

Technical and Bibliographic Notes / Notes techniques et bibliographiques

The Institute has attempted to obtain the best original copy available for scanning. Features of this copy which may be bibliographically unique, which may alter any of the images in the reproduction, or which may significantly change the usual method of scanning are checked below.

L'Institut a numérisé le meilleur exemplaire qu'il lui a été possible de se procurer. Les détails de cet exemplaire qui sont peut-être uniques du point de vue bibliographique, qui peuvent modifier une image reproduite, ou qui peuvent exiger une modification dans la méthode normale de numérisation sont indiqués ci-dessous.

- Coloured covers /
Couverture de couleur
- Covers damaged /
Couverture endommagée
- Covers restored and/or laminated /
Couverture restaurée et/ou pelliculée
- Cover title missing /
Le titre de couverture manque
- Coloured maps /
Cartes géographiques en couleur
- Coloured ink (i.e. other than blue or black) /
Encre de couleur (i.e. autre que bleue ou noire)
- Coloured plates and/or illustrations /
Planches et/ou illustrations en couleur
- Bound with other material /
Relié avec d'autres documents
- Only edition available /
Seule édition disponible
- Tight binding may cause shadows or distortion
along interior margin / La reliure serrée peut
causer de l'ombre ou de la distorsion le long de la
marge intérieure.
- Additional comments /
Commentaires supplémentaires:

Continuous pagination.

- Coloured pages / Pages de couleur
- Pages damaged / Pages endommagées
- Pages restored and/or laminated /
Pages restaurées et/ou pelliculées
- Pages discoloured, stained or foxed/
Pages décolorées, tachetées ou piquées
- Pages detached / Pages détachées
- Showthrough / Transparence
- Quality of print varies /
Qualité inégale de l'impression
- Includes supplementary materials /
Comprend du matériel supplémentaire
- Blank leaves added during restorations may
appear within the text. Whenever possible, these
have been omitted from scanning / Il se peut que
certaines pages blanches ajoutées lors d'une
restauration apparaissent dans le texte, mais,
lorsque cela était possible, ces pages n'ont pas
été numérisées.

The Canada Medical Record.

MONTREAL, NOVEMBER, 1878.

CONTENTS.

ORIGINAL COMMUNICATIONS.

Notes on Varicella. By CASEY A. WOOD, C.M., M.D., Professor of Chemistry, Medical Faculty Bishop's College.....29

PROGRESS OF MEDICAL SCIENCE.

Perchloride of Iron as a Topical Application for Cancer, 32. Bellevue Hospital, New York, 33. The Local Treatment of Eczema, 35. Treatment of Insanity by Drugs, 39. The Treatment of Puerperal Convulsions occurring after Labor, 40. Treatment of Sanguine-

ous Cerebral Apoplexy by the Subcutaneous Injection of Ergotine, 42. Hospital of the University of Pennsylvania, Philadelphia, 42. A description of the Conjoined Twins, Marie-Rosa Drouin, with Plate, 43. Treatment of Hooping Cough, 44. Contraction of the Fingers — (Dupuytren's Contraction,) 44. Chloroform Narcosis, 45. Chloral as an Anæsthetic for Children, 45. The Treatment of Erysipelas by Carbolic Acid Injections, 46. The use of Ergot in Typhoid Fever, 46. How to Kill a Tapeworm in an Hour, 47. Thymol as a remedy in Skin Diseases, 47. Indications for the use of Digitalis, 47. Iodoform in Eye Disease.....47

EDITORIAL.

To our Subscribers, 48. Scribner's Monthly and the Canada Medical Record, 48. Lindsay & Blakiston's Visiting List for 1879, 48. Canadian Vine-Growers' Association, 48. Canada Medical Association, 49. Medical Dinners, 49. Personal, 49. Nitrate of Silver as a Uterine Caustic, 49. The Discoverer of Anæsthesia, 50. Wood's Library Standard Medical Authors, 50. Jordan's Norway Cod Liver Oil, 50. Trommer Extract of Malt, 50. Medico-Chirurgical Society of Montreal, 51. Vomiting of Pregnancy, 52. Composition of the Pancreatic Juice, 52. Births and Deaths...52

PHARMACEUTICAL DEPARTMENT.

Original Communications.

Notes on Varicella. By CASEY A. WOOD, C.M., M.D., Professor of Chemistry in the Medical Faculty of Bishop's University.

Read before the Medical Alumni Association of Bishop's University.

In attending some cases of chicken-pox about two years ago, it struck me as very strange that there should be any doubt thrown upon the specific and independent nature of that disease. I was unable to understand how any other affection attended by a vesicular eruption could be mistaken for it. It seemed to me also that a mild case of small-pox, and an unusually severe attack of varicella have but little in common. Since that time chance has placed under my care quite a number of chicken-pox cases, and I must now confess that sometimes the diagnosis is not easy, and I can readily imagine how the distinct and specific character of the eruptive disease may have been called in question.

The affection is almost invariably so mild that, although probably common enough in domestic practice, it is yet comparatively seldom seen by the physician, as he is not often called upon to treat it. Still it is obviously important that the medical man should be as thoroughly acquainted with mild diseases as with severe ones. To mistake a mild disease for a severe one, and to treat it accordingly—that is, to give it a great amount of attention—would, in the majority of instances, be productive of less disastrous results than to err on the other side, and treat as of no importance what seems

to be a mild affection, but which is in reality a very grave one. There is another reason, and a very weighty one, too, why varicella should be particularly studied. A certain class of medical men in this and other places have done, and are doing, all in their power to undermine the confidence which the public and the profession repose in vaccination. Not only is this admirable form of prophylactic treatment charged with introducing into the system a long list of diseases, but it is also denied that it can prevent or modify an attack of small-pox. It seems to me that when one is tempted into disbelief in the protective value of vaccination, because he has seen more than once an eruptive disease affect vaccinated persons, he should be first certain—absolutely certain—that the eruption is that of variola, not of varicella.

This, then, is my apology for bringing before you a few observations I have made on this really trifling disease.

The consideration of the diagnosis is what I desire more particularly to dwell upon, and in doing so, I wish to add my evidence in support of the independent character of the disease. In view of the wide difference of opinion held by authors on the subject of varicella, I may, perhaps, be allowed to refer to what I consider its symptoms.

Chicken-pox usually occurs in epidemics, but, apart from this, isolated cases are found which may, indeed, prove centres of limited contagion. It is probably through the breath and the exhalations from the skin that infection results. The question of the retention of the specific poison, in whatever form it may be, by fomites, is not,

consequently, a matter of much importance. The lymph of varicella vesicles is seldom innoculable, and still less frequently is such innoculation followed by a general eruption.

Concerning the appearance of the vesicles, it may be noticed (1) their size varies from that of a pin's head to bullæ, whose diameter equals that of a ten cent piece; (2) their number is usually from thirty to forty, but there may be from two to three hundred; (3) they are discrete as a rule, seldom confluent in the sense that variolous vesicles are; (4) they are not umbilicated, but tense, clear, and rounded. Within twenty-four hours after they have reached this state, the contents of the vesicles begin to be absorbed, they soon become flaccid, and in a few days more dry up, leaving the skin superficially reddened, or sometimes slightly scarred. Cicatrices are, however, the exception, and if the child has not been allowed to scratch the eruption, there is seldom more than half a dozen "pits." It will be noticed, also, that varicella scars are soft and superficial, and may entirely disappear in a few years, while small-pox "pits" are hard, deep and persistent during the life of the patient.

The falling off of the slight scabs and crusts left by the dessicating vesicles takes but a few days, and the healing of the underlying surfaces from which they fall, but a short time longer. It is doubtful whether there is a distinct period of incubation in chicken-pox.

When, as in most cases, the appearance of the vesicles is the first sign of the disease, we are without that assistance in estimating the length of the incubation period which precursory symptoms give. Thomas believes there is a distinct stage of incubation, and places it between thirteen and seventeen days. He also says that while this stage lasts we may frequently observe those general symptoms present during the corresponding period in the other exanthems.

The chest and back seem to be the favorite primary seats of the eruption, and from these positions it spreads to the lower part of the trunk and to the extremities.

At the same time, or soon afterwards, the eruption may be found on the head, which I have known to be thickly covered. The face generally escapes altogether. The mucous membrane of the mouth and nasal passages,

and sometimes the conjunctiva, are also seats of varicella vesicles. In one case I saw, the child, five months old, suddenly refused to take the breast, and as he did not appear sufficiently unwell to account for this disinclination to take nourishment, I examined his mouth, and found the tongue, cheeks and throat reddened and excoriated—a state of affairs that precluded nursing with any comfort. The eruption does not show itself altogether and at once, even in the same place, for, in the midst of well-formed vesicles, one is almost certain to find faint points, not unlike typhoid spots, that soon develop into clear vesicles, while the first crop has begun to shrivel and dry up. Towards the finish of the eruption a few scattered vesicles appear upon the palms of the hands and the soles of the feet. At the end of a week, however, very few or no vesicles remain, and most of the scabs have fallen from the skin.

The fever is seldom high, and the temperature rarely exceeds 100° or 101°. Probably, if all the eruption came out at once, a higher degree might be reached; but, as it is, from two to four days only the thermometer shows an abnormal increase of heat. Defervescence, such as we find it, is rapid.

As I said before, it is seldom on account of actual illness that a medical man is summoned to a case of chicken-pox, for most children are not all disturbed by the slight fever and other general symptoms that accompany the disease and, as a rule, they steadfastly rebel against confinement to bed or even to their room. It is not always so, however, for I attended, not long ago, two cases, that commenced with vomiting and headache, while want of appetite, lassitude and rather high fever were present during the first four days of the disease.

The prognosis is, of course, altogether favorable, and the continued disturbance of health that sometimes succeeds the attack may usually be traced to some cause independent of the varicella. It is only rational, it seems to me, notwithstanding this, to insist that the child should be carefully protected from cold and especially from draughts. The treatment should be dietetic rather than medicinal, but, if the attack be a severe one, small doses of the effervescing citrate of potash or magnesia will be found quite sufficient.

I doubt very much whether it be worth while to attempt any measures calculated to prevent the spread of the disease, for, in the first place, it is a trifling disorder; and, secondly, it would be difficult to prevent infection—almost impossible—during the progress of an epidemic, and needless in sporadic cases.

The diagnosis of varicella I hold to be important, and more particularly is it important that it should never be mistaken for small-pox, or *vice versa*. I have already referred to the bearing of the diagnosis on vaccination. I would further remark that it would be an unpardonable error to tell the parents of an unvaccinated child affected by chicken-pox that the case is one of small-pox, for that would be tantamount to depriving him of the protection he so sadly needs in a district infected by variola. Again, could a medical man ever excuse himself were he to expose a case of varicella to infection by variola by handing it over to the tender mercies of a small-pox hospital? It is possible, under some circumstances, to mistake chicken-pox for sudamina, but a piece of litmus paper will clear up the diagnosis, since the serum of the varicella vesicles is neutral or alkaline, while, as might be expected, the fluid (sweat) in the sudamina is acid.

I may, perhaps, be pardoned, in view of the object of this paper, if I refresh your memory by a short sketch of the differential diagnosis between varicella and variola. Small-pox has a premonitory stage, the eruption being preceded by severe pain in the back, rigors, vomiting, headache and high fever. In varicella almost invariably the first thing that attracts attention is the eruption itself. The small-pox eruption is first a pimple, feeling like shot under the skin, and it does not become vesicular until the second or third day. This vesicle is umbilicated, and seldom as large as a split pea. It is a pustule about the sixth day, and the scabs resulting from the drying up of the pustules persist until the fourteenth or fifteenth day and when they fall off leave cicatrices. The chicken-pox eruption, on the other hand, is first a "typhoid" spot, which, in the course of twenty-four hours, becomes a vesicle that is not umbilicated and may increase to the size of a five or ten cent piece, or become even larger. Becoming turbid on the second or third day, it shrivels up on the fourth or fifth and soon after-

wards drops off, leaving a reddened spot—rarely a superficial cicatrix.

It is now well established that vaccination exerts no influence upon a predisposition to varicella, and children who have had varicella may be successfully vaccinated.

I have kept a record of two cases of chicken-pox, and I shall read them, hoping to call forth the experience of some of you in similar or allied cases:

Last year I was shown a child said to have been poisoned by some species of wild ivy. He had returned that same day from the country, and when I saw him had had a vesicular eruption on his nates, hands and head. The vesicles were about the size of a five cent piece, clear and rounded. The child himself, who, by way, had never had varicella, seemed lively and healthy enough. The mother explained that he had been playing in the fields just before leaving for town, and that on undressing him at night she discovered an eruption which the country people told her was caused by poison ivy. She returned home next day, after a week's absence, and I saw the child about twenty-four hours after the discovery of the vesicles. As there was no varicella, as far as could be ascertained, in the neighborhood of her residence in either town or country, since the child complained of some pain about the seats of eruption; as they had not noticed any red rash on him the day previous to the discovery of the vesicles, and above all since the eruption appeared on the most exposed parts of the body and consequently the situations most likely to be poisoned, and were not the usual seats of varicella I felt inclined to think it was really ivy poisoning, and not chicken-pox. The next two days, however, left us room for doubt, because, upon the child's chest, back and legs, fresh crops of vesicles had appeared, while the first lot had shrivelled—a fact that excluded the idea of his having been poisoned by "ivy."

The next case I watched carefully, as I considered it rather unique. W. N., aged 9 months, a fine healthy boy, was brought to me suffering from a slight attack of bronchitis. I saw him subsequently at his home, and was obliged to attend him regularly for some time, as he became very restless and ill, and there was much more fever accompanying the slight lung trouble than is usually found in such cases. On making w ha

I intended should be my last visit, about five days from the time I first saw him, his mother showed me some reddish spots on his back and chest, also an eruption on his head, the last of which I could not make out very well, owing to the thickness of his hair. She said she had noticed them for the first time that day, and thought they might be chicken-pox, as two of her other children were recovering from an attack of that disease. I promised to call the next day, and did so, to find the child with a temperature of 102.6 F., pulse 146, and rather a copious eruption of well-defined varicella vesicles on his chest and back. He appeared so very unwell that I gave him a purgative dose of citrate of potash, and ordered him a five grain dose of quinine at night. To be sponged every hour if fever remain or increase. Next morning I found that the vesicles had enlarged to the size of a five cent piece, others were on the increase, and a few fresh crops had appeared on the extremities. The child had passed a restless night, and had vomited several times. Morning temperature 102° F., pulse 140. On examining the face I observed a few scattered pimples, which were unlike those I had hitherto noticed. Likewise on the hands I saw a patch of papules that were quite hard and elevated.

As the child was feverish and ill, I called again next day, but did not reach the house till near evening. The papules on the face and hands had become vesicular, but the vesicles, strange to say, were small, irregular and umbilicated. There were about thirty in all, small and discrete. Child's temperature was then 102.25° F., pulse 138. I saw him next morning about ten o'clock, and found the first vesicles on his back shrivelled and drying up. The second crop of varicella vesicles on his lower extremities had become large and rounded, but on one knee I discovered a patch of vesicles exactly like those on his face and hands—small, discrete, rather irregular in shape and umbilicated. He seemed better that day; his temperature had fallen to 100° and his pulse was only 115. I admit I was puzzled. However, I decided to keep my own counsel and wait.

In two days more umbilicated vesicles appeared on the child's neck and back, and I found that all the large rounded bullæ had dried up, and most of them had fallen off, while no change had taken place in the vesicles on the

child's face and hands, except that they had become milky—in other words, pustules. A week afterwards these pustules had dried into scabs, and in four or five days more fell off. The vesicles on the child's neck, back and lower extremities followed these changes in regular order, and in three weeks after their appearance I could distinctly make out half a dozen distinct pits in the face and hands, the seats of the umbilicated vesicles.

