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The Canada Medical Record.

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CONTENTS.

Original Communications.

AN EPIDEMIC OF MEASLES.*

BY DR. C. J. EDGAR OF SHERBROOKE.

Mr. President and Gentlemen,

During the months of June, July and August of this year—the centenary by the way of the differentiation of measles from scarlet fever—there occurred in my practice an epidemic of measles numbering 423 cases. It occurred in a mining town among a class of people moderately cleanly and fairly well fed and housed. It began with measles of the ordinary type, rapidly becoming more severe, until during the height of the epidemic it was extremely severe, and every case either of the malignant or the hæmorrhagic type. When the acme was past, the disease gradually became of less severity until the last cases were again of the usual mild variety.

Of the 423 cases which constituted this particular epidemic, only 123 were of the regular type. Of these, seventy-six (76) occurred at the beginning of the epidemic, 12 were scattered through it, and the remaining 32 at the end of it.

103 cases were of the malignant type, *i. e.*, were of extreme severity, were all complicated by some other disease, and furnished all the fatal cases which occurred, viz., seven.

The remaining 200 cases were of the hæmorrhagic form, and while more severe than the mild cases, were yet much less violent than the 103 cases which I have classed as malignant, and were none of them fatal.

The contagiousness of the disease was extreme and universal—almost every person in the locality who had not had it, independent of age or sex, contracting it. Many claimed to have had the disease before, and six of them were certainly right to my own personal knowledge. Although in such an epidemic it is extremely difficult to determine the period of exposure to infection, it was still possible to verify the statement that the period of incubation of measles is very variable and uncertain.

The only symptoms which were present in absolutely all the cases of whatever type

* Read before the Canada Medical Association, at Ottawa, 20th Sept., 1892.

were the rise of temperature and the eruption. The catarrhal symptoms which we are taught to regard as the only really characteristic ones in the early stages of the disease were entirely absent in about 5% of the cases. The mouth rashes of Guersant and Blache and of M. Girard were present in only about 25 per cent.

The initial stage in this epidemic was very prolonged, ranging from 4 to 14 days, the average being about 6. The eruption of whatever type appeared first on the face, and in almost every case was indistinctly visible under the skin for from 6 to 48 hours before its appearance as a distinct rash.

In the 200 cases of hæmorrhagic type—in which the spots were of a more or less livid hue with ecchymosis of various sizes and shapes—slight hæmorrhages from the mucous cavities were very common. Almost all the adult females menstruated during the attack, and 3 female children aged respectively 3, 7 and 9 had a similar discharge from the genitals. Hæmorrhages from the nose were the most common, and usually pretty severe, but spitting of blood and discharge of it from the rectum and bladder in small quantities was not uncommon. In five cases before the eruption appeared the patients became for two days literally black and livid all over, causing their friends great anxiety and creating tremendous consternation among their neighbors. They had exactly the appearance of suffering from extreme asphyxiation, but there was no trouble in breathing and no particular lung symptoms. The type of the disease in these cases was not due to any lack of resisting power on the part of the patients, nor to their surroundings, for they all happened to occur in healthy young adults in easy circumstances. The only peculiarity about them all was that they were of dark complexion, and perhaps therein the whole explanation might be sought out. Although severe, these cases were not fatal, nor did they differ otherwise than in appearance from hundreds of others. The rash in the hæmorrhagic cases lasted very much longer than in the other varieties, persisting as discolored spots in some cases for weeks.

The several other varieties of rash—"papulosi," "vesiculosi" and "confluentes"—especially the latter—were frequently met with; but after careful observation I came to the conclusion that, in this epidemic at least, the eruption, whether in variety, time of appearance or amount, had little or nothing to do with the progress or severity of the attack. That the different types were simply modifications of the same disease was shown by the fact, that in several cases the mild type begot the malignant and hæmorrhagic, and *vice-versa*.

The modifications of the disease were so numerous and the appearance of the eruption so variable, that for me at least it would have been utterly impossible to diagnose with any degree of certainty any stray cases of rotheln or scarlatina which might have appeared during the course of the epidemic.

The temperature was found to vary from 100 to 103 degrees, anything over 103 being invariably due to some complication—notably catarrhal pneumonia. The average temperature in the mild cases was 101 degrees, in the severe or malignant cases 103 4-5 degrees, and in the hæmorrhagic cases 102 degrees.

In all the really severe cases there was some complication present—bronchitis being the most frequent and pneumonia the most fatal. Some authors state that when a pulmonary complication begins in the prodromic stage it almost always modifies the eruption in some manner, either retarding or rendering it irregular or imperfect; and that when it dates from the second stage it may cause a partial or complete retrocession of the

eruption. This was not the case in this epidemic, for in none of the complicated cases did the rash disappear or become markedly irregular. The only other complication which was sufficiently constant to show connection with the disease was intestinal inflammation, notably entero-colitis in children, and this might possibly be explained by the appearance of the epidemic during the hot season. Two rather mild cases were complicated by pregnancy, but without result.

Convulsions occurred in the prodromic stage in 10 cases, but were not protracted, and all disappeared as the disease became established. No cases of meningitis occurred.

The sequelæ were not important, and consisted mostly in chronic coughs and minor eye troubles, with in young children the persistence of a troublesome diarrhœa.

The total mortality was 7 cases, all of the malignant or complicated type, and none of them of the hæmorrhagic variety. They all occurred in babies between 6 and 18 months of age, and were entirely due to the complications,—one of entero-colitis, two of bronchitis and four of pneumonia.

Of the treatment, I can only say that it was largely expectant and symptomatic, cold water being freely allowed in all cases.

Society Proceedings.

CANADIAN MEDICAL ASSOCIATION.

(*Continued from page* 45.)

Dr. Hill: This interesting discussion has opened my memory, and I recollect a case that I was attending at Brighton, England, years ago, of a young lady who was suffering from appendicitis. There was constipation, and when that was overcome she voided no less than eight plum-stones. She had eaten plum-jam eight weeks previously.

DISCUSSION CHOLERA.

The president, Dr. Bray: We have the Minister of Agriculture here, and I would ask now that Dr. Bryce come forward and open the discussion on cholera. The Hon. Mr. Carling does not wish to make any remarks now, but will do so afterwards.

Dr. Bryce said: Gentlemen, I have only to remind you that it is not six weeks yet since we had an official notice of cholera being present in Hamburg; that we have seen cholera brought from that point to England and to a United States port, endangering our own various localities to an extent which has created an extreme interest, which epidemics of cholera invariably have done since their first appearance here in 1832. In the limited time at my disposal, I shall only refer to two particular portions of the question of "What has this continent to do to protect itself against cholera?" You will remember that the International Conference is simply a meeting of executive officers, and that after the deliberation the president selected a commission of some seven gentlemen, four of whom made the Eastern trip to inquire exactly into the border defences against the introduction of the disease to this continent. We started about the first of this month, and visited the Grosse Isle quarantine, and from thence, the day after the disease appeared in New York, we hurried as rapidly as possible to New York harbor, and there saw what all of you have read about, the detention of thousands of passengers in the middle of the harbor on infected ships. We went from that point to Boston, to Portland, to St. John, and Halifax, and back again to Philadelphia and Washington. I may state the general conclusions arrived at by the commission. I may say in brief that we have found this—that, assuming the disease to be brought to this continent in ships, there is a great lack at all points generally of provision for the removal of the healthy from infected ships. That is the very thing we found in New York harbor, and it seemed to us absolutely inhuman to see the large ocean ships, with hundreds of valuable lives upon them, lying there for nearly two weeks, exposed every day, in most cases, to the sick, through the crew, stewards, etc., passing through the ship continually. The first thing we said was, "Get these people off the ships." It was finally done, but after great difficulty. At Boston the station had good places to take passengers to; but this brings up the next point, viz., the insufficiency of means to remove passengers from the infected ships.

At our own stations, Grosse Isle and Halifax, and others, this was noticed just as at New York, where there were thousands on the ships lying in the harbor. We likewise concluded that at all points where immigrants are received there must be means for immediate removal to islands if islands are used for quarantine stations. The next danger is that at New York—it is not so now at Philadelphia, and I think we can

say Philadelphia is safe—but at New York and Boston at the time of our visit, and at our own ports, there was a very great lack indeed of any modern facilities for rapidly and thoroughly disinfecting the baggage, which might have been infected before it was packed up and brought on board at Hamburg. That, then, is the next absolute necessity—that we must have modern disinfecting appliances wherewith rapidly, and with certainty to destroy any germs in the baggage or effects of immigrants, and, next, that there shall be at these points such facilities as shall rapidly and completely disinfect the ship which may have been infected. Now, at no place on our whole tour from Grosse Isle to Washington did we find any sufficient apparatus for that particular part of the work. So you can see that there is in that direction a very grave question facing us—how much can our Government afford to spend, how much can the Federal Government and the State Governments of the United States afford to spend for this purpose? What shall be its character, and, next, where shall they make their main point of defence? If we have not money to do this at more than two or three points, then it is possible to require all ships with passengers to come to those points. What is demanded is that here and in the United States, at those points, there shall be absolute defence against ingress. The other point I shall simply refer to because it belongs to the honorable gentleman's department—and it is a question which has arisen with the members of his own Cabinet, and with Provincial Governments and the various transit companies—what action shall our Government and the United States Government take with regard to bringing in immigrants next year?

We know that next year we are to have a great World's Fair on this continent, and we know there will be a large influx of a very doubtful class of immigrants from European countries. The immigration to the States last year was over seven hundred thousand. The Grand Trunk Railway brought in nearly forty thousand, mostly from the port of New York, during the last eight months, and our great railway has brought in some sixteen thousand by way of the St. Lawrence. This indicates that the danger to us is greater *via* New York than it is *via* the St. Lawrence, and it further indicates that the United States are not in any way exposed as much to us as we are to them. The question than arises, What can we, as medical men, viewing the situation broadly, recommend to all the health authorities with regard to next year? Our opinion is that of many gentlemen in the United States, that excepting, probably, immigration from Norway and Sweden and the British Islands, we shall urge that for a year at any rate—that is, next year—there shall be a complete embargo put upon that kind of immigration which comes to this country, especially through the port of Hamburg. You all know what it is; I need not describe it. If any of you have any doubt about it, let him look at the arrivals by the various ports of entry. If cholera once gets into New York and begins to spread, the people would disperse by twenty or thirty lines of railway, and coming into Buffalo by as many more, you can readily understand what we would be exposed to. The only fight we can make of a really effective character is the external fight. If after that we have to fight it in our individual towns and cities, I trust that with the work done in the present winter by local health organizations, cleaning up everywhere and making the most positive health regulations necessary, we shall be comparatively free from danger if it gets through our frontier. I trust gentlemen will continue the discussion as I have indicated, and, if possible, formulate some broad conclusions that will be useful to ourselves as health officers and, I have no doubt, of equal use to the Honorable Minister of Agriculture.

Dr. Rogers: What would Dr. Bryce consider as the most rapid and thorough way of disinfecting the baggage and the passengers on ships?

