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## Original Communications.

### THE POSITIVE POLAR ACTION OF THE CONSTANT GALVANIC CURRENT ON MICROBES AND ESPECIALLY ON THE BACTERIA CHARBON.

BY DRs. APOSTOLI AND LAGUERIERE.

Being a Communication read before the Academy of Sciences of Paris, 28th April, 1890.

The antiseptic microbicide action of the constant galvanic current noticed by one of us since 1886 has been the object of our united researches since two years.

In a sealed communication to the Academy of Sciences, 19th August, 1889, we made known the results of our first experiments performed by placing the poles at the two extremities of a dish containing culture fluid, the poles being placed at a short distance from each other. All our experiments have been checked by subsequent inoculation cultivation in the animals (either rabbits or guinea-pigs.)

Our first and most important conclusions are as follows:—First, the action of the constant galvanic current on cultivations of bacteria is in direct proportion to the intensity of the current estimated in millamperes.

Second.—For a given intensity, other

things being equal, the duration of the application of the current is of only slight consequence, the intensity of the current being always of importance.

Third.—A current of 300 millamperes and over applied during five minutes invariably kills the bacteria of *charbon*; the cultivations made with fluids so treated remain sterile and inoculation of the guinea-pig proving abortive.

Fourth.—A current of from 200 to 250 millamperes applied during five minutes does not surely and invariably destroy their virulence. Some of the guinea-pigs inoculated died, but much more slowly than those that were inoculated with the same culture-fluid, but which had been submitted to the action of the current.

Fifth.—A current of 100 millamperes, and even under, a current lasting 30 minutes, does not surely and invariably destroy their virulence; a weakening is produced, which increases with the intensity of the current, which is made evident by the fact that the guinea-pig inoculated died one or two days later than those treated with the first liquid.

Since then we have proved that these effects are independent of the heat phenomena which always accompany electrolysis, and we have studied separately the influence

of the polar and of the inter-polar portion of the current.

We are in a position to formulate the following supplementary conclusions:—First, we may suppress experimentally the calorific effects of the current and still attain the same destruction and vitality of microbe.

Second—The positive pole alone weakens or destroys the vitality of pathogenic organisms, which on the contrary are not affected by the negative pole or by the inter-polar portion of the current.

Third—The antiseptic action of the positive pole is effective in a distinct culture medium entirely separate from the negative pole at a smaller electrical intensity than it was in the first experiment (where, the two poles being contiguous, reciprocally weaken their action.) Thus the positive pole does not destroy bacteria at 50 millamperes applied during a period during 5 to 30 minutes, but beyond that attention commences and increases progressively, becoming constant after the first five minutes between 100 and 150 millamperes.

Fourth.—The general conclusion arrived at from our researches is that the continuous current employed in medicinal doses, (from 50 to 300 millamperes), has no decided action on bacteria cultures in a homogeneous medium, and that the unique action of the positive pole is therefore due to the disengagements of acids and of oxygen gas as we shall demonstrate next communication.

#### PAINLESS TOOTH EXTRACTION.

Hydrochlorate of cocaine.....	10 grains.
Sulphate of morphine.....	10 grains.
Hydrate of chloral .....	10 grains.
Carbolic acid.....	10 grains.
Rose water.....	10 fl. drachms.

Dissolve and inject with a hypodermic syringe into the gums close to the roots of the tooth two or three minutes before drawing the tooth.

This solution acts as a local anæsthetic and teeth can be drawn after using it without causing pain.—A. D. B., Grand Rapids, Mich., in *The Formulary*.

## REPORT ON PROGRESS IN DEMATOLOGY AND SYPHILIDOLOGY.

BY JAMES M. JACK, M.D.  
MONTREAL.

GLYCERINUM SAPONATUM,—Dr. Hebra has just brought before the profession a new vehicle namely Glycerinum Saponatum.—This is an alkaline fat obtained in the manufacturing of soap. It is dried then cut into small pieces and dissolved in glycerine; this product is heated and filtered—when cool you have a soft yellow, elastic, transparent mass, which is also odorless and melts at body heat,—and soluble in water. He claims it is very efficacious in lupus tyloia, etc.

\* \* \*

Dr. J. W. White of the University of Pennsylvania recommends the use of the following mixture Salal 3½ gr : Oleoresin Cubebs 5 gr : Balsam Copaiba (Para) 10 gr : Pepsin 1 gr ; in capsules for the treatment of Acute Urethritis.

In about two-thirds of his cases the discharge ceased in a week. In the majority it was necessary also to use an injection and for this he recommends 2 to 10 grs. of Sulpho-Carbolate Zinci in a 10 to 15 per cent Solution of Peroide of Hydrogen.

\* \* \*

SALYCLATE OF MERCURY IN SYPHYLIS.—In the treatment of syphilis we naturally use a drug in which we get a prompt action without unduly irritating the gastro-intestinal tract, judging from a paper of Dr. A. E. Buchler on 32 cases, in only 3 instances was the course of treatment attended by symptoms of mercurialism and in two diarrhoea when the patient had taken respectively 36 and 50 pills—the doses given being ½ gr : pill three times a day—this drug caused a rapid involution of the cutaneous manifestations and likewise those of the mucous membranes. If comparisons are admissible

it bears the closest analogy to the protoiodide of mercury over which it has the advantage of being better tolerated by the gastro-testinal tract. It exerts a favorable action on the spleen. In five observations where there was increased area of splenic dullness, a perceptible diminution in size was noted after the initiation of the course of treatment of this drug. I find this drug was first formed by Lajoux in 1881, and was first used in medicine by Dr. Aranjo in 1887. As an anticyphilitic the drug may be given internally in the dose of from 1-64 to 1-25 of a grain in pill form two or three times daily—or it may be given in the form of intra-muscular injection in the amount of  $\frac{1}{8}$  gr. with an equal amount of potassium carbonate. Externally it can be employed in dressings or as salves in syphilitic ulcers and mucous patches and as an injection for gonorrhœa with potassium carbonate in the strength of from 6 grs. to 45 grs. to each quart of water.

\* \* \*

"ARISTOL."—According to Eichhoff this is a voluminous reddish-brown, amorphous precipitate which occurs when an aqueous solution of iodine in iodide of potassium is treated with thymol dissolved in a solution of caustic soda. It is di-thymol-iodide and contains about 45 to 46 per cent of iodine. It is said to be like chrysarobin, an active but harmless remedy in psoriasis mycosis and lupus. It should always be prescribed as a simple ointment with lanolin in ethereal solutions, or dissolved in oil.

Dr. Eichhoff (monats. f. prakt. Dromate.—No. 2, 1890). He finds it equal to iodoform in all cases in which he has tried it. It acts more slowly than chrysarobin or pyrogallie acid in cases of psoriasis, but has the advantage of not possessing the poisonous properties of the latter nor the disagreeable effects of the former. In parasitic skin diseases it is equal to other known remedies and is not irritating. In ulcers of the leg, and in the ulcers of the tertiary stages of syphilis it causes more rapid healing

than any other known external remedy, and he considers it to be superior to any known external agent for the treatment of lupus. Dr. Eichhoff used a 10 per cent ointment made with a petrolate.

\* \* \*

ARGENT NITRAS IN GONORRHOEA.—Dr. L. Friedheim assistant in the clinic of Professor Neisser at Breslau, who has made a number of observations with several drugs such as zinc, lead, bismuth, tannin, and various preparations of mercury. permanganate of potassium, creolin, etc., to test their astringent effects as well as their capacity for destroying gonococci is equally dissatisfied with all the usual drugs. They all had either no permanent effect in destroying gonococci, or they irritated the mucous membrane to such an extent that their administration had to be stopped. Nitrate of silver alone acted quite satisfactorily. The author reports on 318 cases treated with this drug, 237 of which proved its anti bacterial effect satisfactorily. Unfavorable results were chiefly obtained with, out-patients who lived in unsatisfactory circumstances. The following is the modus operandi at Neisser's clinic. Every acute case is at once treated with an injection of nitrate of silver of the strength of from 1 in 4,000 to 1 in 2,000. The discharge generally increases at first, becoming thicker and more purulent, but very soon decreases and becomes thinner, whiter and more epithelial. The gonococci decrease in a remarkably short time, and sometimes entirely disappear in a few days. The injections are first administered from 4 to 6 times a day, and are then reduced to 1 or 2 in the 24 hours; but even after entire cessation of the discharge, the nitrate is still injected once a day for many weeks. The proper regimen must be employed for an equally long time. The injections are administered even when complications occur, especially epididymitis.

