; the upper and lower wounds heal along and up to the tube. To prevent hernia of the intestines through the vaginal wound, a flange is attached to the upper end of the "vaginal" portion of the tube; this flange fits closely against the vaginal wound; there are lateral holes in the tube, to permit of sluicing the parts with detergent injections, and also to allow of the natural draining of fluids; this tube is retained till cicatrization is complete. The abdominal incision is of course closed with sutures.

The new operation which Professor Nøggerath, of New York, has inaugurated, and which is now being the more generally followed in Germany, consists of bringing away the womb, with or without the ovaries, after extirpation, through the vagina, thus doing away with the abdominal section, thereby simplifying the operation materially besides rendering the patient less liable to the shock inseparably connected with opening the abdomen. This operation is now a recognized surgical procedure, and has been performed with varied success in Germany and the United States; Professor Nøggerath being the chief, and perhaps the only exponent of it in America. I have been at the pains of visiting this distinguished gynecologist, and, besides being present at two of his operations, have obtained from him the following data of the various steps of this operation. This operation is not so well known in New York as one would suppose, chiefly from its being so very difficult in

performance,—it requiring the hand and judgment of an able and daring surgeon.

Næggerath's operation.—The patient being anæsthetized, and placed in the position for lithotomy, together with being under the play of the carbolized water spray apparatus, to lessen the risk of sepsis, the operator, with or without using a speculum, as the case may be, passes either a loop-shaped galvano-cautery knife, heated to a white heat, or a very long handled heated knife, in shape not unlike a very long quill pen (the cutting portion being very narrow and delicate), through the vaginal attachment of the cervix uteri; a sufficient incision being made, a two branched steel dilator (made on the same principle as a glove-stretcher) is now passed through this incision, and upwards between bladder and womb; the blades are then opened, so as to stretch forcibly asunder the tissues: this is done so as to avoid the hemorrhage that might follow the remaining step of this portion of the operation; the knife is then re-introduced, and with a few sweeps, the remaining anterior attachments of the womb are severed. A like proceeding is now effected posteriorly, that is, the heated knife is passed along Douglass' cul-de-sac, through the posterior vaginal attachment of the cervix, dilator introduced, and the posterior attachments of the womb severed; now the womb is pulled down into the vagina with vulsellum forceps, and the wire rope of an écraseur attached around the womb, embracing the broad ligaments; the wires are then tightened at the handle, the rotatory motion being kept up till the lateral attachments of the womb are severed—that is, broad, round, utero-ovarian ligaments, as well as the Fallopian tubes. In case adhesions have formed connecting the womb with neighboring viscera, Næggerath's operation is inadmissible, as the extraction of the womb per vaginam in that case would be impossible; in such case, we have to select operation by abdominal section. Operating the écraseur always occupies a considerable time; when the womb is completely disengaged from its connections, it is withdrawn per vulvam by means of a vulsellum. The dilator which the Professor uses is his own modification of Ellinger.

Abdominal section is effected by a straight narrow-bladed knife, the cut being merely long enough to introduce the hand, which then applies the wires of the écraseur around the uterine connections, natural and morbid. When the ovaries (one

or both) are removed, the operation is more difficult, and very much prolonged.

Dr. Næggerath's first extirpation uteri per vaginam was performed in the beginning of June, 1876, on a private patient.

The present operation in Germany is a somewhat similar proceeding to that of Dr. Næggerath's; instead of using a heated knife, they effect his incisions with an ordinary cold knife, and ligate the vessels as they proceed; this mode renders the operation much more difficult and tedious.

A more especial feature of this modified operation is, that after the posterior incision is made, a sound is introduced into the uterus which is then artificially *retroverted* through the posterior incision; the womb is then pulled down by vulsellum, broad ligaments cut through, and arteries of ligaments tied; this is a reverse proceeding to that employed by Dr. R. Nelson in ovariectomy, where the vessels were tied first, and the ligaments cut through afterwards.

Adhesions. It might be supposed by some that these could be discovered beforehand by the operator (as they render Professor Næggerath's operation inadmissible): this is not the case, as the adhesions are often (especially in the prior stages) soft, exceedingly pliable, consequently very apt "to give."

Size of tumor, or of uterus. The size of the latter can very often be mapped out, by previous examination, even in cases of fibrous hypertrophy of that organ; but in cases of tumor this is different; as it would be almost impossible to tell, in cases of very large internal tumors of uterus, or tumors growing from the external surface; even in those cases, where small polypi stud the external surface, this would cause difficulty of traction per vaginam. I have a specimen in my house of an internal polypus, larger than a child's head; the woman had never been examined, and had died of something else; the tumor had never given any rational symptoms, and it was only at the autopsy made by the coroner that it was discovered.

Size of tumor rendering extraction per vaginam impossible. One would suppose that where a child's head could pass (as the vagina stretches up to the boundary of the bony outlet) a tumor of that size, or under, could be withdrawn; but such is not the case; in labor, the natural process of expulsion consists of a series of propulsions, gradually increasing in force; besides that, the bag of waters acts as a gradual dilator from within, pushing with a beautifully graduated power; these

forces are spread out from a few hours to three or four days, especially in primiparæ; many gynecological patients operated on are in the condition of primiparæ, *i. e.*, they have never been stretched. If force were employed in withdrawal of tumors, we would have to encounter laceration of arteries, causing serious hæmorrhage, destruction of tissue, and severe shock to the patient. Also in cases of large fibroids there is often uncontrollable and dangerous hæmorrhage, in their attempted extraction per vaginam, although many years ago I was present when the late Dr. R. Nelson extracted with vulsellum forceps a polypus uteri as large as a child's head, at one sitting, and without chloroform; the patient belonged to another doctor.

Two years since the professor did not remove the ovaries, not thinking it necessary; at that time I objected to him that the very next time the patient menstruated, the fluid effused in the abdomen would cause death;—he answered, it would only be a few drops from the discharged ovum; however, a few days after our conversation, I read of a case having been operated on in Germany, where, the ovaries having been left, the menstrual flow afterwards came on, causing the patient's death. At present the doctor has modified his views in this respect, and ablates ovaries as well. His views were of course based on the generally received notion that the sanguineous flow proceeds from the internal surface of the uterus, a deciduous membrane (exudation) being also thrown off, of the shape of the womb; this has been proved (by Mauriceau among others) by examining women who were hanged during the menstrual nismus, or who were overtaken by sudden death, by accident or sickness: in these cases, a bloody fluid was seen exuding from uterine surface (lining). When the ovaries are taken away, *e. g.*, "Battey's operations," there is no menstruation, showing conclusively that it is under the influence of ovarian excitement that the excretive action takes place from the uterine cavity. When the uterus is taken away the ovary being left (because I presume menstruation would take place if only one ovary was present) menstruation occurs all the same. A fact that is probably lost sight of in this discussion generally is the pathological condition present in fatal hemorrhagic effusion in extra-uterine pregnancy, where the aperture in the ovarian wall, whence the ovum escaped, is no larger than the diameter of a pencil, if even as large; in these cases the abdomen may contain a pailfull of blood; the womb is not

concerned in this latter case. I was present at a post mortem of a case of this kind many years ago in New York: one of our most distinguished surgeons diagnosed rupture of sac of abdominal aortic aneurism, even after the abdomen was opened. After I had ladled out a large quantity of sanguineous fluid, the ovary was carefully examined, and the bloody point of rupture noticed; my father, the late Dr. Robert Nelson, diagnosed ext. uterine pregnancy, causing internal hemorrhage, two days before the woman died, all the time she was sick from the pain and sudden collapse.

Battey's operation, mentioned above, and performed occasionally by Dr. Battey of Rome, Georgia, U.S., is indicated, as Prof. N. informed me, in cases of ovarian neuralgia, diseases of ovary, painful menstrual nismus, in cases of malformation of uterus, in cases of incurable (*per-se*) artesia; also in case of insanity consequent upon ovarian diseases.

Progress of Medical Science.

THE TREATMENT OF ECZEMA.

At a recent meeting of the Berlin Medical Society, the above subject came under discussion. Dr. Lassar is in favor of excluding the air entirely from the inflamed integument and treating the affected parts with disinfecting remedies. He commends the use of bandages impregnated with melted ointments and applied after the ointment has cooled.

The nature of eczema in its various forms, and wherever seated or from whatever cause it may arise, is an inflammation of the superficial layers of the integument, with a tendency to exudation. It must at once appear obvious that the primary inflammation will the more rapidly subside if not aggravated by the decomposition of the products of the morbid process. In general, it may be stated that an inflammation does not outlive the removal of its cause; an acute irritation is followed by an acute inflammation, and a chronic inflammation is based either on a continued irritation or a repetition of the first cause. If the offending cause has been removed and the inflammation still continues a new cause must be sought for. An illustration is presented in that form of eczema which results from the effects of turpentine (varnishes, etc.) Long after the turpentine has ceased to exert its influence upon the skin the cutaneous affection continues to exist; as soon, however, as a disinfecting occlusive bandage is applied, it usually disappears rapidly.

Though we may not believe in the parasitic

origin of eczema, or there may be no necessity for such a belief, we shall only be successful in our treatment by observing absolute cleanliness in our use of remedies. This is especially the case in the so-called acute eczemas, viz.: those accompanied by much exudation, swelling and moisture. Hebra and his followers advised the expectant treatment during this acute stage: to cover the parts with some inert powder, or at the most, if the tension and itching were intolerable, to apply ice or water. It is a fact, however, that the latter are not well borne, and it is better not to employ aqueous solutions in acute eczema; but the patient may be rendered very comfortable by covering the inflamed parts with disinfecting oils. While water increases in a marked degree the tension and swelling of the integument, oil is rapidly absorbed, and thereby relaxes it and loosens adherent crusts, clots and masses of epithelium; one to two per cent. of carbolic acid added to the oil will relieve the itching.

After the inflamed parts have been cleansed and the oil thoroughly applied, bandages saturated with the same may also be used. The carbolic acid, which may itself finally produce eczema, is sometimes tolerated only for a short time, and must be replaced by salicylic acid (1 to 2 per cent.) or thymol (0.5 to 1 per cent.): the latter is especially useful in all bullous and pemphigoid inflammations. Linseed oil is not to be recommended, since it undergoes oxidation in contact with the atmosphere, and then becomes itself an irritant to the integument. Dr. L. finally mentioned the good results from the use of salicyl-ointments in chronic eczema, particularly in that of the face of children, in which he commends the following paste:—

Acidi Salicylici, 2.0
Zinci Oxidi,
Amyli, aa. 25.0
Vasellini, 50.0
M scc Fiat pasta.

This adheres firmly, and will not be removed during sleep.

During the discussion which followed, Dr. Lewin testified to the value of the treatment described by Dr. Lassar, particularly the good effects of the oil in relieving the tension, excluding the irritating influence of the air and preventing cutaneous evaporation; he also adds 1 to 1.5 per cent. of carbolic acid to the oil.