After carefully weighing all the evidence I could collect, I came to the conclusion that the child had suffered from simultaneous attacks of variola and varicella. Of course I am aware how rare such a combination is, and I should have thought that the umbilicated vesicles were varicellous had they shrivelled up sooner, been preceded by neither fever nor vomiting and, above all, had they increased in size. *Per contra*, I might even have gone the length of setting down the rounded vesicles and bullæ as variola, had they been umbilicated, remained longer, not increased to such a size and left pits behind them. Furthermore, I learned subsequently that the child had never been vaccinated, and that about two weeks previous to his illness he had been taken by a French girl—a neighbor—and laid for nearly half an hour upon a bed lately occupied by the girl's brother, who had been ill of small-pox. Bearing in mind, too, the diagnostic value of vaccination in such doubtful cases, I brought it about as soon as practicable, and had the satisfaction of finding that it had no effect. Though I used the freshest and most reliable vaccine lymph, no approach to a vaccinia vesicle formed on the child's arm, and now I feel safe in believing that the umbilicated vesicles were those of veritable small-pox, as I am convinced the earlier vesicles and bullæ were those of a true varicella.

531 Wellington Street, Montreal.

Progress of Medical Science.

PERCHLORIDE OF IRON AS A TOPICAL APPLICATION FOR CHANCER.

In an article on iron, in the *Dictionnaire Encyclopédique des Sciences Médicales*, M. Rollet gives the two following formulas for topical use in cases of chancre:

- | | | | |
|--------|--------------------|-----------|---------------|
| R. | Aquæ..... | 5 vi | (24 grammes). |
| | Ferri perchloridi. | 3 iij | (12 ") |
| | Acidi citrici..... | 3 i | (4 ") .M. |
| and R. | Acidi hydrochlor. | } aa 5 i. | (4 grammes). |
| | Acidi citrici..... | | |
| | Ferri perchloridi | } aa 5 i. | (32 ") .M. |
| | Aquæ destillatæ.. | | |

BELLEVUE HOSPITAL, NEW YORK.

NOTES OF TREATMENT AND PECULIARITIES IN PRACTICE.

THE TREATMENT OF TYPHOID FEVER.

In looking over the records of cases of typhoid fever in Bellevue Hospital, the wide variety of treatment is quite noticeable. Even in the past eight years the gamut of therapeutics has been quite well run through, reaching from ninety grains of quinine a day and baths every hour to simple expectancy with milk and egg diet. Considering the class of cases, the results have been satisfactory as regards final cure, and seem to show this at least very clearly, that the system in typhoid fever is quite tolerant of tentative therapeutics.

As the treatment of this disease, so far as active measures are concerned, is still far from being settled, some examination of the cases at Bellevue may not be uninteresting.

The patients are chiefly laborers and domestics, and have been healthy and hard-working persons. Most of them are found to have been living in poorly ventilated, crowded tenement houses, and they often give a history of there being stinking sewers or water-closets, or bad smells in the vicinity. Very rarely another case of typhoid fever has been in the same house or family. Sometimes the disease has originated in the hospital. In one case the patient had been lying in a bed by the entrance to the water-closet. In another she had been for over a week in the cells for female alcoholic, hysterical, and insane patients. The cases are brought in, or often walk in, at about the sixth or seventh day of the disease. They have been trying to keep at their work, and have been living on ordinary diet.

They are put to bed, and papules appear on the next day. Within the last two or three years the only precaution taken against contagion is to disinfect the stools. This is done generally with sulphate of iron, which is placed in the bed-pan previous to its being used. Commercial muriatic acid diluted is poured into the pan after the passage. The stools being disinfected, no further attempts at protecting the house-staff, nurses, or other patients are employed. The old idea that there is infection and danger in the patient's breath is disregarded, if at all believed in. The house physicians examine the lungs for evidences of pneumonia or bronchitis several times a week, they bend over the patients in examining the tongue and abdomen, and must inevitably inspire some of the patient's exhalations. No case of typhoid fever has occurred among the staff for several years.

The class of cases is in no respect unique as regard symptoms. There are mild and severe forms: there are obstinate diarrhoeas; there is uniform constipation; delirium so wild as to

oblige transfer from the wards; temperatures running to 106° and 107° or keeping as low as 102° and 103°. It is not often that the initial temperatures can be obtained. In cases where they have been, there has been no such characteristic rising as is described by Wunderlich and the German observers, though there is often a gradual rise in the first week.

The treatment at present in vogue is that of quinine and baths. This was begun four or five years ago, and has received such favor that it is quite the routine now. The quinine is given differently. Perhaps the most popular way has been ten grains two or three times a day, the evening dose being doubled if the temperature rises above a particular height, say 105°. It sometimes causes gastric irritation, being given in powder form. If it is vomited, pills are tried, and finally double doses by rectum. Quinidia was used for a short time, and it reduced temperature like quinine, but irritated the stomach more. Baths in every shape are used, but the sponge-bath is the form most adopted. The patient's temperature is taken; if found above a certain height, he is stripped either entirely naked, or perhaps only the upper half of the body. He is then sponged over with water at a temperature of from 60° to 80°. If only half the body is uncovered at a time, that part is allowed to dry, and it is then covered and the rest of the surface sponged. This process is kept up for fifteen minutes. If that is insufficient to reduce the temperature, it is prolonged to half an hour. It is repeated every one, two, or three hours, according to the result obtained. At the end of the bath a little whiskey is generally given.

The effect of the quinine on the temperature is to reduce it slightly in a considerable number of cases. Its effect on the patient is to produce nausea, and vomiting in a smaller number. Its effect on the disease we will consider later.

The sponge-baths are almost always pleasant to the patient, if not too frequently repeated. If given every hour, or two hours even, they seem to weary and annoy him. They certainly reduce the temperature in most of the cases. In a small number of these the reduction seems to last for many hours. Sometimes two or three baths given in the afternoon and evening reduce the fever two or three degrees, and it keeps down for twelve hours. But it is not very rare that the baths are given every hour even, without producing very marked effect. The sponge-bath is a much more efficient antipyretic than quinine. The wet pack is hardly used now. In one case where it was employed pneumonia complicated the disease. The plan of placing the patient in water at a temperature of 98°, and then gradually lowering it, has been tried a number of times, and so far no deaths can be traced to it. In this respect

the result differs from the application of the same therapeutic agent to pneumonia. Cold baths kill Americans when they have that disease. But these gradually-cooled baths are uniformly annoying and depressing to the patients. They don't like them. Neither have they been proved to reduce temperature permanently any better than the sponge-baths do.

Several cases were treated this fall upon the Kibbe bed. Its action and effectiveness were similar to immersion in the bath-tub. It did not eliminate the fever from the disease, nor were the patients pleased with the moist luxury of its antipyretic appliances.

The use and value of cold water and quinine are quite uniformly taught at the Bellevue Hospital clinics, and the students there assembled probably go away in the belief that, with a moist sponge and quinine pills, the mortality rate of their typhoid cases will be wonderfully lessened. There is nothing in the statistics of the cases that have been thus treated at Bellevue Hospital to warrant such confidence.

The antipyretic treatment began to be popular in 1873, and it has gradually become more uniformly adopted in the wards since then. In 1873 and 1874 there are records of twenty-three cases. Of these, three died, or about thirteen per cent. Of those that died, two had a regular antipyretic treatment of quinine and baths, and one of them died from hemorrhage. The third had quinine only, and died from a complicating pneumonia. Of the cured, eleven had only mineral acid or some refrigerant drink; five had quinine in antipyretic doses and three had both quinine and baths. This record does not prove much in favor of the new treatment.

In 1877, and up to October, 1878, there are records of thirty-eight cases with fourteen deaths. Three of the fatal cases were brought in either moribund or so exhausted by previous neglect that they should not be reckoned in the percentage of mortality. This would then be twenty-nine per cent. Of these thirty-eight cases, thirty-four were treated antipyretically, twenty by quinine and baths, and fourteen by quinine alone. Of those who died four had hemorrhages and one perforation; the rest died from paralysis of the heart. Of twelve cases found recorded in the year 1868, all were cured. The treatment was expectant, with perhaps a mineral acid or spirits mildereri.

At the Massachusetts General Hospital, from 1828 to 1836 inclusive, there were two hundred and nineteen cases, of whom thirty-one died, or about fourteen per cent. The percentage given for the hospital at other times, and previous to antipyretics, is thirteen.

At Bellevue Hospital, in the years 1868, 1873, 1874, 1877, and 1878, there were seventy-three cases. Of those treated antipyretically, twenty-four per cent died; of the others, twelve per cent. died. Out of this seventy-three, of the

seventeen that died, five had hemorrhages, two perforation, three were brought in moribund and are not reckoned in the percentage, while one had a double pneumonia. Of these seventeen there were six who had no antipyretics applied; one of these had a hemorrhage. Of the other eleven, four had hemorrhages, two perforations, one a double pneumonia. In September last two cases were treated successfully on Kibbe's bed.

It will thus be seen that since the introduction of antipyretic treatment into Bellevue Hospital the percentage of mortality has doubled; and, further, that the mortality is nearly twice as great as the averages given by Jackson and Murchison. We do not, however, place any over-estimate upon the value of these statistics; but at their very lowest it seems reasonable to assume that they do not prove the value of the antipyretic treatment.

The theory of this treatment, as is well known, is based on the belief that eighteen or twenty days of an average temperature of 104° will cause degeneration, and possible paralysis of the heart, or a like effect upon the brain. Also upon the belief that the frequent and energetic abstraction of heat will at length reduce the quantity generated. As regards the first point, it is perfectly well established that a human being with the digestion not seriously impaired, can live for five weeks at a temperature of 104° . Those who have watched cases of catarrhal phthisis, with a high temperature for months, must wonder how only ten days of the extreme temperature of typhoid can be so very pernicious. It may be that caloric is proportionately much more vicious at 106° than 104° , and that digestion and assimilation are much more impaired. We are not attempting to refute antipyretics, but only to show that, perhaps, in America its value is not proven.

Niemeyer expresses much delight at the discovery of the gradually cooled bath. Wet packs, he admits, while they abstract heat, increase its production also. On the contrary, the baths, he asserts, not only abstract heat, but reduce the production thereof. How they achieve this marvellous superiority he does not explain; nor have we been able to find any one who could make it clear. Practically, the baths are as exhausting as the wet packs. The percentage of relapses, it is not denied, may be increased by their use. In the only case with relapse among the seventy-three at Bellevue, baths and sponging were most energetically used. The possible increase of danger from intestinal hemorrhage is also admitted by the Germans.

Of twenty-four cases treated at Bellevue by baths and quinine both, two had hemorrhage. Of fifteen cases not having antipyretic treatment, one had intestinal hemorrhage.

The antipyretic treatment of typhoid fever

by baths and quinine, then, has not been proven to be of certain therapeutic value in one large American hospital, and, as no small number of students carry away many of their therapeutic beliefs from clinics in that institution, we think it not improper to state the facts which may lead them to suspend their judgment for a while.

In our reading and recollection of the cases at the hospital, it has seemed that quinine and its possibly attendant emesis are not proven to be necessary. It does reduce the temperature in some cases, but generally in those where the disease is mild and the reduction not necessary. As for the baths, as long as sponging off the surface is grateful to the patient, it is useful in the disease. The further and more energetic use of water, then, has yet to be shown of value, in all ordinary cases. The employment of mineral acid and of symptomatic remedies is sufficient.

THE USE OF JABORANDI AT BELLEVUE HOSPITAL.

Within the past year or two jaborandi has become a very popular and useful drug at Bellevue. In uræmia and in acute and chronic parenchymatous nephritis, it has accomplished especially good results.

In uræmia it is a very effective substitute for the old hot air bath, acting more quickly and surely. As it has been shown to increase markedly the excretion of urea, it is probably more efficient also than the baths in relieving uræmic phenomena. A patient was brought into the hospital some weeks ago, suffering from convulsions and delirium. She had no œdema, but her urine was nearly solid with albumen, and contained small casts and blood. She was given a drachm of the fluid extract of jaborandi, hypodermically, and M x. of Magendie's solution. In fifteen minutes she was sweating profusely, and the convulsions had ceased. She was restless and wandering in mind for the next twenty-four hours, but had no other bad symptoms. M x drachm of jaborandi was given every other day subsequently, and in a week the albumen had nearly disappeared from her urine, and she felt quite well.

Cases of chronic nephritis have been treated with the drug very satisfactorily. Some who did not improve or get rid of the œdema under digitalis and potassium have shown immediate improvement under jaborandi. It is given in drachm doses every other morning, the patient being kept in bed until dinner-time, when the sweating is over. It is better not to give it at night, as the bed-clothes become saturated with perspiration, and sleep is disturbed and uncomfortable.

Jaborandi weakens the heart. It is dangerous when the pulse is poor and the system debilitated. If given to a patient in this condition

with uræmia, he falls into a cold perspiration, and œdema of the lungs, coma and death follow.

Yet it has been used several times in the treatment of pulmonary œdema in doses of M x to M xv. every one or two hours. The autopsies have shown the usual changes.

It has been used also in pleuritic effusions, but does not seem to "sweat out" the intrathoracic liquid very much. Besides, it produces a nausea and salivation not at all pleasant.

The drug loses its effect in some cases, and the dose has to be increased. The usual variety in its action has been noted. Sometimes it causes salivation only; most frequently salivation and diaphoresis. If the dose is carefully regulated, nausea and vomiting need not be a frequent complication. The urine is in cases of chronic Bright's disease somewhat diminished in amount, unless renal congestion or an acute nephritis is complicating the case. Jaborandi has proved, so far, of most certain service in the chronic stages of Bright's disease and in uræmia brought on during its initial attacks. When an acute attack is lighted up on a chronically inflamed organ, and when the system has already become weakened and anæmic, the drug may be useful, but it will also be dangerous.—*N. Y. Medical Record.*

THE LOCAL TREATMENT OF ECZEMA.

(Read before the Academy of Medicine, Oct. 4, 1878.)

By HENRY G. PIFFARD, M.D., Professor of Dermatology, University of the city of New York, surgeon to the Charity Hospital, etc., etc.

Eczema is the most frequent, one of the most obstinate, and certainly the most important, of all the cutaneous affections. Its successful management requires a judicious combination of internal and external treatment, with, in addition, proper hygienic attention. Of these the hygienic is the simplest in its applications, inasmuch as a clear conception of the nature of the disease immediately suggests the proper rules of diet, exercise, and the like. The internal treatment—that is, the use of drugs, is the most important, but, at the same time, the most intricate portion of the treatment, and will be considered in its details on another occasion. The local treatment stands midway in importance between the internal and hygienic, and midway also as regards simplicity.

The rôle of local treatment is somewhat limited, but if we desire to do our best for the patient its proper application should not be neglected. In a few cases local treatment alone will succeed in dissipating the lesion, but will not prevent or retard a relapse; in many cases it will materially assist the internal treatment in abridging the duration of the manifestations of the disease, and in a certain number it will modify the subjective phenomena.

Eczema presents many phases varying with the stage, character of the primitive lesion, degree of inflammatory action, individual peculiarity of the patient, complicating circumstances, etc.; but in all of these cases the indications for treatment are so clear that, once rightly appreciated, many of the apparent difficulties disappear.

In no affection with which we are familiar is it so important that the idea of a routine treatment based upon nosology should be abandoned. As regards the internal treatment, it is the *patient*, with all his functional or organic derangements, that demands consideration; in the local treatment it is the cutaneous *lesion* that must be studied and cared for. We must in both cases remember that the conditions actually present in one patient are seldom exactly duplicated in another, and, consequently, that treatment which is best for the first may not, and probably will not, be best for the second. In other words, we must individualize the cases in the strictest manner.

As the present article concerns the lesion only, we will make a brief allusion to the conditions most frequently present, and indicate the principles of treatment that find their application under the varying circumstances of the case.