## Progress of Science.

### THE NON-TUBERCULAR AND NON-CARDIAC HÆMOPTYSIS OF ELDERLY PERSONS.

BY SIR ANDREW CLARK, BART., M.D.

Many years ago, when examining the evidence of the arrestment of phthisis and endeavoring to determine the conditions in which it occurred, I was struck with the large numbers of cases of hæmoptysis occurring in elderly persons who were at the time and remained afterwards free from signs of pulmonary tuberculosis or of structural disease of the heart. Being in those days completely influenced in my views of hæmoptysis by the teaching of Dr. Walshe, I ascribed every case of pulmonary hæmorrhage in which there was no heart disease or aneurysm, or malignant growth, to tubercular disease of the lung. Perhaps I carried to an extreme issue the opinions of this distinguished master; at any rate, I must confess that the consequences were not satisfactory for the patients or for me. At last, however, there occurred in the wards of the London Hospital a case of fatal hæmoptysis which not only made plain the error of my views, but revealed a cause, hitherto, I believe, unnoticed, of pulmonary hæmorrhage. The patient, a man between fifty and sixty years of age, was admitted for an attack of subacute bronchitis. He had been for many years the subject of a moderate progressive osteo-arthritis, and during the last four or five winters had suffered from severe bronchial catarrh. The attack from which the patient suffered on admission was of the ordinary character; there were signs of some congestion at the posterior bases and of emphysema of the front part of both lungs, but nothing was found to suggest the existence of tubercular disease. The heart and bloodvessels were sound, there was only moderate fever. The patient was placed upon a light diet and treated with alkalies, alterative aperients, and counter-irritants to the chest. About a fortnight after admission the patient began to cough up blood in small quantities at short intervals, and in spite of all that could be done according to the approved therapeutical teaching of the time—in spite of absolute rest, the strictest regulation of supplies, the application of ice to the chest, and the liberal use of various astringents—the bleeding persisted, and within a week the man died. The post-mortem revealed to the naked eye little that was unusual and nothing that was expected. The heart, the larger vessels, and the arterial valves were free from obvious structural change. The bronchial mucous membrane almost everywhere was swollen, congested, violet-colored, and coated with a mucopurulent secretion. The anterior parts of both

lungs were pale, dry, and emphysematous, and curious patches of emphysema surrounded by hæmorrhagic extravasations were noticed in the back and lower parts of both lungs, which were loaded with blood. Nowhere could there be discovered the smallest evidence of tubercular disease, of any malignant growth, or of any sort of coarse structural change which could account for fatal hæmorrhage. A most minute examination carried out with the aid of the microscope brought plainly to light two important facts. The first was that the seat of the hæmorrhage was in the immediate neighborhood of the emphysematous patches, and the second was that the minute vessels, the terminal arteries for the most part, were in those localities always diseased. And finally, it appeared in the highest degree probable that there existed a direct casual relationship between the condition of the blood vessels, the emphysema, and the hæmorrhage. For wherever there was an emphysematous patch there was a diseased artery; wherever the artery was much diseased the capillaries and venous radicles were also affected; and generally, although not always, where the terminal artery was obstructed and degenerating there was adjacent hæmorrhage. Through the observation of these facts and their relations I was led to conclude that the order of events issuing in hæmorrhage arose and proceeded in the following way. I inferred that the initial visible movement in the malady had been some minute structural change in the terminal branch of the pulmonary or of the bronchial artery, and in consequence of this there had been brought about a more or less complete obstruction of the supply of blood through the territory involved; that following this there arose degeneration of the capillaries, and venous radicles determining a true atrophic emphysema, and that the integrity of the bloodvessels being thus impaired, the formation of thrombi or recurrent condition of pressure had brought about the hæmorrhage which ended in death.

Now arose the cardinal question presented by this case, and necessary to be answered if any fresh knowledge were to be derived from it: What was the intimate nature of the structural vascular changes to which I have adverted? There were two ways of replying to this question, each was distinct in itself, and the one which was most regarded was of the least importance. The small question was, What were the visible characters of the structural alterations in the bloodvessels? The large and crucial question was, What was the nature of the primitive dynamic changes, and which alone gave them form and meaning? In them and not in the vascular changes lay the importance of the case. The structural changes discovered in the affected bloodvessels were limited to nuclear proliferation in the middle coat, and an amorphous and hyaline infiltration of it and of the intima. When

I endeavored to determine the significance of these changes, and for this purpose studied the life history of the case, when I saw that the patient had been for years an arthritic, that he had suffered on many occasions from many of the constitutional manifestations of this diathesis, and that the structural changes in the pulmonary bloodvessels were akin in character to those which were found in the diseased articulations, I permitted myself to conclude that the malady was of an arthritic nature, and that I had seen and dealt with a case of what might be called without serious scientific impropriety, "arthritic hæmoptysis."

Some seven years ago Sir William Jenner, Dr. Wilson Fox, and I were summoned together to consult about a lady suffering from an incoercible hæmoptysis. She was a Jewish lady over sixty years of age, very stout, very "rheumatic," and always ailing. She had nodular finger joints, frequently recurring bronchial asthma, and occasional outbreaks of either eczema or of urticaria. Ten days before our visit, when suffering from an ordinary catarrh without accompanying fever, the patient began to cough up blood, and had continued to do so in small quantities at intervals of three or four hours since. The patient had a somewhat large heart, but there was no murmur, and there was no evidence of systemic arterial disease. Within the previous two days the pulse had become quick and frequent, and the temperature had risen to close upon 100°. In the lungs there were signs of generalised bronchial catarrh, of emphysema, and of basic congestion. The patient complained of frequent cough, of great oppression of chest, and of growing difficulty in expectorating. She had, furthermore, a loaded tongue, thirst, loss of appetite, a swollen liver, and all the signs of a gastro-enteric catarrh. She had been carefully treated by absolute rest, fluid food, ice to the chest, and in succession by lead, gallic acid, and hypodermic injection of ergotin. After full discussion, it was determined that another method of treatment should be tried. The patient was ordered to have a light and rather dry diet, to be sparing in the use of liquids, to discontinue the ice, to have a calomel pill at night, followed by a saline cathartic on the succeeding morning, and to take an alkaline mixture with ammonia between meals twice a day. Within thirty-six hours the bleeding ceased, and the patient made a speedy and complete recovery. About a year and a half ago the patient consulted me at my house for subacute rheumatic arthritis. She told me that since she saw me first she had had one attack of bleeding, and that it was quickly cured by calomel and salines.

About six years ago I was summoned to meet Mr. MacLaren in consultation about the case of a solicitor who had been suffering from an obstinately recurring hæmoptysis of small amount. The patient was over sixty years of age, had

been always delicate and often suffered from incomplete attacks of what was considered to be rheumatic gout. He had rimmed finger-joints, patches of dry eczema, and occasional nervous headaches. A few weeks before our consultation he had contracted a feverish bronchial catarrh and was confined to the house. After a fortnight's cold he began to have some oppression of chest and to be short breathed. This was followed by a small hæmoptysis which gave relief, but the hæmoptysis recurred, and at our consultation there was no sign of its cessation. The patient had no fever and only a slight hurry of circulation. There was a general bronchial catarrh, the fore parts of the lung were emphysematous, and there was some basic congestion, greater on the right side than on the left. The tongue was furred. There was anorexia with some thirst. The bowels were inadequately relieved, and the urine was pale and of low density, but free from albumen. The patient was directed to rest and keep warm, to live upon a light, semi solid diet, to be sparing in the use of liquids, to be freely counter-irritated over the chest, to have a succession of small doses of calomel at bedtime, supplemented by saline aperients in the morning, and to take between meals, twice or thrice in the day, a mixture containing iodide of potassium, bicarbonate of potassium, and ammonia. This treatment was not particularly agreeable to the patient, who had medical views of his own. Nevertheless, it was adopted, and appeared so far successful that within four days of its adoption, the hæmorrhage had ceased. I heard of the patient from a relative some months ago, and I was told, although he led a too sedentary life, he was well and at work.

I conclude with a statement of the propositions which I have framed out of the results of my own inquiries. These propositions are as follows :

1. That there occurs in elderly persons, free from ordinary diseases of the heart and lungs, a form of hæmoptysis arising out of minute structural alterations in the terminal bloodvessels of the lung.

2. That these vascular alterations occur in persons of the arthritic diathesis, resemble the vascular alterations found in osteo-arthritic articulations, and are themselves of an arthritic nature.