Dr. Bryce: Of course it is a question with a great many details in it, but I may say briefly this: it can be illustrated by one single reference on this continent. At New Orleans, as we all know, every year they suffered greatly from yellow fever, and especially from 1876 to 1878. The district during those years was semi-decimated. They introduced a very simple process of putting the infected material into a long cylinder, which could be supplied with live steam under pressure rapidly driven in through pipes, and kept there until everything in the inside was disinfected. It has been improved upon, and we have now, in the one at Grosse Isle, one of the most effective that I have seen on the continent. It is about nine feet long and four feet in diameter. It would only take a few square yards at a time, and that would take too long,—that is, for the baggage itself. The other point is, that after the persons have been removed, they are handled in this way at Philadelphia by appliances completed last week. They fitted up a steamer complete in its details so that they could run out close to the infected ships; then take on 50 or 60 passengers an hour, and put them in large bath-rooms where they can be washed within an hour, and while washing have their clothing put in a superheated room where it can be disinfected. The next hour they take off as many more, and in that way disinfect the whole of the passengers. That is the steamer of "observation." Then they take the baggage by a *lighter* to the shore, and disinfect it in a super-

heated chamber there. The difficulty is they cannot, at Philadelphia or at New York, and we cannot at Grosse Isle yet, bring the ship alongside of a wharf where it could be cleaned. In order to clean the ship at Grosse Isle, Philadelphia, etc., they have adopted a plan of placing on a barge, or some sufficient vessel, large chambers in which sulphur dioxide can be rapidly distributed by means of fans. A large quantity of sulphur dioxide is sent through the ship. If that is done thoroughly and the ship stands under sulphur fumes for twenty-four hours, they have found in New Orleans, at all events, that it does disinfect the ship, not only in cases of smallpox, but also of yellow fever. That is, I think, an answer to the question.

Dr. Playter: I think we should consider hereafter, as medical practitioners, another aspect of the question. We know that there are yet other factors in the causation of all diseases of an infectious nature, and Sir Andrew Clarke has recently brought the question to a fine point in regard to tuberculosis. He said there were necessarily two factors in the causation of tubercles: one the bacillus, and the other the soil on which it grows. It is most desirable that everything should be done through quarantine to prevent the infection reaching this continent; but I think attention should be directed to the other essential more than it has been. Not that we should neglect the first, but the infection will escape the best quarantine and the best disinfection. There will be less danger in the future, but we should prepare for a certain amount of outbreaks at the best on this continent next summer. Our present facilities for instructing the people are I think, insufficient, and a good deal might be be done by way of enlightening the people in the way of the soil. We all admit that if the digestive canal is in a good condition there will be no infection, and the general functions of the body should be kept in a vigorous condition. It seems to me very, clear that unless there is a want of acidity or, rather, alkaline conditions of the intestinal canal, the cholera bacillus will not develop there. I think there should always be a thoroughly clean condition of the digestive organs.

Dr. F. W. Campbell: I do not think that, with all the good will that the Hon. Mr. Carling has, he will undertake to keep the digestive organs of the people of Canada in good order. That is a matter which comes under the cognizance of the provincial authorities. I should like to ask for information from those who are health officers, if it is not a fact that the statistics give the following: That 70 per cent. of epidemics escape quarantine, and that 30 per cent. only are successful, even under the best system of quarantine?

(To be continued.)

THE AMERICAN GYNÆCOLOGICAL SOCIETY,

Comprising a membership of about ninety specialists, held its seventeenth annual meeting, September 21, 22 and 23, in the city of Brooklyn. This city is favored by the residence of many prominent members. Women doctors were well represented, and one Chinese, Dr. Thomas, was present. Over twenty technical papers were read, some of which brought animated discussion. Dr. Charles Jewett, of Brooklyn, gave the address of welcome. The President, Dr. John Byrne, delivered the annual address, nearly two hours in length, reviewing the work of the Society and the progress of gynæcology at home and abroad, and as a whole was a plea for conservatism in abdominal surgery. Considerable emphasis was given to this part of the paper by the fact that Brooklyn gained considerable notoriety, more than a year ago, through the operations of Dr. Mary Dixon Jones and her son, which caused much comment by the press at the time. Many of Dr. Byrne's points were received with applause. The social part was a pleasant feature. Dr. A. J. Skene first invited a large number of the profession to meet the Society at a reception in the St. George Hotel, and about three hundred accepted the invitation. The next day the Society enjoyed a luncheon given them by the Medical Society of Kings County, Dr. T. L. Emery, president, and on the third day a luncheon was given them at the Union League Club, by Dr. Chas. Jewett.

THE AMERICAN ELECTRO-THERAPEUTIC ASSOCIATION

Held its second annual meeting in the New York Academy of Medicine, October 4, 5 and 6. Dr. William J. Morton, president, delivered the annual address. Many important papers were read and discussed by such experts as Dr. A. P. Rockwell; Dr. Horatio Bigelow, secretary of the Association; Dr. G. Apostoli; Dr. Augustin H Goelet, of New York; Dr. G B. Massey, of Philadelphia; Dr. Margaret A. Cleaves, of New York, and others. The Association is composed of members of the medical profession who are specially interested in the study of electricity as applied to disease. It is not many years since work in this line was looked upon as disreputable, while to-day, all the medical colleges deal with it more or less, and seldom is there an issue of a medical journal without something in reference to it. The use of electricity is now common among physicians, some of whom will advise a patient to get a battery and use it. Would any one recommend a patient to get a lancet and use that? For this reason it is a hopeful sign that those who are most interested in the scientific use of

such a powerful agent as electricity has proved itself to be should undertake to place it on a scientific basis, and this Society has an important work before it.

AMERICAN ASSOCIATION OF OBSTETRICIANS AND GYNÆCOLOGISTS, FIFTH ANNUAL MEETING, AT ST. LOUIS, MO., SEPTEMBER 20-23, 1892.

Dr. George H. Rohé of Catonsville, Md., read a paper upon "The Relations of Pelvic disease to psychical disturbances in woman."

The author pointed out the frequency with which bodily conditions influenced mental states. Thus a torpid condition of the intestines, Bright's disease, putrefactive processes in the intestinal canal, etc., might give rise to melancholia and other disorders of the mental functions. It is not irrational to suppose likewise that diseases of the female sexual apparatus would have a not inconsiderable influence in the production or perpetuation of mental disorders. As a contribution to the knowledge of the subject the following report was submitted:

In a hospital containing 200 insane women, 35 were subjected to vaginal examination and 26 found with evidences of pelvic diseases. In 18 of these the uterine appendages were removed with the following results:

Sixteen recovered from the operation and two died. Of the 16 recovered, three have been discharged from the hospital completely restored, both physically and mentally. In 10, considerable improvement followed the operation in both physical and mental conditions, and in 3 the operation was of too recent a date to allow any definite expression of opinion.

The mental disorder present in the 18 cases was melancholia in 6 cases, simple mania in 1, puerperal mania in 4, hysterical mania in 1, periodic mania in 2, hysterio-epilepsy with mania in 1, and epilepsy with mania in 3.

The author, basing his opinion upon his experience, concludes as follows:—

"The facts recorded demonstrate first, that there is a fruitful field for gynæcological work among insane women; second, that this work is as practicable and can be pursued with as much success in an insane hospital as elsewhere; and third, that the results obtained not only encourage us to continue in the work, but require us, in the name of science and humanity, to give to an insane woman the same chance of relief from disease of the ovaries and uterus that a sane woman has."

LITERARY NOTE.

The Messrs. Macmillan & Co. announce that the recently completed edition of Foster's Text-Book of Physiology in four parts is to be supplemented by the issue of an appendix on "The Chemical Basis of the Animal Body," by A. Sheridan Lea, Sc. D., F.R.S. Dr. Lea is Lecturer on Physiology to the University of Cambridge, England.

Progress of Science.

ASEPSIS AND ANTISEPSIS IN THE COUNTRY.

By I. J. Prouty, M.D., of Keene, N.H.

Cleanliness, not in the ordinary sense of the term, but *surgical cleanliness*, is the foundation of asepticism. If we could be sure that everything pertaining to an operation was free from germs, and the field of operation perfectly aseptic, we should have no need of the use of chemical agents as antiseptics. But as many accidental wounds are septic on account of foreign matter that has got into them at the time of the injury, or afterwards by filthy dressings applied before the surgeon arrives, and as operations are often done in regions of the body that are naturally septic, as the mouth, rectum, and vagina, we must resort to agents that tend to prevent putrefaction. Surgical instruments sometimes carry septic matter into a wound. They can be sterilized by either dry or moist heat, the latter being the best. They should be very thoroughly scrubbed with soap and water after each operation, and just previous to the operation should be rolled up in a cloth and submitted to the action of steam in a sterilizer for an hour, or boiled in water for five or ten minutes. They should then be put into carbolic acid solution (1-20), and kept immersed during the operation. The hands of operator and assistant should be thoroughly scrubbed with soap and water, and then in a saturated solution of permanganate of potash or peroxide of hydrogen. The discoloration of the hands can be removed by a saturated solution of oxalic acid.

A vessel of carbolic acid solution (1-30) should be used during the operation to dip the hands and instruments into. If the field of operation can be planned beforehand, it should be shaved and scrubbed thoroughly with soap and water and then with corrosive sublimate (1-500) or peroxide of hydrogen; and then several layers of aseptic gauze which has been wet in solution of corrosive (1-2000) applied and kept in place by a roller until the time for the operation. Braided silk, for sutures and ligatures, can be boiled and then kept in alcohol. Catgut is not so reliable. It is not easy to keep sponges clean. I make them of wool covered with gauze, and after use throw them away. They should be boiled, dried, and put in glass jars, and just before

operation should be again boiled or steamed.

There are many forms of dressing, but I find that what is known as the "baked dressing" is the most convenient to carry around in the country. It is corrosive gauze that contains ten per cent. of glycerine, to keep it moist and render it more absorbent. A roll of gauze is rolled up in a sheet of cotton wadding which covers it and keeps it in place. It is put into a tin can and baked in an oven heated to 250° F. The can should not be opened until the dressing is used. In laparotomies long strips of aseptic gauze are excellent to tuck into the abdominal cavity to take up the fluids. In dressings the gauze should be ten or twelve layers thick, and should extend a good distance from the wound. The dressing is not cheap. It will save much expense to buy the gauze by the web and prepare it yourself, and you will have a better article.

Needles can be carried in glass ignition-tubes with cotton and a cork at the end. These can be held for a moment over an alcohol lamp to render them aseptic.

SALICYLATE OF BISMUTH IN INFANTILE DIARRHŒA.

Mikhnevitch (*Med. Obozrenïe*, in *Med. Record*, Aug. 13), having tried salicylate of bismuth in 50 cases of diarrhœa in infants under two years of age, reports that of the number only 2 died (a boy of eight months with pelvic suppuration consecutive to intractable colitis, and an infant of five months, born prematurely and exceedingly sick since its birth). The following formula is recommended :—

R.	Bismuthi salicylat.,	gr. xxiv
	Gummi arabici,	ʒ j
	Sacch. albi,	ʒ iss
	Terendo adde aq. dest.,	ʒ ij
	Fiat lac, tum adde aq. dest.,	ʒ iv. M.

D. S.—The bottle to be kept in cold water or ice, and to be shaken well before use. One or two teaspoonfuls to be given from three to six times daily.

Each teaspoonful of the mixture contains about one-half grain of the salicylate, which constitutes a normal dose (three or four times daily) for an infant of from six to eight months of age. In case of offensive diarrhœa the administration should be preceded by a dose of castor oil.

IODOFORM AS A LOCAL ANÆSTHETIC IN RECTAL DISEASES.

Iodoform takes a place as a valuable remedy for the production of local anæsthesia, particularly valuable in view of the fact that it is capable of producing anæsthesia of the mucous membranes of the rectum or vagina, mucous membranes which resist the anæsthetic power of cocaine, because of the density and thickness of the epithelium in those parts, unless the cocaine be used in unusually large amount.