Every outbreak of eczema commences with a prodromal period of local cutaneous congestion, characterized by heat, redness, slight or almost imperceptible swelling, and certain subjective sensations, which attract attention to the parts. From the appearances alone it will be often difficult to decide what form of cutaneous disease is impending, just as during the first day of an active febrile movement we may be unable to predict the character of the disease that will be developed on the morrow.

This period of congestion is rarely presented to the eye of the physician, except when it occurs in patients who are already suffering from more advanced eczematous lesions in other parts of the body, and who have already come under treatment for them.

Under these circumstances we have known the application of solid nitrate of silver to cause a disappearance of congestions that we supposed would have otherwise developed into frank eczemas.

This prodromal congestion, if uninterfered with, usually eventuates in some one of the so-called special primary lesions of the disease. These are six in number. In the first place, the active congestion may give place to a passive one of indefinite duration, characterized by redness, and often a trace of fine desquamation, with possibly a little occasional moisture, alternating with the more usual dryness. These cases were formerly classed as chronic erythematata, but a closer study has convinced most dermatologists that they are essentially ecze-

mata. Little attention has been paid to this form in the text-books, but an admirable delineation of the affection will be found in Dr. Dühring's Atlas. The congestion is usually accompanied with a moderate amount of subjective heat, or itching. This form of eczema is more frequent on the face than elsewhere. The most effective treatment for this variety is internal, but still a great deal of assistance is afforded by external means employed in conjunction with the latter. The indications are to reduce the congestion, and to relieve the itching. To accomplish the former the ordinary well-known astringents may be employed. In addition, we have derived benefit from the application of a solution of bromide of potassium in rose-water and glycerine, varying in strength from ten to twenty grains to the ounce. Fluid extract of ergot, rubbed up with cold cream, and a similar preparation of arnica root are also of service. The pruritus, moreover, must be attended to. This ceases with the congestion, but, as this latter will not always subside with wished-for rapidity, antipruritics are often advisable. These may be employed separately or combined with the other applications. Besides the well-known antipruritics, hydrocyanic acid, chloroform, etc., the mixture in equal parts of chloral hydrate and camphor, introduced by McCall Anderson, is worthy of special mention. This mixture, in the proportion of ten to twenty grains to the ounce of ointment, will sometimes greatly palliate the itching.

In the majority of cases, however, instead of the simple chronic congestion, we find a development of certain special lesions, which consist in either vesicles, pustules, papules, fissures, or an exfoliation of the horny layer of the epidermis, or there may be a mixture of two or more of them. This condition is usually termed the first stage, and, as regards the vesicles and pustules, lasts for a day or two only. It rarely comes under notice, and requires little in the way of treatment other than the application of cooling lotions, or better, either the black or yellow wash (mercury and lime-water). To the first stage succeeds the second, characterized by exudation and crusts, specially marked in the vesicular, pustular, and exfoliative varieties, less so in the others. The accumulation of secretion and crusts in this stage necessitates ablution, but unfortunately the contact with water proves very irritating in many cases, often causing a decided aggravation of the patient's sufferings and a prolongation of the trouble. If, however, we bear in mind the condition present, namely, the skin deprived of its horny epidermis, but with the delicate and succulent cells of rete Malpighii exposed, we can readily understand why the water proves irritating. It is due to endosmosis, causing tumefaction, and perhaps rupture of the cells. The remedy is equally apparent. It is only neces-

sary to use, instead of water, a fluid whose specific gravity is about the same as the serum of the blood. A mixture that we frequently employ is rose-water, to which has been added a little glycerine and chloride of sodium. This will be found much less irritating than pure water.

The crusts being removed, the cleansed parts are in a condition to benefit by some medicinal application, usually in the form of ointment. Of these, the oxide of zinc, when nicely made, is perhaps the best when a protective application alone is needed. It is probably not to any great extent curative, its chief office being to shield the parts from friction and atmospheric influences. The tincture of benzoin which it contains, however, probably exerts a soothing influence. The most effectively curative ointments in this stage and condition of eczema are those containing some preparation of mercury: the ammoniated mercury, the nitrate, and the black oxide. The two first may be employed in ointments of officinal strength, or somewhat diluted, the third in the proportion of ten grains to the ounce. Lead comes next to mercury in usefulness, and is usually employed in the form of *ungt. diachyli*. This, to be of service, must be carefully made, and quite fresh, as it easily becomes rancid and irritating. The "glycerole of the subacetate of lead" (Squire's formula) is not open to this objection. These ointments must be used with caution if the affected surface is extensive, as we have known both mercurial and plumbic symptoms to arise in consequence of their too free employment.

The pruritus, which is usually present and sometimes severe, invites attention. Unfortunately, it is very difficult to relieve. The chloral mixture above referred to should not be applied to a surface deprived of its epithelium, in consequence of the pain it produces, and chloroform should not be used in connection with the lead or mercurial ointments, as it greatly promotes the absorption of these metals. It may, however, be used with the zinc. The ointment containing it must, of course, be kept closely stopped to prevent its evaporation. Decided relief to the itching is sometimes obtained by adding to any of the ointments mentioned a little tincture of Hamamelis Virginia. The best preparation is made from the fresh plant. The various "extracts," "double extracts," "red extracts," fluid extracts, etc., in the market represent but a portion only of the virtues of this plant. Country physicians would do well to make their own tincture of hamamelis, using the bark of the smaller limbs or twigs, and macerating it for a few weeks in sufficient 80 per cent. alcohol to cover it. By this means they can obtain a good tincture very much cheaper than a reliable article can be had in the market. Hamamelis is a drug too highly estimated by the public, but too much neglected

by the profession. Stramonium and conium are also useful antipruritics. The white precipitate or black oxide may be added to the *ungt. stramonii*, or tinct. stramonium may be added to the *ungt. hydrarg. nit.* In spite of these the itching will often prove obstinate, and disappear only on the cure of the eruption itself.

When an acute eczema has passed through the period of exudation and crusting, and enters the third stage, characterized by redness, dryness, and scaling, the changed condition will demand a change of treatment. Here the mercury, zinc, lead, etc., are of comparatively little service, and should be replaced by some preparation of tar. Of these the most important are the *ol. picis*, *ol. rusci*, and *ol. cadini*. The last, when genuine (which is seldom the case), is the best. The tar is mixed with simple ointment in the proportion of one or two drachms to the ounce. A useful preparation belonging to the same category is the "*olio di maiz gustato*," much used in Italy. It is prepared from corn.

Thus far we have spoken of acute eczema only, and more particularly of the vesicular, pustular, and exfoliative forms.

In the fissured form, especially on the palms of the hands and behind the ears, we have found plumbago (the best for this purpose is known as "photographic graphite") in ointment (1-10), or mixed with lycopodium or some other inert powder, exceedingly valuable.

When an eczema becomes chronic, it does so either from sheer indolence or in consequence of excessive infiltration. If the indolence is marked by decided venous stasis, dark bluish red color, etc., the hamamelis before mentioned will be found specifically useful; if, however, this feature is not present, or the color of the patch is rather paler than is usual in eczema, the ham. V. will not be of much, if any use. Under these circumstances we need stimulating, *i. e.*, irritating applications. The basis of these may be hydrarg. biniod., hyd. bichlor., potass. iod., iodine, cantharides, croton oil, and many others that will immediately suggest themselves. The first three may be prescribed in ointment, the last three should be applied by the physician—the iodine in tincture and the cantharides in collodion. The croton oil is very conveniently used in the form of solid cylindrical sticks, made by melting together equal parts of croton oil and white wax, and pouring the mixture into paper molds. A single application of either of these irritants is often sufficient to change an indolent patch of eczema into an active one, which then only requires the treatment appropriate to the second stage of ordinary acute eczema to bring about a cure within a reasonable period.

Quite recently we have obtained excellent results by a process that we believe is original—namely, the hypodermic injection of the arseniate of sodium into the eczematous patch. We

use solutions of one-fifth per cent., one-half per cent., and one per cent. If there be a single patch of moderate size, a single injection of five to ten minims of the one per cent. or one-half per cent. solution is made. If the patch is larger, or if there are several of them, the weaker solutions are employed, and two or more punctures made in the larger patches or distributed among the smaller ones. The injections are to be repeated at intervals of two or three days *p. r. n.** As yet we have seen neither abscess nor undue reaction. If the physician will take the precaution to obtain pure arseniate of sodium and distilled water, and make the solution himself, he will be more likely to obtain good results than if he leaves the fabrication of the solution to some apothecary's clerk.

A chronic eczema characterized by excessive infiltration rarely exhibits any tendency to heal until the infiltration has in a measure been dissipated. The lead, zinc, and mercurial ointments will rarely prove of much service in these conditions. The special irritant applications just mentioned will do more harm than good, and will probably increase the infiltration. Its removal, however, may frequently be accomplished by the strong alkaline lotions. If *liq. potassæ* or a stronger solution of potash be applied to the infiltrated patch, we will observe, in a few minutes, a more or less copious exudation of clear serum, with, perhaps, a slight temporary increase of swelling. The exudation may continue for some hours, and then gradually diminish. Coincident with the decline of the irritation, the infiltration in part subsides. The application may be renewed at the end of three or four days or a week. The *modus operandi* of the alkaline application is not quite clear. The effects are possibly due to exosmosis, as we have seen the same result follow the application of strong glycerine. Instead of the potash solutions, *sapo viridis*, or ordinary soft-soap, may be used. This should be well rubbed on with a bit of moistened flannel, till the exuding serum has a slight tinge of red; the application to be repeated once or twice a week, if necessary—emollients to be used in the intervals.

We may also attempt the reduction of the infiltration by stimulating the absorptive function of the sanguineous and lymphatic capillaries. The pathological condition present consists in a superabundance of small white cells. Whether these are outwandered leucocytes, or proliferated connective-tissue corpuscles, is a

question not yet settled. The present problem is to get them away from the part of the skin in which they have accumulated. Which set of capillaries performs the principal, or perhaps the entire work in this matter, we frankly confess we do not know. Certain it is, however, that "stimulation of the absorbents" may be effected in several ways. The most effective of these is kathodic galvanism. When this is impracticable, we are accustomed to rely upon some of the more active so-called "acro-narcotics" of the indigenous *materia medica*. Among these hydrastis and its derivatives hold a first rank. Next in usefulness, in our own experience, has been the *iris versicolor*. This is met with in trade as a tincture made from the fresh plant, as a fluid extract, and as a "concentrated tincture" (Keith's) made from the dried plant. Here, again, the country practitioner has an advantage over his urban brother, inasmuch that he can at small expense make for himself a good tincture from either the fresh or the freshly-dried root, as he desires. We prefer to rely upon the fresh tincture, as the virtues of the dried root become impaired by long keeping. (*Vide U. S. Disp.*) If using the *iris versicolor*, from 3 ss. to ʒi. are mixed with simple ointment and rubbed up until the alcohol is evaporated. Another tincture that may be usefully employed in the same manner is that of the *viola tricolor*. This is not strictly an indigenous plant (being naturalized from Europe). The imported tincture is the one we rely on. That made from the garden plant (cultivated for its flowers) is comparatively worthless. We are not aware that the *v. tricol.* grows wild in any part of this country. The *v. pedata* (*vide Disp.*), however, is found from "New England to Illinois and southward" (Gray). As the active principle of the various violets is believed to be the same, it is possible that the native species, especially the *v. pedata* (*vide Disp.*), may prove as useful as the foreign.*

After the infiltration has been in part or wholly removed by some of the means indicated, the patch of eruption will be in a condition to benefit by the mercurial ointments, etc., followed, if necessary, by tarry applications.

The whole of the foregoing relates to eczemas of the general surface. In certain special locations; however, a few modifications of treatment are desirable. When the affection is located upon the scalp in children, and is extensive, the crusting may be very great, and the parts become the home of numerous pediculi. Under these circumstances, delphinc or kerosene will destroy the insects. Poulticing will soften and aid in removing the crusts, and cutting the hair will greatly facilitate recovery.

* In the first volume of the *Archiv. f. Dermatologie*, 1869, Lipp reports the use of hypodermic injections of Fowler's solution and solutions of arsenious acid in psoriasis and chronic eczema. The Fowler's solution is objectionable, as it includes a number of unnecessary ingredients, and the arsenious acid is very insoluble. Lipp only obtained solutions of requisite strength by adding carbonate of potassa or hydrochloric acid.

* Of the internal use of the *iris vers.* and *viola tricol.*, in eczema, we have spoken elsewhere (*Cutaneous and Venereal Memoranda*, N. Y., 1877).

When eczema attacks the hairy portions of the face, the morbid action is sometimes propagated to the lining membranes of the hair-follicles (outer and inner root-sheaths), constituting one of the affections which commonly pass under the names of mentagra and sycosis. In these cases it is necessary to remove by epilation all the hairs that proceed from the diseased follicles, in order that the remedial application may penetrate them. In fleshy women eczema sometimes succeeds intertrigo of the submammary and genital regions. In these cases dusting powders play an important rôle.

Eczema of the lower extremities, especially of the legs, is not unfrequently complicated with varicosis and very considerable infiltration. In the former of these conditions, hamamelis, and in both of them elastic compression, will prove of great service.

Lastly, indolent and thickened eczemas of the palms and soles are often exceedingly obstinate. The thickened epidermis may be rubbed down with sand-paper or pumice-stone, and the parts enclosed (at night) with some impermeable fabric (rubber gloves, etc.) The cutaneous exhalations thus retained macerate the parts and excite a healthier action.

The successful management of eczematous lesions necessarily demands an exact appreciation of the conditions present, a knowledge of the means by which they may be remedied, and the proper application of these means—*N. Y. Medical Record*.

TREATMENT OF INSANITY BY DRUGS.

It is not to the professional expert alone that the treatment of insanity should be a subject of much interest. The general practitioner is often called upon to treat some form of this disease at that stage when it is most amenable to treatment, or to take charge of some case until arrangement can be made for the admission of the patient into an asylum. We shall therefore make no apology for drawing the attention of the reader to an able and instructive article on the "Treatment of Insanity, more especially by Drugs," which Dr. George H. Savage has contributed to the last volume of "Guy's Hospital Reports." Although the proper treatment of insanity must always be chiefly of a moral character, the experience of the best writers on insanity is alone sufficient to convince us of the great value of medical treatment in many forms, stages, or symptoms of this disease. Within the last few years, however, a more just estimate has been made of the real value of drugs not in insanity only, but also in all diseases, while at the same time several drugs have been discovered with which our predecessors were unacquainted. It is, therefore,

desirable that the busy practitioner should be informed of the practice adopted at our large public asylums, and of the opinion which so experienced an alienist as Dr. Savage entertains with regard to the value of drugs in the management of this terrible affection.

Until quite recently, observes Dr. Savage, opiates were looked upon as one of the sheet-anchors in the arrest of mental disease. Now we are more discriminating, and have to own that, whereas some cases are relieved by opium, some are not affected at all, or are really injured by its use. In the first place, the effect of this drug will vary with its mode of administration. Some cases are not improved by morphia administered by the mouth, but will recover, or be greatly benefited, by the subcutaneous injection of that alkaloid. Two or three cases are reported where no improvement took place until the patient was put on a solution of morphia, in half-grain doses, two or three times a day, when a decided change for the better took place, and even ultimate recovery. Another case showed how morphia will control symptoms, though it may be long before it perfects a cure; and in the author's experience "when symptoms are so controlled it is only a question of time to cure." Another patient with active melancholia, was quiet and happy as long as she took morphia, but if this was discontinued she became very irritable. In her case no medical treatment had been tried for two months previously to the administration of the morphia, and within twenty-four hours from the commencement of this drug she became quiet and reasonable. She is still under treatment, but will recover. In short, Dr. Savage would say that morphia has served him well in active melancholia both in old and young, but especially in old cases, such as climacteric and senile patients; also where sleeplessness alone seems the cause of the mental break-down, and in some cases of excitement in which chloral-taking or over-stimulation has caused insanity; but it is of no avail in ordinary acute mania, general paralysis, profound melancholia, or complete dementia.