3. That although sometimes leading to a fatal issue, this variety of hæmoptysis usually subsides without the supervention of any coarse anatomical lesion of either the heart or the lungs.

4. That when present this variety of hæmorrhage is aggravated or maintained by the frequent administration of large doses of strong astringents, and by unrestricted indulgence in liquids to allay the thirst which the astringents create.

5. That the treatment which appears at pre-

sent to be the most successful in this variety of hæmoptysis consists in diet and quiet, in the restricted use of liquids, and the stilling of cough; in calomel and salines, in the use of alkalis, with iodide of potassium, and in frequently renewed counter-irritation.—*Canad. Practit.*

### THE APPLICATION OF ICHTHYOL IN DISEASES OF WOMEN.

Dr. Freund reports some remarkable results from the use of ichthyol in the Strassburg women's clinic. The conditions which were rapidly benefitted and even promptly and radically cured by this therapeutical agent, comprise chronic para-metritis, acute and chronic peri-metritis with exudation and adhesions, cicatrization in the vagina and *portio vaginali uterii* chronic metritis, ovaritis, salpingitis, cervical erosions, vulvitis, and prurigo of the external genitals.

The remedy is administered both internally and externally at the same time. For internal exhibition, pills containing 0.1 g. are best adapted. They are given one pill t. i. d. for the first few days, after which the dose is doubled. For topical use the following formula is employed:

R.—Ammon. Sulfo-Ichthyol ..... 5.0  
Glycerine..... 100.0—M.

This is applied by means of vaginal tampons. If it is desirable to treat the case energetically, an ointment:

R.—Ammon. Sulfo-Ichthyol.  
Lanolini aa.  
Or a soft soap. M.  
R.—Ammon. Sulfo-Ichthyol..... 8.0  
Sapo Virid..... 80.0—M.

may be employed. Either may be rubbed into the abdominal walls. In addition it may be used in the form of a suppository, either as an adjuvant to other more direct applications, or as the most direct way when others are impractical.

R.—Ammon. Sulfo-Ichthyol 0.05  
Ol.—Theobrom ..... 0.2  
—M..... Ft. suppos.rect.

Moles on the face (says *Cinn. Lancet-Clinic*, May 31st) may be painted with sodium ethylate, a fine glass rod being used. When the mole has a varnished look the ethylate is gently rubbed in with the glass rod, to make it penetrate more deeply. The mole turns nearly black and a hard crust forms over it, which is nearly three weeks in becoming detached. When it comes off the mole is much lighter than before, and this treatment can be continued until the mark is scarcely noticeable.

### ECZEMA IN ELDERLY PEOPLE.

Nothing gives more relief to the system and the eruption than the use of the well-known pill of blue mass, colocynth, and ipecac, often recommended by the late Dr. H. D. Bulkley. Very commonly one of these pills is sufficient, but it should always be repeated on the second night afterward; some patients will do well to repeat the course at the end of each week or ten days. For more constant use, a pill of aloes and iron, before each meal, as required, serves the purpose excellently well; or in some persons, where there is special tendency to poor liver action, a minute dose of calomel, even one-tenth of a grain, before meals, and at bedtime if necessary, will do much toward removing the eczema.

For the imperfect kidney action no remedy is more valuable than the acetate of potassa; while not so agreeable to take as the citrate, my experience with both leads me to decidedly prefer the former. Ten to fifteen grains daily after meals, with nux vomica, in a bitter infusion, as quassia, serves a most excellent purpose, and will almost always be followed by marked improvement of the eruption.

Iron must be used rather sparingly, but after a short course of the above, will often prove most serviceable; but this will need occasionally to be suspended and the former given. The mixture of sulphate of iron, sulphate of magnesium and sulphuric acid, known as Startin's mixture, will often prove of the greatest service in eczema of elderly persons, especially in those exhibiting any tendency to glycosuria; strychnine may occasionally be added to it with advantage.

Arsenic is rarely required or of value when used alone, but in combination with iron and other remedies it will sometimes seem to aid in the case. In certain rare instances, however, where a bullous or pemphigoid condition develops in eczema patients, it will prove invaluable, and will arrest the formation of blisters completely. To be of real value it must then be used with a free hand fearlessly, given every two or three hours, alone, in quantities sufficient to produce the desired effect; beginning with three drops, the dose may be increased by half a drop every other dose until five, seven, eight or more drops are taken at least six or eight times daily, and sometimes it may even be necessary to give a trifle of opium with each dose to check its action on the bowels. When thus given, apart from meals, the remedy should be largely diluted, in one-third to half a goblet of water, and where there is much acidity of the system it is desirable to use vichy or an alkaline water, such as the Buffalo or the Londonderry lithia. But, as remarked before, arsenic does not control the eczema, but only the bullous condition alluded to, and should not be commonly prescribed for ordinary cases.

Quinine is often of great service in eczema in

elderly people, both to meet the malarious condition often at the bottom of the trouble and as a pure tonic. It is generally best administered in two- or three-grain doses a quarter to half an hour before each meal, the acetate of potassium being taken after the meal.

A direct neurotic treatment is seldom required in elderly people with eczema; strychnine and phosphorus may in certain cases be indicated, but more commonly in connection with or after the alkaline and diuretic treatment previously indicated.

Sedatives are, however, often of the greatest assistance, and are frequently required to secure proper rest at night. For this purpose, phenacetin in five-grain doses, taken with hot water on retiring, often acts admirably, the dose being repeated in an hour if necessary; antifebrin, in six-grain doses, similarly used, is also often of service. Tincture of gelsemium, ten to twenty drops, with a drop of aconite tincture, will often secure perfect rest, even when it has long been disturbed by itching; it may also be repeated in an hour if necessary.

Alcohol is a substance about which it is difficult to speak in general terms in connection with the class of cases which we are considering, for individuals differ so greatly both in regard to its effect upon them and as to their antecedent habits respecting its use, that no hard and fast rules can be given. In general, however, it may be stated that the eczema patient is far better without any alcohol, and unless it seems to be required, he will suffer less from the eruption, and it will be more easily cured and less likely to return if he abstains totally than if he uses ever so small a quantity.

But, on the other hand, care must be exercised in withdrawing alcoholic stimulants from those accustomed to them, and in many instances it is better to allow a certain small quantity of the pure distilled liquors, properly diluted, with the meals, than to deprive them of the same; but if they can be gradually diminished and finally withdrawn with safety, the prospect of a speedy cure will be much improved.

Diet has somewhat to do with eczema in elderly persons, although to a much less extent than in early life. Tea and coffee may generally be taken in moderation, and an ordinary mixed diet of healthful character may be allowed. But in elderly persons, who are taking less and less exercise, the diet should be correspondingly diminished, as has been so admirably shown by Sir Henry Thompson ("Diet in Relation to Age and Activity," London, 1887). The tendency is too often to urge on the patient to take what is commonly called strengthening food, and so the digestive organs are taxed with more than the body requires and can digest, assimilate, and use, and thus the system is loaded with imperfectly elaborated products, while the emunctories are less able than before to rid it of effete substances.

*Local Treatment.*—For generalized eczema, and that on the trunk and limbs no application is more comfortable and soothing than R Pulv. calaminæ præp., ʒ ij; zinci oxidi, ʒ iv; acidi carbolicæ, ʒ j to ʒ ij; glycerini, ʒ j to ʒ jss; liq. calcis, ʒ j; aquæ rosæ, ad ʒ viij. Sometimes the alkalinity of the lotion is best affected by borax or carbonate of magnesium, and when more astringency is required, two to four drachms of salicylate of sodium may be added to the lotion. This is to be freely sopped over the surface several times daily, or as often as required to allay itching and burning heat, the powder in it being allowed to adhere to the skin, and the part covered only with the ordinary clothing. When there are any exuding surfaces, a trifle of absorbent cotton, loosely pulled apart, may be lightly laid on and allowed to adhere; this comes off on the next application of the lotion, without doing violence to the part, for dressing should never be torn from these raw surfaces. As the treatment proceeds, the raw points lessen in number and size, until the application of the fibres of cotton ceases to be necessary. Care must be exercised, in applying this cooling lotion to a surface of any extent, not to chill the body too greatly, lest serious consequences might ensue in the way of internal disorders and inflammations.

On the more localized patches, especially where there is thickening of tissue with great itching, complete relief can generally be obtained by the use of tar and zinc ointment (R Zinci oxidi, ʒ j; ung picis, ʒ iv; ung aquæ rosæ, ʒ jss) when properly applied. This should be thickly spread on the woolly side of pieces of sheet lint, cut to fit the separate patches; these are then firmly bound upon them with a light cheesecloth bandage, and removed once or twice in twenty-four hours. It is often better to use the same piece of lint for several applications, spreading fresh ointment on them at each renewal. Where the thickening resists the tarry application, a quarter part of diachylon ointment may be added to the above; in still more rebellious patches a little salicylic acid, ten to twenty grains to the ounce, will aid in the absorbing power.