Physicians who have under their care cases of fissure of the anus, in which condition, when well developed, the pain is so severe as to be beyond endurance, will be able to give their patients relief by the use of an iodoform suppository, containing 5 to 10 grains of the drug. After it has been in the rectum for a short period of time, a movement of the bowels may take place with comparatively little discomfort. This is a valuable therapeutic point in connection with the treatment of hemorrhoids by operative procedure, and in operations upon the perineum, where the discomfort and pain which follow are in great excess of the severity of the operation, disturbing the patient's rest and straining the nervous system. Iodoform in suppository is not only the most efficacious, but the most rational remedy under these circumstances. The local antiseptic effect of iodoform, aside from the anæsthesia, is useful, and a sufficient quantity of the drug cannot be absorbed to produce disagreeable symptoms or variations in the functions of any important organ.—*The College and Clinical Record.*

FLATULENCE IN STOMACH DISORDERS.

Dr. Perujo (*Rev. Intern de Bibl. Med.*, in N. Y. *Med. Record*) believes that eighty per cent. of dyspeptics suffer from flatulence, and that in twenty per cent. of cases it is very severe and quite alarming. The origin of the gas may be from the atmospheric air, from the diet, from the blood by exosmosis, or from decomposition of the fecal matter. Chemical analysis of the gas reveals oxygen, azote, hydrogen, carbonic acid, protocarbonated hydrogen and sulphuretted hydrogen. Pain is the chief complaint, and at times it is so severe as to simulate poisoning. As to treatment, regimen plays an important part. The patient must masticate all food laboriously, must lead an active life, and regulate the hours for taking food with much care. Abdominal massage acts beneficially by stimulating the digestive organs. Applications of heat give good results. This can be done by the use of poultices or the hot-water bag. The sulphites and hyposulphites, the bicarbonate of soda, soda, charcoal, bismuth, carbonic acid, creosote, etc., are usually employed with success, but the salts of soda, bismuth, and charcoal do not in any sense absorb the gases. Antispasmodics and aromatics are not to be neglected, while the rectal tube through which the gas may escape, electricity, and capillary puncture have their uses in certain cases. In the author's opinion there is no lasting success without the most rigorous dietetic measures.

CLASS-ROOM NOTES.

[Specially reported for the *College and Clinical Record.*]

—In *Urticaria from Poison Ivy*, Prof. Hare said that the application to the affected part of cloths thoroughly wet with tincture of lobelia will give great relief.

—Prof. Hare gave the class the following prescription for *Acute Diarrhœa* :—

℞.	Acid, sulphuric, dilut.,	f ℥ j
	Ext. hæmatoxyli fluid.,	f ℥ j
	Tinct. opii camphoratæ,	f ℥ ss
	Syrup. zingiberis, ad.	f ℥ iij. M.

Sig.—Dessertspoonful every hour.

—For a case of *Slight Shock following Abdominal Operations*, Dr. E. P. Davis, Demonstrator of Obstetrics, Jefferson Medical College, recommended the following as a stimulant :

℞.	Elixir. ammonii valerianat.,	f ℥ j
	Spirit, frumenti,	f ℥ j
	Aquæ bullient.,	f ℥ ij M.

Give by rectal injection every two hours.

—For the treatment of *Opium Poisoning* Prof. Hare said that the best remedies are caffeine (in the form of hot, strong black coffee) and strychnine, and externally the application of the dry electric brush. After the effects of the drug have been overcome, the importance of the application of external heat should not be forgotten.

—Prof. Hare said that for *Serous Diarrhœa* the following pill is a very good astringent remedy :—

℞.	Pulv. opii,	gr. j	
	Plumbi acetat.,	gr. ij	
	Camphoræ,	gr. j.	M.

—Dr. Edward P. Davis (Demonstrator of Obstetrics) said that where there are *Uterine Fibroid Tumors*, a very careful diagnosis should be made; and if the patient is in good health and the tumor causes no interference with any of the normal functions of the body, do not operate. If it is decided that an operation is necessary, then remove the entire uterus with the tubes and ovaries as well. It is much better that it should be left alone than to have efforts made to remove it by medical treatment, or to make applications of electricity in the hope of getting rid of the tumors, as these means are worse than useless.

—For *Vomiting after Etherization* Prof. Hare recommended the following :—

℞.	Tinc. opii deodoratæ,	gtt. xxx
	Sodii bromid.,	gr. xxx
	Aquæ amyli,	f ℥ ij or iij. M.

As an enema.

—For *Acute Coryza*, where the mucous membrane is swollen and the nostrils are stopped up, Prof. Hare recommended the application of a solution of menthol (gr. ss. to f℥j). It gives immediate relief, and its effect lasts much longer than that of cocaine.

—Dr. Louis Jurist (Chief Assistant in the Laryngological Department at Jefferson Medical College), in lecturing on *Diseases of the Upper Air Passages*, said that all those suffering from dyspepsia will have more or less disease of the upper air passages, and in order to effect a cure of the nasal or throat trouble the digestive tract must be treated, and very frequently the patient will be cured without any special treatment for the throat or nose. The doctor who depends entirely on local treatment of nasal affections will surely fail to cure the trouble. He called attention to the fact that women suffering with chronic uterine troubles very frequently will have some nasal affection. The first element in the treatment of nasal catarrh is cleanliness, and this is most important. This is best maintained by the use of an alkaline wash or spray. For the removal of odor any one of the following may be used: solutions of permanganate of potassium, boric acid, salicylic acid, creolin, or peroxide of hydrogen.

PNEUMONIA TREATED BY ICE-COLD APPLICATIONS.

By W. Fred. Jackson, Brockville, Ontario.

The poet who sings of the beauties of spring seeks his inspiration while the earth is still in the lap of winter. So, the practitioner of the healing art, in order to be prepared for the prevailing ailments of the colder seasons, must do a little thinking about it during the warmer months, and perhaps draw somewhat upon the last winter's experience of himself and others.

The fact that so many and various treatments are advised for pneumonia shows either that a really feasible and successful treatment is not generally recognized, or that, as Dr. Osler tells us, the disease is practically uninfluenced for good by any treatment whatever b yond general principles.

Upon the clear recognition of the morbid processes at work in the system, causing pneumonia and its series of phenomena, must rest the formulation of a rational and successful line of treatment for this disease.

The war which has raged about the treatment of this prevalent and often very fatal com-

plaint has seen the banners of venesection, antimony, squills, opium, ammonia, alcohol, heat and cold, expectancy and heroism, with many others of lesser following, scour the field in serried array, with many ups and downs, in the fight for favor at the hands of the profession. And, latterly, the coal tar derivatives, with their specious promises of cooling the fevered brow, have won for the time a position, in which strategy has had more effect than solid fighting capacity.

That pneumonia *is a specific fever*, in which the lesion of the pulmonary tissue is but an incident, is not, I believe, sufficiently recognized. Upon this one fact rests, I am firmly convinced, the rational and successful treatment of this, which is pre-eminently *the* disease of our colder months.

In all cases the general febrile condition is initiated and in full progress in advance of the lung lesion. The prompt recognition of the morbid process at work renders possible the aborting of the pulmonary sequence. I have seen and recognized the pneumonic fever in progress a full week before the characteristic signs appeared in the lung, and I have no doubt most readers have had a similar experience. The pulmonic fever itself would rarely promote a fatal result; and I feel safe in saying that, just so far as the invasion of the lung-substance (and the consequent interference with the action of a vital organ) is prevented, by so much will a fatal event in this disease be averted.

Another fact is to be borne in mind in the treatment of this and other febrile diseases,—viz., that in fever there is lessened elimination of heat, as well as increased production of it. And also that, in increased temperature of the human body, the morbific germs become more active in their growth and multiplication the higher the point indicated by the mercury. I think the inference is obvious.

Influenced by the foregoing considerations, I decided last winter to adopt the use of cold applications in the treatment of pneumonia. This decision was strengthened by confirmatory evidence, which I observed in the current medical literature.

During the past winter I treated about twenty-five cases of pneumonia upon practically this one line of procedure. The results were excellent in every way. The recoveries were prompt and rapid in all the cases but two. Of these, one was very prolonged, being secondary to la grippe, and complicated with fibrinous pleurisy; and the other died. The latter was a hospital case,—a poor, miserable woman, who had led a wretched life. There was albuminuria, due—as post-mortem examination revealed—to cystic degeneration of the kidneys and also concurrent peritonitis. So I do not think that any treatment whatever would have altered the result. I do not propose to go into statistics, for my cases are too few. But the beneficial effects of the treatment were so prompt and so apparent, *in the face of the greatest prejudice and opposition*, that they carried conviction to the most unbelieving. I have seen the application of ice-cold compresses terminate a case of double pneumonia of the base by crisis in sixty hours. This case was characterized by severe dyspnœa, pain, and a temperature of over 105° F., with total absence of breath sounds at the bases when first seen.

Another patient, a woman of 74 years, with consolidation of right base, recovered in four days.

A baby, 2 years of age, with catarrhal pneumonia, most marked on the left side, was quite convalescent on the third day.

A laborer, 34 years of age, with consolidation of right base, delirious, and much oppressed for breath, required but two days' attendance.

A bride, 22 years of age, who had been undergoing the usual round of festivities, awoke, after a particularly fatiguing party, in a feverish and lethargic state. Called immediately, I stated the probability of pneumonia ensuing. After twenty-four hours there was the characteristic fine crepitation and stitchy feeling to the breathing; temperature, $105\frac{1}{5}$° F.; pulse, 130. Ice-cold compresses aborted the lung lesion entirely, and produced a critical perspiration in thirty hours, at which time the normal was reached and persisted.

There is no need to enlarge these details. The cases are all down in my case-book, and they all bear the record that from the time the cold was applied rapid improvement ensued.

The method was as follows: A large towel was wrung out of ice-water, and the thorax enveloped in it. A comparatively dry towel was laid over it, and a binder of flannel or cotton held all snug. The ice-water towel was changed as often as necessary, in order to ease the pain and reduce the temperature. When the pain or dyspnœa was severe, or the temperature high, the intervals would be short, say, five or ten minutes. As the symptoms improved, the changes were made only as the towels assumed the heat of the body. The face and limbs were frequently sponged with the ice-water, and when required a cold compress was put upon the brow.

The medication was confined to promoting a critical perspiration. This was effected by large doses of liquor ammonii acetatis and spiritus etheris nitrosi, well diluted, every hour. In one or two cases this had to be supplemented with pilocarpine muriate. No alcohol was required, except in the fatal case referred to. Antipyretics of the coal-tar series were not used, except in the one case just mentioned. The diet was principally of milk, and liberal in quantity. Incidental symptoms were met as they

arose. In none of the cases was there any expectoration to mention. In some none at all; in others but a little. Free perspiration was usually succeeded by copious diuresis. As a precautionary measure, a wet compress was worn for twenty-four hours after the crisis, and changed when it became dry.

In order to obtain the effects to be desired in this treatment, the cold must be freely applied and with a firm hand, until the effect of a reduction of temperature and arrest of symptoms occurs.

The treatment is grateful to the patient. It can be managed without incommoding the sufferer, by the exercise of a little ingenuity. It is prompt in its effects for good, and it is easily applied.

In exceedingly plethoric cases I could conceive of the value of the venesection at the outset, and, in fact, have so used it with excellent effect, but not in the series under consideration.