With regard to *chloral hydrate* the writer would restrict its use to only a few forms of insanity. He justly remarks that "of all medicines recently introduced this has been the most largely used, and I fear if the good results were compared with the evil done the latter would preponderate." The mere producing of sleep does little, if any, good in the majority of cases of insanity. It is, however, useful in the epileptic states, in the furor of epilepsy, and in some cases of insanity from excess of stimulants. In one case, where there was furious mania following epileptic fits, the chloral was sometimes given, and at other times withheld, and the results were always quietness with chloral and mania without.

Dr. Savage also speaks in favour of a combi-

nation of *chloral and camphor* (10 grains of each, rubbed up with simple syrup), which was especially tried in two classes of cases—the wildly and distinctively maniacal—who were filthy in their habits, and in those who were erotic or lascivious in their behaviour. The mixture produced a good effect, and out of twenty cases in which it was given, fourteen were made more quiet. The use of the camphor, moreover, obviated the loss of appetite and of flesh, which was produced by the prolonged use of chloral alone, and all the patients gained in weight and improved in appetite. In more than one case the patient was quiet and decent while taking the medicine, and one case had every appearance of becoming a chronic lunatic, until the chloral and camphor were given. The writer would recommend this combination in cases of puerperal insanity, especially in the sleepless chattering form, where friends are mistaken, and erotic feelings are present.

Of the value of *conium* the report is not very encouraging. In a case of violent mania it was of some benefit after injection of morphia, camphor and chloral, and other remedies had failed; and it is recommended in cases where patients are noisy and destructive, but, at the same time, require stimulants.

Of still less value is *hyoscyamine*, the effects of which are so powerful and dangerous that sickness and collapse have been known to follow one dose of it. In one case a thirteenth of a grain produced in an hour and a half complete inability to stand, sickness, cold, clammy skin, and absence of radial pulsation, without any good result following.

Of *bromide of potassium* the author has not a good opinion, but he confesses that his experience of that drug has not been very great.

Of all medicines *purgatives* have been most favourable with the older physicians and the majority of the best writers on insanity. But Dr. Savage says "we rarely give them at Bethlem with the idea that we shall cure by these means, and still more rarely to quiet the patient and keep him employed." *Stimulants*, on the other hand, are more favourably spoken of. We are told that stimulants are a large item in the expenditure of asylums, and, when judiciously ordered and watched, they are of the utmost importance. Emmenagogues were also found of great service in the treatment of insanity, complicated with amenorrhœa. Of this class of drugs the tincture of *black hellebore*, in doses of half a drachm to a drachm, was remarkably beneficial, and several cases are cited in which both the amenorrhœa and insanity yielded to this remedy. The re-establishment of menstruation is important, and the return of menstruation unaccompanied by a mental change, adds to the gravity of the prognosis.

Independently of ordering medicinal remedies, there are certain physical conditions which

often contribute to the cure of insanity, and Dr. Savage draws particular attention to cases of this disease, in which physical illness produced marked improvement in the mind of the patient. Thus several forms of insanity respectively, got well spontaneously, after the formation of a retro-uterine hæmatocele, after a toothache and gum-boil, after inflammation of lower jaw, after an attack of erysipelas of head, after obstruction of the bowels, and after an attack of gout. Dr. Savage does not draw any inferences from these circumstances, but we should think that the good result often following distant irritation in the form of a natural disease might suggest the propriety of resorting to counter-irritation in the treatment of insanity more frequently than we do now. "In former times the head-shaving and blistering treatment must certainly have improved some cases, just as we have found that in some, purgatives are beneficial."—*Dublin Medical Press*, Oct. 2, 1878.

THE TREATMENT OF PUERPERAL CONVULSIONS OCCURRING AFTER LABOR.

At a late meeting of the Obstetrical Section of the New York Academy of Medicine (*Med. Record*, Aug. 10, 1878), Dr. S. T. HUBBARD opened the discussion upon the above subject by relating the history of a case as follows: He was called to visit Mrs. E. on the 16th of March, 1878. She was thirty-six years of age, pregnant with her first child, and within three weeks of her expected confinement. She was delicate in appearance, yet apparently in good health. She complained of headache, had flushed countenance, imperfect vision, and constipated bowels. A brisk cathartic was ordered. The urine was examined on the following morning, and found to contain about fifty per cent. of albumen, with some granular casts. After free opening of the bowels, infusion of digitalis was given in drachm doses, three times a day; also three drachms of bitartrate of potassa dissolved in water were ordered to be taken in the course of twenty-four hours. Under that treatment the quantity of urine increased to the normal. There was no puffiness of the face or œdema of the feet. At the end of one week the quantity of albumen had decreased from fifty to ten per cent. The bowels were kept free by the use of bitartrate of potassa. The headache and the imperfect vision, however, were more or less persistent. On the first of April the doctor ordered grs. vj of calomel, with grs. x of rhubarb, to be taken at bedtime. On the following morning he was called, found that the woman was in labour, and that labour-pains began at about 9 o'clock on the previous evening. The child was born at 5 a.m., and the labor was in every respect normal. The headache continued, and the patient was somewhat restless.

Laboratory 28 Beaver Hall Terrace
Montreal

August 12 1878

To Messrs W. F. Lewis & Co
Montreal

Gentlemen

I have carefully examined the sample of your
"Hand made sour mash" Whiskey "Crop 1874" sent me by you;
I now report it to be free from fuel oil, and all other, extraneous
compounds injurious to health; and that it is in every respect
a sample of a choice spirit, and of such an one as I can
recommend for use medicinally when an alcoholic stimulant
is indicated.

As I give you permission to publish this certificate, I reserve
to myself the right to analyze and report upon samples
from time to time purchased by myself for comparison with
standard samples which I retain.

I am Gentlemen

Yours truly

G. P. Ludwood M.D. M.R.C.S.

Prof. of Practical Chemistry to McGill
Montreal

Two drachms of paregoric with ten drops of laudanum were administered. At 7 o'clock a.m. she went into a violent convulsion, which lasted from one to two minutes. When the convulsion had ceased chloroform was exhibited, and the woman was bled from the arm to the extent of twelve or fourteen ounces. The patient became conscious, but was kept moderately under the influence of chloroform, and, at about 8 o'clock, grs. xv of hydrate of chloral dissolved in water were thrown into the rectum, when she had another convulsion, more violent than the first. As the patient became restless from time to time, chloroform was administered. The infusion of digitalis was increased to ʒij every four hours. At 11 o'clock another convulsion occurred, but was less violent than the two former. Treatment continued. A goblet of milk was administered within every four hours. When the chloroform was let up for a few minutes, the patient complained of headache and almost complete loss of vision. The pulse, after the first convulsion, was 130, and continued from 116 to 120 during the first twenty-four hours. Temperature, 101° F.

On the evening of the next day the patient became somewhat restless; the bladder was emptied with catheter; an injection of fifteen grains of hydrate of chloral was given, and, soon after, another and the last convulsion occurred. A cathartic dose of calomel and jalap was ordered. Only a small quantity of chloroform was used. The effect of the chloral hydrate was continuous, although the dose was small.

On the following day the patient was better. The disturbance of vision continued, but was confined mostly to the left eye; the disturbance continued for a week and then disappeared. A trace of albumen was found in the urine for two weeks. At the end of that time the woman appeared to be as well as the majority of women were at that period following natural labour.

With reference to treatment in this class of cases, Dr. H. reached the following conclusions:—

1. That general bloodletting was called for when headache continued after labour was completed, and was attended by flushed face, restlessness, convulsions of a tonic character, and there had not been much loss of blood with the birth of the child.

2. That infusion of digitalis was useful to steady the heart's action, to allay nervous irritation, and also as a diuretic when aided by the addition of bitartrate of potassa.

3. That chloroform should be used sparingly.

4. That, although it was his first experience in the use of hydrate of chloral in these cases, its continuous action was apparently greater than chloroform, and he thought it was less likely to disturb the brain.

5. That, in cases in which there had been

great loss of blood, or great prostration attended by nervous exhaustion, dependence might be placed upon hypodermic injections of morphia for controlling the convulsions. He would not resort to chloroform or to chloral under such circumstances, fearing that they might increase the nervous exhaustion, and thereby favour uterine hemorrhage.

The development of convulsions after the birth of the child was, in Dr. Hubbard's experience, quite rare.

In the last three cases belonging to this class which had fallen under his observation, general bloodletting had been employed in two, and those patients recovered; the case in which it was not employed terminated fatally, although chloroform, leeches, and dry cups were faithfully used. All the cases were primiparous.

Dr. A. C. Post referred briefly to two cases in which convulsions apparently were prevented by bloodletting. One woman at the end of the eighth month of pregnancy was taken with giddiness, headache, confusion of thought, twitchings of the features, and partial loss of consciousness. It occurred before the subject of albuminuria in connection with pregnancy was recognized in the profession. As the patient had a full, strong pulse, it was thought advisable to resort to general bloodletting. While binding up the arm for that purpose the woman fainted. Dr. Edward Delafield was called in consultation. Dr. Post expressed the opinion that the fainting was a nervous phenomenon, and did not contra-indicate the taking of blood. Dr. Delafield coincided in the opinion. She was bled freely. The headache and other symptoms disappeared, she went on to the completion of her pregnancy, and gave birth to a healthy boy who was now the father of a family. The second case, occurring many years later, had a similar history.

Dr. Sell referred to a case in which convulsions occurred during and after labour. The patient was treated by the administration of croton oil, because of suspected overloaded *primæ viæ*, and by the exhibition of chloroform both internally and by inhalation. The woman had six convulsions in the first series, and three in the second. Bleeding was not resorted to, and yet a good recovery took place.

Dr. Caro remarked that he had seen cases of puerperal convulsions at nearly all stages of pregnancy, during and after labour, and that he had never resorted to general bloodletting or to leeching except in two instances. He had relied chiefly upon infusion of digitalis given in ʒss doses, three times a day, and bitartrate of potassa in ʒj doses, three times a day for their prevention.

He thought that puerperal convulsions occurred as the result of nervous disturbances, especially after confinement and independent of albuminuria, or even independent of urea.

A case was referred to in which convulsions

occurred apparently from urethral irritation, because they came on only when the woman attempted to pass her urine. When the urine was drawn by the catheter, convulsions did not occur. There was no albumen in the urine, the quantity of water was normal, there was neither headache nor oedema of the feet, but the countenance had a puffy palid appearance, and there was disorder of vision.

TREATMENT OF SANGUINEOUS CEREBRAL APPOPLEXY BY THE SUBCUTANEOUS INJECTION OF ERGOTINE.

In a short article on this subject (*Lancet*, Sept. 21, 1878) Mr. N. S. Foster says. The utility of the subcutaneous injection for the exhibition of the active principle of ergot on account of the rapidity and comparative certainty of its action has been most successfully demonstrated in cases of post-partum hemorrhage. From the explanation given of its inducing the contraction of the smaller arteries, and from the facility of its administration, especially in cases where swallowing is at least very difficult, I was led to use it in cases of cerebral apoplexy and also of hæmoptysis. It is for the former that I am enabled more especially to suggest its use, and from the results I have seen believe it worthy of a more extended trial in that form of disease.

Cerebral apoplexy proper, pathologically speaking, is essentially effusion of blood caused by a rupture, generally of the smaller arteries of the brain, whether of the punctiform or of the massive varieties—which, indeed, are more accurately degrees of the same condition. Perhaps the commonest kind of disease leading to this result is the formation of minute miliary aneurisms, their subsequent rupture, and thence the usual train of symptoms.

At present I can record only two cases in which I followed out the plan of treatment.

Case 1. I was sent for and informed that the patient, aged seventy-two, had been seized about a half an hour before my arrival. The ordinary apoplectic symptoms were present, and the coma gradually deepened during the application of the usual remedies. I then injected ergotine subcutaneously in the forearm. The comatose state soon seemed to become stationary, and eventually the patient made a good recovery.

Case 2 was similar in most respects to No. 1, but in this patient, who was sixty-four years of age, I injected ergotine at once; and here the coma, which was only partial on my first seeing the patient, never increased in intensity, but soon passed off, and to all appearances he made a perfect recovery.

In both cases I satisfied myself of the absence of cardiac disease, and hence possibly of embolism; and from the history it was fair to conclude that effusion was the cause.

For the success of this treatment, both temporarily and permanently, a great deal depends on the promptitude of its administration, before much hemorrhage has taken place, and consequent damage to the cerebral substance. The strength of the injection I employ is ten grains of ergotine to the fluid drachm; injecting twelve minims deeply into the muscles, and not merely into the subcutaneous tissue, as in the latter case suppuration is very apt to ensue.

THE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA, PHILADELPHIA.

NOTES OF PRACTICE AND PECULIARITIES OF TREATMENT.

DYSPEPSIA—ITS TREATMENT.

Among drugs, arsenic, in small doses, gradually increased, is a remedy of extreme importance. Where there is torpor of digestion joined with very marked sympathetic nervous disturbances, the following prescriptions are of great value:

1. ℞. Sodæ bicarb..... ʒ iij.
Acid hydrocyan. dil... gtt. xlviij.
Tinct. valeriani..... f ʒ j.
Syrup. zingiberis..... f ʒ iij.

M.

Sig. A teaspoonful thrice daily, in water.

2. ℞. Quiniæ sulph..... gr. xvi.
Strychniæ sulph..... gr. ʒ.
Acid. muriat. dil..... f ʒ jss.
Syrup. zingiberis. q.s. ad f ʒ iv.

M.

Sig. Two teaspoonfuls in water, right after meals.

Where there is marked hepatic disturbance, the following prescriptions are excellent:

3. ℞. Acid. muriat. dil..... f ʒ ss.
Tinc. nuc. vom..... f ʒ ss.
Comp. infu. gentianæ. q. s. ad f ʒ iv.

M.

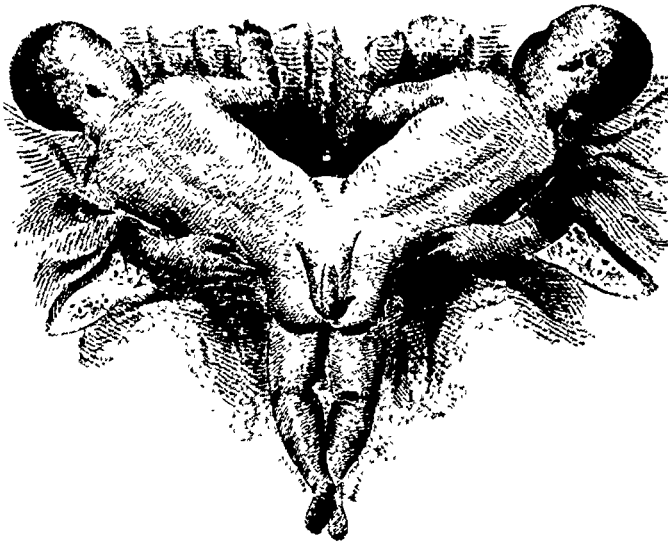
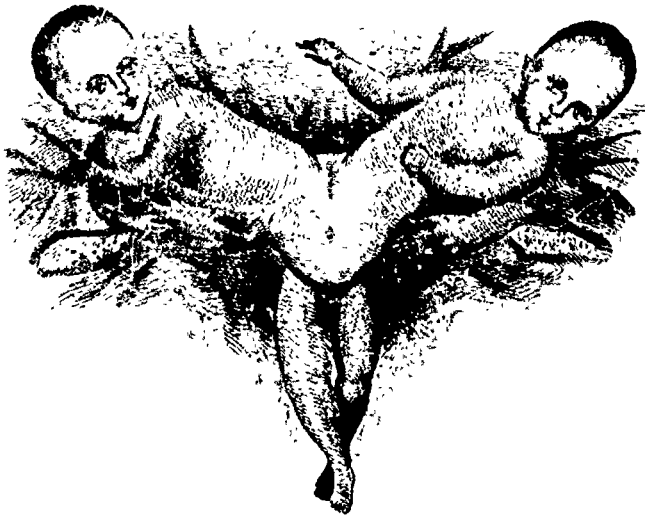
Sig. A teaspoonful in water after meals.