Icthyol and resorcin I have not found of much advantage in elderly people, except occasionally in obstinate erythematous eczema about the crotch; here a two-per-cent. or three-per-cent. solution in water, with a little alcohol, wiped over the surface once or twice daily, followed by the calamine and zinc lotion, will sometimes aid in its removal.

In eczema about the head and face about the most serviceable application is that of a tannin and carbolic acid ointment (R Acidi tannici, ʒ j; acidi carbol., gr. v. to x; ung. aquæ rosæ, ʒ j), kept continuously applied, and renewed as often as it is rubbed off or soaks in. In some of these cases a calamine and zinc ointment, with camphor (R Pulv. calam. præp., ʒ j; zinci oxidi,



ʒ ss; tinct. camph., ʒ ss; ung. aquæ rosæ, ʒ j) will prove more soothing.

In some cases it will be found desirable to abstain from the ordinary use of water for cleansing for days or even weeks. The applications then are simply renewed, without cleansing the parts other than gently wiping off the diseased surface with a dry cloth, or carefully removing crusts which may have become loosened, replacing the application with the least exposure possible.

When cleansing or stimulation is required, nothing is better than the well known green soap—a potash soft soap, lightly applied, diluted at the time of using with some water, the part quickly dried, and the appropriate ointment or lotion at once replaced.

Castile soap, being a soda soap, will generally irritate a delicate and inflamed skin. With the exception of tar soap, which is occasionally employed, I may say that medicated soaps are a delusion, and practically are of exceedingly small utility in eczema or other diseases of the skin.

Baths are often thought to be of much service in eczema, but my experience is that, unless most carefully and judiciously used, they effect, as generally employed, infinitely more harm than good in this disease. One of the worst cases of general eczema which I have ever seen was in the person of an elderly gentleman in whom a moderately localized eruption became irritated so that the whole body and limbs were the seat of a terrific eruption after taking a few sulphur baths. I have also seen Turkish and Russian baths produce more unhappy effects.

But occasionally general baths are required in these cases, and where there is not much moist surface they may be given with advantage, if properly employed. Starch, one to three pounds to a thirty-gallon bath, or a pound or two of gelatin, may be used; the old method of using bran, in a bag, soaked in the bath, is good, but frequently fails to produce enough of a demulcent effect.

Alkalies added to the bath are also of service—carbonate of potash, four ounces; carbonate of soda, three ounces; and powdered borax, two ounces, in the thirty gallon bath, with a pound or two of starch.

Even when thus prepared, the bath should not be taken too frequently, and it is generally well to wait several days between them. The temperature of the bath should be such as to be agreeable—about that of the body or a trifle warmer—and the duration not more than fifteen or twenty minutes. On coming out of the bath the skin should be dried, with as little friction as possible, with heated towels, and a medicated application made to the affected parts as quickly as possible, remembering still the irritating action of the air on diseased skin.—*Fragments from an article by L. Duncan Bulkley, in New York Medical Journal.*

## MURIATE OF PILOCARPIN.

The muriate of pilocarpin has come into general use of late in England and is employed under a great variety of conditions. In recent periodicals it has been recommended.

1. To abort colds; the internal administration of 0.02 gm. is said to be sufficient to allay the various disaggreable sequæ and to restore the patient within a few hours to his usual condition of health (*Lancet*, Jan. 4, 1890).

2. To control the convulsive attacks of hystero-epilepsy; for this purpose it is given subcutaneously in doses of from 0.01-0.02 gm. (*Journ. of Nerv. and Ment. Dis.*, April, 1890).

3. To combat the various forms of convulsions in children; in children under one year it should be given in doses of from 0.002-0.005 gm., three times a day *per rectum* (*Brit. Med. Jour.*, Jan., 1890).

4. To relieve many forms of deafness; Prof. Bronner (*Lancet*, Nov. 28, 1889) has frequently observed restoration of the normal functions of the ear from the subcutaneous application of pilocarpin. According to him the following are the conditions most susceptible to this mode of treatment: (1) deafness the result of acquired or hereditary syphilis depending upon changes in the middle or internal ear, (2) deafness from hæmorrhage or exudation in the inner ear, (3) cases of chronic catarrh with recurring exacerbations, (4) dry catarrh in its incipient stages.

On the Continent pilocarpin has been largely used for the last eight years and for the most part with good results especially in syphilis, puerperal eclampsia, cerebro-spinal meningitis, tetanus, diphtheria, dropsy from various causes, diabetes, scarlet fever, diseases of the skin and influenza. Its use in heart diseases is apt to be attended with collapse.—*Corr. fur. Schw. Aerzte. Jour. Am. Med. Assoc.*

## ON THE TREATMENT OF METRORRHAGIA.

Dr. A. W. Edis, in the *Brit. Med. Journ.*, June 7, 1890, writes that in metrorrhagia a correct diagnosis being the first and most important element of treatment, it follows as a matter of course that having ascertained the presumed cause we know then what our plan of action should be. Still there are some practical hints which may be found to be of value to some. Where the hæmorrhage results from constitutional or general conditions it is not always wise to attempt to check the flow at once, unless it is producing such an effect upon the system as to suggest the expediency of arresting it at all hazards. In certain cases of heart disease uterine hæmorrhage, in place of aggravating, seems to relieve the cardiac symptoms, and should not, therefore, be hastily repressed. *Strophanthus*, *digitalis*, and *aconite* here prove

most useful. Where the action of the liver seems to be at fault, attention to diet, abstention from alcohol, and the administration of a few grains of calomel, blue mass, or crotonymin, followed by a brisk saline aperient, will probably be indicated. If albuminuria be present, or if the kidneys seem to be at fault, encourage vicarious action of skin and bowels by means of diaphoretics and purgatives, and follow out any other indications suggested. In cases of menorrhagic chlorosis, bromide of potassium in half-drachm doses has proved of service, iron with strychnine being given between the periods and attention being also given to ordinary hygienic details, to avoidance of tight lacing and of physical overwork. It is well to remember that hæmophilia, scurvy, malaria from residence in damp or marshy districts, lead-poisoning, and other unusual conditions will occasionally explain the presence of metrorrhagia. The mere recognition of the cause will be at once a suggestion as to the proper course of treatment.

Where uterine hæmorrhage persists, notwithstanding the employment of constitutional measures, and there is no apparent local cause to account for it, we should without further delay dilate the cervix uteri and explore the interior of the uterus. Numerous instances have been recorded of numerous patients dying from uncontrollable hæmorrhage, where a *post-mortem* examination revealed the existence of some intra-uterine growth, such as a polypus or submucous fibroid, retained product of conception, or fungoid condition of the endometrium, which could readily have been removed or dealt with had appropriate measures been adopted in time.

The insertion of a sponge tent into the cervix uteri arrests the hæmorrhage for the time being, and facilitates subsequent exploration of the uterine cavity. As to any risk of reflux through the Fallopian tube, as sometimes spoken of, it is a mere visionary objection, and need not deter us from employing dilatation in suitable cases. Plugging the vagina is a very unscientific procedure, as well as being unsatisfactory and inefficient. It should seldom, if ever, be resorted to.

It would clearly be impossible in these brief remarks to indicate in detail the methods of local treatment, such as curetting for villous endometritis, removing polypi, operating for cancer, the use of electricity in cases of myoma, the best method of dealing with cases of incomplete abortion, or replacing an inverted uterus. If we have once clearly made out the indications for treatment the remainder is merely a matter of detail. But now and again instances occur where no assignable cause, either constitutional or local, can be made out, and where remedies fail to restrain the hæmorrhage. In such cases the hot vaginal douche may prove of service, or even washing out the uterine cavity with hot water through a double-current catheter, pro-

vided the cervix be patulous enough to admit it. Should this fail it may be considered requisite to wash out the interior of the uterus with a strong solution of iodine or of iron. As a *dernier ressort*, the insertion of a sponge tent into the cervix uteri may be effected.