As the experience of twenty years' continued observation, I would most earnestly deprecate the use of opium, antimony, or blisters in the treatment of pneumonia; and my experience of the more modern antipyretics is hardly more favorable.

Under the usual routine treatment of poultices, expectorants, and whiskey, I can quite understand Dr. Osler's view as to the non-efficiency of treatment. But with the experience of the free use of cold, in the manner herein outlined, and in view of the etiological considerations advanced, I feel that a new and happier era is dawning in the treatment of pneumonia.

CURRENT MEDICAL NOTES.

Yawning as a Therapeutic Measure, Dr. O. Naegeli.—In certain affections of the throat, such as acute pharyngitis and catarrh of the Eustachian tube with pain in the ear and deafness, excellent results may be obtained by making the patients take many times a day a series of successive yawns. There is an almost instant improvement in the symptoms, especially of the pain. The movement of the muscles in the act of gaping acts as a sort of massage.

Hydrastis Canadensis in the Treatment of the Vomiting of Pregnancy.—In four successive cases of persistent vomiting, a Russian gynæcologist, Dr. P. Fedorow, has obtained rapid and complete success by the administration of the fluid extract of hydrastis canadensis in doses of 20 drops repeated four times a day. The drug acts, according to the author, by lowering the blood pressure, by relieving the uterine congestion and by calming hyperexcitability of the vaso motor centres of the gastro-intestinal tube.

"Lemonade" in the Chronic Diarrhœa of Adults, Dr. Hayem.—One part of lactic acid is made into a beverage with twenty parts of simple syrup and eighty parts of distilled water, to be taken between meals in doses of a half tumblerful. The lactic acid acts as a tonic and germicide.

Subcutaneous Injections of Digitalis.—According to a Russian doctor, Zienetz, good results may be obtained in cardiac affections with troubles of compensation, by small doses of digitalis given hypodermatically, where the drug given by the mouth has an insufficient action. He makes an infusion of one part of the leaves to thirty parts of boiling water, of which he gives the contents of a Pravaz syringe two or three times a day.

Injections of Testicular Juice in Tabes.—M. Depoux lately presented at the *Société de Biologie* a patient of whom he had spoken in May, 1891, as having been cured of grave locomotor ataxia by subcutaneous injections of testicular fluid. Not only has the cure been maintained, but the development of the muscular energy, the precision and force of the movements are remarkable; it is the same for resistance to fatigue. He presented in addition another ex-ataxic, an adjutant in a cavalry regiment, in whom the disease appeared in 1890; he was cured completely in five months by subcutaneous injections of the juice. He has actually returned to the normal condition, except the rotulian reflex which was always deficient. To-day this man can mount his horse perfectly and perform all the services required by his position.

Pills for the Pains of Post-partum Uterine Colic, Rutherford.—

Quinine sulph., gr. xv.
Powd. opium, gr. viij.
Extract of trifolium, q. s.

For 15 pills. One pill every 2 or 3 hours until the cessation of the pains.

Treatment of Professional Spasms.—Dr. Benedict, of Vienna, has discovered that certain functional spasms accompanied by clearly localized pains yield to hypodermic injections of a solution of phenic acid made at the painful points. In this manner he cured a piano player, and a young man who had suffered from writer's cramp for five years.

Treatment of Zona.—Brocq employs the following:

Boric acid, gr. xv.
Oxide zinc,
Powd. starch, *aa* gr. xxx.
Albolene, 3 iss.
Lanolin, 3. iij.

By means of a needle previously passed through the flame, open carefully all the vesicles

of the zona; then wash the parts with boric water containing a little alcohol; cover with the above paste; powder with starch, and spread over the whole a thick wad of tow. If the pain is too great add muriate of morphine or cocaine to the above formula.

Treatment of Apparent Death in Drowning.—M. Laborde recently stated before the Academie de Médecine, that two persons apparently dead from drowning were resuscitated by drawing the tongue strongly out of the mouth and repeating the action many times: there is immediately produced a sort of spasmodic inspiration, and a flood of liquid is thrown out by vomiting repeated and abundant. In one of the cases the ordinary methods of artificial respiration had been used in vain for about an hour. The efficacy of the excitation of the base of the tongue, and especially of its traction, is due to the awakening of the respiratory reflex. The traction should be rhythmic, and imitate after a fashion the function which it seeks to set in motion. It being objected that this method necessitated the persistence of reflexes, M. Laborde stated that the persistence of the reflexes was a *sine quâ non* for the return to life, as well with his proceeding as for that of Marshall-Hall and of Sylvester.

Cerebral Tumor Twice Extirpated with Success, Prof. Erb, *Wiener Med. Presse.*—A man of 47 years affected with clonic spasms of the arm, leg and face on the left side. Later, there was hemiparesis of all the left side. A diagnosis of a tumor of the right central convolutions was made, the patient trepanned, and a glio-sarcoma of the convolution was found anterior right central; this was extirpated as extensively as possible. After the operation the paralysis became sensibly less; the convulsions disappeared completely to reappear eight months later, with less intensity. A year after the first operation the trepan was again employed; the tumor, which had again grown, was again extirpated as deeply as possible. The convulsions and paralysis amended, but have not disappeared completely.

Creasote in the Scrofula of Children.—Dr. J. Sommerbrot, of Breslau, has obtained excellent results in the treatment of scrofula by means of creasote in *high doses*, either in the pure state (in drops which are taken in milk or wine) or mixed with cod liver oil (in capsules). In children less than seven years old the treatment is begun with three drops of creasote a day, gradually increased to eight and even twelve drops. In children over seven years old it is easy to attain in the course of seven or eight days a daily dose of 15 grains. It is seldom necessary to exceed the latter dose, but it can be done without inconvenience if required.

Treatment of Tuberculosis.—Dr. A. Marche writes to the *Jour. de Méd.*, that, for over a year, he has treated his cases of pulmonary tuberculosis by means of continuous inhalations. He employs a mixture of 20 parts of eucalyptol, 8 parts of creasote (wood), and 72 parts of alcohol of 900. Two teaspoonfuls of this are put into a quart of water contained in a saucepan. This is kept boiling slowly, by means of a kerosene stove, night and day. When the water has nearly evaporated the pan is refilled and more of the mixture added. Improvement was very rapid even in bad cases. Appetite always returned, sometimes within 48 hours; weight increased, night-sweats disappeared, etc. No intolerance was ever noted.

Therapeutic Suggestion in Diagnosis and Prognosis.—M. Bernheim (of Nancy), Annual Reunion of the Society of Hypnology.—The first case has reference to a girl of 14 years, manifestly tuberculous, and with a complete aphonia of three months duration. Was this aphonia due to tuberculous laryngitis, or was it purely nervous? To find out, the author put the patient to sleep, and suggested that she recover her speech on awakening. This resulted in nothing, but after a second sitting the aphonia disappeared completely. The second case was that of an adult nervous very impressionable man, who, following a traumatism of the back of the neck, was affected with a contraction of the muscles of that region to such an extent as to lead several physicians to believe that there was a lesion of the vertebral column. Not being able to find anything the matter with the articulations, M. Bernheim used hypnotic suggestion, and succeeded in obtaining a cure after a second sitting. The diagnostic value of this means is thus demonstrated in these two cases. The failure at the first séance may have been due to fear, which is the enemy of suggestion, constituting, in fact, what we may call a contra-suggestion. M. Gorodichze objected to Bernheim's views, and gave the case of a hysterical young woman who was affected with incoercible vomiting and aphonia. Suggestion was tried, and in a few days the vomiting completely ceased. The same means was then used on the aphonia, but failed completely although pushed with vigor for a month. Treatment was now abandoned, but fortunately, one day, the vomiting having returned, recourse was had to suggestion, which this time not only caused the disappearance of the vomiting but of the aphonia also. Suggestion may, then, fail in purely nervous affections. M. Bernheim explained that, while the cure of a disease by hypnotism proved its nervous origin, the contrary is not true, and a purely nervous malady may not be amenable to hypnotic suggestion.

Ointment for Hæmorrhoids.—Kosobudski uses the following:

Chrysarobin, gr. xij.
Iodoform, gr. ivss.
Extract belladonna, gr. ix.
Vaselin (albolene), 3 ss.

Bromide of Strontium in Epilepsy.—M. Deny stated at the third Congress of Mental Medicine, Aug. 5, that he had treated seven epileptic patients from Dec. 1, 1891, to July 1, 1892, with the bromide of strontium. During this period these seven patients had 246 attacks; during the corresponding period of the year 1890-91, when they were taking the bromide of potassium, they had 331, a difference of 85 paroxysms less for the bromide of strontium. The doses were the same for both periods. Bromism was never noted. [In ordering strontium salts from the druggist, care must be taken to see that the commercial article, which contains barium, is not furnished; McKesson & Robbins, New York, prepare a chemically pure solution of both the bromide and lactate of strontium].

Preservation of Catheters, Etc.—Dr. Lanelongue makes use of metallic mercury for preserving in an aseptic condition catheters and other instruments of hard and soft rubber. These articles are placed in suitable glass vessels, sterilized, and provided with tightly fitting stoppers; at the bottom of these vessels, rolls of flannel impregnated with quicksilver are placed. The vaporization of the mercury preserves the instruments in a perfectly aseptic condition. This has been demonstrated by bacteriological examinations. As a lubricant M. Lanelongue uses sterilized olive oil kept in tightly closed bottles, at the bottom of which is placed a quantity of metallic mercury. The depth of the oil should not be over two and a half inches. Since employing this method the author has never noted any infection after the use of the instruments so protected, nor the least irritation following catheterization.

PHANTOM TUMORS OF THE ABDOMEN.

By Dr. Thiriar, Brussels.

In a very interesting article the author discusses the error, frequently committed even by surgeons of great merit, which consists in finding in the abdomen a tumor which does not exist. Cases, in fact, in which the abdomen has absolutely the form which it presents when occupied by a cyst or a fœtus of six to nine months.

We get the sensation of a round not dented convex tumor preventing the depression of the abdominal wall; the patient presents besides some nervous symptoms. Now, when chloroform is given to complete insensibility all this disappears, the cyst has ceased to exist. But on awakening all is reproduced, and the condition becomes exactly what it was before.

Sometimes even without the use of chloroform phantom tumors may be made to disappear. Dr. Thiriar reports that, getting ready to test the sensibility in a woman having all the appearances of an ovarian cyst by means of a bistoury, the patient, believing he was about to operate without other preparation, bounded up from the bed terrified, and when again examined the tumor had completely disappeared, and has not been reproduced since.

It is difficult to explain the production of these false tumors; there are two causes present: an accentuated tympanism sufficient to give a certain volume to the abdomen on one hand, a localized contraction of the abdominal muscles on the other hand. It is when these two phenomena are associated together that the resemblance to an ovarian cyst becomes completed. But that contracture may sometimes be voluntary, sometimes involuntary, and in the last case it is frequently of a reflex and secondary nature.

The author believes that a fear of an abdominal tumor or of a pregnancy may cause little by little the contraction of certain groups of abdominal muscles, until the enlargement of the woman's stomach confirms in appearance her apprehensions. It is a sort of auto-suggestion. But these phenomena may be also of a reflex or secondary order; and search should be made for the original cause, in a state of irritation of the sexual organs, in various pathological conditions of the uterus or of the annexes, in an alteration of the peritoneum or in an affection of the intestinal tube, resulting in tympanism and irritation of the intestine.