4. ℞. Bismuth. subnit..... ʒ jss.
Pepsinæ..... ʒ jss.
Strychniæ sulph..... gr. j.
Tinct. cardamom. comp. q.s. ad f ʒ iv.

M.

Sig. A teaspoonful thrice daily, in water. If there is much flatulence, an increase is made in the quantity of bismuth and pepsin. If the case be merely one of gastric atony, the amount of strychnia is increased.

Where there is marked gastralgia, two to five drops of Fowler's solution are administered during the paroxysms. If this does not control the pain, a blister two inches square is applied to the epigastrium, and followed by a belladonna plaster six inches square.



THE CONJOINED TWINS, MARIE-ROSA DROUIN.

Born at St. Benoit, Que., Canada, 28th February, 1878.

Where the stomach is weak, its muscular action impaired, and its nerves over-sensitive, but little food should be taken into it at a time. The best diet is skimmed milk, half a pint every four hours. When milk is not well digested, lime-water is combined with it. Such foods as coffee, tea, and tobacco must, of course, be given up absolutely and at once. A sovereign article of diet is buttermilk. In buttermilk the casein of milk is coagulated and broken up, so that the stomach is spared two steps of the regular process of digestion. Another excellent preparation of milk is koumyss. It contains a good deal of carbonic acid. In all cases the stomach's work should be made easier by a diet consisting of eggs, milk, starchy vegetables, stewed fruits, and a little butter, with stale bread.

IDIOPATHIC PERITONITIS.

If the case is brought into the wards at the very inception of the disease, the patient is bled thoroughly from the arm. If the disease is of many hours' standing, the abdomen is covered with as many leeches as it will hold. After venesection, calomel is administered in doses of from one-quarter to one-half of a grain every hour. In connection with the calomel, opium is given in large doses. Opium induces quiet and prevents the exhaustion consequent upon horrible physical pain. Enough opium is given to keep the patient on the verge of narcotism. It had better be given in liquid form.

In the latter stages of peritonitis, blisters are always employed.

The first thing done, however, when the leeches have been removed, is to apply poultices; whether they be hot or cold makes but very little difference. Where there is a very marked tendency to feverishness, cold poultices are used. If the abdomen is too tender to bear the weight of the ice-bag, light flannel cloths wrung out of ice-water may be used. On the other hand, a warm-water dressing may be employed with advantage in very many cases. Warm water acts not only as a local derivative, but some of it probably oozes through the intervening tissues into the abdomen, and so acts directly upon the inflamed peritoneum as a soothing agent.

After the abdomen has been thoroughly poulticed for two or three days, blisters are used, provided the temperature of the body has not remained high. The blister should not be a small one—eight inches by ten makes a very good size.

Where there is any septic element in the disease, quinia is used with great benefit. Generally the stomach is not strong enough to bear it.

The patient must have but very little food in the first few days of the attack. The food which is given is that which leaves the least residuum of undigested matters, and, therefore, causes the least amount of peristaltic action on the part of the intestines. Milk, in repeated small doses, is

the food usually given. At the end of a few days, solid articles are allowed. When there are symptoms of exhaustion late in the course of the attack, beef-tea is given as a stimulant. Alcohol is not only powerless, but even dangerous in the early stages of the disease. A few doses of brandy in the first few days of an attack of peritonitis may produce death.

With regard to the opening of the bowels during convalescence, a purgative or an enema is never used. These bring violently into play all the muscles of the abdomen. Very often there will be a spontaneous movement on the fifth or sixth day without any medicine at all. If there is not such an opening, a small dose of castor oil is given at the end of ten days. If there is retention of urine, the water is, of course, drawn off by means of the catheter.

Great care is had during convalescence from peritonitis to prevent a relapse. No violent or gymnastic exercise is allowed for a long time afterwards.—*New York Medical Record.*

A DESCRIPTION OF THE CONJOINED TWINS, MARIE-ROSA DROUIN.

(With Plate.)

By D. C. MACCALLUM, M.D., M.R.C.S., Eng., Professor of Midwifery and Diseases of Women and Children, McGill University.

This remarkable specimen of the fusion in part of the bodies of two female children was brought to Montreal for exhibition during the month of April, 1878. It was exceedingly difficult to make a thorough examination of the children, as the mother was strongly opposed to having them handled or touched. By frequent visits, and by obtaining the consent of the mother to see the children whilst she was washing and dressing them, I succeeded in making out, not only the most important points relating to their union, but also in obtaining an excellent drawing, by Hawksett, of the appearances which they present anteriorly and posteriorly. The specimen belongs to St. Hilaire's class of *Monstres Doubles*; *Famille Sysomien*; *Genres-Psodyme*; to Playfair's division of *Dicephalous Monsters*.

The children lie in their mother's arms much as they are represented in the plate, the two upper separated portions being about in a line with each other, and each forming nearly a right angle with the single trunk. The one to the left of the observer, named *Marie*, resembles the mother, has a fairer complexion, is more strongly developed and healthier looking than her sister *Rosa*, who is smaller, darker, more delicate-looking and resembles the father. They are both bright, lively and intelligent children. The two bodies, from the heads as far as the abdomen, are well formed, perfectly developed, and in a state of good nutrition. The union between them commences at the

lower part of the thorax of each, and from that part downwards they present the appearance of one female child; that is, there is but one abdomen with one navel, a genital fissure with the external organs of generation of the female, and two inferior extremities. The floating ribs are distinct in each, as is also the ensiform cartilage. The lateral halves of the abdomen and the inferior extremities correspond in size and development respectively to the body of the same side; and the same remark applies to the labia majora. The spinal columns are distinct and appear to meet at a pelvis common to both, although the fusion of the children commences at some distance above their junction. From near the extremity of each spine a fissure extends downwards and inwards, meeting its fellow of the opposite side at the cleft between the buttocks near the anus, including a somewhat elevated soft fleshy mass, thicker below than above. At a central point between these fissures, at the distance of *two and a half inches* from the point where the vertebral columns meet, and *three and a half inches* from the anus there projects a rudimentary limb with a very movable attachment. This limb, which measures *five inches* in length, and is provided with a joint, tapers to a fine point, which is furnished with a distinct nail. It is very sensitive, and contracts strongly when slightly irritated.

The respiratory movements are not synchronous, nor do the pulsations of the hearts correspond—Marie's heart beating at the time of examination 128 per minute; Rosa's, 133. The sensation of hunger is not always felt at the same time, as very frequently one child sleeps while the other is nursing. When one child cries and the other is tranquil, the abdomen on the side of the crying child contracts and expands, and the limb of that side is agitated, while the corresponding parts of the opposite side are at rest. There is slight movement of the lateral half of the abdomen on the side of the quiet child, but this is evidently communicated. Precisely the same phenomena are observed when either child forces during a motion.

From these observations it would appear that the spinal, respiratory, circulatory and digestive systems of these children are quite distinct. They have each a separate diaphragm, and the abdominal muscles on each side of the mesial line, and the limb of that side are supplied with blood by the vessels, and are under the control of the nervous system of the corresponding child. They have each a distinct stomach and an alimentary canal, which probably opens at a point close to the common anus. It would follow, also, that the accessory organs of the digestive system are distinct for each child.

The two fissures behind are evidently the

original clefts between the buttocks of each child, one buttock remaining in its integrity, whilst the other in a rudimentary condition is fused with that of the opposite child, forming the soft fleshy mass from the upper part of which the rudimentary limb projects.

These children are the products of a second gestation. They were born at St. Benoit, county of Two Mountains, on the 28th February, 1873. The mother, a fine healthy looking woman, aged 26 years, states that she experienced unusual sensations in the womb during the period of gestation, and that towards its close the abdomen became so prominent she was ashamed to be seen by her friends. The weight also greatly fatigued her, and the movements of the children were very distressing. During her labor she was attended by a midwife. It lasted seven hours, commencing at 1 a.m. and terminating at 8 a.m. One head and body were first born; this was shortly followed by the lower extremities, and immediately after the second body and head were expelled.—*Canada Medical and Surgical Journal*.

TREATMENT OF HOOPING-COUGH.

MM. Louvet-Lamare and Constantine Paul recommend very highly the use of the *drosera rotundifolia* in the treatment of whooping-cough. They treat the bronchitis of the first period with *bryonia*, and give the *drosera* as a sedative for the cough in the second period. They use the tincture, giving from M xv. to M lxxv. daily. M. Louvet-Lamare recommends also muriate of ammonia in the treatment of a frequent complication, viz., an inflammation limited to the lower part of the pharynx, the larynx, and the upper part of the trachea. This inflammation is attended by a slight rise of temperature, and is characterized by a virulent, tearing cough, for which the physical examination of the chest affords no explanation. He gives about seven grains a day to a child of seven years—*Lyon Médical*, June 16.

CONTRACTION OF THE FINGERS—(DUPUYTREN'S CONTRACTION).

Mr. William Adams, in a paper read before the Royal Medical and Chirurgical Society, (*Brit. Med. Jour.*, June 29th, 1878), describes this condition, and states that it is most commonly met with in men about the middle age of life, or beyond it. It occurs rarely among children and adolescents. Mr. A. had never seen a case in a woman. The ring finger is most frequently affected—especially if only one be involved—but generally, the adjacent fingers become affected. The articulations are healthy

—the joints can be flexed freely—but any attempt at extension is painful—this latter being followed by the appearance of a tense, contracted cord, passing from the finger into the palm of the hand—to which the skin of the palm is closely adherent. This form of finger contraction was first accurately described by Dupuytren—though its pathology and treatment is still subject to discussion. Dupuytren, in dissecting a hand subject to this condition, found that a division of the palmar aponeurosis caused an immediate relaxation of the fingers. The tendons were normal—their sheaths were unopened—the joints, ligaments, synovial membranes were natural and normal.

The cause of this condition is believed by almost all the writers on the subject to be strictly local—arising from the pressure of tools, &c. There is, however, a gouty form. Mr. A. regards it as nearly always depending on a gouty diathesis.

The treatment may be either mechanical or operative. The former seems to be applicable to the slight cases only. In severe cases, and those of long standing, mechanical treatment is useless. The operation was first performed by Dupuytren, in 1831. He made an open wound—transversely, and the wound gaped very much from the extension, and suppuration followed. Mr. A. condemns this open method, which has the support, however, of many eminent surgeons—both American and English. Mr. A., after an extensive experience, now proceeds as follows: A small tenotome—smaller than ordinarily used—is introduced between the skin and contracted cord, which is divided by cutting downwards very slowly and cautiously, taking care not to dip the point, or divide any structures, except the contracted band of fascia. Several punctures may be necessary. The first one at the greatest distance from the finger, the second should divide the same cord as the first, but as near the finger as possible, thus leaving the contracted band in the palm of the hand, when adherent to the skin, isolated. The 3rd and 4th punctures the lateral bands or digital prolongations of the palmar fascia, which usually pass from the central cord in the palm to the adjacent sides of the fingers. Care should be used—to avoid the vessels and nerves along the sides of the fingers. Other incisions or punctures may be necessary—but care should always be used.

The after treatment consists of *immediate extension* and a retentive splint. The bandage is removed the 4th day. Extension is to be kept up by the use of the splint, worn night and day—for two or three weeks.—changing the bandage every two or three days. After three weeks, the splint at night only, for an additional three or four weeks. Free motion is to be encouraged when the splint is not worn.—*N. Y. Hospital Gazette.*

CHLOROFORM NARCOSIS.

Wachsmuth, of Berlin, asserts that much of the danger from the administration of chloroform may be averted by adding to it twenty per cent. of oil of turpentine, which, he says, stimulates the lungs, and thus protects them against the great enemy of chloroform narcosis—pulmonary paralysis.—*N. Y. Medical Record.*

CHLORAL AS AN ANÆSTHETIC FOR CHILDREN.

Dr. Bouchut, in a paper in the *Gazette des Hôpitaux* (August 13), states that since he first announced, in 1869, the anæsthetic properties of chloral in the surgery of childhood, and its value in bad cases of chorea, daily experience has confirmed the accuracy of his affirmation. More than 10,000 cases now testify to this, as for the last nine years from four to eight patients have taken this medicine in anæsthetic doses. Perhaps the same good effects might be obtained also in adults, but it is found that they cannot be got to swallow a sufficient dose without producing vomiting. Infants, however, take the chloral in sufficient doses readily, and do not eject it. According to age, from one to four grammes are given, not exceeding three grammes, however, in children under three years of age, and two grammes may be given between two and five years without danger. The whole quantity is to be given at a single dose in 100 grammes of a highly sweetened vehicle. Half an hour after, the children are asleep; and an hour after, they are insensible. The insensibility lasts from three to six hours, and on awaking from it no disagreeable effects are experienced, the children taking their food and playing as usual. The same dose may be repeated the next and following days if required; and in chorea some children take these doses for a month together without inconvenience, as much as from 100 to 125 grammes having been taken in a month. Exceptionally, the anæsthesia is preceded by a stage of excitement, but so rarely that it has not been met with more than ten times in 10,000 cases. This means being so certain, and never being attended or followed by any accident, Dr. Bouchut always employs it for all operations on children, however trivial, the only inconvenience being that they continue to sleep three or four hours afterwards. These results are of great importance when it is remembered what difficulty and resistance are met with during operations on children. If there were any danger attending the use of this means, its employment in such cases should never be thought of; but, there is absolutely none. The anæsthetic effect may also be produced by administering the same dose as an enema; but as this may be ejected, and the anæsthetic effect not be produced, it is better to use the chloral as a suppository, made with the *baume de cacao* melted with a fourth of spermaceti, which is essential to the incorporation of the chloral. This, however, is a bad mode of administration if the chloral has to be continued for a long time, as, after three or four intro-

ductions, the mucous membrane of the rectum becomes irritated, and a painful tenesmus is produced. But, after even long administration by the mouth, no gastro-enteritis is produced in children, no loss of appetite, foul tongue, or pain, etc.—a tolerance taking place in them which is not observed in the adult.—*Med Times and Gaz.*, Sep. 7, 1878.

THE TREATMENT OF ERYSIPELAS BY CARBOLIC ACID INJECTIONS.

This method, first suggested in 1874, by Professor Hueter, of Greifswald, has been tested and elaborated in his clinic with most excellent results. A summary of a paper by his son, Dr. Hermann Hueter, in the *Berliner Klin. Wochenschrift*, Nos. 24, 25, 1878, will put our readers in possession of the latest particulars on the subject. We may premise that the strength of the carbolic acid solution injected is 3 per cent., prepared as follows:—Carbolic acid, spirits of wine, of each 1.5 grammes; distilled water, 50 grammes. A Pravaz's syringe is used, and the largest number of simultaneous injections in any one case has been twelve. It is found that one injection into an erysipelatous patch arrests the disease over an area the size of "half a card," by which we presume a visiting-card is meant. Beyond this area, there is scarcely any visible effect; hence, if the patch is very large, the danger of carbolic acid poisoning may be too great for the whole diseased surface to be injected. Dr. Hueter, therefore, lays the greatest stress on nipping erysipelas in the bud, by watching for its earliest symptoms, and the nurses and attendants in Professor Hueter's clinic are carefully instructed in its diagnosis, so as to call the surgeon's attention at once to rigors, nausea, vomiting, or any other change in the patient's state which may be the prelude to the rash itself. In this way a small area only, instead of a large one, has to be treated, and the surgeon is practically certain of being able to control the disease. Dr. Hueter's own observations lead him to conclude that the more severe the initial symptoms, the earlier the rash appears, and *vice versa*.