The reliable remedies at our disposal for checking or arresting uterine hæmorrhage are really very few. Ergot is unquestionably one of the most potent; *Hydrastis Canadensis* is a valuable agent and far too little generally known. In cases of myoma it often proves of service when ergot has failed. *Hamamelis*, which forms the basis of the American nostrum hazeline, is sometimes useful. Quinine and strychnine, alone or in combination, often succeed in checking or arresting hæmorrhage in those cases where the system is much depressed from repeated or prolonged losses. Bromide of potassium in cases of ovarian irritation, and even in hæmatocele, possesses the power of checking hæmorrhage and is equal, if not superior, to any remedy we possess. Chlorate of potassium in combination with ergot has lately been strongly recommended. Opium is beneficial in cases where the loss has already been severe. Sulphuric acid and opium formerly were, and still are, with some practitioners, favorite remedies; also, acetate of lead and opium in the form of pill.

The ordinary astringents, such as gallic and sulphuric acids, have really very little influence in restraining hæmorrhage, and are far too often relied upon. Iron is often of much benefit in those cases where the loss has been very profuse, as in myomata, and where the blood has become so attenuated as to pass readily through the capillaries. Digitalis, in combination with iron, proves most valuable in cardiac complications.

In place, however, of attempting to deal empirically with the effect, we should always endeavor to arrive at a definite opinion as to the cause of the hæmorrhage, and, if we can deal with this satisfactorily, the treatment is very simple.

Prof. Dujardin-Beaumez (*Therap. Gazeite*, May 15th), calls attention to the happy effect of lactic acid in the green diarrhoea of infants, which is a microbic diarrhoea. It is given in a two per cent. solution, of which a dessertspoon-full may be administered every two hours:—

Lactic acid,	gr. xlv
Orange-flower water,	f ʒ j
Linden water,	f ʒ iv. M.

The following is a good prescription for men after a *debauch*:—

R. Spirit. ammon. aromatic.,	f ʒ ij
Tinct. capsici,	f ʒ j
Spirit. lavand. comp.,	f ʒ iv
Soda mint,	f ʒ ij
Tinct. opii camph.,	f ʒ ss-l. M.

(Prof. Brinton.)

## THE TREATMENT OF LOCAL AND GENERAL PERITONITIS.

Dr. W. E. B. Davis, of Birmingham, Alabama, considers that the following facts in reference to peritonitis are definitely settled:

1. Simple peritonitis, when caused by a sufficient quantity of chemical irritant, will produce death by the extent of the inflammation.

2. Simple inflammation may terminate in septic peritonitis, by producing a weakened condition of the walls of the intestines, which permit the passage of septic germs from the intestinal canal into the peritoneal cavity.

3. While pathological germs in small quantity may be absorbed by the healthy peritoneum, without producing a peritonitis, the same quantity combined with a chemical irritant may produce a violent inflammation—the irritant having prevented the absorption of the germs and caused the exudation of a nutrient fluid for their multiplication.

4. Large quantities of septic fluids and microbes always produce suppurative peritonitis; yet, a small quantity of either may be absorbed and destroyed, unless the peritoneum has been weakened by antecedent pathological changes.

5. A septic fluid may gravitate into dependent parts of the peritoneum, and become shut up, either by plastic inflammation, or by a coil of intestine, and thus be prevented from producing diffuse peritonitis, but after a time this may rupture and produce death from general peritonitis.

6. The germs of septic peritonitis will be found in the kidneys and other organs of the body, and in quantities proportionate to the extent and duration of the inflammation.

7. The condition of the peritoneum, and the nature and quantity of the product, will determine the rapidity of the inflammation, which usually ends in from forty-eight hours to six days, but death may be produced from shock in a few hours. Tubercular inflammation is always slow in its progress.

The foregoing principles indicate the following rules of treatment:

(a) Promote absorption of the inflammatory products of simple peritonitis as rapidly as possible, and thus relieve the inflammation and prevent the possibility of septic peritonitis.

(b) In the early stages of peritonitis, whether simple or septic, where the cause cannot be determined, hasten the absorption of inflammatory products, etc., with purgatives.

(c) When medical treatment fails to give relief, septic fluids should be removed by operative procedure.

(d) In localized peritonitis, with circumscribed pus formation, the pus should be removed and the abscess cavity drained.

(e) In acute septic peritonitis, operative procedure must be adopted early, or there will be

no chance of recovery offered by the operation, as the inflammation will become more extensive the longer it continues; and, too, there will be so great a quantity of septic germs absorbed into the system that death will result from toxæmia, even though the local inflammation should be remedied by a late operation.—*Virginia Medical Monthly*, 1890.

## NOTES OF TREATMENT IN PHILADELPHIA HOSPITALS—ACUTE PNEUMONIA.

The rule is to have the patient kept in bed, with surroundings as quiet as possible, fed with broths and rather scanty nourishment, and made comfortable by allaying prominent symptoms such as fever, pain and cough; in other words placing him generally under conditions most favorable for his recovery. Specific treatment is not aimed at, as the disease runs a short course, and the patient as a rule recovers, except where especially unfavorable conditions are present, such as alcoholism, advanced age or septicaemia.

At the Medico-Chirurgical hospital, the following pill is frequently given by Dr. Waugh:

R. Quinina,	gr. ii
Acetanilide,	gr. ii
Cocaina hydrochlor.,	gr. $\frac{1}{2}$
M. Ft. pil.	

The cocaine being given as a cardiac tonic. Where there is decided weakness of the circulation, strychnine (gr. 1-60) is also added. Milk punch is also given. Hot flax-seed, jacket poultices are applied to the chest every four or six hours during the first two or three days. Where the urine is scanty, acetate of potash in scruple doses four times a day is added, sometimes combined with the compound spirits of juniper, or spirits of nitre.

Dr. Woodbury prefers cold applications during the first stage of the disease, applying an ice-bag for fifteen to twenty minutes, or longer, every four or six hours, being guided by the amount of fever and pain. In the intervals the chest is anointed with lanoline and benzoinated lard (1 to 3), with oil of turpentine (gtt. xx to 3 i), and covered with carded wool; no poultices. At the very onset of the disease, twenty grains of ipecac may be given with excellent effect. Dry cupping will relieve pain at a later stage but has very little influence, if any, upon the lung. The patient has a sponge bath once or twice a day. The old combination of nitrate of potash and Dover's powder (aa gr. ii) with tartar emetic (gr. 1-40) every two to four hours, answers admirably in sthenic cases.

In children, tincture of verarum viride is used in preference. Quinine hydrochlorate (grs. xx-xl) he regards as a better and safer antipyretic than antipyrin or acetanilide; no agent of this class

should be given when the heart is weak. If the kidneys, on account of lowered blood pressure, are working poorly, ten to twenty drops of tincture of digitalis in half ounce doses of the spirit of mildererus is given, to which he frequently adds twenty drops of the spirits of chloroform, if there is much restlessness. As the rule, opium and alcohol are considered undesirable; if the patient cannot sleep at night, he is given chloral hydrate (re-crystallized) and bromide of sodium (aa. gr. x) in simple elixir (℞ ℥ iv) every two hours. The patient is fed on barley water, milk and beef-peptonoids; no beef-tea or animal broths. During convalescence cocoa of cod liver oil is used.—*Med. Cal.*

### TREATMENT OF TUBERCULOSIS IN CHILDREN.

According to Dr. Jacobi, arsenic is a remedy of much usefulness in the treatment of tuberculosis in children, but it is necessary only to administer the drug in small doses. A young patient, for example, could take every day, and that for weeks or months, two drops of Fowler's solution. This dose should be diluted in a sufficient quantity of water, and given three times a day after meals. If any signs of saturation supervene, the dose should be withheld for a time. A second remedy, of almost equal value in these cases, is digitalis. Under the influence of this drug the contractility of the heart muscle is strengthened, and, consecutively, the arterial pressure is increased, and the rapidity of the pulse diminished. The general effect of the increased arterial pressure is to favor the nutrition of the tissues. The choice of the particular preparation of the drug is a point of some moment. Oftentimes the infusion and the tincture are badly borne by the stomach; digitaline, on the other hand, is most to be recommended, either in pills or in capsules, and this can be dispensed with other drugs, such as narcotics or iron.—*Med. Press and Circular.*

### THE TREATMENT OF DYSENTERY IN CHILDREN.

Veillard recommends the following mixture in the dysentery of children:

R.—Powdered ipecacuanha . . . 25 grains.

Boil for five minutes in 3½ ounces of water.

Filter and add:

Tincture of opium, from . . . 2 to 4 drops.

Cinnamon water . . . 3 drachms.

Syrup of orange flowers . . . 6 " —M

Dose, for a three-year-old child, one dessert-spoonful every hour, or at longer intervals if nausea is produced. To quiet tenesmus enemata containing tincture of opium, or enemata of infusion of chamomile or of eucalyptus flowers, should be used.—*Annals of Gynecology and Paediatrics*, May, 1890.