Based on an experience of 17 years and 2,000 cases of chronic eczema in the "Charité" alone, besides others in the polyclinic and in private practice, Dr. L. recommends as a remedy *Ergotin*, first suggested by him in chronic eczema, and with which he has obtained excellent results. He observed that the assumption of the chronic character by eczematous affections does not depend always and solely upon external causes, nor the influences of chemical, thermal or mechanical irritations or the other factors mentioned by Dr. Lassar; we are also to take into consideration the actual

existence of a constitutional predisposition. Persons suffering from eczema are mostly feeble, anæmic and irritable. The disease occurs frequently during infancy because the infantile organism offers less resistance to injurious influences, and is more susceptible to the same. Dr. Lewin found on experimenting with patients suffering from eczema that there exists a morbid condition of the vaso-motor nerves; the spasm of the latter being more extensive and of longer duration than in the normal state. L. tried ergotin which we know contracts the vessels. He prescribed it successfully for patients who had suffered from eczema for 10-15 years, and had employed all possible remedies without avail; in one case, a physician who for 20 years had suffered from the disease without being able to secure relief was treated by this remedy with complete success. He gives ordinarily 1-3 to 1 grm., and even more *per diem*. To children he prescribes 1 to 2 grm. in 100 grm. of water, and gives of this a desertspoonful 3 times daily. As to the external treatment of chronic eczema, he had never found cause to abandon the use of oleum cadini (1.10). The average length of the treatment of eczema has been much reduced since the internal administration of ergotin has been added to external medication.

Dr. Kobner, who took part in the discussion, had not met with such success in the use of ergotin, which he tried in 3 cases, but Dr. Lewin observed that the value of the remedy could not be decided upon without trial in a large number of cases.—*International Journal of Medicine and Surgery.*

THE TREATMENT OF DROPSY AND URÆMIC CONVULSIONS DURING PREGNANCY.

By PROF. LEHMANN, Amsterdam.

K. O., æt. 26, was admitted to the hospital November 21st, 1879, unconscious and in convulsions. Her husband states that she has been ailing during the whole time of her second pregnancy, and occasionally feverish; her feet have been œdematous for several months; later, general dropsy and diminished excretion of urine. At 5 o'clock, A. M., she had a convulsion without any prodroma; again, half an hour later, another very severe seizure. At the time of admission to the hospital, she was, as stated, unconscious, comatose, breathing stertorous, features swollen and cyanosed, pupils contracted, and a bloody froth around her mouth; the belly very large, vulva and limbs swollen; no fetal sound could be detected; the os dilated to the size of a silver 25 cent piece, head presenting, Temperature 102.2°, and labor pains were insignificant. Fifteen minutes after admission she had a third severe convulsion, lasting about thirty seconds, followed, by many more, occurring with but short intervals. A small quantity of urine was removed by the catheter, color dark

brown, reaction acid, sp. g. 1.013; it contained an unusual quantity of albumen, but no sugar.

At a later examination, numerous granular casts and fatty epithelial cells were found. An enema was first given and then a subcutaneous injection of a two per cent. solution of muriate of pilocarpine. This last injection was repeated two hours afterwards, the whole quantity used amounting to 65 minims (or about $1\frac{1}{4}$ gr. pilocarpine). Already five minutes after the first injection the patient was perspiring freely, with abundant secretion of saliva, but the convulsions still recurred with unabated violence and frequency. At half past 7 o'clock, shortly after the second hypodermic injection, the intermissions seemed to become somewhat longer. The os was yet not larger than a silver half-dollar, the general condition commenced growing worse, the coma continuing, the pulse very rapid and barely perceptible, the temperature lowered down to 100.4°, the skin, particularly on the arms, covered with a profuse perspiration, a quantity of sanguineous slime oozing from mouth and nostrils, labored and stertorous breathing, face and hands pale and clammy. Considering the imminent danger, and fearing she might die undelivered, as labor pains were absent, instrumental delivery was resorted to successfully, the child was easily delivered in a few minutes but dead, and another foetus could be felt in the womb. About ten minutes after this delivery she had another severe convulsion lasting 45 seconds, and the second foetus was delivered, also dead. The placenta was removed about ten minutes afterwards, the womb contracting firmly. The patient was in nearly a collapsed condition, temperature 98.6°. Sulphuric ether was injected into the arm, and this injection repeated two hours afterwards. At midnight she still remained comatose, with stertorous breathing, The skin, however, was everywhere covered with profuse warm perspiration, pulse stronger, temperature 99.5°, no convulsions since delivery. The following morning found the patient still comatose, respirations less stertorous; pulse rapid and weak, skin warm and perspiring, temperature 98.6°. A large quantity of urine was removed with the catheter; no change in its composition from the preceding day; uterus well contracted, not over sensitive to pressure, lochia normal. Only towards evening did she commence to show signs of returning consciousness. She drank a small quantity of milk and passed the night quietly. The following morning she was in the full enjoyment of her mental faculties, passed a large quantity of light-colored urine still containing an abundance of albumen, and the oedematous swellings had decreased considerably. Twelve days after admittance she left her bed—urine non-albuminous.

M. S., æt. 27, second pregnancy, was admitted September 22nd, 1879, at 7 p.m., unconscious, after repeated severe convulsions. Her first pregnancy ended by abortion in the third month of gestation. Three months ago, while apparently in good health, dropsical swellings appeared, first in

her feet, thence spreading up her limbs, abdomen, face and arms. Although she had, up to the present time, violent desire to void her urine, it had been but scantily excreted after vomiting several times. She was first seized with convulsions at 6 a.m.; they recurred with but short intervals and she became unconscious. Her whole body was oedematous, particularly her face. Coma, breathing stertorous, pulse 140; temperature 105°; pupils contracted; no foetal sound could be heard. The external os would barely admit the finger, head presenting, apparently not at full term, foetus probably dead, no labor pains, her features cyanosed, sanguineous froth around her mouth, convulsions very violent, and recurring with an interval of 8 to 10 minutes. From 7 to 8½ p.m., she had nine seizures of unusual severity and duration. Very little urine could be obtained by the catheter; it was of acid reaction and loaded with albumen and casts. Prognosis very unfavorable. Death before delivery probable.

This case was treated exclusively with pilocarpine; no other remedy was used. At half-past eight o'clock an injection of 32 minims of a 2 per cent. solution of pilocarpine was given hypodermically on the anterior surface of the left thigh. Five minutes afterwards the whole surface of body as well as of limbs was covered with profuse perspiration; saliva and slime flowing from mouth and nostrils; pulse 156. She was again seized with another convulsion, followed with but short intervals by many more. Half-past ten o'clock another similar injection was given, causing an unusually profuse perspiration of her whole body, so abundant that it continually ran down her forehead and face guttatim, perfectly bathing her arms and limbs; nevertheless the seizures would recur, but not as severe as before, while the intervals were longer. The respiration, however, became more oppressed. At half-past eleven o'clock, she was lying deeply comatose, her arms bathed in cold, clammy perspiration, features shrunken, thready and very rapid pulse, temperature in vagina 105°. She appeared to be dying. No labor pains. At half-past one o'clock a third hypodermic injection was given, and 15 minutes afterwards the perspiration was somewhat warmer and she became quieter, so that only light convulsions of her arms could be detected. At half-past seven o'clock on the following morning she was found in labor pains, although still unconscious. By examination it was seen that the head was born and the body came shortly afterwards. The placenta followed immediately, and the womb contracted well. The foetus was still-born, the skin peeling off in different places. It had nearly reached full term.

Eleven o'clock, temperature 100.4°, pulse 100 and stronger, skin covered with warm perspiration, patient still comatose, but breathing less stertorously, no convulsions. At 8 o'clock p.m., slight signs of returning consciousness, copious excretion of urine, temperature 101°. After passing the night quietly she woke next morning perfectly

conscious, temperature 99°. The swelling was considerably diminished, and had completely disappeared 5 days afterwards, although the urine at that time still contained a trace of albumen but no casts.

The author considers both cases as results of uræmic poisoning, contingent upon parenchymatous nephritis, which he is disposed to believe had become developed during pregnancy. The treatment with pilocarpine he considers to have been very essential as a diaphoretic and diuretic agent, while he expresses doubt about its action as an oxytocic. He also mentions having employed the pilocarpin in six primiparous cases, as well as in two multiparæ between the sixth and ninth month of gestation, all suffering from dropsical effusions consequent upon chronic parenchymatous nephritis with diminished excretion of urine, containing cylindrical casts and a very large quantity of albumen. He used two injections of thirty-two minims of a two per cent. solution twice a day, and in nearly all cases did he succeed in completely curing the patient after using five injections within from 8 to 14 days. Three women gave birth to dead fœti of 6 to 7 months gestation, from 6 to 8 days after the last injection. One was admitted to the hospital unconscious, after having aborted in the seventh month of her pregnancy during violent convulsions. The remaining four cases went to full term and bore living children.

The usual effect of pilocarpine is first to cause a general warmth of the whole body, followed a few minutes afterwards by increased secretion of saliva; then the perspiration would commence, first on the forehead, breast and limbs, sometimes very profuse, so that it would flow drop after drop, frequently with an increase of the secretion of tears. The unpleasant consequences of the injections consisted in sickness of the stomach, vomiting, rarely dizziness and headache, and only once, 15 minutes after the injection, irregular action of the heart. It even ceased to beat for a moment, the features became cyanosed, and the pulse slow and intermittent. These symptoms passed away, however, as suddenly as they came. This patient suffered from mitral insufficiency with hypertrophy of the right ventricle. After the lapse of six to eight hours all these symptoms would usually disappear. Urine would be excreted freely, and the bowels move repeatedly. Occasionally diarrhœa would supervene. The albumen and casts would frequently disappear in four to five days.—*Holland Journal of Medicine.—Norw. Med. Jour.*

RECENT PROGRESS IN THE TREATMENT OF DISEASES OF CHILDREN.

BY D. H. HAYDEN, M.D.

CONSTIPATION IN CHILDREN.

Dr. J. Lewis Smith contributes a paper on this subject in the January number of the *American*

Journal of Obstetrics and Diseases of Women and Children. After considering the various kinds of so-called symptomatic and idiopathic constipation and their causes, the author refers to a peculiar class of cases where there seems to be a constitutional tendency to constipation,—a tendency quite independent of the usual conditions (obstruction, disease, sluggish muscular contractility, improper diet), and co-existing with perfect health, where defæcation takes place every second, third, or even fourth day, unless produced by measures employed.

These cases are the exception, however, and a largemajority of children require a daily evacuation of the bowels to do well.

In the treatment of this complaint the author dwells largely on the idiopathic form. The importance of establishing a daily habit at the same hour is insisted upon.

Chicken tea and to a certain extent beef and mutton tea are laxative, and when made plainly are useful in connection with other articles. The various kinds of berries and fruits have also a decidedly stimulating effect on the intestinal surface, and aid in removing constipation. The apple scraped or baked, or apple sauce, may be given to quite young children; and for those that are older currants, cherries, and, among dried fruits, prunes and figs are laxative. Unfermented cider in its season, which has been found so useful for adults, may also be given to children in moderate quantity, at least to those who have reached the age of two or three years.