In some cases it is exceedingly difficult to diagnose between generalized ascites and ovarian cyst. Dr. Thiriar had two cases in which the diagnosis could not be made except under chloroform, cases the more interesting in that laparotomy was performed, and the peritoneum, filled with tuberculous nodosities, washed out with carbolic acid. After this operation the two patients were completely cured.

The conclusion from these facts is that, even when we have established all the signs of an ovarian cyst in a woman, there is always place for the question as to the real existence of an abdominal tumor. If there be the least doubt, chloroform should be used. But it may be said also that, in certain cases, very exceptional it is true, in very nervous patients, subject to very strong contractures which exaggerate the symptoms of the tumor, the chloroform may cause the disappearance of all signs of a really existing tumor. The author has seen a case of this kind, in which, after chloroformization, nothing was found except a slight puffiness, without any positive signs of a cyst. An operation two months later resulted in a quite large tumor.

In conclusion, it should not be forgotten that, in many cases, the distension of the bladder has simulated an ovarian cyst, and that the previous use of the catheter is necessary to a diagnosis.—*Jour. de Méd.*

CHOLERA AND IMPORTED RAGS.

NEW YORK, October 25, 1892.

To the Editor of the
New York Medical Journal:

SIR: I send your herewith copies of my correspondence with Dr. Hamilton. You will oblige me very much by publishing as much of it as you think proper.

AUGUSTINE SMITH.

"110 NASSAU STREET, NEW YORK,
September 22, 1892.

"ALLAN MCLANE HAMILTON, M.D.,

"*Secretary of the Medical Advisory Committee of the Chamber of Commerce.*

"DEAR SIR: In the report prepared by your committee, and submitted to the Chamber of Commerce, regarding the quarantine of passengers and the disinfection of merchandise arriving at this port, I find the following statement of opinion:

"'A thorough, prolonged, intelligent exposure of rags to live steam, or prolonged boiling, are the only methods known to us by which they may be rendered absolutely safe.'

"As a member of the American Paper Manufacturers' Association, and as chairman of a committee appointed at the fifteenth annual meeting of the association, held at Saratoga on the 27th of July last, to submit to the Treasury Department the views of the association regarding the possibility of infectious diseases being brought to this country in imported rags, I am immediately interested in the question concerning which your committee has expressed its opinion. I am also a member of the Chamber of Commerce, in which the matters treated of in your report have recently been discussed.

"The American Paper Manufacturers' Association represents 1,200 paper mills, employing over 100,000 operatives, and having an invested capital of $50,000,000. The raw material of this industry to a considerable extent consists of rags gathered in foreign countries and imported in bales. The statement I have quoted from your report leaves it to be inferred that your committee regards imported rags as a class of merchandise from which infection is to be feared. In order that the association of which I am a member and the committee of which I am chairman may be enabled to take the proper steps to protect the employees in the paper-making industry from this danger, if such danger exists, I would thank you to communicate to me any evidence your committee may have that the infection of Asiatic cholera has ever been brought into this country in imported rags, or that any case of the disease has ever been traced to that source.

"I remain respectfully yours,

"AUGUSTINE SMITH."

"110 NASSAU STREET, NEW YORK,
September 27, 1892.

"ALLAN MCLANE HAMILTON, M.D.,

"*Secretary of the Medical Advisory Committee of the Chamber of Commerce.*

"DEAR SIR: I inclose a letter I have received from Mr. William T. Barker, of Boston, secretary of the Committee of the American Paper Manufacturers' Association, of which I am chairman.

"Mr. Barker desires me to forward to him a copy of your reply to my letter of September 22nd, requesting you 'to communicate to me any evidence your committee may have that the infection of Asiatic cholera has ever been brought into this country in imported rags, or that any case of the disease has ever been traced to that source.'

"I have as yet received no reply to my letter of September 22nd, and beg to remind you that the committee of our association is anxious to receive the information asked for at as early a moment as you can find it convenient to reply to my communication. The American Paper Manufacturers' Association is naturally desirous of full information on this point in order that it may take measures to guard against the danger, if it is shown that any such danger exists. On the other hand, if there is no evidence that imported rags are a source of cholera infection, a statement of that fact will relieve the anxiety of the association and of the public, which has been aroused to some degree by assertions implying that bales of rags were a medium through which Asiatic cholera might enter the country.

"I remain respectfully yours,

"AUGUSTINE SMITH."

"THE AMERICAN PAPER MANUFACTURERS' ASSOCIATION,
"BOSTON, *September* 24, 1892.

"AUGUSTINE SMITH, ESQ.

"DEAR SIR: Yours of the 23rd at hand, with copy of your letter to Dr. Hamilton. I shall be pleased to receive a copy of his reply; and should you deem a meeting of our committee desirable, I trust you will let me know.

"WILLIAM T. BARKER, *Secretary.*"

"20 EAST TWENTY-NINTH STREET,
"NEW YORK, *September* 29, 1892.

"AUGUSTINE SMITH, ESQ., 110 *Nassau Street.*

"DEAR SIR: I am in receipt of your communication and, in reply, would refer you to report

of the Advisory Committee of the Chamber of Commerce regarding the general subject of disinfection. As to more specific information, it seems to me that this may be best obtained by reference to the literature upon the subject to be found in the medical libraries of this city and elsewhere. Very truly yours,

"ALLAN MCLANE HAMILTON, *Secretary.*"

"110 NASSAU STREET, NEW YORK,
September 30, 1892.

"ALLAN MCLANE HAMILTON, M.D.,

"*Secretary of the Medical Advisory Committee of the Chamber of Commerce.*

"DEAR SIR: I have to-day received your note of September 29th, in reply to my letters of September 22nd and 27th, asking you to communicate to me the evidence on which your committee based its statement in respect to imported rags. You refer me to the report containing that statement and to 'the literature upon the subject to be found in the medical libraries of this city and elsewhere.' I am greatly disappointed that you have not replied in a more specific manner to my request. I hardly need to remind you that the statements in your report command the respect and credence naturally due the eminent gentlemen of your profession whose names were affixed to it. A statement that cholera can be conveyed in rags has caused great loss, confusion, and embarrassment in the paper-making trade, of which imported rags are an important raw material. The implication that rags are a source of dangerous infection has made their importation difficult and expensive, and has caused great trouble in their transportation to our mills.

"The resulting loss has been very great. That loss would be cheerfully borne were the manufacturers of paper able to convince themselves that it was a sacrifice in the interest of the public health and safety. But not only do they fail to obtain from you, as secretary of the advisory committee, any evidence of danger, but they have important negative evidence to the contrary. In the twenty-ninth annual report of the Chamber of Commerce, pages 32 and 38, you will find a report made by a Committee consisting of Daniel Drake Smith and Constant A. Andrews, appointed to investigate the rules and regulations relative to the disinfection of rags. In that report, made in 1886, the committee state: 'Since 1832 we have had several visitations of cholera, and never had any regulations, so far as known to your committee, for the disinfection of rags. There is no record of any case of cholera during this period traceable to imported rags or any other merchandise.' Dr. Koch is quoted by the committee as saying that at the cholera congresses of Constantinople and Vienna, nobody was able to furnish a single instance of the spread of cholera by this mea

neither was any evidence furnished at the congresses of Berlin and Rome. It is further stated by the committee that in the British Parliament Sir Charles Dilke and Mr. G. Russell, secretary to the Local Government Board, declared that there was no instance on record of rags having conveyed cholera. I may add that the editor of the *Paper Trade Journal* addressed letters of inquiry to every paper mill in the country, and was informed that no case of cholera ever occurred in any of them.

"It is a source of great regret and surprise in the paper-making trade that your committee should have made a statement so positive and so damaging to our interest without having in your possession, as we must infer from your letter of yesterday that you did not have, any evidence that imported rags have ever brought, or are more than any other merchandise likely to bring, into this country the infection of Asiatic cholera.

"I remain very respectfully yours,
"AUGUSTINE SMITH."

BROMAMIDE.

CAILLE reports (*New York Med. J'.*, February 20th, 1892), a short experience with bromamide, a compound of the aniline group obtained by Fischedick and Koechling, and containing 75 per cent. of bromine ($C_6H_2Br_3N$ H.HBr). It is an odorless, tasteless body, occurring in colorless, needle-shaped crystals, insoluable in water, but soluble in sixteen parts of boiling alcohol, in chloroform, ether, and the fixed oils. It melts at 243° F. and volatizes at 310° F., without change; it is a very stable compound unaffected by any of the ordinary reagents. Dogs took 30 grains without noticeable effects or any alteration in the blood. In adults 10 to 15 grains produced slowing of the pulse without sweating; children took 1 to 3 grains without untoward symptoms. As to its therapeutic action it was found to reduce temperature in fever from 1° to 2.5° F., without excessive sweating; it appeared to have no diuretic action and no injurious effect on the digestive tract. Lancinating abdominal pains were experienced in several of the cases, but Caillé did not think that they could be attributed to the drug. It appears to have a beneficial effect "in a number of cases of neuralgia from various causes," but particulars are not given. It may be given in capsule, wafer, dry upon the tongue, or suspended in a fluid. The dose for adults, as an antipyretic and antineuralgic, is 10 to 15 grains several times a day; for children, 1 to 5 grains.—*British Medical Journal.*

Dr. L. Jumon (*Merck's Bulletin*, Aug. 15, 1892), in a clinical paper on PHARYNGEAL HEMORRHAGE, refers to the fact that it is some-

times mistaken for hæmoptysis or hæmatemesis, and states that the treatment consists, first, in placing the patient in the recumbent position, with his head raised; ice applications are then made; if possible, the bleeding points are touched, either with a tampon impregnated with solution of iron perchloride or with the galvano-cautery. If the hemorrhage takes place into the upper part of the pharynx, tamponing with iodoform cotton is resorted to—the tampon being left *in situ* for twenty-four hours, and then withdrawn by means of the strong thread which is attached to it. In the majority of cases it will suffice to apply a cotton tampon saturated with ferric chloride solution for a few minutes. In obstinate cases we will sometimes be compelled to resort to energetic means—for example, compression of the carotids. The general treatment does not differ from that applied in all hemorrhages.

A writer in the *Jour. de Med. de Paris* (*Dietetic Gaz.*, Aug., 1892) states that warm baths, as is well known, produce a calming effect and tend to bring on sleep, and Al'dorfer has attempted to apply such a method in patients where a sedative effect is desired and yet where a bath is inapplicable. His method consists in wrapping the lumbar region and belly with linen cloths soaked in warm water, and then covering them with oiled silk or rubber cloth, so as to prevent evaporation, while the whole is kept in place and loss of heat prevented by a flannel cloth. This procedure is of ready performance, and the author says that by this simple means he has obtained the most astonishing results in the treatment of INSOMNIA. By dilating the large vessels of the intestinal tract, by the warmth applied, a condition of anæmia of the brain is produced favoring sleep. These large intestinal vessels have very properly been termed the wastegates of the circulatory system.

THE KEELEY GOLD CURE.

The London correspondent of the *Physician and Surgeon* says: This is essentially the epoch of credulity in patent medicines, and accordingly the Keeley gold cure for inebriates has been causing some little sensation, but the medical profession have shown that they have no confidence in the treatment whatever. Analysis of the so-called remedy reveals something different to what the proprietors claim, and when quacks assert one thing, and science sets a different version on it, the article has little chance of any permanent success. There are of course people who have faith in almost anything, and it is to these that Keeley people will require to look for support.

AMERICAN GYNÆCOLOGICAL SOCIETY.

The officers elected for the ensuing year:

President—Theophilus Parvin, of Philadelphia.