### TREATMENT OF DIABETES BY ANTIPYRINE.

Dr. Joseph S. Carreau, of New York (*Med. Record*), cites three cases of this disease successfully combated by this remedy. He also states the fact that Dujardin-Beaumetz, at a meeting of the Académie de Médecine, March, 1888, praised the happy effects of antipyrine in certain cases of diabetes, especially when the two symptoms, polyuria and nervous irritation predominated. Henri Huchard, at the Société de Thérapeutique, February, 1888, said that he employed antipyrine in a case of symptomatic polyuria resulting from meningo-myelitis, with good effects. He gave from four to six grammes daily, and the quantity of urine was brought down from thirty-six litres to four. He also reported a case of diabetes, where he noticed, in a few days, the sugar diminish from 735 to 271 grammes a day under the use of antipyrine—two to six grammes daily. He also said that the prolonged administration of antipyrine, in his own experience, has never been followed by albuminuria.

M. Panas reported two cases to the Académie de Médecine, April, 1889, where great relief followed the administration of antipyrine. A man aged thirty-eight, passing forty-nine grammes of sugar in twenty-four hours, by taking two or three grammes daily during six days, had all traces of sugar in his urine removed. A woman, aged seventy-three, by taking three grammes daily, for a few days, also received similar benefit.—*Coll. and Clin. Rec.*

Dr. Coplin announces the discovery of a coccus very constantly present in *Sa pinipitis*. The growth is in zoogloea masses, abundantly present in the lymph spaces of the tube wall. The coccus is not in the cavity of the tube, and cannot be demonstrated in the caseous contents of the tube, nor in muco-purulent material found in their lumen. It is entirely different from the coccus of gonorrhoea, and will not stain with the ordinary methods used for demonstrating the coccus of suppuration and gonorrhoea. It withstands the prolonged action of concentrated acetic acid when stained with saturated solution of methyl violet in aniline oil water, but bleaches rapidly by any of the mineral acids in ever so weak solutions. Dr. Coplin is at present investigating these micro-organisms and expects to demonstrate their pathogenic character.—*Col. and Clin. Record.*

For Headaches from tobacco or alcohol, the *Kansas City Med. Record* suggests the following:—

R. Spirit. ammoniæ aromat., . . . ℥ xxx  
Spirit. chloroformi. . . . . ℥ x  
Aque, . . . . . f ʒj. M.

To be taken at one dose.

### TURPENTINE IN THROAT AND LUNG AFFECTIONS.

Dr. Spohn (*Med. and Surg. Rep.*) says: I have been using pure oil of turpentine in affections of the throat and lungs for some time, and find better, and more satisfactory results, than from any other remedy I ever tried. I use the ordinary hand atomizer, and throw a spray of the liquid into the throat every few minutes, or at longer intervals, according to the gravity of the case. The bulb of the instrument should be compressed as the act of inspiration commences, so as to insure the application of the remedy to the whole surface, which can be done in cases of children very successfully. It is surprising how a diphtheritic membrane will melt away under an almost constant spray of pure oil of turpentine. I now use the turpentine spray whenever a child complains of sore throat of any kind.

In cases of tuberculosis of the lungs, bronchitis, and the later stages of pneumonia, I have found the turpentine inhalation very beneficial. I use an atomizer, or paper funnel, from which the turpentine may be inhaled at will. I hang around the bed, and in the room, flannel cloths saturated with the oil of turpentine, in all cases of catarrhal bronchitis—in fact, in all affections of the air passage; and my patients invariably express themselves as being very much relieved.

Erosions are treated with the unmitigated ichthyol which is applied by means of a camel-hair pencil. Usually good results follow quickly. Pruritus yields to one of the foregoing preparations, or a 10 per cent solution of the remedy in water. The internal exhibition is productive of equally good results constitutionally.

The results obtained by the intra-vaginal method are phenomenal. These remarkable results are attributable to the sorbefacient action of ichthyol. Extensive cicatrices in the vaginal walls consequent to the excessive use of escharotics, disappeared in a short time, whilst parametritic cicatrices became thin, yielding and dilatable. An extensive exudate in Douglas' cul-de-sac which still occasioned abnormal temperature, disappeared after a sixteen-days course of treatment. In a case of gonorrhoeal salpingitis, in which both tubes had for years been transformed into large, hard immobile tumors, the pathological condition improved wonderfully. The right tube evacuated itself completely, while the left tube could after a short time be localized as a circumscribed tumor, which was entirely disconnected from the uterus. Besides being a powerful sorbefacient ichthyol is said to possess anodyne properties, which are most evident when it is applied in the various peri-metritic conditions causing rectal tenesmus.—*Pittsburgh Medical Review.*

### EXPERIMENTAL INVESTIGATIONS CONCERNING SUPPURATION.

In a recent thesis Dr. J. de C. Holmfeld discusses the causation of suppuration, and reaches the following conclusions: In all cases of warm abscesses in men submitted to bacteriological examination the existence of microorganisms in the pus has been demonstrated. These microorganisms are few in number and well marked. Rosenbach has described them under the following names: *Staphylococcus pyogenes aureus*, *staphylococcus pyogenes albus*, *micrococcus pyogenes tennis*, *streptococcus pyogenes*. But besides the suppuration due to the presence of microbes, we are able to produce in animals suppuration that is purely chemical and entirely independent of microbes. The author has inoculated, with the greatest antiseptic precautions, the following substances: Essence of turpentine, petroleum, chloride of zinc in 10 per cent. solution, glycerine, and nitrate of silver in 5 per cent. solution. These substances, which produce no appreciable effect upon the rabbit, produce considerable suppuration in the dog. The microscope discovers not the slightest trace of microorganisms in the pus; bouillon and gelatine remain absolutely sterile. These experiments prove that the suppuration is by no means dependent upon the presence of microorganisms in the tissues. The author therefore raises the question whether the suppurative action of the pyogenic microorganisms in the tissues is not dependent upon the presence of irritating substances in the products of secretion or in the bodies of the microbes themselves, for we are able to extract from the cultures and from the body of the *staphylococcus aureus* several chemical substances which are capable of producing a very pronounced pyogenic effect. The author concludes that acute suppuration should be considered as the result of chemical influences upon the organism.—*Gaz. Méd. de Paris.—Jour. of Am. Med. Ass.*

### CRACKED NIPPLES.

Dr. Ivan A. Mitropolsky, Moscow, (*St. Louis Med. and Surg. Jour.*) recommends chloral in the treatment of fissured and excoriated nipples. The latter should be kept covered with compresses (soft linen) soaked in a solution of half a drachm of chloral in three ounces of water. The compresses should be changed every two and a half or three hours. When a prolonged application is necessary, it is advisable to use a weaker solution, one-half drachm to six ounces). The solution leaves a thin, whitish, firmly adherent film over the diseased surface, which does not disappear by suckling. Pain and tenderness are said to be strikingly relieved almost immediately; the lesions rapidly healing. Chloral compresses do not have bad effects on nurslings.—*Medical Standard.*

### LOCAL USE OF IODOFORM IN DIPHTHERIA.

Dr. Lindley writes to the *Boston Med. and Surg. Jour.* that he has treated nine cases of diphtheria by insufflation of iodoform every three hours. All recovered but one, who died of an intercurrent pneumonia. His conclusions are as follow :

1. It prevents the multiplication of bacteria.
2. It is a soothing local anodyne.
3. It is like alcohol, in having no toxic dose where the patient is suffering from the diphtheritic poison,
4. It is so near impalpable that it reaches all portions of the diseased surface.
5. It adheres for a long time to the surface where it is applied, and thus has excellent local effect before it is absorbed
6. It does not cause nausea, and thus interfere with nutrition.
7. It does not produce diarrhoea or salivation, as is possible from an overdose of the bichloride.
8. It is quickly and easily applied.

Dr. G. M. Brown, in the *Medical Bulletin* for May, makes an earnest appeal to all who are in authority, or who have any influence over patients suffering with pulmonary phthisis, in favor of The Isolation of Phthisis, to prevent the spread of the disease. No healthy person, especially no healthy young person, should be permitted to occupy the same room at night with a patient afflicted with bacillary phthisis. Physicians in attendance upon such cases should warn the members of the household of the dangers of too close contact with the sick. If the one already attacked cannot be saved, it is possible at least, to prevent others from being sacrificed. The germ may remain latent for years after infection, but it is present, ready to break out at the first favorable opportunity. If every physician would do his whole duty in this matter, so as to limit the spread of the disease, much would be accomplished toward reducing its ravages.—*Coll. and Clin. Record.*

### AN ANTISEPTIC FOR MIDWIVES.

The Paris correspondent of the *Pharmaceutical Era* writes that the Academy of Medicine has formulated the following antiseptic powder to be dispensed to midwives, upon their order in writing :

Corrosive sublimate,	3.8 grs.
Tartaric acid,	15.4 "
Five per cent. solution of iodoform carmine,	1 drop.