It is generally believed that the small size of the salivary glands in the first months of infancy prevents the conversion of starch into glucose, except in very inadequate quantity. It appears, however, highly probable that there is an epithelial ferment which converts starch into sugar, * so that young infants can digest starchy food. Nevertheless, the theory that the infantile digestion up to a certain age is incompetent to effect the change led to the preparation of food for infants in which the change of starch into glucose was accomplished by a chemical process. Now glucose, administered in considerable quantity, is laxative, and Dr. Smith has found it necessary to give it sparingly or not at all during the hot months, when infants are so prone to diarrhœa. This laxative effect renders the glucose preparations of the shops very useful in the treatment of habitual constipation of infants, whether we employ the "maltose" or "granulated sugar of malt," or the preparations of Liebig's food. Of four constipated infants in the New York Infant Asylum to whom Horlick's "sugar of malt" was administered, three were relieved. Any of the glucose preparations can be given quite freely to a constipated infant, without impairing the digestive function or producing other ill-effects, so long as no more than the normal evacuations follow. Dr. Smith considers them among the best and safest of

* See *Chemical Phenomena of Digestion*, by Charles Richet. *Revue des Sciences médicales*, October, 1878.

the foods for the relief of constipation in infants; but glucose or grape sugar is only feebly laxative, probably not more than cane sugar. The laxative effect of oatmeal gruel for nursing infants is well known. Bread or pudding from coarsely ground or unbolted flour or meal and vegetables which contain saline and fibrous substances have a stimulating and laxative effect on the surface of the intestines, and therefore are useful for constipated children of the age of two or three years and upward. There can be no doubt that the free use of water in the ingesta materially aids in relieving costiveness; and it is probable that the laxative effect of the broths, gruels, fruits, and mineral water are partly due to the amount of water which they contain. A liberal quantity of water has doubtless a laxative effect in children, and its judicious use is proper for them.

Frequent kneading of the abdomen is an important aid to overcoming constipation, and the author relates a case in which obstinate constipation occurring in a child of three years, from peritoneal bands and adhesions, was to a great extent corrected by friction over the abdomen, for three or four minutes at a time, with cod-liver oil three or four times daily. The manipulation probably did the good, and not the oil; but the use of one of the oils for inunction renders the kneading less painful, and insures its more thorough performance by the nurse.

Cold-water bathing, the sudden application of a cloth wrung out of cold water to the abdomen, and in certain obstinate cases even the douche may be used to stimulate the muscular coat of the intestines and the abdominal muscles to a greater activity.

For temporary constipation and for many cases that are habitual, enemata should be employed.

The belief that the frequent use of warm clysters produces a relaxing effect is probably correct, so that if it is necessary to employ clysters often in consequence of the torpid state of the intestines, cool water is preferable. For infants a clyster of one or two ounces generally suffices. In certain long-continued aggravated cases the frequent injection of a large quantity of tepid water is indispensable, and perhaps in extreme cases the dilatation of the sphincter ani and the introduction of the speculum may be desirable. Suppositories may be sometimes usefully employed in place of enemata, Cocoa-nut butter, molasses candy, or soap cut in shape of a pencil may be used for this purpose. Dr. Nagel speaks highly of a suppository of brown gelatine. This is steeped in water for twelve hours, and having been thus softened is introduced into the rectum, and an evacuation obtained. The doctor attributes the laxative effect to the hygro-metric action of the gelatine. Those who have employed the galvanic current to relieve constipation speak favorably of its use.

The ordinary purgatives should not be given habitually to relieve a constipated habit. One or two doses for present relief, both in habitual or temporary constipation, are sometimes required,

provided that an injection is for any reason not preferred. For this purpose castor-oil or a few grains of calomel mixed with syrup of rhubarb, the syrup of senna, or the compound licorice powder of the German pharmacopœia may be administered with advantage. But for habitual constipation the ordinary purgative medicines should be discarded.

Belladonna, so highly recommended by Trouseau, has not seemed to the author to possess any decided purgative effect; and from its known physiological properties there is no evidence of its increasing the intestinal secretions or the action of muscular fibres, one or the other of which results we expect from the use of an agent which is really laxative. Nux vomica and strychnia, its active principle, are, on the other hand, valuable adjuncts to purgative mixtures.

Physicians are not infrequently at a loss what to prescribe for the habitual constipation of nursing infants, which is by no means infrequent. But recollecting that the colostrum is more laxative than ordinary milk, and that it differs from it in containing more sugar, salts (largely phosphates), and butter, we have a hint as to what is probably lacking in milk, and what, therefore, should be supplied.

Dr. Smith is in the habit of giving these ingredients in the following formula, and usually with the desired laxative effect:—

℞ Ol. morrhue two parts
Aq. calcis,
Syr. calcis lactophosphat. aa one part. M

One-quarter, one-third, or one-half teaspoonful may be given with each nursing, or a larger quantity, as a teaspoonful or more, three times daily. Breast milk with this addition becomes more nearly like colostrum in its laxative properties, while it does not possess those properties of colostrum which disturb the digestive process. The author knows of no agent of a medicinal nature which meets the indication so well as this for infantile constipation.

He has found it necessary, however, in his practice in not a few instances to rely mainly on simple enemata for the relief of the constipated habit till the infants reached the age where a mixed diet was proper.

For the habitual constipation of older children, when it is desirable to employ active purgatives of the pharmacopœia, since the portion of intestine which is chiefly implicated is the colon, such should be selected as produce little or no irritation of the long tract of the small intestines, while they simulate the function of the colon. The aloetic preparations are preferable for this purpose, as the tincture of aloes and myrrh, or the simple tincture of aloes, which may be given in doses of a part of a teaspoonful in a convenient syrup, as the elixir adjuvans of Caswell and Hazard, or in coffee or milk.

THE USE AND VALUE OF SALICYLATE OF SODA IN CERTAIN FEBRILE DISEASES OF CHILDHOOD.*

Whilst Riegel, Becker, and Brazina speak in high terms of salicylate of soda as an antipyretic remedy in typhoid fever, Riess, regarding the same as a specific in this disease, Filatow expresses exactly opposite views, declaring that, with the exception of lowering the temperature, all the other symptoms remain unchanged or are more developed, the pulse becoming slower and at the same time weaker, and that of thirty cases of children sick with typhoid fever two died. Filatow arrives at the conclusion that salicylate of soda has no effect at all in typhoid fever, and can therefore not be recommended in this disease.

On account of this diversity of opinion the writer instituted a series of experiments, the observations extending to over two hundred cases.

Salicylate of soda was administered during three years, and especially cases were selected of febrile diseases characterized by a constant and typical fever course. Prominent among such diseases belongs typhoid fever, which it is well known runs a milder course in childhood, and in which disease the experiments of Riess have been particularly conducted, with beneficial results. Moreover, it was used in diphtheritis, inflammation of the joints, and malarial fever.

During these three years there were one hundred and twenty-eight cases of typhoid fever, of which ninety-six were treated with salicylate of soda, thirty-two partly with quinine and partly with mineral acids. The latter circumstance was due to the fact that the disease was not recognized in its early stages on account of its irregular appearance, or on account of complications, or because the children came first into the hospital after the disease had run its course, and consequently needed nothing but rest. The daily dose of the salicylate of soda was two to four grammes (one-half to one drachm); to smaller children given in solution in teaspoonful to dessertspoonful doses; to older children this amount was given divided into ten powders, which one was taken every hour in wafers. Immediately afterwards the children were given water to drink.

The author directed his attention principally to the course of the fever, and for this purpose the temperature was taken night and day every two hours so long as the temperature continued to rise after its fall; and it was thus easy to determine in what time and for how long a time a certain quantity of the remedy was able to keep down the fever.

The beginning and duration of the fall in temperature was very various. One time this took place half an hour after administering the remedy; a second time one hour afterwards; in a third case, where the temperature rose to 105.8°; F., not until

four hours. The fall was generally one to two degrees, often down to the normal. The remission varied in length on an average ten to fifteen hours; then the temperature began again to ascend, and gradually to reach its former height. In a few obstinate cases, after the first three grammes, there was no, or only a very little, fall in the temperature observed; and it was only after this dose was repeated the second or third time that the working was observed. There was generally found a large fall in temperature when large doses were given in rapid succession, whilst the same effect was not produced once where the same doses were given at long intervals. In addition to the fall in temperature other effects were noticed after administering salicylate of soda. In a small number of the patients there appeared, especially on the face and thorax, a slight transpiration, which lasted fifteen to thirty minutes, the skin then becoming dry again.

In other cases,—and these formed the majority—there was no sweating at all. With the youngest children the author was often able after large doses to notice a certain depressed and languid condition. In no case was there any complaint made of noises in the ears, deafness, headache, or vertigo, as is the rule with quinine. In a few cases where the remedy was used for a long time there was nausea, and older children complained of a tickling in the throat and pain in the stomach. The symptoms, however, disappeared rapidly as soon as the remedy was left off for a short time. There was no noticeable effect produced upon the pulse, this becoming slower in proportion as the temperature fell. A marked weakness of the pulse, as described by Filatow, the author never met with. Salicylate of soda seems to work on the bowels; and in several cases where there was a diarrhoea this ceased with the use of this remedy. A shortening of the typhoid fever, however, was not noticed in a single case, so that salicylate of soda cannot be regarded as a specific in this disease, such as quinine is in intermittent fever; but as the high fever, which is always present in typhoid fever, and threatens to exhaust the patient, is materially and permanently kept down by this remedy, in this way a part of the danger is averted.

In addition to typhoid fever the author has employed salicylate of soda in cases of diphtheritis, acute inflammation of the joints, and intermittent fever.

The effect upon the temperature in diphtheritis was in no way so striking as in typhoid fever, nor was there any effect produced upon the course of the disease by this remedy.

In acute articular inflammations there were seen about the same changes as in typhoid fever; moreover, the pain was relieved.

As an example the author relates the case of a young girl, ten years old, who was attacked with acute articular rheumatism three weeks after a scarlet fever. The pains were so intense that the patient groaned and sobbed continuously day and night. After the first three grammes (forty-five

* Ign. Weiss, Emeritus Assistant in the Clinique of Professor Bokai, in the Budapest Children's Hospital. Allgemeine Medicinische Central-Zeitung, April 7, 1880, No. 28.

grains) of salicylate of soda the pains and fever both yielded in a very short time. The temperature fell from 104.3° F. to 101.1° F.

In intermittent fever a paroxysm was prevented only when the remedy was given immediately before the paroxysm was expected. An effect was noticed only on the day of the fever, and when the remedy was not given on the fever days it always returned at the regular time. Quinine has this great advantage in malarial fever that it has the power to cut short the disease completely, whilst salicylate of soda is only effectual to cut short the paroxysm when given just before it is expected. From the fever curve of a case reported it is seen that the paroxysm returned every afternoon at the same hour: the high temperature lasted three hours, then sank gradually, and the child was free until the next day. Immediately before the expected attack three grammes of salicylate of soda were given, and there was no paroxysm. On the two following days, when the remedy was not used, there was, in the afternoon, a considerable rise of temperature.

On the third day eighty centigrammes of quinine (twelve grains) were given, and the paroxysms did not return.

The author sums up the result of his observations in the following conclusions:—

(1) Salicylate of soda is a powerful antipyretic remedy in the typhoid fever of children, which, whilst it does not shorten the course of the disease, renders it much milder.

(2) The results with this remedy in typhoid fever are better than have hitherto been obtained by quinine, cold-water baths, cold wrappings, and the various mineral acids.

(3) The beneficial effect can only be obtained when large doses are given at short intervals, and the author has never observed any ill effects following its use.

(4) In diphtheritis salicylate of soda has no influence upon the course of the disease.

(5) In acute articular rheumatism the effect both upon the fever and upon the pain is a remarkably favorable and quick one.

(6) In intermittent fever salicylate of soda is only of service when given immediately before the expected attack. As quick as the remedy is left off the paroxysms return.