Vice-Presidents—Wm. H. Parish, of Philadelphia, and Wm. H. Baker, of Boston.

Secretary—H. C. Coe, of New York.

Treasurer—M. D. Mann, of Buffalo.

Council—B. B. Brown, A. P. Dudley, E. C. Dudley, Willis Ford.

Honorary Members—Robert A. Battey, of Rome, Ga.; and Prof. Morisani, of Naples.

The next meeting will be held in Philadelphia on the third Tuesday in May, 1893.

GOOD NEWS.

Metcalf's provings show that the ulceration of cornea, which has been credited as a result of apis in many of our works on symptomatology, was caused by a wasp sting.

AMERICAN QUACKS ABROAD.

Dublin has not been left long to mourn the sudden departure of Professor Moross; instead of being compensated on the double, three eminent American doctors have taken a large house in one of the most fashionable squares of the Irish metropolis, and issue the following advertisement in the local papers:

THE DOCTORS IN DUBLIN.

"Services first three months free. The staff of eminent American physicians, permanently located at 48 Rutland Square West, give services free for three months to all who visit them before November 1st; but medicines, of course, charged.

"The eminent doctors treat all forms of chronic disease, especially male and female weaknesses, catarrh, catarrhal deafness, etc., but accept no incurable cases. The doctors will examine your case thoroughly free of charge, and, if incurable, will frankly, kindly say so.

"Catarrh and catarrhal deafness are positively cured by their American treatment.

"Hours, 10 to 4; evenings, 6 to 8; Sundays, 10 to 12."

EIGHTY-TWO CENTS A DAY.

A private telegram recently published in the *Berliner Tagblatt* stated that several physicians (who, in response to the appeal made by the Hamburg authorities for extra medical assistance, undertook service in that city without having stipulated definite terms) were offered 3s. 6d. as their daily remuneration, whereas laborers engaged for the transport of the sick

are being paid at the rate of 15s. per day. On refusing such a preposterous offer, the doctors in question, the writer says, were abruptly dismissed without a word of thanks.

FOR EARACHE.

Apply 6 per cent. solution of cocaine or 20 per cent. solution of carbolic acid in glycerin.

In St. Petersburg, cholera stools are emptied into huge cauldrons, and boiled. Examination made after boiling shows that the stools are thereby completely sterilized.

Arrangements have now been completed whereby certain of the wards of the Edinburgh Royal Infirmary will be open to lady medicals as soon as the winter session commences. Two wards will be reserved for their exclusive use: in the one, surgical cases will be treated and cliniques given by Dr. J. M. Cotterill; in the other, formerly a nurses' dormitory, Dr. Byrom Bramwell will give the ladies instruction in medicine.

ASSOCIATION OF MEDICAL OFFICERS OF THE MILITIA OF CANADA.

We are glad to learn that a most encouraging beginning has been made in the formation of this Association, which promises to promote, through the medical service, the general efficiency of the Canadian Militia. It was started by a circular letter, issued from Toronto in April last, which found a ready response in all parts of the Dominion, including Nova Scotia and British Columbia, so that a most successful first annual meeting was held in the Canadian Military Institute, Toronto, in June. After the adoption of a constitution and by-laws, several important military medical papers were read and dicussed at the meeting.

It will interest many in this country to learn that the constitution of the Association is wide and varied, and aims, very properly we think, at an Imperial connection; it will undoubtedly find hearty sympathy and support in its laudable aspirations from the medical services in all parts of the empire.

The office-bearers are an honorary president, a president, vice-presidents for each province, with executive committees, treasurer, and secretaries. With head-quarters at Toronto branches may be established in each military district of the Dominion. The ordinary membership consists of active members holding commissions in the active militia of Canada, associates, medical officers of the navy, army, or auxiliary forces in any part of Her Majesty's dominions; honorary—gentlemen distinguished in civil or military hospital practice, or who may signally assist the objects of the Association; and lastly, members by invitation, consisting of officers of Her Majesty's forces throughout the empire or officers of foreign powers.

The objects are no less comprehensive than the constitution of the Association; first, naturally, for the development of a departmental *esprit de corps*, and the discussion of medical matters concerning the militia; secondly, for the discussion of military matters generally from a medical point of view; lastly, for the reading of papers on military medicine and surgery, hygiene, organization and equipment.

The Association has not come into existence without very good reasons, nor before it was wanted, for the Canadian militia medical service is still in a crude regimental form without departmental unity, cohesion or weight, and altogether said to be in a highly unsatisfactory state.

We gather that the medical officers suffer from ill-regulated conditions of service and want of due army status, while the field ambulance and hospital services are defective in organization and equipment. We will watch with interest the efforts of the Association to effect reforms in these directions, but fear it will meet with the same kind of passive resistance and active opposition as we have faced under similar circumstances at home, for we learn it is pretty certain to encounter the shallow self-sufficient Imeger spirit which affects to be above medical advice, or, as they say in America, thinks it "knows it all."

If we can render any service or support in furthering its laudable endeavors we shall be most pleased to do so.—*British Medical Journal.*

RAILWAY SURGERY AT THE PAN-AMERICAN MEDICAL CONGRESS.

A section of Railway Surgery of the Pan-American Medical Congress has been organized with Dr. C. W. P. Brock of Richmond, Virginia, as Executive President. A full list of officers has been provided for each of the constituent countries. At the Eleventh Annual Meeting of the Wabash Railway Surgical Association—the first organization of the kind—Dr. C. B. Stemen of Fort Wayne was by unanimous resolution requested to prepare a paper on "Organized Railway Surgery," and read the same before the Section on Railway Surgery of the Pan-American Medical Congress. At the same meeting Dr. Hal. C. Wyman of Detroit offered the following, which was unanimously adopted:—

Resolved, that each member of this Association solicit his Congress-man to interest himself in legislation in favor of the Pan-American Medical Congress.

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MONTREAL, DECEMBER, 1892.

THE LATE DR. GEORGE ROSS.

Not alone the City of Montreal, but the Dominion of Canada, has, by the death of Dr. George Ross, lost one of its most eminent medical men. Born in Montreal in 1845, he received his early education in its High School, carrying off the Davidson Gold Medal. He then entered the McGill Faculty of Arts, where he again distinguished himself, by securing the Chapman Gold Medal and graduated Bachelor of Arts. Thirty years ago he became a student of Medicine at McGill University, graduating M.D. in 1866, being awarded the Holmes Gold Medal for general proficiency in Medicine. For a short time, he served as medical officer on the Allan Mail Line of Steamships, between Liverpool and Montreal, and then entered the Montreal General Hospital as Assistant House Surgeon, which office at that time was singularly and inappropriately termed "Apothecary." He subsequently was appointed House Surgeon, and during his term of office faithfully and efficiently performed his duties. In 1872, he commenced practice in Montreal, and had deservedly attained, at the time of his death, a position second to none. For many years he had been a Physician to the Montreal General Hospital, and, as a clinical instructor in Medicine, he was more than an acceptable teacher. His medical friends fully recognized his worth, and every office in their gift he filled in succession. As President of the Canada Medical Association, it was he who suggested and carried to a most successful conclusion the never-to-be-forgotten meeting at Banff, in our North West Territory. None who travelled with him to that great meeting but thought that many more years of usefulness were in store for him. In medical literature he did a fair share, contributing several important communications, but a great deal in a quiet and possibly unrecognized way, as Chief Editor of the journal which is now known as the Montreal Medical Journal. On the death, in 1889, of the late Dr. R. Palmer Howard, Dean of McGill Medical Faculty, Dr. Robert Craik became Dean, and a new office, Vice Dean, was created, and to it Dr. Ross was appointed. Soon after, evidence of failure of health was observed, and he was only able to give for a short time to that office his wonted energy. In 1890, there was no doubt of his serious illness, but his friends hoped to prolong life by cessation of work. For a time this was done, but he subsequently partially resumed it, and when the final illness came, it found him on the way to relieve a sufferer. In every sense of the word the late Dr. Ross was a gentleman—we cannot say more. A warm friendship of twenty-five years existed between him and the writer, and although in medical politics we were generally found opposed, we most willingly add our tribute of praise to the departed: A great and good physician has gone from among us. Let us emulate all that such a life teaches us.

The students of Bishop's College have just received and paid for a beautiful flag, which they propose to carry when they march in procession or meet on festive occasions. It is made of purple and white silk, and has on its centre, in gold, the college crest, with the usual emblems of mortality.

The Committee of Management of the Montreal General Hospital are in a somewhat perplexed state of mind. They have many troubles, and they bear them, so far as one can judge, with much equanimity. The first thing which worries them is, what to do with contagious diseases. Old committees of management had no such worry. Everything was lumped together, small-pox, diphtheria (then, i. e., thirty-five years ago, a comparatively rare disease),

erysipelas, fever, etc. For some years past the building which was erected to accommodate small-pox patients has received patients suffering from all contagious and infectious diseases except small-pox, that disease, when we have it, being accommodated in the Civic Hospital. *Now*, however, that the two new surgical wings are about ready for occupation, it has been discovered that the contagious building is too near them. Moreover, it is required for purposes of administration, made necessary by increased accommodation and proposed alterations in the old buildings.

What to do with these contagious patients is the dilemma. The Medical Board has been appealed to. They discussed the question, and inspected two very old-fashioned stone houses, arranged in the Montreal style of fifty years ago, and now Hospital property. We believe they have recommended their being used. Unsanitary in their arrangements, low in ceiling, small in room area, we fear, although it appears to have been Hobson's choice, that patients sent to them will show an increased mortality.

Perhaps the opening of the Royal Victoria Hospital in May next may come to the rescue and help the General out of its present difficulty.

Then there is another knotty question in connection with the decision to completely gut the old hospital, and make everything new except the walls. Shall the old hospital be taken to pieces as a whole, or shall it be done in sections. If the former way is adopted, it is said it can be done many months sooner, and at a cost very much less than if the latter plan is adopted. Again the Medical Board has been consulted.

Rarely has a more difficult question been submitted to that most learned and scientific body. Why difficult? Simply because there are so many interests concerned. Verily its venerable chairman must have thought of the good old times when he was Attending Physician, Surgeon, Occulist, Aurist, Gynæcologist, Dermatologist, Laryngologist, and one voice spoke for all these. Now they are divided—each has a voice. Each has an interest, and almost each interest is considered supreme.

The wings were built for surgical work. If the old building is all gutted at once, accommodation must temporarily be provided in them for medical cases. Terrible sacrilege! Therefore the surgeons go for doing the work gradually.

Surgeons deal with objective symptoms mainly, and they naturally *object* to medical men sharing anything in common. It is their science which has made such gigantic strides of late years, that they wonder a simple medicine man can even exist.

In fact they have hard work to do so. In old times Medicine included everything; now it is the reverse.

Then there is the teaching interest to be thought of. That is truly something to be well considered. But if now carried on entirely in the old building, why not entirely in the new. Again comes to the front the objection of doing medical and surgical work *under* the same roof.

Who has gained the day? We are informed that Surgery is in the ascendant, and that the old hospital, its interior at least, will, like a stereopticon dissolving view, disappear gradually, at a decidedly increased cost. Truly the modern division of medicine is very often a costly affair. The world has known this for some time. Hospital Committees are gradually being enlightened.

SMALL REMUNERATION!