Mix and dry.

Each powder to be dissolved in one quart of water, must bear the regulation orange-red label, with the words "Corrosive Sublimate. Poison."

### INJECTIONS OF SULPHATE OF COPPER IN DYSENTERY.

Dr. W. Easley reports an interesting cure of dysentery by injections into the rectum of sulphate of copper. The patient had been suffering for about a month with the usual symptoms of the disease, and had been treated to little purpose with bismuth, gallic acid, and ipecacuanha. Finally, when he was growing worse, a solution, consisting of ten grains of sulphate of copper and one drachm of tincture of opium, in four ounces of water, was injected high into the rectum by means of a soft rubber catheter. The injection caused no pain, in a few hours tenesmus was relieved, and blood ceased to pass. On the two following day a small amount of blood reappeared, and the injections were repeated, but from that time convalescence was rapid.—*Lancet.*

Noticing some peculiar Effects of Cocaine, such as very rapid and painful swelling of the soft parts about the face, when it was administered hypodermically in that locality, Dr. J. W. Strickler, of Orange, N. J., states (*Med. Record*, March 1st. 1890) that having had this experience, he would not again inject a solution of cocaine (even a four per cent solution) into loose areolar connective tissue, in the region of the face, without, at least, informing the patient of the possible result, and he is quite confident that if his patient had known, prior to the injection, what he subsequently learned about the peculiar effect of cocaine upon him he would have objected to its use. He considers the employment of a ten per cent. or a fifteen per cent. solution of cocaine both unnecessary and hazardous for the production of local anæsthesia, such as is necessary for the painless removal of small tumors. Cocaine is an agent of great power and usefulness, but one which must be used with caution.

Dr. S. S. Burt (*Med. Record* April 12th 1890), in an article on "Pulmonary Consumption in the Light of Modern Research," concludes that Phthisis Pulmonalis is an infectious disease, only the soil must be fertile or the bacteria will not take root and grow; that the inheritance of the affection is simply the descent of the degraded cells presenting a vulnerable point for a possible encounter with the vagrant germs. That all specific treatment is futile, in view of our present knowledge; and though persistent destruction of the infectious matter is our best means of prophylaxis, yet to restore the vitality of the lung tissue is as important as to destroy the tubercular bacilli. And, moreover, not a few cases of phthisis have a self-limitation, which is a comforting thought for whoever is afflicted, while at the same time it is a disquieting reflection for the numerous noisy advocates of the very latest unfailling remedy.

## THE ADMINISTRATION OF SANTONINE

Dr. Lewis, of Berlin, states that santonine should be given in its least soluble form, as the desired effect is not a general, but a local one. He recommends the administration of it in some oil, such as cocoanut oil, olive oil, cod-liver oil, or castor oil. Some of the ethereal oils, which are so destructive to the lower forms of animal life, would be suitable in this connection.—*Canada Practit.*

## RINGWORM OF THE SCALP.

The treatment consisted (*Med. Analec.*) in the application of a one per cent. ointment of protochloride of iodine in lanoline. Every second day the head is sprayed with warm water, and then it is dried and rubbed for some time with this ointment. It is possible by this means to cure ringworm of the scalp within a few months without resorting to epilation.

## HEADACHES FROM ALCOHOL AND TOBACCO.

The following is said, *St. Louis Med. & Surg. Jour.*; to be an excellent "straightener" after the too great consumption of alcohol and tobacco:

R.—Spts. ammon. aromat.,                    ʒ ss  
Spt. chloroformi,                                ʒ x  
Aquæ,    ʒ j.—M.  
Sig.—Pro dosi.

## DISAPPEARANCE AND RETURN OF TUBERCLE BACILLI IN THE SPUTUM.

Upon the basis of bacteriological investigation Wintermiz concludes that an incomplete disappearance of tubercle bacilli from the sputum renders a new exacerbation of the process possible, although the ordinary clinical aspect of the case may be favorable; while even a complete disappearance of the bacilli does not exclude a return of the destructive processes. For these reasons he ascribes the greatest importance to the character of the clinical signs, while positive and negative evidence on the part of the bacilli only serves to increase the importance of the former.—*Cent. f. Back. und. Parasitenkunde. Jour. Am. Med. Assoc.*

## LOCAL APPLICATION FOR DIPHTHERIA

This formula, to be used as a local application in the treatment of diphtheria, is quoted in the *Medicinische-chirurgische Rundschau*:

R. Carbolic acid,                    1¼ to 2½ drachms.  
Camphor,                                5 to 7½ "  
Tartaric acid,                        4 to 10 grains.  
Olive oil,                                9 to 12 drachms.  
Alcohol,                                2½ "

To be applied with a soft brush.

## PRESCRIPTION FOR IMPETIGO CONTAGIOSA.

Saalfeld recommends the following somewhat elaborate ointment in the treatment of impetigo contagiosa (*Medicinische-chirurgische Rundschau*):

R.—Potassium carbonate . . . . . 1 part.  
Olive oil . . . . . 10 parts.  
Zinc oxide } of each . . . . . 15 "  
Starch }  
Salol . . . . . 5 "  
Sulphur . . . . . 6 "  
Lanolin . . . . . 100 "—M

Dr. B. W. Richardson, of London, England (*The Asclepiad*, 1890), states that when a patient is lying in collapse from chloroform or other cause, let no one attempt to resuscitate by means of the direct action of the galvanic current, either through the respiratory or the cardiac organs. If by the current we call forth active movements, either of the respiratory muscles or the heart, it is like a whip to a jaded horse at best, and merely exhausts more speedily a failing centre of force which it does nothing to re-supply, and, as we now see, with a possible antagonism of action between the effect produced on the diaphragm and the heart. The whole value of treatment in cases of the kind named rests exclusively on the teachings of experiment, and if experiment with the galvanic current is opposed to the method specified, the practitioner who knowingly employs that method in a desperate extremity, is not only acting perversely, but wrongly and foolishly. Better do nothing, till knowledge shows the right, than do the wrong thing for the sake of doing something.

## DROPSY FROM HEART DISEASE.

Dropsy from heart disease arises from a failure of the heart's muscle and a consequent dilatation of that organ, or to a secondary involvement of the kidney resulting chiefly from anæmia or venous congestion. In either case the primary trouble is the gradual decline in the heart's power. In these cases Prof. DaCosta has prescribed an excellent combination in the following proportions.

R. Tr. belladonna,                                m i  
Tr. digitalis,                                        m v  
Sol. nitroglycerin.,  
1 to 100 (in alcohol)                                m ii

M. Sig. To be given at a dose.  
—*New Eng. Med. Monthly.*

Emulsion of cod liver oil is made by taking equal parts of lime water and the oil. Add a small quantity of wintergreen or oil of almond to flavor. It will agree in many instances with a delicate stomach that will not tolerate the pure oil.—*Kansas Med. Journal.*

## ANTISEPTIC PASTE.

Socin recommends the following paste to be used in place of other antiseptic dressings on regions where it is difficult to apply a bandage (*Medicinische-chirurgische Rundschau*, May 15, 1890):

R.—Zinc oxide 12½ drachms.  
Zinc chloride 75 grains.  
Distilled water. 12½ drachms.—M.

This paste should, if possible, be used when fresh. It dries quickly, forming a strong crust which can be still further strengthened by incorporating a small amount of cotton-wool with the paste.—*Med. Progress*.

## TREATMENT OF PROFUSE MENSTRUATION.

The following prescription for cases of profuse menstruation is quoted by the *American Practitioner and News*:

R.—Dialyzed ergotin 10 drachms.  
Glycerine 5 "  
Salicylic acid 30 grains.  
Distilled water 2½ ounces.—M.

One teaspoonful diluted with three teaspoonfuls of water to be injected into the rectum after stool once daily.—*Medical Progress*.

## THE PREPARATION OF BEEF JUICE.

According to the *Dietetic Gazette*, the following is the proper method of extracting the juice from beef: Broil half a pound of beef for a moment over a hot fire, then score it thoroughly, and with a lemon squeezer press out the juice. Add a pinch of salt, and warm before administering.