TWO CASES OF POISONING BY MORPHINE AND OPIUM RESPECTIVELY IN INFANTS.*

Wertheimer † relates a case of poisoning by one centigramme (one-sixth grain) of morphine in an infant fourteen days old. For an hour and a half after the administration of the above dose the child was cyanotic, completely comatose, and pulseless, the heart's beat being weak and intermittent. The extreme contraction of the pupils led

to an accurate diagnosis of the cause of the child's condition, which had previously not been known.

The employment of artificial respiration by a rhythmical compression of the thoracic walls continued for a long time, combined with the use of black coffee and of liquor ammoniæ anisatus, led to recovery.

In a case reported at the meeting of the academy of Medicine, held February 17th of this year, by Le Roy de Mirecourt, and observed by Nicolas and Demony, a child three weeks old took by mistake a teaspoonful of Sydenham's laudanum (vinum opii). The first symptoms of poisoning made their appearance two hours afterwards, and consisted of a deep somnolence, which was interrupted by attacks of convulsions. After such an attack the weakness would be so great that at times the heart ceased to beat. Here, also, artificial respiration was resorted to, and especially put in operation during the convulsive paroxysms.

To the perseverance in these measures must be attributed the fact that eight hours after the appearance of the first symptoms of poisoning the somnolence seemed to diminish a little, and the infant's condition gradually advanced towards recovery.

On the following day there were violent reactionary symptoms. There was not complete recovery until the fourth day. Micturition took place for the first time twelve hours after the beginning of the symptoms.

WEAK SPINES IN YOUNG GIRLS AND THEIR TREATMENT.

Read before the Philadelphia County Medical Society, December 15, 1880.

By JOHN M. KEATING, M.D.

Lecturer on Diseases of Children in the University of Pennsylvania, Visiting Accoucheur to the Philadelphia Hospital, etc.

My intention this evening is to bring before you a subject that may at first sight appear a trivial one, but which more extended observation and careful study have led me to consider worthy of the attention of this Society.

Thousands of young children are at this time bending over their books in the crowded school-room, straining their eyes, narrowing their chests, and bowing the back upon whose erectness and resiliency they should in future depend not only for support, but for health,—even life. A few years hence, these very spines, now strained, weakened, and probably curved, will be called upon without further preparation to bear the brunt of the great requirements of society, and soon after to be tortured by the physical burden of maternity; or probably the store, the sewing-room, or the factory, aided by some inherited taint, will determine the lesion and give us the cases of phthisis, diseases of

* Berliner klinische Wochenschrift, April 19, 1880.

† Deutsches Archiv für klinische Medicin, Bd. xxiv. Heft 3.

the heart, carcinoma, and the various chronic affections that fill our mortality tables.

I call particular attention, in my paper, to the girls, because they are by far the more important class, and the out-door games and occupations of the boys tend to obviate what the sedentary tasks of their sisters but tend to increase.

Once free from the thralldom of school, the boys break loose to unbend their backs and free their lungs; the girls, to saunter home, their arms burdened with books, to aid their mothers in domestic duties.

The infantile diseases of the spinal column, those that involve the structure, have received careful study, and now, thanks to Sayre, the body is at once placed in splints until the rickety diathesis is overcome by growth and a full supply of bony deposit. Even such cases of structural disease as develop later in life are now easily detected at their earliest manifestation, and either held in abeyance by immediate treatment or effectually checked in their course.

But it is my purpose to call attention to another class where spinal weakness, due to the strain of position,—a condition so insidious in its onset and masked in its course,—escapes attention till the frame, fully set by complete bony deposits, cramps the viscera, and, by impeding healthy action, forms a nidus for disease. The development of the skeleton is undoubtedly influenced by the activity of its muscles: symmetrically-developed muscles will produce straight bones. We read much of dystocia, we hear of pelvic distortions, of narrow diameters. Has any one endeavored to mitigate these evils by helping Nature to make normal what the requirements of dress and pursuit have tended from early life to deform? The remedy for those conditions that have suggested the forceps, the cranioclast, or "version by the feet" lies in the early development of the skeleton by proper physical training,—in other words, by educating the female child to be a mother, and if its diathesis be rickety train its pelvis as well as its brain. Far be it from me to decry anything that will tend towards the most thorough education of the intellect: my object is simply to contend that study can be accomplished without cramped positions, and that weak spines are not essential to educated women. My attention has frequently been called in connection with dispensary and other practice to a series of cases that forms the basis of this paper. For better elucidation, and to avoid repetition, I shall group them under two heads,—the first comprising those young enough to go through the daily routine of school life and thereby suffer at once from its ill effects; the second, those who, after having spent years in developing their intellect at the expense of their muscular and nerve force, suddenly call upon them to bridge them over the most difficult period of their lives. The first group you recognize by their pale faces, bowed backs, and rounded shoulders, frontal and occipital headache, weak eyesight, cardiac palpitations, disordered digestion, and cer-

tain nervous combinations, chorea predominating. Stand at any school-room door on an afternoon in the early spring, and you will not fail to see the cases that fill our dispensaries. You read their remedy in their very faces,—a proper division of study and recreation, recreation that means not mere rest from book-work, but muscular exercise, good food and fresh air.

To-night to the second group I wish to call special attention: a chapter devoted to its consideration might most appropriately bear for its heading the one prominent symptom, "backache." Free from the daily restraint of school life, their hours are devoted to the absorbing necessities of society; and their habits either become extremely active or extremely sedentary, the mania for violent exercise developing from the lassitude that follows nervous excitement; and from one extreme to the other will these girls drag out years of miserable existence whose monotony will be relieved only by the periodical tortures of dysmenorrhœa. That the functions are deranged is simply in accordance with the general physical strain. In all such cases the great muscles of the back are those most called upon, and soon from excessive tension or want of nutrition, fail in their most important duty. The equilibrium which is maintained by the concerted action of those of either side is lost by the giving way of the muscles that malposition has tended to weaken, and the stronger group brought into play draw the spinal column where they will. Neuralgic pains, backache, and internal congestions are the result, to say nothing of the occasional permanent lesion in long-standing cases by the absorption of cartilage. Weariness from anæmia, chlorosis, and hysteria in all its forms is the inevitable sequence. Let me picture for you an example. A young girl comes to your office with the following history. Possessed of a naturally strong constitution and vigorous intellect, she has been ambitious, has graduated after years of close application and with the highest honors in her class. Her winters have been spent in the sedentary pursuits of the school-room; even her hours of leisure have been devoted to her books. Of course, the usual result—"break-down"—has followed, and the routine treatment of tonics has been adopted, and, so far as general appearance is concerned, the patient has been benefited by them. But the principal complaint is weariness, a continual feeling of fatigue, following the smallest amount of exercise, brought on equally well by standing and by sitting, by day and by night. This feeling of weariness is more decided in the back, and is so uncomfortable, not to say painful, as to require some constant form of pressure in the lumbar and sacral regions, which, when lying in bed, is brought about by placing a pillow in the hollow. There is also an aching in one of the shoulder-blades, and a feeling of weakness in the muscles at the back of the neck. Upon examination, your patient appears well nourished, but the muscles upon pressure are found to be soft and flabby. It will

be noticed when the back is examined that the patient leans more or less to one side, and if allowed to assume a natural and (to her) comfortable position that the difference is often surprising. As a rule, the aching or weariness is found located in the muscles that form the convexity, because those on the concave or the side towards which the spinal column leans seem to draw it in that direction, and thereby stretch the muscular tissue of the opposite side. In several cases that I have seen this view appeared to be strengthened by the fact that faradic contractility was slightly diminished on the outer convex or weaker side. I have seen cases where the pressure seemed so great as to cause absolute pain from the curvature alone, and I have no doubt that, without any distinct disease as an initial lesion, a permanent tendinous contraction can take place after a time identical with that which requires surgical interference in other parts of the body. Certain it is that in one case that came under my notice the pressure caused all the symptoms of phthisis in the lung pressed upon, all of which were relieved by straightening the spinal column. It is scarcely necessary to enumerate further the complaints of a patient such as I have described if the condition has been one of long standing: the interference with circulation, the indoor life, the restlessness from nervous irritability, the reflex nervous disturbances, the loss of appetite and want of nutrition, will be shown by a tangled chain of evidence that will tax the power and patience of the most accomplished and amiable of diagnosticians. Various forms of uterine disease, with flexions, versions, and prolapses, ovarian engorgements, enlarged and displaced ovaries, will add to the confusion by their perplexing train of symptoms. Relaxation is the word expressive of the one general cause of such conditions, and in our treatment we must bear in mind the atonic condition of every muscle, nerve, and fibre of the whole body. The admirable teachings of Dr. S. Weir Mitchell have enabled us to value, above all things, absolute rest in all such and allied cases; and to insist that, in the majority of those to which I now allude, it is the primary factor in their treatment, is simply to add testimony which is not required to the great success that has attended its trial.

When examination shows us decided weakness in the muscles of the back, I have of late adopted a plan calculated to give the support which is needful until the nutrition and strength of the muscle have been increased by local treatment. Instead of the plaster dressing, which is so valuable at other times, I would suggest the use of some lighter material, cardboard for example, which softened by hot water, easily moulds, and when dry and hard forms a light and admirable splint. It may be applied in this way. A small strip, extending fully the breadth of the back from the lower border of the scapulæ to the most prominent portion of the sacrum, covered with linen, is applied, when softened, over a piece of canton flannel or

some such material, while the patient is sitting, care having been taken that during the application the spinal column is erect. A few turns of a roller will secure it in place. I usually cut the cardboard heart-shaped, with the base upward and the apex down. When dry, the support will be found complete. The shoulders will rest on a level, the lower borders of the scapulæ firmly fixed upon the upper part of the board, this position being, I think most important. The cardboard can be attached to the corset, taken on and off with it, and, as the clothing fits perfectly without giving the least hint as to what lies beneath, patients will wear it with comfort and willingly for any length of time. But above all things I believe in the daily use of the faradic current, applied to those muscles or groups that it is proposed to strengthen, and to them alone: thus, if the column leans towards the right side, faradize the muscles of the left. This, I believe, is of far greater value than we have been accustomed to consider it, for single muscles can thus be readily exercised to the exclusion of others, and exercise of this kind brings with it increased nutrition, strength, and development in size. With such a power, when applied with the perseverance it demands, what are we not capable of doing? The aurist will tell you of its use in increasing the muscular tonicity of the smallest and most delicate muscles of the inner ear. In diseases of the uterus so powerful is its local action, when properly applied on muscular fibre, as to make permanent a position in many cases which has needed for years the support of the pessary. I may almost predict for the oculist its value in restoring accommodation instead of the ever-fashionable glasses. It is the daily systematic use of a well-contracting current that is followed by the beneficial result, just as it is the mildest form of continued exercise, and not the spasmodic muscular effort, that makes a man powerful. Recommend your patient before retiring to hang by the hands from a horizontal pole for a few moments, to use cold sponging, friction, and, above all, when possible, massage, to exercise daily in the open air, which the back-support invites, as the want of it before discouraged. When strength is gradually accumulated, encourage that most healthy and invigorating exercise, swimming, which is never followed by the ill effects so often seen in women from the overstraining of violent walking or horse back-riding.—*Philadelphia Medical Times.*

FISSURE OF THE RECTUM WITH CONSTIPATION.

A CLINICAL LECTURE.

By WM. GOODELL, M.D., Philadelphia, Pa.

(Reported expressly for the Southern Clinic.)