We learn by the Charlotte, North Carolina, *Medical Journal* that Dr. Elliwood, of San Francisco, who charged a wealthy family named Hobart thirty thousand dollars for a year's attendance, has had his bill cut down by the Court to ten thousand dollars. The bill was made up of two items: eight months attendance on Mr. Hobart and four months attendance on Mrs. Hobart. Our contemporary considers the action of the judge very unjust, and mentions several cases, in one of which the Doctor was allowed at the rate of fifty thousand dollars a year, and others in which specialists have been paid from

twelve to twenty-four thousand dollars a year for such services as Dr. Elliwood rendered. Although the amounts may seem enormous, yet when we consider the great wealth of these patients, and the fact that these doctors have had to work for many years without adequate remuneration in order to qualify for the position of attendant to these wealthy patients, we cannot consider the amounts excesssive. We have always maintained that professional charges should be in proportion to the patient's revenue. Thus if we take ten dollars as a fair charge for confinement of the wife of a working man earning five hundred dollars a year, we should charge not less than one hundred for the same services to the wife of a bank manager at five thousand dollars a year. But to be consistent we should exact one thousand dollars for confining the wife of a millionaire with fifty thousand a year income; and so on until we reach ten thousand dollars for the same service to the wife of the ten times a millionaire with an annual income of half a million. In other words, we shall charge a uniform two per cent. on the annual revenue if we wish to be just. We have always considered it an injustice to charge the day laborer as much per visit as his wealthy master, as to our knowledge has too often been done.

SYMPHISIOTOMY.

This operation was invented by De la Courrue in 1615, and abandoned until 1815, when it was re-introduced by Sigault. It met with universal condemnation at the time because the mortality of the mothers was high, and the results afterwards to the woman's health were very unsatisfactory. The deaths were mostly due to sepsis, and the infirmity afterwards was caused by the failure of the pubic cartilages to unite. With the general adoption of aspsis in midwifery, however, the operation became much safer, so that when it was introduced again by Morisani, in Italy, it was both safe and successful, and met with general approval, especially by the Roman Catholic Church, which viewed with alarm any operation which sacrificed the life of an unbaptized child.

Morisani sent his pupil, Spinelli, to Paris, to introduce it to the Paris obstetricians, who received it with favor, and who have performed the operation a number of times, Charpentier becoming a specially strong partizan of it. Harris, of Philadelphia, read a paper on it at the meeting of the American Gynæcological Society in September, and as a result, Jewett of Brooklyn reported a successful case soon after. This was followed by two cases in Philadelphia, both successful, and another by Dr. Springle, of Montreal, who has the honor of first reporting a case in Canada. Although the operation bids fair to become popular, and will probably be performed a great many times in Europe, where rachitis is a common disease, it will be seldom called for in Canada, where a woman with a pelvis measuring less than three inches in the antero-posterior diameter of the pelvis is exceeding rare. In over six hundred confinements, we have only seen one in which the forceps did not easily terminate labor, and even in that case, three out of four children were born living. But when a case of contracted pelvis does occur, we should certainly give this operation the preference over Cæsarian section or Craniotomy, provided the antero-posterior diameter is not less than two and five-eighths inches. Although cutting through the symphosis does, theoretically, increase the antero-posterior diameter, practically it does so to a very slight extent, its chief merit lying in its increasing the tranverse diameter from one-half to one inch, and it is, therefore, most suitable when there is general smallness of the pelvis, and a large child to come through it. The lameness which so often follows it could, we think, be avoided by suturing with silk-worm gut the cartilaginous surfaces, which sutures should remain forever, so that if union by first intention should be obtained, or if by fibrous tissue, the latter should not be put upon the stretch until it has had time to become thoroughly organized.

BOOK NOTICES.

DISEASES OF THE CHEST, THROAT AND NASAL CAVITIES, including Physical Diagnosis and Diseases of the Lungs, Heart, and Aorta, Laryngology and Diseases of the Pharynx, Larynx, Nose, Thyroid Gland, and Œsophagus. By E. FLETCHER INGALS, A.M., M.D., Professor of Laryngology and Practice of Medicine, Rush Medical College; Professor of Diseases of the Throat and Chest, Northwestern

University Woman's Medical School; Professor of Laryngology and Rhinology, Chicago Polyclinic, etc., etc. Second edition, revised and enlarged. 240 Illustrations, Octavo, 700 pages, extra muslin. Price $5.00. WILLIAM WOOD & COMPANY, NEW YORK.

This work comprises three distinct treatises: the first of 262 pages on diseases of the chest; the second of 240 pages on diseases of the throat; and the third of 125 pages on diseases of the nose. Then follow 10 pages of formulæ of gargles, lozenges, vapor inhalations, sprays, dry inhalations, pigments, insufflations, and nasal douches. The Index is particularly complete and well written. The publisher has been very generous with his illustrations, and the mechanical portions of the work are up to the high standard always maintained by William Wood & Company. For anyone devoting special attention to these diseases the work will be of great value. That it is appreciated is evidenced by the fact that it has reached a second edition.

TEXT-BOOK OF NERVOUS DISEASES, being a Compendium for the Use of Students and Practitioners of Medicine. By CHARLES L. DANA, A.M., M.D., Professor of Nervous and Mental Diseases in the New York Post-Graduate Medical School, and in Dartmouth Medical College; Visiting Physician to Bellevue Hospital; Neurologist to the Montefiore Home; ex-President of the American Neurological Association, etc. With 210 illustrations. Octavo, 524 pages, red parchment muslin. Price $3.25. WILLIAM WOOD & COMPANY, NEW YORK

Professor Dana is so well known an authority on nervous diseases, that he requires very little introduction. The specialty has assumed large proportions in late years, and the volume appears to be quite exhaustive. As the author has written a very instructive preface, we cannot better give our readers an idea of the scope of the work than by quoting it.

"It is the object of the author in this treatise to present the science of neurology in a concise yet as far as possible complete form. Each subject has been taken, all the available facts regarding it ascertained, the writer's own experience collated, and with the data thus gathered the chapters have been written. The labor involved in such a task has been very great, but I am encouraged to believe that the result will be a useful one; for the work does not compare or compete with the large treatises which are already in the field, nor with the smaller introductory text-books, but I have tried to furnish a book which will be suitable for the student and practitioner and not valueless to the specialist.

The extreme importance of a knowledge of anatomy has led me to pay special attention to furnishing in a condensed form the most recent accessions to our knowledge of this subject. Starting with the facts that can be gained in ordinary anatomical works, the student can, I believe, acquire a good idea of modern neuro-anatomy with the help of the anatomical chapters given here.

In the classifications of nervous diseases and the description of their pathology, I have tried to apply the modern knowledge of general pathology as modified by bacteriology. This I have done conservatively, yet not less than in my opinion is absolutely demanded. A good deal of havoc will be wrought eventually in our conception of the nature of nervous diseases by the newer pathological doctrines; I have made as little change as was consonant with undeniable facts.

To the Student.

As a special text-book, the present work will be used by two classes of readers, one consisting of those who simply consult it for reference in connection with their cases, the other composed of students who desire to ground themselves systematically in a knowledge of neurology. To this latter class I venture some advice as to the method they should pursue. Neurology is a difficult branch of medicine to master, nor is there any royal road to it. Still, it can be made comparatively easy if its study is undertaken in a proper and systematic way.

In using the present work, the student should first refresh his general knowledge of nervous anatomy as furnished in ordinary text-books. He should then go carefully over the anatomical descriptions here given of the general structure of the nervous system and of that of the nerves, spinal cord, and brain. A thorough knowledge of anatomy and physiology makes clinical neurology comparatively easy, and in fact reduces much of it simply to a matter of logical deduction.

The student should next master the general facts of nervous pathology, symptomatology and etiology, for he will find common laws underlying apparently the most varying phenomena. Finally, he must begin to study the special diseases. The number of these is very great; in the present work I have described 176. Many of these are rare, and it would be wrong for the student to burden his memory with the details about them. He need know only of their existence and general physiognomy. There are, however, according to my enumeration, about 65 nervous diseases which are either very common or extremely important, and it is these that the student should master and make part of his working knowledge. Since the distribu-

tion and names of the common and rare diseases may be a useful guide, I append here a table and a list:

	Peripheral.	Spinal Cord.	Brain	Functional	Totals.
Common and important nervous Diseases.....	31	13	12	10	65
Rare.....	56	27	16	11	111
	87	40	28	21	176

The common or important peripheral nervous diseases are:

General.—Neuritis, multiple neuritis, degeneration, neuralgia, paræsthesia (5).

Cranial.—Anosmia, optic neuritis, optic atrophy, ptosis, ophthalmoplegia, abducens palsy, headache, migraine, trigeminal neuralgia, facial spasm, facial palsy, tinnitus, vertigo, ageusia, wry-neck (16).

Spinal Nerves.—Cervical neuralgia, hiccough, brachial palsies, single and combined, brachial neuralgia, intercostal neuralgia, herpes zoster, lumbar neuralgia, sciatica, leg palsies (10).

Spinal Cord.—Spina bifida, hemorrhage pachymeningitis, leptomeningitis, poliomyelitis transverse myelitis, acute and chronic, secondary degenerations, locomotor ataxia, the progressive muscular atrophies, bulbar palsy, muscular dystrophies, spinal irritation (13).

Brain.—Malformations, hyperæmia, pachymeningitis, leptomeningitis, simple, tubercular, and epidemic, abscess, hemorrhage, embolism, thrombosis, children's palsies, syphilis (12).

Functional.—Epilepsy, hysteria, the tics, chorea, tetanus, neurasthenia, spermatorrhœa, exophthalmic goitre, occupation neuroses, paralysis agitans (10)."

A Manual of Chemistry, Inorganic and Organic, with an introduction to the study of Chemistry, by Arthur P. Luff, M.D., B.Sc. (Lond.), M.R.C.P.; Fellow of the Institute of Chemistry; fellow of the Chemical Society; physician to out-patients in St. Mary's Hospital; and lecturer on Medical Jurisprudence and Toxicological Chemistry (late demonstrator of Chemistry) in the Medical School; examiner in Forensic Medicine to the University of London; examiner in public health to the Royal College of Physicians, London. 500 pages, illustrated with 36 engravings. Philadelphia, Lea Brothers & Co., 1892.

The author says this book is intended as a guide to the study of chemical science for the use of students of medicine. Now that Chemistry, and especially Organic Chemistry, has become so vast a science, the student of medicine is, on the one hand, apt to find himself out of his depth in attempting the perusal of the larger handbooks on the subject; and, on the other hand, with many of the smaller works, excellent in their way, he is hampered by omission of matter essential to the successful after-study and practice of medicine. This book has therefore been written to bring together in a concise form those portions of chemical science that directly or indirectly bear on the study and practice of medicine.

To gauge correctly the wants of the student of medicine, and to appreciate rightly the position that must be assigned to the study of Chemistry amongst his multifarious work, can, in my opinion, be best done by one who has himself been through the courses of study and work required for qualifying in medicine. I have therefore undertaken the task of writing this book, in the hope that it may supply a long-felt want, and that it may assist the student in acquiring a sound knowledge of the fundamental principles of Chemistry.

We can congratulate the author on having accomplished his task is a very instructive and pleasing manner, and it is so clearly written that the beginner can readily understand it.

The Students Quiz Series. Gynæcology, a manual for Students and Practitioners, by G.U. Bratenahl, M.D., assistant in Gynæcology Vanderbilt Clinic, New York; and Sinclair Tousey, M.D., assistant surgeon Out-patient Dept. Roosevelt Hospital, New York. Series edited by Bern. B. Gallaudet, M. D., Demonstrator of Anatomy, College of Physicians and Surgeons, New York; visiting surgeon Bellevue Hospital, New York; Philadelphia, Lea Bros. & Co., Price $1.00.