The cases in which erysipelas has been detected are treated as follows: Attention is first directed to the wound itself. If the surface is healthy and unaltered (which is unusual), it is merely thoroughly washed with 3 per cent. carbolic solution. If, however, it is in any part coated with a gray, perhaps still somewhat transparent, film, or appears diphtheritic, or pulpy, the affected parts are removed by swabbing with 5 to 8 per cent. solution of chloride of zinc; and this is done in every case where the erysipelas starts from a hollow wound.

After this the erysipelatous skin itself is injected at various spots; and, if detected early, two or three syringefuls of carbolic solution suffice. If the injection has to be repeated very often on the same patch the canula is sometimes left in while the syringe is being refilled, and a second injection is made at the same place, trusting to the known great diffusive

power of the carbolic acid. If the erysipelas is complicated with lymphangitis, and lymphadenitis, the red lines on the skin and in the neighborhood of the swollen glands are rubbed with unguentum hydrargyri, and sometimes the edges of the rash itself are thickly smeared with the same ointment.

Lastly, the wound and the reddened skin are wrapped up in a dressing of wet carbolic wool, which is changed two or three times daily until all redness has disappeared. The wound is then antiseptically treated.

The results of this system are most satisfactory.

The erysipelas loses its spreading character after the first injections, and in mild cases is, so to speak, destroyed. Severer cases require a second or third series of injections to prevent the skin re-reddening after it has become pale.

Dr. Hueter gives the short details of the seventeen cases of erysipelas treated in the Greifswald surgical clinic, from May, 1877, to April, 1878. The average duration of each case was two days and a quarter (the longest lasted ten days), and there were no deaths; only one case—the longest—was a complicated one, of a phlegimonous character, with subcutaneous sloughing, not, however, due to the injection. Carbolic acid poisoning only once occurred, and was limited to discoloration of the urine, the patient's general state being unaffected. The advantages of the method of using carbolic acid injections as at present carried out are clearly seen by contrasting the results of the year 1876, when the method was in its infancy, with those of 1877-78. In the former year there were thirty cases treated (and even this number was a great reduction on former years), fourteen recovered without complication, and sixteen were severe cases, of which four died. The average duration of each was six days and nine-tenths.

In conclusion Dr. Hueter points out that any reduction in the number and duration of cases of erysipelas in a hospital is a distinct gain for the other patients, who thus run less chance of infection than they would otherwise. A short case of erysipelas is less likely to lead to the dissemination of "germs" and to their lurking in corners and crevices to spread the disease at some future time, than a long one.—*Med. Times and Gazette*, Sep. 7, 1878.

THE USE OF ERGOT IN TYPHOID FEVER.

M. Duboué, of Pau, recommends ergot in typhoid fever for reasons deduced from its physiological action, and in one of his works cites seven cases in which it was employed. Two were in the early stages, and presented all the characteristic symptoms of the malady, but they got well so soon that it was thought that an error in diagnosis was possible. In three others ergot was not used until after all other medicinal resources had been exhausted, and the patients had reached an almost hopeless state. But they all recovered after taking from a

gramme and a half to three grammes of ergot daily for about two weeks. Another, who presented grave ataxic symptoms from the outset, with delirium, trismus, carphologia, and intermittent pulse, took ergot for twelve days, the disease assuming a milder form and recovery following. Finally, a patient with typhoid fever, who was three and a half months pregnant, was treated with ergot for fifteen days, and got well without miscarriage, although she took a daily dose of a gramme and a half or two grammes of the drug.—*Boston Medical and Surgical Journal*.

THYMOL AS A REMEDY IN SKIN DISEASES.

Dr. Crocker proposes the following formulæ:

1. An ointment consisting of one ounce of vaseline, and from five to thirty grains of thymol, the thymol being dissolved in the vaseline.

2. A lotion consisting of thymol, five grains, rectified spirit and glycerine, each one ounce, water sufficient for eight ounces. The glycerine is added to correct the dessicating effect of the spirit.

3. A solution of from five to eighty grains of thymolate of potash in eight ounces of water. The alkali serves to dissolve the thymol. When the vaseline ointment is stronger than twenty grains to the ounce, the thymol should be first dissolved in alcohol in the proportion of one minim to one grain.

Thymol is an irritant to the skin in a concentrated form, but when the strength is properly adjusted, it is claimed that the remedy forms a desirable substitute for the tarry preparations. It possesses the advantage over tar of being colorless, and having a rather agreeable odor.

In psoriasis Crocker begins with an ointment of five grains to the ounce, which is gradually increased in strength, sometimes as high as thirty grains to the ounce. In eczema, a weaker ointment was used (grs. iii, or grs. v ad $\frac{3}{4}$ j). As a parasiticide it did not appear to possess any marked superiority over other remedies in common use.—*British Medical Journal*, p. 225, 1878.

INDICATIONS FOR THE USE OF DIGITALIS.

W. H. Day, M.D., in an article on neurosal affections of the heart in children, gives the following indications for the use of digitalis:

1. That when the heart's action is weak and intermittent digitalis should be given with caution, whether the weakness and intermission depend on organic change, or whether they are purely neurosal.

2. If the heart's action is quick, though weak and intermittent, digitalis may be serviceable by reducing the frequency of the cardiac contractions, and lengthening the diastole; if the heart is slow and feeble in its impulse digitalis ought not in my opinion to be administered alone, but

should be given with a remedy like iron or strychnia.

3. In palpitation, from purely neurosal affections of the heart, with the heart's action hard and hammering, as in some cases of chorea and Grave's disease, bromide of potassium does good, and not digitalis. Hence, digitalis is unwarrantable in simple hypertrophy, but when dilatation is combined with it, it is of service.

4. When there is weakness of the muscular structure combined with palpitation, belladonna, or digitalis with bromide of potassium, or iron, or strychnia, are of service.

5. In palpitation produced by muscular effort, digitalis is of less service, and often does harm. In muscular inefficiency, when the heart does not empty itself at every systole, and arterial pressure is low, then it does good.—*Practitioner*, Sept., 1878.

IODOFORM IN EYE-DISEASE.

Patrick J. Hayes, L.R.C.P. Ed., L.R.C.S.I., in *Medical Times and Gazette*: I am anxious to direct the attention of my professional brethren to the value of iodoform as a therapeutic agent in the treatment of certain subacute and chronic diseases affecting the eye and eyelids. Many practitioners are of course aware that for a considerable time iodoform has been used as an application in cases of trachoma or granular lids, and reports have been published, in America and elsewhere, illustrative of the good results which frequently ensue upon its employment. I have not, however, seen any recommendation of it for such cases as phlyctenular and pustular ophthalmia, corneal ulceration, obstinate keratitis, ciliary blepharitis, etc.; hence as I have found it to benefit several patients so affected I venture to invite for it a trial at the hands of my *confrères*. With respect to the method of application I may mention that it is my custom to crush the crystals until they become reduced to a very fine powder, and then, with a delicate camel's-hair pencil, the powder is *freely* dusted over the affected surface. For use upon eyelids such an ointment as the following will be found convenient: iodoform, one part; vaselin, four parts; mix. Iodoform, when brought into contact with the eye, does not give rise to pain, and children who have once experienced its effect will readily tolerate subsequent applications. I have only to add that it is not suitable for, and ought not to be used during, the early or acute stage of conjunctivitis.

HOW TO KILL A TAPEWORM IN AN HOUR.

Kouso and kamala are expensive drugs, nauseous to the taste, not always effectual, and requiring several days to effect the death of the worm. Dr. Karl Bettelheim, of Vienna, narrates, in the *Deutsches Archiv*, just received, a heroic method and nearly sure cure in the short space of

time of three quarters of an hour to two hours. It is this: he inserts a tube in the œsophagus, to the stomach, and pours down from 200 to 400 grammes of a very concentrated decoction of pomegranate root, having previously had his patient fast for 24 hours. The worm is stupefied and passed, head and all, to a certainty; the patient has no sickness of the stomach, and no nauseous swallowing to do; and the drug is cheap.—*Philadelphia Medical and Surgical Reporter.*

THE CANADA MEDICAL RECORD

A Monthly Journal of Medicine and Science.

EDITOR:

FRANCIS W. CAMPBELL, M.A., M.D.L.R.C.P., LOND
SUBSCRIPTION TWO DOLLARS PER ANNUM.

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

MONTREAL, NOVEMBER, 1878.

TO OUR SUBSCRIBERS.

By referring to the wrappers, each subscriber can tell the date up to which his subscription is paid. By error, last month, the wrong slips were used, this leading many who had remitted to think that their money had not been received. We think all will find the corrections properly made.

SCRIBNER'S MONTHLY AND THE CANADA MEDICAL RECORD.

Several of our subscribers who, about a year ago, subscribed through us for *Scribner's Magazine* at the rate then advertised, viz.: two dollars a year, have written to us enquiring how we are charging this year, for the same magazine, three dollars. The reason is, that the offer made last year was good to all who subscribed up to the 1st of last July, but *only* for one year. The sum of two dollars charged for it was an *introduction* price, so as to bring the magazine before the notice of the Canadian people. This year it is placed at *three dollars*, and all who choose to subscribe for it between now and the 1st of next July can have it for one year at the rate advertised. If these rates induce a sufficient number to take the magazine, then a regular rate, likely not more than twenty cents over the price now asked, will be established, that being the price at which it is clubbed with American journals. The same remarks apply as a reason for the increased price of *St. Nicholas*. Having made this explanation, we desire to call attention to the merits of both of these magazines, each of

which in its particular department is not excelled, if equalled, by any on this continent. We strongly recommend them to our readers, and for additional information direct them to the advertisement.

LINDSAY & BLAKISTON'S VISITING LIST FOR 1879.

This handy little volume has been upon our table for some time. We welcome its appearance, as that of an old friend to whom years of service has placed us under obligations. Last year we had several new candidates of this class for public favor sent to us, and we confess that, for the first time in some seventeen years, we began the new year without a Lindsay & Blakiston being our companion in our daily work. In other words, we tried another visiting list, and have to confess that after almost a year's experience we are satisfied that, taking everything into consideration, the Visiting List so long published by Lindsay & Blakiston, of Philadelphia, is not equalled by any other similar candidate for popular favor. We strongly commend it to our readers, as being an indispensable companion to every physician who desires to conduct his professional work in a methodical and business manner. It can be had direct from the publishers, or from Dawson Brothers and J. O'Loughlin, Montreal. We may add that it is prepared for 25, 50, 75 and 100 patients a week.

CANADIAN VINE-GROWERS' ASSOCIATION.

We have received, through the kindness of Mr. James White, representing the well-known firm of Cramp, Torrance & Co., of Toronto, samples of Vin de Porto, Madeira, Savigny, and Sauterne wines, prepared by the Canadian Vine-growers' Association, of Cooksville, Ont., of whose business they have become proprietors. These wines are manufactured free of excise duty, being the pure juice of the grape, and are really very elegant specimens of the light class of wines. Professor Croft, the well-known chemist of Toronto, says of them:—"The wines are, in my opinion, most excellent, equal to many of the best wines of France." We can most fully endorse this commendation, and, when a mild stimulant is desired, we would very strongly recommend these wines to the notice of the profession in Canada. We see no reason why Canada should not produce an almost unlimited

supply of this class of light wines. The quantity of grapes now grown in various sections of Ontario is marvellous, and, as the climate of the portions where they grow in profusion is not unlike that of the Rhine, we hold the opinion that we can produce here an article so sound and so pure that there need be little necessity for a supply of the imported article. Samples of these wines were exhibited at the meeting of the Canada Medical Association, held in Hamilton in September last, and were highly approved of by the members present. The stock now offered by Messrs. Cramp, Torrance & Co. is four years old. Mr. White, we believe, intends calling on the profession in the leading places in the Dominion, and we commend him and his wines to our readers.

CANADA MEDICAL ASSOCIATION.

The Eleventh Annual Meeting of this Society, which was held in Hamilton on the 11th and 12th of last September, was a successful gathering. The attendance of members was good, and the papers read were of considerable merit. Dr. Joseph Workman, the President, gave an excellent address. Dr. MacDonald, of Hamilton, who was elected President, gave an elegant entertainment, and the Hamilton Medical Society entertained the members at dinner. At both of these gatherings a most enjoyable time was passed. The next meeting will be held at London, Ont.

The Publication Committee are making an effort to publish the transactions in a volume, similar to that which appeared after the Montreal meeting last year. We sincerely hope they will be successful, and commend to our readers the advertisement on the subject which will be found in this issue. Subscribers names should be forwarded to Dr. Osler, Montreal.

MEDICAL DINNERS.

The Medical Students of McGill University held their annual dinner at the "Carleton," Montreal, the end of October. Mr. George W. Nelson, of Montreal, of the Medical Department of Bishop's University, represented his fellow students at the dinner.

The Medical Students of Bishop's University held their annual dinner on the 4th November, at the Terrapin. Mr. Henwood, of Brantford,

represented the medical students of McGill University, and spoke of the cordiality and good feeling existing between the students of both schools. Dr. Burland, of the Montreal General Hospital, was present, and gave the students an excellent address.

The annual dinner of the students in attendance at the Royal College of Physicians and Surgeons, Kingston, Ont., took place on the 14th of November.

All these dinners seem to have been most enjoyable affairs, and when we think of the students dinners of our own days, we are firmly convinced that not only the world, but the "embryo" medicos have advanced since that time, which is *not* so long, long ago.

PERSONAL.

Dr. Andrew Clarke, accompanies the Marquis of Lorne and the Princess Louise to Canada as medical attendant. The Royal party arrived at Halifax on the night of the 23rd November. He will remain in Canada a few weeks.

Dr. Tunstall (M.D., McGill College, 1875), has commenced practice in Montreal.

Dr. J. W. Dugald MacDonald (M.D., Bishop's University, 1878) has been in practice several months at Manchester, N.H., U.S., and is doing well.

Dr. C. R. Belle (M.D., Bishop's University, 1878), after a six months sojourn in Paris, has settled at Central Falls, Rhode Island, U.S.

Dr. William Young (M.D., Bishop's University, 1878) has safely arrived at Hong Kong, China, and commenced practice among the celestials.

Mr. Callender, of London, is expected to visit the United States and Canada in December. He will receive a cordial welcome.

Dr. H. E. Mitchell (M.D., and gold medallist Bishop's University, 1878) has commenced practice at Stanbridge Station, Que.

NITRATE OF SILVER AS A UTERINE CAUSTIC

Is thus spoken of by Dr. T. Addis Emmet: "We have no remedy which acts with more promptness than the nitrate of silver, which applied to the mucous membrane of the cervix, yet it has done more damage than any other. From being in common use, it is the more dangerous; for its repeated

action will ultimately destroy the mucous follicles, harden the tissues, and close the os, as certainly as the application of the actual cautery."

THE DISCOVERER OF ANÆSTHESIA.

Dr. Crawford W. Long, of Athens, Georgia, the discoverer of modern Anæsthesia, died on the 15th of last June, aged 63 years.

WOOD'S LIBRARY OF STANDARD MEDICAL AUTHORS.

The well-known publishing house of William Wood & Co., of New York, have issued a circular announcing that, in January, 1879, they will begin the publication of medical books by the most distinguished modern and standard authors in monthly volumes of from two to three hundred pages and upwards, handsomely and strongly bound, at the merely nominal price of one dollar each. Messrs. Wood state that, estimating from the regular prices of the books so far selected for publication in 1879, subscribers to this Library will obtain about fifty dollars worth of Medical books for twelve dollars. Among the works announced as forming a part of the set are the following: "On Rest and Pain, by John Hilton, F.R.S., F.R.C.S.; Diseases of Children, by Edward Ellis, M.D.; Diseases of Women, by Lawson Tait, F.R.C.S.; Diseases of the Liver, by Dr. Fried. Theod. Frerichs, translated by Charles Murchison, M.D.; Infant Feeding and its Influence on Life, by C. H. F. Routh, M.D. This is certainly a bold undertaking, and can only be successful by a very liberal support from the profession. Only imagine twelve of the latest and most interesting and important works for twelve dollars! We honestly believe that every medical man in the Dominion should enter their names as subscribers.