This woman complains of bearing down pains and menorrhagia at her monthly periods, and of excessive leucorrhœa between times. No examin-

ation has been made thus far, and treatment has only been through the mouth. She has had very obstinate constipation. Costiveness of a very pronounced character is common in women. Men are generally glad to defecate when the desire comes; but women do everything to put off the act, from over-modesty or other causes. This statement holds good not only with reference to the bowels, but also as regards the bladder. You have no idea how often the most violent cystitis is produced by continually restraining the desire to urinate. This patient tells me that her bowels have not been moved freely for *seven years*, and are never moved at all except by the use of medicines. She says that defecation gives her so much pain that she puts it off as long as possible, and so never takes purgative medicine except once in ten days or so, when she buys an ounce of sulphate of magnesia.

I have had the woman put thoroughly under the influence of ether, so as to allay spasm and relax all the muscles, and shall now proceed to make a most careful examination. There is very evidently a post-uterine tumor of some sort or other, which I think will turn out to be a hardened collection of fæces. I shall also probably bring to light one, if not more, fissures of the rectum. Let us see what goes on in a case of obstinate constipation. A species of fermentation ensues, and a large part of the fæces are reabsorbed, giving a yellowish tinge to the complexion, and bringing on a chronic torpidity of the liver. With my finger in the vagina, I discover the womb pushed upward and forward, and behind it a hard tumor. I shall now have to make a thorough rectal examination; but before doing so, it will be well to have my hand and fingers covered with carbolized oil. I am going to use my left hand for this dirty work (I shall probably have to remove the impacted fæces by hand), and I want to enforce upon you all the necessity of being able to work as well with your left hand as your right. Suppose that I were called an hour hence to make an examination of a pregnant woman. I might produce the very gravest results were I to use the same hand that I am now using, for I could not be absolutely certain that it was free from impurities. However thoroughly I might cover it with carbolized soap and water, some little taint might still remain, enough to produce septicæmia in a pregnant woman. So all of you should learn to use your left hand when occasion demands, so that the right hand may be reserved for cleaner and more delicate work. Now, what do I discover with regard to this post-uterine tumor? I can indent it slightly by pressure. It is probably a collection of hardened fæces. Two years ago the woman had a child, and if there had been any impaction it would then have been forced out by the descending head. There are three points in the large intestine where obstruction may occur; it rarely, if ever, occurs in the small intestines. These three points are—the caput caecum in the right iliac fœsa, the sigmoid

flexure, and the rectum. Movements of the bowels occur in some women only after very long intervals. Dr. G. B. Wood speaks of one case where there had not been a movement for the space of six months. Where there is such stubborn constipation we generally find, upon examination, a fissure of the rectum. This always renders defecation very painful. Constipation would give rise to all the symptoms of which this patient complains. Thus, the menorrhagia and leucorrhœa would be caused by the congestion of the womb consequent upon the stasis of the blood in the vessels of the intestines. This might also produce fissures and bleeding piles. The frequent tenesmus may be very easily mistaken for bearing down pains.

I am going to set to work and break down and remove this collection of hardened fæces. This sometimes requires the handle of a spoon, but I think I can bring them down with my hand in the present case. But first, let me see if I can discover any fissure in the rectum. To do this I pass one finger into the vagina and evert the lower portion of the rectum. There is a small fissure on the posterior wall. Fissures may be cured in two ways, viz: (1) By cutting through the adjacent muscular fibres; and (2) By over-stretching the sphincter ani. I much prefer the second method. To do this, insert your two thumbs into the rectum and pull them apart until the sphincter begins to yield, or you feel the rami of the ischia on each side. To do this requires the employment of considerable force. Having stretched the sphincter I am now the better able to remove the fæces. As far as I can reach I feel lumps of hardened fæces. I am able to push them down by the aid of a finger in the vagina. Here is one lump which has entirely lost its fæcal odor and seems to be covered with a sort of false membrane, so long has it been retained. In the present instance, I am able to break up these lumps with my hands, but in some cases I have found them so hard as to require the assistance of a pair of polypus forceps to remove them. I have now removed all the lumps, and am glad to see that the womb has gradually been falling back into the place. Evidently the tumor which she has felt for so long a time was nothing but hardened fæces.

Upon what treatment shall I place this woman? To-night I shall order her ten grains of blue mass, and to-morrow morning two tablespoonfuls of castor oil. I think that I have removed all the hardened fæces; but if it turns out that the transverse colon is obstructed, she must be given a "gravity injection," filling up the entire lower bowel. Of course this must not be given while she is under the influence of ether, or we should have no guide as to the quantity of water injected, and thus might inject so much as to burst the bowel. As regards after treatment, the patient must be taught to go to stool regularly every day, and to eat certain kinds of food only. For medicine I shall order the following prescription:

R.—Ext. colocynth comp.....gr. ii.
 Pulv. rhei.....gr. i.
 Ext. belladon.....gr. $\frac{1}{4}$
 Ext. hyoscyami.....gr. ss.

M.—Et in pil No. 1 div. S.—To be taken at bed time.

In some cases of grain of strychnia may be added to the above with advantage. Iron must not be employed at present, as it tends to constipate. As regards local treatment, I shall advise the patient to rub her groins and abdomen with a flesh-brush or rough bag of camel's hair. I want, just here, to say a word in strong recommendation of the treatment known as "Massage." While under this treatment, one of whose items is a daily, painstaking, kneading of the muscles, I have even been able to administer iron without constipating. Indeed, during the second and succeeding weeks of the method by "Massage," I have noticed a considerable tendency to diarrhoea. I think that the above-mentioned methods of treatment will relieve the woman's torpid liver and congested womb.

THE ABORTIVE TREATMENT OF ERY- SIPELAS.

Several times during the last few years have I succeeded in checking facial erysipelas, by painting a broad ring of collodion around the attacked part. Although perhaps other physicians may have used this treatment, I have nevertheless been unable to find any mention of it, nor have those of my confrères with whom I have spoken in regard thereto, been acquainted with this mode of treatment.

As it undoubtedly is quite desirable to be able to check a facial erysipelas, at least a very disagreeable, even if not dangerous, disease, and having of late repeatedly used the collodion treatment in my own practice, as well as received reports from my colleague, Doctor Christie, who also has employed it successfully, I make mention of it here, in order that other physicians may give it a trial in their practice.

I consider the treatment theoretically correct if, as is universally admitted, erysipelas is caused by an infectious material, whether bacteria or some substance setting up a chemical process* extending through the loose subcutaneous cellular tissue, and we can prevent its extension by the application of collodion.

I have only seen disappointment from the former way of using collodion, that is, by penciling it over the whole diseased surface, while a ring around the attacked parts puts a check to the extension of the poison. I have repeatedly seen how the morbid process has extended to the obstruction, fought against it, but without being able to overcome

it; I have also seen it break through a weak place in the ring, but compelled to stop at a new ring drawn around it. I will relate a few cases. The last one occurred in January this year. The erysipelas commenced as usual from the nose, extending to the cheeks on both sides with considerable fever, foul tongue, and general malaise. The collodion ring was drawn around the diseased parts, and the following day the erysipelas was checked, except a small place on the right cheek, where it had broken through the ring; here a new ring was formed around it, on the third day the erysipelas was completely checked, and the tongue was clean and moist again.

That I, in this case, had to deal with a severe attack, was proved by the fact that the patient still for several days suffered from debility, and was unable to attend to his business. It may be said it would have stopped by itself, as occasionally happens with erysipelas commencing at the nose. In reply, I will relate Dr. Christie's case. It happened about the same time as my own. He writes as follows:

"I have just had occasion to bring into practice your method of treating erysipelas by penciling a ring of collodion around the periphery of the place attacked. The erysipelas commenced near the nape of the neck and rather rapidly spread over both ears, forehead, and cheeks, preserving a perfectly symmetrical figure. I drew around the attacked parts, about a quarter of an inch from its circumference, a rather broad circle of collodion. The following day the erysipelatous blush had reached the collodion at nearly every point, still, it nowhere crossed this boundary, although it ultimately reached it everywhere. In some places, particularly on the right cheek, the swollen erysipelatous skin actually rolled out on the collodion ring. During the following days the blush gradually faded away. I believe the collodion prevented the further spread of the disease, as the boundary line was not passed at any point, and on the right cheek it looked as if the poison was held in check like a stream dammed back."

I am unable to say if this treatment will prove equally effective in checking erysipelas in other situations. The face offers the advantage that the compression is very firm against the closely underlying bones. Some years ago I failed in arresting an erysipelas on the leg; it commenced after the amputation of the great toe, but I am sure I did not then use a sufficient quantity of collodion. I had some fear of causing gangrene by compressing the whole circumference of the limb.

In conclusion, I will request to make the collodion ring both broad and thick, being particularly careful where there is hair or beard.—Dr. A. G. NORREGAARD, in *Norwegian Journal of Medicine*.

* (It has been demonstrated that the skin at the margin of the inflammatory redness in erysipelas is full of micrococci.—TRANSLATOR'S NOTE.)

TREATMENT OF MAMMARY ABSCESS.

In the last number of the *Gazette* we reprinted a very interesting and instructive contribution on this subject, made by Prof. Taylor, of this city, to the late meeting of the Tri-State Society, at Louisville. In the last number of the *American Journal of Obstetrics*, Dr. Hiram Carson of Coshocton, Pa., gives his views and some personal experience that will doubtless prove of value to our readers to give in brief abstract. After alluding to the usual routine of cloths steeped in hot vinegar, plasters and poultices, Dr. Corson states that for the past twenty-seven years he has used no other remedy but cold applications. His method being to fill a bladder part full with cold water and ice in it, and apply to the inflamed part. This application of ice-water affords almost immediate relief, and if suppuration has not taken place will always prevent it. And indeed, in cases which have already "suppurated, been poulticed and broke," or been lanced, this method is "just as applicable, efficient and safe." The following is one of the illustrative cases given:

"Mrs. B——, a few days after confinement, suffered from a chill, followed by pain, heat, redness and swelling in the right breast; the nurse worried with it in the usual way, but the great suffering of the patient induced them to send for me. I had gone away for a week, and a medical friend took charge of her for me. He found her suffering from a large abscess, ready to be opened. It discharged freely, and the poultice which she had on at the time was replaced. He saw her several times before my return, and opened another abscess, and continued the poultice. My first visit to her was with the physician. She was suffering greatly. The breast was much swelled, was solid and heavy in some parts, and a red, highly inflamed surface of several inches, on the under and outer part, gave warning of a third abscess. I advised the use of ice, which greatly surprised both patient and physician. The fact that she had been kept very warm for two weeks for fear of getting more chills, and that she had had warm poultices steadily applied during nearly all that time, was to their minds strong reason for objecting to its application—the change from heat to cold they deemed most hazardous. As the patient was a new comer in the place, and knew nothing of cold treatment, and positively refused to have it applied, the breast was supported, and the poultice continued. She was truly wretched; half sitting up, supporting her suffering side, no good sleep, no appetite, the breast stinging and burning night and day, as those only know who have suffered like torment, she was a picture of distress. . . . In a few days I opened the third abscess; the other openings, too, were still discharging, and had become larger. I then prevailed on her after the most solemn assurance that no harm would come to her, to have the ice applied. A large bladder was partly filled with water and lumps of ice, and applied; two thick-

nesses of wet muslin first being applied to the inflamed breast. The relief was soon apparent to her by the speedy removal of the great heat, which night and day had tortured her. That night she had comfort. There were no more abscesses; the heat, tension, and pain of the inflamed parts subsided, and in a few days the hot, tender, angry breast was so changed that she rapidly regained her cheerfulness and health."