This is a very complete work of the kind containing all the essentials of Gynæcology culled from Pozzi, Thomas and Munde, Mann's System, Martin, Schroeder, Schultze, Hegar and Kaltenbach, Skene, and Hart and Barbour. It will be found of great use to the practitioner and student who have only time to refresh their memories about what they have already learned, but of course it is not meant as a treatise on the diseases of women. Although many are opposed to the Quiz compends., we must say that we think they are of great use in these times when the student has so much to remember that it is impossible to carry it all in his memory without occasional refreshing.

THE READY REFERENCE HANDBOOK OF DISEASES OF THE SKIN, by George Thomas Jackson, M.D., Chief in clinic and instructor in Dermatology, College of Physicians and Surgeons, New York; consulting dermatologist to the Presbyterian Hospital, etc., with fifty illustrations. Philadelphia, Lea Bros. & Co.

This book is intended to present the art of dermatology as it now exists. No attempt has been made to discuss debatable questions. Hence pathology and etiology do not receive as full consideration as symptomatology, diagnosis and treatment.

The alphabetical arrangement of the different diseases has been adopted for convenience of ready reference. It is hoped that the large number of titles from foreign languages will prove as acceptable as it is novel, and that the pronunciations of the various names will be helpful.

DISEASES OF THE EYE, EAR, THROAT AND NOSE, by Frank E. Miller, M.D., Throat Surgeon Vanderbilt Clinic College of Physicians and Surgeons, New York; James P. McEvoy, M.D., Throat Surgeon Bellevue Hospital, Out-Patient Department, New York; and John E. Weeks, M.D., Lecturer on Ophthalmology and Otology Bellevue Hospital Medical College, New York. Being Volume 10 of The Students' Quiz Series, edited by Bern. B. Gallaudet, M.D., Demonstrator of Anatomy College of Physicians and Surgeons, New York; Visiting Surgeon Bellevue Hospital, New York. Pocket-size 12mo., 218 pages, with 89 illus. and 2 full-page plates. Limp cloth, $1.00.

To facilitate the acquisition of a well-assorted knowledge of Diseases of the Eye, Ear, Throat and Nose, the author has endeavored to condense into this volume, in the most complete and concise manner possible, the essentials of these specialties. To the student, such brief volumes have a double usefulness, not only presenting the facts, but saving his attention to lectures from interruption by note taking. It is also hoped that the volume will serve to refresh the memory of the busy practitioner, as it is in reality a trustworthy digest of the best and latest works on these specialties.

THE STUDENTS' QUIZ SERIES.—Physiology, by Frederick A. Manning, M.D., Attending Surgeon Manhattan Hospital, New York. Series edited by Bern. B. Gallaudet, M.D., Demonstrator of Anatomy, College of Physicians and Surgeons, New York, Visiting Surgeon Bellevue Hospital, New York. Pocket size, 12mo., 201 pages, 69 illustrations, $1.00. Philadelphia, Lea Brothers & Co.

The present book is a brief summary of the salient features of Human Physiology. The idea has been to present the subject in such a manner as to fix in the memory facts already learned in less limited treatises. The book is practically an abstract of standard works, and principally of those of Dalton, Foster and Kirke. The cuts are many of them from Dalton's Physiology. Doubtful questions have often been referred to Foster, whose Text-book of Physiology is the reference book of a large proportion of the schools.

THE PHYSICIAN'S VISITING LIST, for 1893. Forty-second year of its publication. Philadelphia, P. Blakiston, Son & Co., 1012 Walnut Street; sold by all Booksellers and Druggists. Price $1.00 to $3.00, according to number of patients. 25 patients a week $1.00.

"The fact that this visiting list has been published annually for forty years is sufficient guarantee of its excellence and popularity. In addition to the visiting list proper, it contains easily-accessible suggestions upon many of the emergencies that may arise in a physician's practice, as when he is too far from home to learn from his text-books the antidote for a poison that may have been swallowed, or the proper method of resuscitating a half-drowned person. True, he should know these things, but who does not occasionally forget when he most wishes to remember? There are also dose-tables, tables of the metric system, a list of new remedies, rules for examining urine, a table for calculating the period of pregnancy, and other equally useful information. The arrangement for entering patients, visits, consultations, etc., is exceedingly simple, and the whole makes a thin, compact, and easily-carried volume."

We have used this list in our own practice for the last 15 years, during which time it has saved us many hundreds of times its cost.

GOULD'S POCKET PRONOUNCING MEDICAL LEXICON. Just ready, September, 1892. About 11,000 Words.

A Student's Pronouncing Medical Lexicon. Containing all the Words, their Definition and Pronunciation, that the Student generally comes in contact with; also elaborate Tables of the Arteries, Muscles, Nerves, Bacilli, etc., etc.; a Dose-List in both English and Metric System, etc., arranged in a most convenient form for reference and memorizing. Thin 64mo. Cloth, $1.00; Leather, $1.25.

The great success of Dr. Gould's "New Medical Dictionary" suggested the publication of this smaller volume for the pocket. It has been prepared upon the same practical, systematic plan as the larger book, and, like it, has been based upon the most recent medical literature. It contains about 11,000 words—nearly double the number in any other pocket medical dictionary—and as many of these words are not to be found in any other dictionary, large or small, it may, from this point of view, be considered as a supplement to them.

The form and size of the volume (6 x 3¾ inches) have been selected as most practical. It is printed on very good, thin, opaque paper, from a clear, new type; it is no wider than the old-shaped books; it is thinner; and the length of the page has permitted the addition of several thousand words. It will be found to slip readily into any pocket that will take the "12mos," and, unlike them, will not feel or look bulky.

The tables will be found of great value, as much of the material thus classified is not obtainable by English readers in any other work, either in this or any other shape.

SYPHILIS AND THE NERVOUS SYSTEM, being a revised reprint of the Lettsonnian lecture for 1890, delivered before the Medical Society of London by W. R. Gowers, M.D., F.R.C.P., F.R.S., Consulting Physician to University College, Hospital, Physician to the National Hospital for the Paralyzed and Epileptic, etc.

Philadelphia, P. Blakiston, Son & Co., 1012 Walnut Street, 92. Price $1.00.

The Author says:—These lectures, delivered three years ago, are now reprinted on account of the frequency with which I find it necessary to refer to statements made in them, and the inconvenience of being obliged to refer a reader to the Medical Journals in which the lectures originally appeared. Two translated reprints have been published, and this renders their reproduction in the English language the more desirable. Moreover, I have taken the opportunity of carefully revising them, and have made a large number of additions. These, although not obtrusive or extensive, will, I hope, be found to increase the practical value of what is said, and may serve to bring the lectures up to the level of our present knowledge if they are below this in their original form. At the same time, their scope and character make the need for such additions insignificant. Their chief object is to enable those who read them to grasp more firmly the cases they meet with, and to understand better the methods of dealing with the disease in practical thought and actual work.

TEXT-BOOK OF OPHTHALMOLOGY.—By Dr. Ernest Fuchs, Professor of Ophthalmology in the University of Vienna. Authorized translation from the 2nd enlarged and improved German Edition by A. Duane, M.D., Assistant Surgeon Ophthalmology and Aural Institute, New York.

This is a handsome octavo volume of nearly 800 pages, and for its presentation to English-speaking practitioners throughout the world they are greatly indebted to the publishers and translators. We have put it to the test of looking for information on a variety of points familiar to us, and in every case have found the subject exhaustively treated. We have also seen most complimentary notices of it in a great many of our exchanges. The translator has not only performed his task in an agreeable manner, having taken the liberty of laying aside all Germanisms which grate so harshly on the English ear, but he has also added copious notes, with the approval of the author. All that we can say of it is that it is the newest, and apparently the best of text-books on diseases of the eye, and coming from the hands of Messrs. Appleton, we have no hesitation in recommending it to our readers as the standard text-book on this subject. The cuts and the mechanical portion of the work are, as usual with the Appletons' publications, simply beyond criticism. It can be obtained from any bookseller, and from D. Appleton & Co., 170 Young street, Toronto, Ont.

TRANSACTIONS OF THE 46TH ANNUAL MEETING OF THE OHIO STATE MEDICAL SOCIETY, held at Sandusky, June 17th, 18th and 19th, 1891.

This is a particularly interesting volume, doing great credit, both to the authors of papers and the committee of publication, among whom we notice our friends, Drs. E. S. McKee and C. A. L. Reed, of Cincinnati. Among the papers is a remarkable one by Dr. J. C. Reeve, of Dayton, Ohio, on the A. C. E. Mixture, and is the most complete historical report on this anæsthetic that we have ever seen. The author is a strong advocate of this anæsthetic. In twenty-six years in all sorts of patients, and in all kinds of operations, he has only had three cases in which he had the slightest anxiety, and no deaths whatever. In a discussion which followed after reading the paper, it was shown that the proper proportions should be as originally laid down, viz.: 1, 2, 3, and not 3, 2, 1, or any other combination of those figures as some seem to think themselves called upon to make. If used in the original proportions of 1 of alcohol, 2 of chloroform, and 3 of ether, we will have an anæsthetic as safe and as nearly perfect as it is possible to obtain.

Another very interesting paper is one by Dr. Rufus B. Hall, of Cincinnati, entitled, "What cases should be drained after abdominal section. He points out that the great danger after this operation is the absorption of septic serum or lymph. He says the amount of bloody serum removed from the peritoneal cavity after many of the simplest of the pelvic and abdominal operations is incredible to anyone not accustomed to draining after such simple operations. He says that he has drained in every case of abdominal section since September, 1886, with but one exception, and then the patient died; he believes that she would have been saved by drainage. In the discussion that followed, the sense of the meeting was strongly in favor of drainage. Another interesting paper is on the operative treatment of uterine cancer, by Dr. Todd Gilliam, of Columbus. It was a strong plea for the total extirpation of the uterus. There are also many other papers of great interest, but our space prevents us from referring to them at length.

PHYSIOLOGY. A Manual for Students and Practitioners. By Frederick A. Manning, M.D., Attending Surgeon, Manhattan Hospital, New York. Philadelphia: Lea Bros. & Co. Price, $1.00.

This number of the Students' Series is a condensed form of Kirk's Standard Text-book, although it also contains much from Dalton and Foster, while the cuts are mostly from Dalton's Physiology. On looking over the book it seems wonderful to find so much information in such comparatively small space. This result is obtained by avoiding verbiage or useless discussions on doubtful points.

LANGUAGE OF ANIMALS.

The chatter of monkeys can be made intelligible to the human mind (*Times and Reg.*). Among these animals themselves it is, according to Professor Garner, not only intelligible, but understood. Their utterances indicate a purposive character. Simian speech is associated with a form of delivery or address exciting responsive actions. The sounds uttered by monkeys in one quarter of the globe, when reproduced by the phonograph, were recognized by animals of the same species in another. If Professor Garner's reseaches indicate anything, it is the probability that the songs of birds, the hissing of reptiles, and the whole and varied catalogue of sounds among the lower creation represent so many stages in the development of language.

A GENERAL COMPLAINT.

An Eastern contemporary says: Practice remains dull over the city as far as reported. In fact, the general practitioner has found unusual opportunity for side pursuits this summer. By some this slackness in medical work is ascribed in part to the more elegantly equipped dispensaries in which hundreds of well-to-do citizens obtain free treatment.