Since the above was written we have received the first volume of the Series, Rest and Pain, by John Hilton, F.R.S. If this is a sample of the style in which subsequent issues are to be produced, then is our astonishment great indeed at their being able, even with an immense sale, to procure books so well got up in every way at the low price of one dollar. Of the merits of the volume itself it is all but needless for us to say anything. The interest which these lectures produced when they first appeared in the *London Lancet* was continued and became even

more intensified when they first appeared, some years ago, in book form. The edition becoming exhausted a second issue was called for, and from this edition the present volume is published. Previous to its appearing the lectures underwent a very careful revision at the hands of Mr. Hilton. We can honestly state that in this volume the promises of the circular have been honestly fulfilled. We may add that those who pay the \$12 in one cash payment, in advance, will receive the books postage free. For other terms we advise communication with the Publishers.

JORDAN'S NORWAY COD LIVER OIL.

Messrs. Lymans, Clare & Co. have sent us a sample of pure Norway Cod Liver Oil, bottled at Trondhjem, Norway. It certainly is, in appearance, a beautiful specimen of clear cod oil, and is, perhaps, the most palatable oil we have ever tasted. If in other respects as good, this is no small advantage, for at first few stomachs relish oil of any kind, more especially cod liver oil. Previous to its being bottled it is, we are informed, deprived of its stearine and olaine, which enables it to keep fresh and free from rancidity for a considerable time. It is only put up in half-pint bottles, and it does not, therefore, get time to deteriorate by exposure to the air after the bottle is opened as it is soon used. This oil has been awarded five gold medals at various international exhibitions, and at the Paris Exhibition just closed it was awarded a silver medal. It would seem, therefore, that those most qualified to judge hold it in high estimation.

TROMMER EXTRACT OF MALT.

This preparation, since its introduction into Canada, has had a most extraordinary demand—the wholesale agents, Messrs. Lymans, Clare & Co., of this city, being quite unable to keep up the supply—so great has been the enquiry for it. We have prescribed it in a number of cases, and, while our present opinion is quite favorable, we must wait a more extended experience before speaking positively. It has been introduced into England, and the following certificate from Mr. Redwood, Ph. D., F.C.S., Professor of Chemistry and Pharmacy to the Pharmaceutical Society of Great Britain, speaks for

itself. To those who feel inclined to try the remedy, we commend the advertisement concerning it to be found in the *Record*.

Dr. REDWOOD'S Analytical Department,
17 Bloomsbury Square,
London, W. C., 18th Sept., 1878.

I have examined the Extract of Malt, manufactured by the Trommer Extract of Malt Company, and, judging from its physical character, and chemical reactions, I am of opinion that it fairly represents what its name indicates, that is, that it is a preparation of malt in which are contained the essential properties of that substance, with a slight addition of the aromatic bitter of the hop. It has the character of a soft extract, in the sense in which that term is used pharmaceutically; and it has evidently been prepared with great care and judgment, as it retains the property of acting on amylaceous bodies as diastase does, while the Extract itself bears long keeping without change. It also possesses the property of forming, with Cod Liver Oil, a permanent mixture or emulsion in which the taste of the oil is very effectually covered, and its administration thus greatly facilitated.

(Signed,) T. REDWOOD, Ph.D., F.C.S., &c.,
Professor of Chemistry and Pharmacy to the
Pharmaceutical Society of Great Britain.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

NOVEMBER 1ST, 1878.

The President, DR. HENRY HOWARD, in the chair.

Under the head of "Pathological Specimens" the following were exhibited.

DR. CAMERON, a case illustrating tubal gestation on the right side. This was a case of unusual interest, and the following remarks were made by Dr. Cameron: Mrs. B., æt. 40, had one child nine years ago, had menstruated regularly since then up to August the 15th. On Friday forenoon, October 25th, she was seized with sudden pain on running down stairs, felt faint, and could hardly get up to bed. On examination there was evidenced distention and considerable tenderness on pressure, especially over the epigastrium, slight sanguineous discharge from the vagina, temperature normal, pulse 100. After the administration of opiates she was much easier, and continued so during the next day; vomited some undigested matter during the day with much relief; discharge ceased in the evening; pain was felt chiefly when she moved about. On Sunday, at noon, felt very

comfortable, temperature normal, pulse 76. At 2 p.m. she got up, walked a few steps, and fell back faint and weak upon the bed, complained of being weak, and apparently went asleep; at 6 p.m. was found to be unconscious; at 8 p.m. Dr. Cameron found her lying blanched and insensible, with cold extremities, pinched features, and cold sweat, pulse reduced to a flicker and uncountable. Stimulants, heat and friction revived her. Was seen in consultation with Drs. Roddick and McCallum. Vaginal examination showed the os and cervix softened, canal of the cervix patulous, uterus enlarged in size, a small mass like a soft intra-uterine polypus protruded through the internal os. Internal hemorrhage, probably from extra-uterine gestation, was diagnosed. She rallied during the night, and the next morning, Monday the 28th, at 8 a.m. she rose up suddenly on her elbow and fell back unconscious. She died at 10 a.m., and a post-mortem examination was made at 5 p.m., in company with Drs. Osler and Roddick. Between 60 and 70 ozs. of blood, fluid and in loose clot, was found in the abdominal cavity. No peritonitis. Tubal pregnancy was found on the right side. The sac had thinned and ruptured, and the ovum enclosed in its membranes had partly protruded. Two corpora lutea were found, the one on the left side being the more recent. The uterus was enlarged, the decidua membrane in the cavity was well developed, a blood clot fastened to the lower end of the decidua protruded through the internal os and simulated a soft polypus.

DR. CAMERON exhibited along with this specimen a very beautiful drawing of the case.

DR. TRENHOLME remarked that the case was one of much interest, especially to himself, inasmuch as the continuation of menstruation after impregnation was in accordance with his own views, as given before the International Congress in 1876. Dr. Trenholme had found not infrequently one of the fallopian tubes was open in uterine conception thereby freely allowing the discharge of an ovum or any fluid without necessarily interfering with gestation. If this could be so in uterine pregnancy how much more might ovulation with regular menstruation take place in cases of tubular gestation, as illustrated by this specimen, where the history of the case and appearances of the corpora lutea on either side were strongly corroborative of the view that ovulation had occurred in the

opposite ovary *after* the woman became pregnant.

DR. OSLER exhibited the organs from a case which occurred under the care of Dr. Ross in the Montreal General Hospital. The patient was brought in, with symptoms of profound coma, was in the Hospital 36 hours when she died.

Post-mortem examination showed pneumonia of the apex of the right lung, extending towards the base. Inflammation of the meninges of the cortex of the brain, no basilar affection. There was also recent endocarditis. Dr. Buller had examined this patient after his admission to Hospital. At the lower margin of the left cornea was commencing ulceration, as is observed in paralysis of the fifth nerve, there was this difference however, only six days had elapsed since the beginning of the attack; in paralysis of the fifth several weeks generally elapse before ulceration begins.

The third case was one of Phthisis. There was excavation of the apex of the right lung, the lower lobe in a condition of caseous pneumonia. An enormous area of lung was consolidated. There was a small cavity in the apex of the left lung, and in this lung was also seen the gelatinous infiltration which, by the older pathologists, was supposed to precede the deposition of tubercle. There were no traces of milliary tubercle in either lung.

The fourth case was one of Cirrhosis of the Liver, moderately advanced. The patient had been tapped on three separate occasions; last tapping was followed by peritonitis and death.

Dr. Ross read a paper on a case "Acute Spinal Paralysis," which he believed to be due to myelitis of the anterior horns of the grey matter, as the clinical features corresponded closely with those described in this affection by Erb, Benedict and others. In the discussion which followed Dr. Osler remarked that the majority of these cases terminate favorably. Dr. Buller said it was the opinion of Hughlins Jackson that almost every serious brain trouble will be manifested by the condition of the optic nerve. He had examined the case reported by Dr. Ross. It did not present the character of inflammatory changes, yet it was not as it should be. The translucency of health was lost, but it did not amount to optic neuritis.

A vote of thanks to Dr. Ross for his interesting paper, to Dr. Osler for the pathological

specimens, and to Dr. Cameron for his instructive case, was moved by Dr. Trenholme and seconded by Dr. Roddick and carried.

Under the head of cases in practice DR. KENNEDY exhibited a specimen of gall stone, the size of a pigeon's egg. The patient had had several previous attacks of a similar nature. In this last attack she had lain for the three days in a comatose condition. Dr. Osler remarked that it must have passed by ulceration. Dr. Shepherd stated that, during last session, he met with a case in the dissecting room in which the gall bladder contained a skull cap full of stones.

DR. OSLER mentioned four cases of urticaria occurring in one house, supposed to have arisen from eating blueberries. Dr. Buller had had a personal experience of this disease arising from a like cause, and gave testimony accordingly.

OLIVER C. EDWARDS, M.D.,
Secretary.

VOMITING OF PREGNANCY.

We are informed by the *Lyon Médical* for April, 1878, that Dr. Lubelsky, of Warsaw, has added another to the many means that have been recommended for the cure of this troublesome affection. On the first appearance of the vomiting, or even of the nausea which usually precedes it, he employs Richardson's spray apparatus to direct a douche of atomised ether on the epigastric region, and on the corresponding part of the vertebral column; this is continued 3-5 minutes, or even a longer time if the patient bears it well, and may be repeated every three hours. In obstinate cases chloroform and ether are used alternately. The success of this method of treatment is said to be constant and complete. M. L. adds that the same remedies are equally efficacious in chorea and in attacks of asthma and whooping-cough.

COMPOSITION OF THE PANCREATIC JUICE.

Th. Defresne (*Répertoire de Pharmacie*) has separated three different ferments from the pancreatic juice, each of which has different functions and properties:—

Amylopsine, which converts starch into sugar.

Steapsine, which splits up fats.

Myopsine, which dissolves albumen.

DIED.

In Montreal, on the 12th November, J. A. Park, M.D., (McGill College, 1878) aged 23 years.

BIRTH.

In Montreal, on the 23rd November, the wife of Dr. George W. Wilkins, of a son.

Pharmaceutical Department.

A. H. KOLLMYER, M.A., M.D., Editor.

PLANTS INDIGENOUS TO OR NATURALIZED IN NORTH AMERICA.

[The names in *italics* denote such plants as are introduced from other countries, and have either become entirely naturalized, or are at least extensively cultivated. Some, like *Lycopodium*, *Uva Ursi*, etc., are probably indigenous to all northern countries.]

Abies bals.—*Abies Canad.*—*Ailanthus*.—*Absinthium*.—*Achillea*.—*Aletris*.—*Apocynum* (andros. and cannab.).—*Aralia*.—*Asarum* (Can.).—*Arum* (triph.).—*Asclepias* (Corn., incar., tub.).—*Azedarach*.—*Baptisia*.—*Belladonna*.—*Berberis*.—*Buxus*.—*Calamus*.—*Cannabis sativa*.—*Carota*.—*Carthamus*.—*Cassia* (Maril.).—*Cataria*.—*Caulophyllum*.—*Chelidonium*.—*Chelone*.—*Chenopodium*.—*Chimaphila*.—*Chondrus crisp.*—*Cimicifuga*.—*Citrus* (*Aur.*, *Lim.*, *vulg.*)—*Conium*.—*Coptis*.—*Corydalis*.—*Cotula*.—*Cypripedium*.—*Disopyros*.—*Dracontium*.—*Drosera*.—*Eriogeron* (het., *Phila.*, *Canad.*)—*Eriodictyon* (*Yerba Santa*).—*Euonymus*.—*Eupatorium*.—*Euphorbia*.—*Filix Mas.*—*Frasera*.—*Galium* (Apar.).—*Gaultheria*.—*Gelsemium*.—*Gentiana* (Catesb.).—*Geranium*.—*Geum* (*riv.*)—*Gillenia*.—*Grindelia*.—*Hamamelis*.—*Hedeoma*.—*Helianthemum*.—*Helonias* (dioica).—*Hepatica*.—*Heuchera*.—*Humulus*.—*Hydrangea* (arbor.).—*Hydrastis*.—*Inula*.—*Iris* (vers.).—*Jeffersonia* (diph.).—*Juglans*.—*Juniper* (*comm.*)—*Juniperus*. (Virg.)—*Lappa*.—*Leptandra*.—*Linum*.—*Liriodendron*.—*Lobelia*.—*Lycopodium*.—*Lycopus* (Virg.).—*Magnolia*.—*Marrubium*.—*Melissa*.—*Mentha* (*pip.*, *vir.*)—*Monarda*.—*Panax* (Ginseng).—*Pepo*.—*Petroselinum*.—*Phytolacca*.—*Pinus* (pal., *Tæda*).—*Podophyllum*.—*Prinos*.—*Prunus* Virg.—*Quercus* (alb., *tinct.*)—*Ranunculus* (*bulb.*)—*Rhus* (glab., *Toxic.*)—*Rosmarinus*.—*Rubus* (vill., *Canad.*)—*Rumex*.—*Ruta*.—*Sabbatia*.—*Sabina*.—*Salix* (*alb.*)—*Salvia*.—*Sambucus*.—*Sanguinaria*.—*Sarracenia* (purp.).—*Sassafras*.—*Scutellaria*.—*Senega*.—*Serpentaria*.—*Sinapis*.—*Solidago*.—*Spigelia*.—*Spiræa*.—*Statice*.—*Stillingia*.—*Stramonium*.—*Tabacum*.—*Tanacetum*.—*Thuja* (occ.).—*Thymus* (*vulg.*)—*Trillium* (erect., *pend.*)—*Triosteum*.—*Ulmus*.—*Uva Ursi*.—*Valeriana* (*off.*)—*Verbascum* (*Thaps*)—*Viburnum* (prunif.).—*Veratrum viride*—*Viola* (ped.).—*Vitis* (*vinif.*)—*Xanthorrhiza*.—*Xanthoxylum*, etc.

PLANTS INDIGENOUS TO OR NATURALIZED OR CULTIVATED IN GREAT BRITAIN.

[There being much diversity of opinion, in the case of many of these plants, whether they are really natives of Great Britain, no distinction is made between them.]

Achillea.—*Aconitum*.—*Anethum*.—*Angelica*.—*Anthemis*.—*Armoracia*.—*Asarum* (Eur.).—*Belladonna*.—*Carum*.—*Chondrus*.—*Colchicum*.—*Conium*.—*Coriandrum*.—*Digitalis*.—*Dulcamara*.—*Ecballium* (from this: *Elaterium*).—(Ergota).—*Filix Mas.*—*Foeniculum*.—(Galla).—*Humulus*.—*Hyoscyamus*.—*Lactuca* (from it: *Lactucarium*).—*Larix*.—*Lavandula*.—*Linum*.—*Laurocerasus*.—*Mentha* *pip.*, *Mentha* *vir.*—*Mezeorum*.—*Origanum*.—*Papaver*.—*Quercus* (ped.).—*Rhamnus* *cath.*.—*Ramnus* *frang.*—*Rheas* (Pap. Rh.).—*Rosa*.—*Rosmarinus*.—*Ruta*.—*Sabina*.—*Salix*.—*Salvia*.—*Sambucus*.—*Scoparius*.—*Sinapis*.—*Stramonium*.—*Taraxacum*.—*Thymus*.—*Tormentilla*.—*Tussilago*.—*Ulmus*.—*Uva Ursi*.—*Valeriana*.—*Verbascum*.—*Viburnum* (*Opulus*).—*Viscum album*, etc.—*New Remedies*.

ALBUMINATE OF IRON.—It is not quite certain in what chemical form iron is assimilated, when taken either in a native state or through ferrous or ferric salts. It is generally believed that it is first formed into an albuminate. It is certain that in the blood it always exists in the state of ferric oxide, but whence is derived the oxygen necessary for the superoxydation of the native iron or the ferrous salts is not clear. Possibly it is furnished by the air introduced into the stomach with the food. Some observers, however, maintain that the labor of this chemical process should not be imposed on the digestive apparatus.