Dr. Corson proceeds to say further: "I have very often been called to women whom I have found with a breast painful, swelled, and red over the swelled part; the result, the patient would tell me, of a "chill," which happened in the night and fell right away on the breast, since which time she had had no rest. I here at once applied the ice, and in no instance, if suppuration had not already taken place, have I failed to disperse the inflammation, at the same time that I brought comfort to the patient. In some cases I have found the suppurating process so far advanced that nothing could prevent it; but even here I apply the ice, knowing that it will give the woman great comfort, by removing the heat, allaying the inflammation and thus preventing any more of the breast from becoming involved in the suppurating process."—*Obstetric Gazette*.

HEMOPTYSIS.

An extract from Lecture II of the Harveian Lectures. By James E. Pollock, M.D., F.R.C.P. (*British Med Journal*):

Hemoptysis has a leading place among the events of chronic disease of the lung; and new doctrines have recently been enunciated about its influence, both as a cause and consequence of such affections.

Hemoptysis is generally a symptom of congestion, which, in such cases, is the real condition to consider and to treat. It is only another word for pulmonary apoplexy of greater or less extent. There is another and very fatal form, which is a mere leakage from a broken vessel, and almost always the result of the rupture of a small aneurism of the pulmonary artery.

There are therefore two kinds of hemorrhage from the lung—the congestive and the passive.

To those who hold that chronic changes in the lung are due to inflammation, a hemorrhage arising from increased afflux of blood to a highly vascular tissue, is no unexpected event. It is in fact a part and a symptom of congestion.

On the other hand, the school who believe in tubercle formation being the essence of lung induration are puzzled to account for it. I would remark that acute tuberculosis—by which I mean an invasion of a large tract of one or both lungs by the gray miliary (millet seed) tubercle—is not accompanied by hemoptysis. The acute croupous pneumonia has its colored sputa (colored, that is

by exuded blood); but hemorrhage as such is not a feature in the case.

I think we need not discuss the question whether hemoptysis is of pulmonary or of bronchial origin. It is almost always pulmonary.

Whether the first steps in the lung induration be an inflammation or tubercular, we may, I think, concede that, excepting in the slowest and most insidious forms, it is accompanied by congestion of lung-tissue, and hence the great prevalence of hemoptysis. It will be remembered that the earliest changes in phthisical lungs are shedding of alveolar epithelium and block of the air-cells, with consecutive small cell changes in the walls of the cells and in the intercellular tissue, in which lie the blood-vessels and lymphatics of the lung. Engorgement is sure to follow an impeded return of venous blood, while the tissues become softened and disorganized.

The occurrence of congestive hemoptysis at the beginning or in the progress of phthisis is accompanied by a high temperature, running up to 104° or 105° . Its persistence may also be gauged by the thermometer and by the pulse. Should a more or less sharp hemoptysis subside, the temperature falls and the pulse becomes soft.

Should the bleeding initiate a lung attack—that is, occur to a person apparently in good health—we may expect it will be followed by the signs of consolidation of a portion of lung and the events of phthisis. There is a form of rapid phthisis, of which I have given an instance, which proceeds with great activity after an initial florid hemoptysis of some extent; and we must be on the lookout for such, and remember that it proceeds by progressively causing patches of consolidation in the lung, of which you will have the usual physical signs.

Should congestive hemoptysis occur (as it generally does in the course of chronic phthisis, you may have a long pause, or suspension of the active symptoms following its cessation. I have so often had occasion to observe this event that it seems well worth bearing in mind when called on to deliver an opinion on the result. How often also do we witness repeated attacks of rather profuse hemoptysis at long intervals in the same patient? That a second and third hemoptysis may succeed is almost certain, and that an appreciable amount of relief to the lung is produced by the bleeding I have no doubt. All these events bear strongly on the proposition that the local congestion of the lung has much to say to the clinical history of phthisis. I shall afterward speak of its bearing on the treatment.

DIAGNOSIS OF ADHERENT PLACENTA.

Dr. A. C. Air writes to the *Lancet*, February 5th:—

I have met with several cases of morbidly adherent placenta during the last fourteen years, and am inclined to believe that the diagnostic problem

may be solved with almost absolute certainty; although, from my experience being limited to so short a time, I would desire to write with all becoming modesty.

The diagnosis is, I think, to be founded upon two symptoms, one of which is mentioned by Dr. Churchill, the other by Dr. Barnes, viz., that at some period of pregnancy, generally between the third and fifth month, a fixed pain, generally of a dull, aching character, is felt over some part of the uterus; and this is converted into a severe dragging pain when the patient attempts to turn over to lie on the side opposite to the placenta site: so much so that patients with an adherent placenta will never (as far as my experience goes) voluntarily lie on that side. This pain I believe to be of the same nature as that mentioned by Dr. Barnes as being experienced when the cord is drawn upon; and is due to the dragging on the cord by the child, when, from gravitation, it sinks through the liquor amnii.

Theoretically, it may be objected to this explanation that usually the cord is sufficiently long to prevent any such dragging; but I think it will generally be found that when the cord is long it is twisted around the neck or limbs of the child, and produces the same effect as a short cord would.

No history of this dragging pain on the patient's turning to the side opposite to the placental insertion will be obtained when the retention of the after-birth is merely due either to the inertia of a wearied uterus, or from irregular contraction; if there is hemorrhage in either of these cases, one would be justified in trying the effect of cold, compression, etc., before introducing the hand, but in cases of true placental adhesion, trying these and similar means leads to dangerous loss of precious time.

GLYCERINE IN THE TREATMENT OF FLATULENCE, ACIDITY, AND PYROSIS.

Drs. Sydney Ringer and William Murrell write, in the *Lancet*, for July 3, 1880:

An old gentleman, who for many years suffered from distressing acidity, read in a daily paper that glycerine added to milk prevents its turning sour, and he reasoned thus: "If glycerine prevents milk turning sour, why should it not prevent me turning sour?" and he resolved to try the efficacy of glycerine for his acidity. The success of his experiment was complete, and whenever tormented by his old malady he cures himself by a recourse to glycerine. Indeed, he can now take articles of food from which he was previously compelled to abstain, provided always that he takes a drachm of glycerine immediately before, with, or directly after his food. He recommended this treatment to many of his friends—sufferers like himself—and one of these mentioned the above circumstances to us.

We have since largely employed glycerine, and find it not only very useful in acidity, but also in

flatulence and pyrosis, and that it sometimes relieves pain. We meet with cases where flatulence, or acidity, or pyrosis is the only symptom; but more frequently these symptoms are combined. Some patients rift up huge quantities of wind without any other symptoms than depression of spirits; in others we get flatulence and acidity, one or the other predominating; and we meet with others who suffer from acidity, and also pyrosis. In all these various forms we find glycerine useful, and in the great majority of cases very useful. We do not mean to say that in all cases it is superior to other remedies for these complaints; indeed in several instances it has only partially succeeded when other remedies at once cured. On the other in some cases glycerine speedily and completely succeeded, where the commonly-used remedies for acidity and flatulence completely failed. We do not pretend to estimate its relative value to other remedies; we are only anxious to draw attention to its virtues.

TREATMENT OF MENORRHAGIA AND METRORRHAGIA.

By R. Tausky, M.D., Attending Physician to Mt. Sinai Hospital.

Résumé. In the treatment of the above and of pelvis congestion, *rest*, with pelvis elevated, is of the utmost importance. Hot water injections and scarifications of cervix and endometrium are beneficial. Salicylate of soda, quinia, digitalis in large doses and opium (anodyne and nerve sedation) are invaluable. Ergotin in large doses every hour is one of the most valuable aids. Intra-vaginal balls of astringents (preferably gr. iv. alum with a few drops of iron and glycerine) introduced every hour. if the hemorrhage be alarming. or better application to fundus of tannin and glycerine on a probe, or of Monsel's solution and water equal parts, have checked obstinate hemorrhages of months standing. Catarrhal endometritis requires cauterization once a week; flexions require straightening with the sound and a pessary, and if adhesion be present, by Bozeman's method of tamponing the vagina. In submucous and intramural fibroids, injecting ergotine daily often for months, has frequently checked long-continued metrorrhagia. In carcinoma, rodent, ulcer, fungosities, polypi and granulations, the cutrette and Monsel's solution are applicable. If the bleeding be from an rodent cervix, he often applies the Monsel powder or strong solution of alum. In rare and obstinate cases, occasionally he applies nitric acid or hot iron to endometrium with only good results. Compressing the abdominal aorta has saved three cases in his hands, when the patients were moribund and all else had failed.—*Am. Journ. Med. Sci., Jan., 1881.*

THE CANADA MEDICAL RECORD, A Monthly Journal of Medicine and Pharmacy.

EDITOR:
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SUBSCRIPTION TWO DOLLARS PER ANNUM.

All communications and Exchanges must be addressed to the Editor, Drawer 356, Post Office, Montreal.

MONTREAL, JUNE, 1881.

TO OUR SUBSCRIBERS.

As we are nearing the end of Volume 9, we propose, before the issue of another number, to send accounts to all our Subscribers. We hope that they will promptly remit the amount due.

CANADA MEDICAL ASSOCIATION.

We again would remind our readers that the Canada Medical Association will meet at Halifax on the 3rd of August. Those who intend to attend must procure certificates from the Acting General Secretary, Dr. Adam Wright, Toronto.

ELECTRICITY IN THE TREATMENT OF EXOPHTHALMIC GOITRE.

In the *New York Medical Journal* for June, 1881, Dr. A. D. Rockwell, Electro-therapeutist to the New York State Woman's Hospital, alludes to eight cases of exophthalmic goitre previously recorded by him as having been treated with electricity—three ending in recovery, and one in approximate recovery, and gives the history of an additional case in which the result was favorable. It would be impossible, he thinks, to obtain similar results in a number of cases by any one method of electrical treatment. In some cases localized galvanization by the ordinary method may prove efficacious. This method may be thus described: Place the cathode over the cilio-spinal centre, above the seventh cervical vertebra, and the anode in the auriculo-maxillary fossa, gradually drawing the latter (after a few moments of stable treatment) along the inner border of the sterno-cleido-mastoid muscle, to its lower extremity. The second step in this process consists in removing the anode to the position occupied by the cathode, and placing the latter over the solar plexus, using for a few moments longer a greatly increased strength of cur-

rent. In other cases currents alternately increased and diminished may prove most effective. The general application of the faradaic current sometimes proves an important factor in the method of treatment. It is not very difficult to believe, he remarks, nor to understand why general faradization is so effective in lowering a pulse that is rapid as a result of nervous excitement, and in increasing its strength when it is both rapid and weak through nervous exhaustion. It is more difficult to explain why this result is so pleasantly obtainable in cases of exophthalmic goitre in which the galvanic current, after benefiting up to a certain point, fails to do more. The faradaic certainly does not affect the sympathetic so directly and powerfully as the galvanic current does, and we are obliged, for an explanation, to refer to its well-known superior tonic properties, and to the fact that the complete and thorough excitation of the cutaneous nerves by general faradization is followed by a greater and more desirable reflex influence. In a case of over thirty years' standing, which the author recently treated, but in which he failed to cause any appreciable reduction in size, this power of one current to supplement the action of the other was well illustrated. The pulse of the patient was constantly at or above 115. The action of the galvanic current reduced it to 105, but failed to do more than this after considerable effort. General faradization was then attempted, with the result of effecting within a week a further and seemingly permanent reduction of twelve beats. At the same time the patient's general condition was much improved.

BISHOP'S COLLEGE SCHOOL, LENNOXVILLE.

We are pleased to hear that all the suggestions which last winter were made by the Medical Commission appointed to investigate the cause of the outbreak of Typhoid Fever at Bishop's College School have been carried out, and are now completed. We are informed that the School will re-open at Lennoxville in the autumn. Confidence is being rapidly restored, and we hope for a future for this school which will far exceed its past success. We are glad to know that the labors of the Medical Commission (consisting of Drs. Simpson, Osler and Cameron) are warmly appreciated by all the friends of Bishop's College. The resolution given below, and which was carried unanimously at a meeting of the Corporation of the College, held on

the 2nd of June, is but the formal expression of this grati. de.

It was moved by Revd. Canon Norman, seconded by Mr. John S. Hall, and resolved:—

“That the sincere thanks of the Corporation are due and are hereby tendered to Dr. Simpson, Dr. Osler and Dr. Cameron, the Medical Commission, for their services rendered gratuitously in relation to the investigation as to the recent outbreak of Typhoid Fever.”

IODIDE OF ETHYL IN ASTHMA.

The *New York Medical Journal* for June, 1881, publishes three cases of asthma treated with inhalations of iodide of ethyl, with remarkable benefit. They occurred in Dr. R. M. Lawrence's service at the Boston Dispensary. Following the cases are some remarks by Dr. Lawrence, in which he says of the iodide of ethyl: “Its speedy absorption into the blood, its antispasmodic quality, and prompt reflex stimulation of the respiratory muscles, may reasonably account for its beneficial action in the asthmatic paroxysm, while its power of liquefying and detaching accumulations of mucus sufficiently explains its curative influence in chronic bronchitis..... Experience has confirmed my faith in its remedial worth in a large majority of cases of labored respiration (whether due to bronchial spasm or to increased mucous secretion), and also in certain obstinate cases of dyspnoea, not due to organic pulmonary or cardiac lesions, where other remedies may have proved inefficient. In a small minority of cases it has failed to afford relief.” He does not recommend it as a substitute for internal medication, but rather as an adjunct thereto.

TO TEST HOUSE DRAINS.

In London house drains are tested by pouring in at the highest point of the pipes an emulsion of oil of peppermint and water, following this up with a couple of buckets of water to wash the emulsion through the drains. Should there be any leaks they can be located by the penetrating smell of the peppermint. The same system is, we believe used in Boston and in Montreal.

PERSONAL.

Dr. Edmond Robillard of Montreal has had the honorary degree of Master in Surgery conferred upon him by the Medical Faculty of Victoria College. The honor is well deserved.

Dr. McGillis (C.M., M.D., Bishop's College, 1881) sailed for Europe by the Dominion S.S. "Ontario" on the 3rd of June.

Dr. Eleuterio Quinones-Cardona (C.M., M.D., Bishop's College, 1881) sailed from New York for his home in Porto Rico the second week in June.

Dr. R. Palmer Howard and Dr. Osler of Montreal sailed for Liverpool by the Allan S.S. "Parisian." They visit London to attend the meeting of the International Congress, and will be absent six or seven weeks.

Mr. Bemrose, F.C.S., has been appointed Lecturer on Practical Chemistry in the Medical Faculty of Bishop's College.

Dr. G. E. Gascoigne, late of the Royal Artillery, and who was for several years located at Brockville, but for the last year in Panama, has left for Jamaica, having received a Government Medical appointment.

COLLEGE OF PHYSICIANS AND SURGEONS.

The semi-annual meeting of the Board of Governors (Provincial Medical Board) of the College of Physicians and Surgeons, Province of Quebec, was held in Montreal, on the 11th May, 1881, the President, Dr. R. P. Howard, in the chair.

The following governors were present:—Dr. Howard, President; Drs. Trudel and Lemieux, Vice-Presidents; Drs. F. W. Campbell, Lachapelle, Perreault, R. F. Rinfret, Côme Rinfret, L. Larue, Lanctot, Robillard, Marsden, Austin, Church, Mignault, Lafontaine, Gibson, Laberge, Rousseau, Kennedy, Rottot, T. Larue, Ladouceur, Rodger, St. George, Marmette, Desaulnier, Hingston and Prevost.

The Secretary read a letter from the Registrar of the Medical Faculty of Bishop's College, stating that, owing to continued ill-health, Dr. David had resigned his position as representative to the Provincial Medical Board, and that the Faculty had elected Dr. R. A. Kennedy, to replace him.

Dr. Kennedy, the new representative from Bishop's College Faculty of Medicine, was introduced by Dr. Gibson, and took his seat.

It was then moved by Dr. Marsden, seconded

by the Hon. Dr. Church, and carried unanimously:

"That this Board has received with regret the announcement of Dr. David's withdrawal, owing to ill-health, from this Board, and that, before accepting such resignation, it desires to put upon record its high sense of the service rendered to the profession and this College in the long series of years during which Dr. David has been a member of the former and an active worker in the latter. His thorough early and professional training, his large experience and active nature, enabled him to bring great power to the consideration and discussion of all matters affecting the interests of the profession. In parting with him, this College ventures to express the hope that the cause is only temporary, and that Dr. David may yet be spared many years to bring his large store of useful knowledge and ripe experience to the assistance of the profession, and to forward the work of this College."

The reports of the assessors from the Universities of McGill, Bishop's College, Victoria College, Laval, Laval (*succursale*), Montreal, were then read.

The Secretary then read the report of the Board of Examiners on Preliminary Education, stating that the following gentlemen had passed the required examination and been admitted to the study of medicine, viz., W. Galt Johnston, M. Brophy, E. Labonté, H. T. Hurdman, H. Gaudreau, D. B. Darby, H. B. Smith, C. Bussiere, B. Smith, W. H. Leonard, F. Simard, and P. Morin.

The following gentlemen passed the supplementary examination imposed for partial failure last year, viz: J. C. Blanchet, F. Jeannotte, J. O. Lambert, A. Lamothe, C. Prevost, N. Tessier.

A. Gaboury was passed for special reasons, the Board two years ago consenting that he should pass his preliminary examination after receiving his degree.

The Board for Preliminary Examination reported that twelve gentlemen had been remanded for a supplementary examination on certain subjects; also, that twenty-four gentlemen had been entirely rejected, having failed to obtain the requisite number of marks. Three gentlemen were rejected for copying.

Dr. F. W. Campbell raised the question whether a student could be examined upon the final portion of his examinations at the end of his third session, then go and study a year with a physician,

returning at the end of his fourth year and get his diploma. Dr. Campbell stated that this practice was in vogue amongst some of the medical schools, and according to his interpretation of the by-law (chap. viii., sec. 2), such practice was irregular.

Considerable discussion ensued, when the subject was adjourned till the afternoon session.

Dr. Marsden raised the question of the legality of the new by-law, restricting the attendance of the assessors to three days. He stated that he had consulted counsel, and that the by-law was in direct opposition to the Act.

It was then unanimously resolved to alter and amend the by-law sanctioned by His Honor the Lieut-Governor on the 3rd September, 1880, in relation to assessors, as follows:—

“To substitute the following for section 6, chap. 10, of the said by-laws: The assessors shall attend during the medical examinations of each University or Medical School; within eight days immediately following these examinations, they shall send their written report to the secretary of the College residing in the city in which these examinations have been held. They shall be paid, in addition to their travelling expenses, a remuneration of ten dollars for every day that they shall be detained by their duties, providing it does not exceed three days, in which case only five dollars shall be paid for each additional day that they shall be detained, but in no case shall their remuneration exceed fifty dollars.”

The report of M^r. Lamirande, the prosecuting officer of the College, was read by Dr. Lachapelle. The Treasurer also read a statement of his receipts and expenses during the past six months; also a letter from him with regard to his work.

It was then moved by Dr. Lachapelle, seconded by Dr. Larue:—“That the arrangements made between the Medical Board and Mr. C. E. Lamirande, at the last semi-annual meeting, be continued, moreover the Board engages to pay, from this date, a bonus of twenty dollars for each conviction, which he obtains against a charlatan, and, furthermore, that this bonus shall be 25 dollars for each such conviction where the charlatan is too poor to pay the fine, and goes to prison.”—*Carried.*

The meeting then adjourned till 2.15 P.M.

When the afternoon session was opened, the President in the chair, the Secretary read the names of the candidates for License, whereupon Dr. Lanctot asked the President if he had received

a protest from the School of Medicine and Surgery (Victoria College) against granting licenses to the graduates of Laval University, in Montreal. The President said he had been served with such a protest. At the request of Dr. Lanctot the protest was read.

Proposed by Dr. Lanctot, seconded by Dr. Bonin, That the protest, now before the Board, be accepted, and submitted for discussion.

Moved, in amendment, by the Hon. Dr. Church seconded by Dr. Marsden, “That, inasmuch as section 7 of the Act incorporating this College provides that the holders of Diplomas from all the Universities mentioned in section 4 of the said Act shall be entitled under the circumstances in said section 7, to the License of this College; that, pending adverse decision rendered in the Courts, this College continue in the future, as in the past, to grant all such holders of Diplomas the License of this College.”

The amendment, being put, was carried by a vote of 18 to 6.

The main motion, on being put, was lost on the same division, and the amendment declared carried.

Licenses were granted to the following gentlemen:—

Laval University, Quebec.—J. Pelletier, M.D., Quebec; A. F. Poulin, M.D., Quebec; J. W. H. Blagdon, M.D., Quebec.

Laval University, Montreal.—A. Gaboury, M.D., St Martin; J. A. Cardinal, M.D., Napierville, Quebec; A. Savard, M.D., St. Eustache; J. H. B. Jeannotte, M.D., Brigham; R. Tranchemontagne, M.D., St. Louis de Gonzague; E. Poirier, St. Cyrille.

Bishop's College, Montreal.—W. C. McGillis, M.D., Montreal; E. Quinones, M.D., Porto Rico, S.A.

McGill University, Montreal.—G. W. Gernon, M.D., Marieville; J. C. Shanks, M.D., Huntingdon; W. A. Shufelt, M.D., Knowlton; J. W. Ross, M.D., Winthrop, Ont.; H. Lunan, M.D., Litchfield, Ont.; F. W. Newburn, M.D., Drummondville, Ont.; R. T. MacDonald, M.D., Montreal; T. L. Brown, M.D., Ottawa; H. E. Poole, M.D., Kazubazua.

Victoria College, Montreal.—H. Legault, M.D., St. Armas; A. J. Prieur, M.D., St. Anicet; J. Asselin, M.D., Joliette; E. Fournier, M.D., Montreal; A. Martin, M.D., Iberville; P. E. Marier, M.D., Terrebonne; E. Lalonde, M.D., Montreal; G. L. Laforest, M.D., St. Liboire; J.

O. Soulard, M.D., Quebec; N. Beaudet, M.D., St. Gregoire d'Iberville; J. G. Leduc, M.D., Montreal; J. L. Carignan, M.D., Goubelle; E. Voisart, M.D., Pointe du Lac; T. Hamelin, M.D., Three Rivers; C. Fauteaux, M.D., St. Simon; S. E. Bergeron, St. Etienne.