Dr. Treize claims to have obtained some marvellous results with a solution of ferric albuminate produced by treating the white of eggs with perchloride of iron, washing the precipitate until the excess of chloride and hydrochloric acid is eliminated, and then dissolving it in distilled water, acidulated by hydrochloric acid. The process has been slightly modified by M. Koblighk, of Berlin, thus:—Mix the white of one egg, with 10 grammes of liquid perchloride of iron. Collect on a filter the reddish-brown precipitate which forms, and wash it in distilled water until the liquid passes perfectly transparent. The precipitate is then dissolved in 500 grammes of distilled water, acidulated by twelve drops of hydrochloric acid.

Albuminate of iron should be freshly prepared, or it becomes insoluble, and it should be administered in solution (a tablespoonful three times a day). 100 grammes of this solution contain ferric albuminate equal to .028—.056 of metallic iron, varying according to the size of the eggs. This is not a strong dose, but is sufficient, and is easily assimilated. The albuminate itself contains 2.80 per cent. of metallic iron.

Dr. Treize has employed this preparation with great success in pulmonary diseases, adding to 250 grammes of albuminate, 12 drops of a solution of 0.05 of phosphorus in 30 grammes of sulphuric ether.

This compound has some analogy with the

poudre de sang recently introduced, which, so far as we know, has not proved a success.—*Journal of the Society of Arts.*

SOLID COMMERCIAL SULPHURIC ACID.—Stark's extensive sulphuric acid works in Bohemia, which produce the so-called Nordhausen or fuming sulphuric acid on a very large scale from aluminous slate, have lately commenced to put the pure anhydrous solid sulphuric acid on the market. It is put up in tightly-soldered tin (tinned iron) boxes, which were found to answer best, because at ordinary temperature sulphuric anhydride is without action upon metals, and particularly upon tin. This form of acid is very useful, and its transportation by far less risky than when shipped in a liquid form. The constantly growing production of artificial alizarin has been chiefly the cause of this innovation, it being well known not only that large quantities of fuming sulphuric acid are required for its preparation, but also that the yield and quality of the product depend upon the degree of concentration of the oxidizing agents.—*Pharm. Centralb. fr. D. Ind. Zeit.*, 1877, 373.

AMMONIA TREATMENT OF RHEUMATISM.—Dr. M. Lewis reports in the *Southern Med. Record* of October 20th his success in the use of aqua ammonia internally in the treatment of acute rheumatism; it has been so good as to warrant his recommending its trial by others.

POTASSIUM PERMANGANATE EXPLOSIONS.—A question in the *Pharmaceutische Zeitung* has elicited several interesting, though not quite novel, facts. It seems that some extract *millefolii* exploded when rubbed in a mortar with potassium permanganate. Dr. Fr. Reichel says that the free acid in the extract liberated permanganic acid, which, in turn, attacked the organic matter so violently as to cause the explosion. If the acid is neutralised by carbonate of soda before the permanganate is added, no explosion occurs. Richard Hoffmann assigns it to the essential oil in the extract. When the oil is rubbed with the salt, flames break out, followed by a violent explosion. Phenol, the hydrocarbons, such as camphor, benzol, and oil of orange peel, and the oxygenated oils, as *ol. calami*, *ol. valerianæ*, and their corresponding extracts behave in the same way.

THE PHYSIOLOGICAL ACTION OF CHLORHYDRATE OF PILOCARPINE.—Dr. Demetrius Keriea has made a series of experiments on chlorhydrate of pilocarpine in M. Constantin Paul's wards. The experiments have demonstrated to him the following facts: 1. Used as a subcutaneous injection, chlorhydrate of pilocarpine in doses of two centigrammes (0.3 grain) and upwards, produces the same physiological effects as *jaborandi*, of which it is the alkaloid. 2. In much smaller doses, pilocarpine acts also by only inducing diaphoresis, which in certain

cases has been replaced by diarrhoea. So soon as doses of from one to two centigrammes are attained, salivation always comes on, but below that dose it is generally absent, and perspiration alone occurs even with doses of two and a half milligrammes (0.04 grain) of chlorhydrate of pilocarpine.—*Lond. Med. Record*, March 15, 1878.

CHLORHYDRATE OF PILOCARPINE IN CERTAIN AFFECTIONS OF THE EYES.—Dr. Alexandroff, of Marseilles, claims for chlorhydrate of pilocarpine an action little short of miraculous in rheumatic iritis and choroiditis; two or three subcutaneous injections of the alkaloid, according to the author, having restored vision in cases which most ophthalmologists would regard as almost, if not entirely, hopeless. The author states that the alkaloid in solution applied to the eye acts in the same manner as eserine but that it does not give rise to pain after its application. Salivation, profuse sweating, epiphora, and flushing of the face followed immediately after the injection of the drug, and continued for some hours.—*London Med. Record.*

SALICYLATE OF QUININE.—This compound is obtained by pouring a cold saturated solution of hydrochlorate of quinine into a solution of salicylate of ammonia. It forms a cheesy precipitate, which crystallizes from alcohol in delicate prisms. It can also be obtained by saturating an alcoholic solution of quinine with another alcoholic solution of salicylic acid, and allowing the liquid to evaporate slowly. Salicylate of quinine contains no water. According to an analysis made by Jobst, it consists of one atom of salicylic acid and one atom of quinine, which is equivalent to rather more than 70 per cent. of quinine. It is soluble in 116 parts of water at 60° Fahr., in 20 parts of alcohol at 90 per cent. and in 120 parts of ether.

ERGOT IN TRICHINOSIS.—Dr. Rhode, in the *Berlin Klin. Wochenschrift*, states that he accidentally discovered that the free administration of ergot, especially of ergotin, hypodermically, is a speedy and positive curative agent in trichinosis. In one case, eight grammes of ergotin effected a rapid cure.

A NEW METHOD OF ADMINISTERING MEDICINE.—May be seen at the Paris Exhibition in the gelatine preparations or *Lamelles* prepared by Messrs Savory & Moore, of London, England. A known quantity of gelatine is taken, and a known quantity of a medicine in a concentrated form is incorporated with it *secundum artem*. The gelatine is then spread into a sheet and divided, so that each division contains a convenient quantity of the medicine. A sheet, three inches by two, and of insignificant thickness, will contain 24 doses of the juice of aconite or belladonna and other drugs, or, with more powerful medicaments, such as morphia or

atropia, the dose may be included in a morsel a sixteenth of an inch square and of a thickness which requires the second decimal place to express its value in inches. It is obvious that these preparations have many useful characters. An emigrant setting out for the backwoods may carry with him, in a pocket book no larger than a lady's card case, two dozen doses of as many different drugs. A doctor, starting on his rounds, may have in his waistcoat pocket blisters, narcotics, emetics, atropine for dilating, and eserine for contracting the pupil of the eye. The traveller may carry with him in all his wanderings a thousand of the daily doses he needs to retain his health. In neither case are there bottles to be broken, or powders or liquids to be weighed or measured or to deteriorate in changes of climate. Many physicians now order medicines containing but one ingredient. It is quite possible that the next generation will look on such preparations as tinct. camph. co. as scornfully as we regard the mithridates, and, as simplicity is more largely adopted, so will these preparations become more popular. That the preparations are very elegant this case is a most convincing proof, and when we first inspected them we were astonished at the number of drugs which had already been prepared in this form. The *Lamellæ cantharidis* deserve a special note. This blistering gelatine is in sheets which can be easily cut to the required size. When applied it is almost entirely absorbed by the skin, very little has to be removed, so that one of the most painful features of the ordinary blister is much modified. For cleanliness these "lamellæ" bear the same relation to the common application that mustard papers bear to mustard plasters.—*Chemist and Druggist*.

CINCHONA AND IRON-SALTS.—Catillon remarks in *Repertoire de Pharmacie*, that the well-known discoloration of a mixture of syrup or wine of cinchona with iron-salts—with iodide of iron, for instance—which is owing to the formation of a tannate of iron, may be entirely prevented by dissolving alcoholic extract of cinchona in pure glycerin, and adding to it the iron-salt likewise dissolved in glycerin. The mixture remains clear, and has the characteristic tint of cinchona.

THE PROVINCE OF CARUBAYA, one of the richest, though most inaccessible parts of Peru, and the source, formerly, from which much calisaya bark was derived, is now being examined by government engineers with a view to improve the lines of communication.

H. P. (Leighton, Pa.).—**POROUS PLASTERS HAVING LOST THEIR ADHESIVENESS** can be restored, it is said, by the application of oil of turpentine with gentle warming. Sometimes it is necessary to renew the operation two or three times.

KOUMISS.—*Chloral (Bloomington, Ill.)* favours us with the following receipt, which he has found to give a satisfactory product of uniform quality: "Take quart champagne bottles, put into each two ounces of fresh yeast and one half ounce of powdered sugar, and fill them with fresh skimmed milk, cork the bottles tightly, and tie the corks with stout cord. Let them stand in a warm place until the liquid begins to thicken, then lay them on the side in the cellar for about a week, and you will have a splendid article of fresh Koumiss. In using fresh skimmed milk, you are relieved of a large percentage of casein.

THE EFFECT OF GLYCERINE ON FERMENTATION.—It may be useful to the practical pharmacist who is in the habit of manufacturing proprietary articles of his own, and particularly lotions for external use, to be reminded that glycerine has a remarkable effect in retarding decomposition. There is a short note in the *Chemical Journal*, giving in abstract the opinion of J. Munk upon this subject. The theory suggested is quite new to us, though the practice has long since been introduced into laboratory work. He states that glycerine retards the lactic and alcoholic fermentations. One-fifth of glycerine added to milk, at a temperature of 15° to 20° C., prevented it from turning sour for eight or ten days. One-half or one-third of glycerine, at the same temperature, postponed the fermentation of milk for six or seven weeks. At higher temperatures, larger quantities are needed to produce the same results. We are quite prepared to accept the statement; and, with respect to the next remark, we can add personal testimony—namely, that the formation of hydrocyanic acid from amygdalin and emulsin is also retarded by glycerine. It is not unusual to add a small quantity to the trade preparation called milk of roses, and the preservation of almond paste is aided by the same means. Several fluid extracts, non-official, may be treated thus. With regard to cosmetics generally, the employment of glycerine in very small proportions may be recommended.

BROMHYDRIC ACID IN TINNITUS AURIUM FROM QUININE, ETC.—This acid affords an excellent means of stopping that ringing of the ears which is often such a disagreeable accompaniment to the injection of quinine. It also exercises a not less favorable influence upon other noises, particularly those of a pulsatile character, which give, for example, the sensation of hammering. If vertigo is present, the bromhydric acid neutralizes that also. The dose is fifteen drops in a little water every fifteen minutes.—*Presse Med. Chir. de Pesth*.

THE EUCALYPTUS AS AN INSECTICIDE.—In a letter to the *Illustration Horticole* M. Baltet says: "Lately my brother-in-law, Captain Mignard, being very much disturbed in his sleep by mosquitoes, took it into his head to place a young plant of eucalyptus in his bed-room over night. From that moment the insects disappeared, and he slept in comfort. I have been following his example with the same result."

THE CHEWSTICK.—In the *Journal of Applied Science* for June, we find a reference to a Jamaica plant, known as Chewstick, specimens of which are shown at the Paris Exhibition, in the form of herb, powder, and tincture.

The Chewstick, though not indigenous to Jamaica, is perhaps better known there than in other islands, where varieties of it are known. It is named by botanists *Gouania Domingensis*, and is a very beautiful and thick bushy vine, with a profusion of foliage climbing upon the trees growing in its neighborhood, and with a stem varying in thickness from that of a walking-stick to that of a pen-holder. The stem is very fibrous, and when these fibres are detached at the end of a section of the stem by *chewing*, becomes a rude but most perfect tooth brush, giving out in the mouth, when rubbed over the teeth, a saponaceous froth of a pleasant aromatic bitter taste, which remains in the mouth for some time, and which not only serves the purposes of a tonic bitter when used in this way, but also whitens the teeth and hardens the gums; on this account it is extremely popular in Jamaica as a dentifrice amongst all classes, and has attracted a good deal of favor in foreign countries. It also possesses another peculiar property. If a quantity of the bruised vine be steeped in water, wort, beer, or any kind of watery infusion, there is communicated to it a warm, bitter, aromatic taste, and if the fluid so treated be poured out from one glass into another, it will be found to have acquired all the appearances of beer (minus its alcoholic flavor) in a high state of fermentation; on this account the chewstick ought to be very useful to brewers and others of this class, since stale or immature beer would be much improved by its use, giving to such fluids a warm aromatic bitter taste, more agreeable than that given by hops, though certainly it does not possess the narcotic principle which makes hops so indispensable to the brewer and others.

If our pampered civilization should object to the use of the rough kind of tooth-brush which Nature has herself provided, the virtues of the Chewstick can be secured either in the form of powder or tincture; either, applied with a tooth brush, will fill the mouth with a thick saponaceous froth which, at the same time, cleanses the teeth and leaves a sense of warmth and an agreeable flavor which lasts for some hours.—*Chemist and Druggist.*

BALATA is the name of a product resembling caoutchouc or gutta-percha, occupying a rank in usefulness between these, and is already in great demand in Europe for manufacturing purposes. It is derived from the South American "Bully-tree," *Chrysophyllum Cainito*.

SEA-WATER SOAP consists of common soap containing phosphate of sodium. This addition enables it to form a good lather with almost

any natural water. The oldest form of marine soap was made of cocoa-nut oil, and required nothing additional to enable it to be used with sea-water.

NEW KIND OF GLASS.—Mr. Sidot, of Nancy, is the discoverer of a new kind of glass, which is prepared by heating acid calcium phosphate to a white heat. It may be cast like ordinary glass, and may therefore be used for the manufacture of lenses, prisms, eye-glasses, etc. It can also be used as an enamel for crucibles and other earthen vessels. Hydrofluoric acid does not attack it.

A SUPERIOR PASTE.—Mr. Charles A. Durfee, in the *Library Journal*, makes the following remarks regarding a paste which will remain firm through years of handling, and at the same time not stain the page by striking through, as is often the case with gum arabic: After years of experiment, he finds that a paste made of seven parts of gum tragacanth and one part of gum arabic, with a few drops of oil of cloves, or diluted carbolic acid, will be found most reliable. Bookbinder's paste is excellent, but needs renewing every few days to avoid souring. The following receipt for starch paste he says is very good: Two ounces of starch, one ounce of white glue, half an ounce of acetic acid, a few drops of oil of cloves. Dissolve the glue in cold water and then boil. Dissolve the starch in cold water, and pour into the glue while boiling.

PACKING PAPER may be made water-tight by dissolving 8.82 lbs. of white soap in 1 quart of water, and dissolving in another quart 1.82 ozs.—troy weight—of gum arabic, and 5.5 ozs. of glue. The two solutions are to be mixed and warmed, the paper soaked in the mixture, passed between rollers and hung up to dry.

[A much simpler and equally efficacious mixture can be made by the addition of a small quantity of bichromate of potash dissolved in water, to the solution of glue alone.]

TO PROTECT FURS FROM MOTHS.—The best protective for this purpose is said to be naphthalin, which is also supposed to be the basis of various commercial moth-destroyers, such as "antiputrin," "antirirein," "tineol," etc.

ANTIDOTE TO CARBOLIC ACID.—The *Pharmaceutisch Zeitung für Russland* says that on the recommendation of Professor Baumann, Dr. Sanftleben has used sulphuric acid in several cases of poisoning by carbolic acid with the best success, the phenol combining with the acid to form phenyl-sulphuric acid, which is not poisonous. He administered it in a mixture composed of diluted sulphuric acid 10.0, mucilage of gum 200.0, and simple syrup 30.0, grammes, in doses of a tablespoonful every hour.