The license was issued to James Irwin, M.R.C.S. Eng., of Pembroke, Ont., on his English diploma; also to A. M. Gibson, M.D., (Queen's, Kingston) L.R.C.P. & S., Edin., of Massawippi, on his Scotch qualifications.

The following gentlemen submitted to the professional examination, and being found duly qualified, received the license of the College: C. S. Fenwick, Montreal; E. Tremblay, Nicolet.

Proposed by Dr. Lachapelle, seconded by Dr. Marmette, "That at the opening of each semi-annual meeting of the Provincial Board of Medicine, the secretaries shall each deposit on the table a list containing the names of the candidates for the license, the date of their admission to the study of medicine, the origin of their certificates of admission to the study, the date of their diploma and the name of the University, and that the secretaries be authorized to have the necessary blanks printed."—*Carried.*

Dr. Fred. Church applied for the License, he being a graduate of McGill University, Montreal, but not having his diploma, from an oversight of the Registrar; having given satisfactory proof of this, it was on motion unanimously resolved that he be granted said license.—*Carried.*

Moved by Dr. Gibson, seconded by Dr. Prevost, "That in view of certain notices of application to the Legislature for private bills, authorizing this Board to admit certain persons, in such notice named, to examination, this College is of opinion, and respectfully represents, that no such bills be passed, unless first submitted and recommended by the Board of Governors of this College."—*Carried.*

Moved by Dr. Lachapelle, seconded by Dr. F. W. Campbell, "That a copy of the above resolution be sent to every medical man in the Provincial Legislature."—*Carried.*

Moved by Dr. Church, seconded by Dr. Desaulnier, "That the President, Secretary (Montreal), and Treasurer be a committee authorised to prepare an announcement of the College, containing lists of all the text-books recommended by the matriculation examiners, the regulations of the College as to the medical curriculum; the fees;

the time and places of holding examinations, etc., for the guidance of medical students, and candidates for the license."—*Carried.*

Moved by Dr. Church, seconded by Dr. Lachapelle, that the writing in all diplomas, documents, records, etc., intended to be permanent, be written with an ink which will not affect the material upon which such writing is made nor become illegible from decomposition.—*Carried.*

On motion of Dr. Lafontaine, seconded by Dr. Laberge, it was unanimously decided that the salary of the Registrar from the 29th of September last be three hundred dollars a year.

Dr. Robillard gave notice of motion, seconded by the Hon. Dr. Church, that at the next semi-annual meeting of this College, he will move that the salaries of the Secretaries and Treasurer be increased to one hundred dollars.

Moved by Dr. Marmette, seconded by Dr. Church, "That the members of this College have heard with deep regret of the death of Dr. Michaud an old member of this College, and they desire to express deep sympathy with his family in their bereavement;" and that a copy of the above resolution be sent to the family of the deceased by the Secretary.—*Carried.*

Moved by the Hon. Dr. Church, seconded by Dr. Lafontaine, "That the account of Dr. Marmette and other witnesses for attendance at the preliminary investigation of the charges brought by Dr. Gilbert against Drs. Fenwick and Worthington, after having been revised and approved by the President and ex-President, Dr. Rottot, be paid."—*Carried.*

Dr. Rodger brought before the College the fact that large quantities of obscene medical literature were being circulated through this Province by Dr. A. M. Ross, a licentiate of this College.

Moved by Hon. Dr. Church, seconded by Dr. Rodger, "That the documents now produced by Dr. Rodger and laid on the table, purporting to have been issued at the instance of Dr. A. M. Ross of this city and circulated through the city and country, be referred to a committee, consisting of Drs. Rottot, Trudel, Craik, and F. W. Campbell, with instructions to examine them and to enquire whether these documents have really been put in circulation by Dr. A. M. Ross; that if the committee shall be of opinion that he put them in circulation, the said committee enquire and report whether the Act incorporating this College affords any remedy for such misconduct, or if not, whether

the criminal law affords any punishment for similar conduct; to consult counsel, if necessary, for the foregoing purposes, and to report the result of their deliberations to the College."—*Carried.*

Dr. F. W. Campbell moved, seconded by Dr. Gibson, "That the subject with regard to the legality of the fourth year of medical study being passed with a practitioner, after he has passed all the examinations for his degree, introduced by Dr. F. W. Campbell, at the morning sitting of the Board, be referred to one school representative, from the medical schools in Montreal, and the two outside governors for the city of Montreal."—*Carried.*

Moved by Dr. Lanctot, seconded by Dr. Marsden, "That the governors of the College of Physicians and Surgeons be notified by post card of the time of holding the semi-annual meeting."—*Carried.*

A vote of thanks to the Laval Faculty of Medicine (Montreal), for the use of their rooms, was unanimously passed.

THE NEW YORK SANITARY ENGINEER.

The above is the name of a paper published in New York, and although but in its fourth year it is now acknowledged to be the leading Sanitary authority on this Continent. It has labored for some time to get a food and drug adulteration bill through the Legislature of New York State, and success has at last crowned its efforts. We congratulate our contemporary on this practical evidence of its being "a power" in the Legislative Halls of the Empire State.

LACTOPEPTINE.

This is a remedy which is constantly gaining in favor with the profession. Our own experience with it has been most satisfactory. In the summer complaint of children we have used it with excellent results. Indeed we have found it very valuable as a preventative of this affection. We frequently order it, with this object in view, and we believe that our expectations have been realized.

"NANA'S DAUGHTER"

Is destined to make a deep sensation among novel readers. It is a sequel to ZOLA's famous "NANA," but is in many respects superior to it. Intense and continuous action characterizes it

throughout, and every page is of absorbing interest, while there is no lack of refinement and fine feeling. The aim is to show that evil instincts are not hereditary. All the characters are vividly sketched, the plot is of unusual strength and merit, and the style of composition is vigorous and concise. The translation of "NANA'S DAUGHTER" is by John Stirling, who has done his work conscientiously well. It is published in a large square duodecimo volume, paper cover, price 75 cents, and will be found for sale by all Booksellers and News Agents, and on all Railroad Trains, or copies of it will be sent to any one, to any place, at once, on remitting 75 cents in a letter to the Publishers, T. B. Peterson & Brothers, Philadelphia, Pa.

WYETH'S VINUM CIBI.

Owing to the type of debility which characterizes the great majority of the diseases now prevailing, the tonics or strength-giving remedies have assumed an increasing importance of late years. Much attention has been paid to preparations of this class, and we desire to bring to the notice of the Medical Profession, Wyeth's Wine of Beef (Vinum Cibi). In each tablespoonful of this preparation there is the essence of one ounce of beef, in solution in sherry wine. It is therefore a refreshing stimulant, the effect of which is not merely to quicken the circulation and impart a temporary excitement, but also to supply actual strength.

THE MACKINNON PEN OR FLUID PENCIL.

We direct attention to the advertisement of this pen. We have now been using one for the past six months, and consider it a most valuable invention for medical men. The profession know how difficult it is to get good ink in the majority of houses with which to write prescriptions, and, if the ink is generally bad, the pens are nearly always execrable. Pencils are unsatisfactory, for prescription-writing, and it soon fades and often gets illegible. The Mackinnon pen, when once charged with ink, will last a long time without replenishing. It is always ready for use, and not being as large as a fair-sized pencil it can with perfect ease be carried in the vest pocket.

SCRIBNER FOR JUNE.

The element of timeliness which is found, to some extent, in every number of SCRIBNERS' MONTHLY, is particularly noticeable in the June issue, just published. The first paper to be turned to by most readers, will perhaps, be the second part of Col. Waring's "Sanitary condition of New York," entitled "The Remedy," and recommending a complete system of house and street drainage, applicable to any house or locality. "An August Morning with Farragut"—a vivid account of the great admiral's famous victory at Mobile, by Lieutenant J. C. Kinney, who was on board the *Hartford* throughout the fight, and tells the true story of the lashing. His account is confirmed and supplemented in a letter in the same number from Commander J. Crittenden Watson, who was also an officer under Farragut. Other papers which come under the head of "seasonable," are: a brief sketch of the late Earl of Beaconsfield, accompanied by a full-page portrait, engraved by Cole, together with an unpublished sonnet written by Disraeli in 1839;

Lovers of light reading will find plenty to interest them in this number. There is the opening instalment of several pages of "A Fearful Responsibility," by W. D. Howells (the "fearful responsibility" being an American girl); "A Rainy Day with Uncle Remus,"—five new fables told in his inimitable style, by Joel Chandler Harris; the second instalment of George W. Cable's "Madame Delphine," which is full of action; "Fritz," a bright history of a pet bird; "Along the North Shore of Long Island," describing a canoeing trip by Charles H. Farnham, with charming illustrations by Vanderhoof and Lungren; a description of lobster-fishing and lobster canning, contributed by W. H. Bishop, with illustrations by J. C. Beard and Burns, a travel article, by Miss Gordon Cumming, giving account of a visit to "The Largest Extinct Volcano" in the world, with an illustration of the crater.

ST. NICHOLAS FOR JUNE.

The children's magazine, ST. NICHOLAS, is, in the present volume, fully satisfying the demands of those parents who desire that their children's reading shall be not merely interesting, but instructive. It is now presenting, in serial form, two "features" which combine entertainment with a rich store of information.

THE POPULAR SCIENCE MONTHLY FOR JULY, 1881.

A very striking article on "The Races of Mankind" opens "The Popular Science Monthly" for July. It is an abstract from the new and admirable work of E. B. Tylor, F.R.S., on popular anthropology. The paper is profusely illustrated with finely executed representations of all the leading modifications of the human family, and we have nowhere seen so excellent a summary of the distinctions and characteristics of the races and tribes of men as are exemplified in this comprehensive article. There is an article on "The Phenomena of Death" by Dr. Thomas D. Spencer, who clears away a group of current superstitions in regard to this physiological process. He shows that the common notions about "death-agonies," "death-struggles," and the "pangs of death," are grossly erroneous, and that in the last moments of life pain and death seldom go together. Death is generally made painless by an anæsthetic kindly provided by Nature. The departments are full and varied, and the number is one of unusual attractiveness. New York: D. Appleton & Company. Fifty cents per number; \$5 per year.

CASCARA SAGRADA.

Dr. R. W. Alexander, in the *Therapeutic Gazette*, describes a case the symptoms in which were relieved by this remedy. He says of the patient:

Her condition at this time was as follows: Sal-low complexion; general emaciation; broad, flabby tongue, coated with a thick, yellow, fur; foul breath; cardialgia; headache; habitual constipation; liver enlarged, with considerable pain upon pressure. I ordered two preparations of cascara from a druggist in this city, who had gotten some for my special use. The first was Dr. Bundy's preparation, which I intended should meet the dyspeptic condition of her system, and is as follows:

℞ Cascara sag. fl. ext. (P. D. & Co.) ʒ ij;
Acid hydrocyanici dil. ʒ ij;
Malt extract. fl. ʒ ij;
Berberis aquifol. fl. ext. fl. ʒ j.

M. Sig. A teaspoonful after meals, or oftener, if there is pain or distress with belching of gas or wind from the stomach.

In addition to the above I ordered the second, as follows:

℞ Cascara sag. ext. fl. (P. D. & Co.) ʒ ij;
Syr. hypophosphit. co., ad. ʒ iv.

M. Sig. A teaspoonful at night when the bowels fail to move during the preceding day.