## FORMULA FOR THE HYPODERMIC ADMINISTRATION OF ERGOTININ.

Baroni uses the following formula for the hypodermic administration of ergotin in:

R. Ergotin in } of each 3 grains.  
Lactic acid, }  
Cherry-laurel water, 5 drachms,  
Distilled water, 3 ounces.—M.

The dose of this is from fourteen to eighteen drops.—*Gazette de Gynécologie*, June 1, 1890.

## NITRO-GLYCERIN vs. ALCOHOL.

(*London Lancet*) lauds nitro-glycerin as a quick stimulant in place of alcohol. In its favor are: small bulk (1 drop of a 1 per cent. solution is the ordinary dose), rapidity of action, the fact that it can be given to an unconscious patient by simply putting a drop on his tongue.—*N. E. Med. Journal*.

## TREATMENT OF TONSILLITIS.

Dr. Haberkorn (*Centralbl. f. Chirurgie*) has employed with excellent results in the different forms of tonsillitis, applications of salicylic acid crystal with the brush to the affected parts. The mucous membrane is covered with the crystals, which dissolve slowly, protecting the healthy tissues and destroying the infectious matter. The applications are made morning and night, and are not attended with discomfort in children over two years of age. Under their use the inflammation rapidly subsides, and the exudations are cast off. If the latter are extensive and thick, they should be previously dissolved by brushing with a solution of pepsine, 5 ss, muriatic acid, 8 gtt., water 3 v, and glycerin, 3 ss. In addition to the local treatment the author recommends a mixture consisting of acid salicylic, 5 ss, solut. gum arabic, ʒ iss, syrup rubi idæi ʒ ss; one tablespoonful every two hours. This mixture reduces the fever, and affords great relief to the local symptoms.

In cases where the inflammation is of a more chronic type, the following mixture administered in tablespoonful doses every three hours is very effective:

R. Acid tannic, gr. xv.  
Tinct. iodi, gtt. ii.  
Aque, ʒ vi.  
Glycerin, ʒ ss.

In cases of quinsy the formation of an abscess may be aborted by applying the following:

R. Acid tannic, gr. xv.  
Tinct. iodi, St. ii.  
Acid carbohic, ʒ ss.  
Aque, ʒ iiss.  
Glycerine, ʒ ss.

—*Jour. Respiratory Organs*.

## TREATMENT OF TAPEWORM.

Dr. W. A. Rape, of Ballinger, (*Daniel's Med. Jour.*) advises the following treatment of tapeworm. Half drachm of chloroform is to be given in a bland, acceptable vehicle, to be followed in half an hour by

R. Ol. tiglii, gtt. iv.  
Ol. ricini, ʒ iv.  
Glycerini, ʒ iv.  
Aq. destil ad, f ʒ xvi.

M. Sig. Give two teaspoonfuls three hours apart, regularly, till the worm is expelled.

Give salicylic acid in small doses every three or four hours during the day for three or four days, being careful to keep the bowels open. The patient should fast for twenty-four hours previous to beginning the treatment.—*Med. Standard*.

For superficial Burns, Mr. C. Heath, of London, recommends a mixture of two parts of castor oil and one part of collodion.



### ANTISEPTIC DRESSING AFTER VACCINATION.

Dr. John Bark describes, in the *British Medical Journal*, an antiseptic pad which he is in the habit of applying to the vaccinated arms of children on the eighth day, at which time the dangers of septic absorption begins. The pad is as follows: It is composed of either boracic or eucalyptus absorbent cotton wool, or of Hartman's perchloride wood wool wadding (the best, because most absorbent), the whole covered at the back and edges by antiseptic gauze. It is fastened to the arm by two straps of soft, half-inch tape, and is prevented from slipping down by another tape passing from the upper border to the opposite axilla. This is retained in position for six or seven days, by which time the inflammatory infiltration has usually entirely disappeared, and a hard scab replaced the vesicles. The advantages he claims for this protector are:

1. It protects the arm from external violence.
2. It absorbs all discharge.
3. It reduces the risk of septic absorption.
4. It cannot be used a second time, like the ordinary shield.
5. Lastly, and not least, is its extreme cheapness.—*Times and Register*.

### STROPHANTHUS IN INFANTILE DISEASES.

M. Moncorvo has treated infantile diseases with strophanthus, and comes to the following conclusions: As a diuretic and for combating cardiac disturbance, strophanthus is invaluable in infantile therapeutics. Its action is prompt and energetic. It is perfectly innocuous. The tincture in mitral or aortic lesions with hyposystole and oliguria restores cardiac tone, regulates the rhythm, and strengthens the pulse. In infantile pneumonia or broncho-pulmonary affections, accompanied by cardiac weakness, strophanthus is a valuable heart tonic. M. Moncorvo has not observed any marked influence on the nervous system or temperature. The action of strophanthus persists long after the treatment has been discontinued. M. Moncorvo employed an alcoholic tincture in doses varying from four to twenty-eight drops in twenty-four hours.—*Amer. Practitioner and News*.

### HÆMORRHOIDS.

Dr. F. T. Field (*Med. World*) has treated a case of hæmorrhoids, during gestation, successfully by the following:

R.—Antipyrine, 3 j.  
Bismuth subnit., 3 j.  
Ft. suppos. No. xij.

Sig.—One to be used on going to bed, and another after bowels had moved in the morning.

### ARISTOL.

According to Fichhoff, aristol is destined to replace iodoform, iodol and soziodol, on account of its innocuousness, its energetic action and its lack of odor.

It is produced in the form of a reddish-brown amorphous precipitate, when an aqueous solution of iodine with iodide of potash is treated with a solution of thymol in caustic soda. Chemically speaking, it is a biniodide of dithymol.

It is insoluble in water or glycerine, slightly soluble in alcohol, and readily soluble in ether.

This new drug is used, either mixed with cold oils, or it is applied in powder directly to wounds or burns. It is not absorbed, and does not possess the toxic properties of iodoform.

It is as efficacious as chrysarobin in psoriasis, and, moreover, does not stain the skin, and does not provoke conjunctivitis.

Fichhoff employs the following pomade:

R. Aristol, 3 to 10 grammes.  
Vaseline, 30 "

After the application of this to the diseased parts, they are enveloped with rubber tissue. The dressing is renewed two or three times a day, directly after washing of the parts.—*Le Bullet. Méd. Med. Review*.

### CARBOLIZED OIL IN SCABIES.

Dr. Tresilian has used carbolized olive oil (1 in 15 of oil) as a local application in eight cases of scabies in children and adults. The remedy was found to act as efficiently as sulphur ointment, over which it possesses the advantage of being far more pleasant. The local anæsthetic effect of the carbolic acid relieves the pruritus almost instantaneously. The carbolized oil treatment is especially appropriate in cases complicated with dermatitis. For in these cases, the sulphur, though it might kill the acarus, would be apt to aggravate the dermatitis.—*Brit. Med. Jour.*

### FLATULENT DYSPEPSIA.

Dr. Eloy, *Therap. Gaz.*, suggests the following:

R.—Creasot. pur. gtt. x.  
Sodii. bicarb. ʒij.  
Acaciae. pulv. q. s.  
Aq. f. ʒv.—M.

Sig.—A coffee-spoonful one hour after each meal. If the dyspepsia be dependent upon gastric atony and insufficient gastric secretions, the following is suggested:—

R.—Pepsin. ʒj.  
Creasot. gtt. x.  
Bismuth Subcarb. ʒj.—M.

Divide into chartas-xxx, of which one may be given in a gelatine capsule.

## DIET IN URINARY INSUFFICIENCY.

Dujardin-Beaumez concludes: Two principles should form the basis upon which the dietary for patients suffering from urinary insufficiency, as also for albuminuric cases, is built, viz:—(1) To prevent, as far as possible, the formation of poisonous products or toxins in the system; (2) To reduce to a minimum the quantity of toxins introduced into the organism. Hence all forms of meat should be forbidden, especially ham, which is apt to be tainted, for it is an error to suppose the various sorts of meats do not contain ptomaines. As to aliments which may be given, the first place should be given to eggs well cooked, as they have no influence upon the production of albuminuria. Omelettes and starchy matters (especially pure), as of potato and peas; also green vegetables well cooked. For beverages, milk is especially recommended; and if any wine be taken, it should be white wine diluted with water. If any meat at all be allowed, it should *a la mode*, chicken with rice, or fresh pork. From time to time a light purge may be given, and by rigidly adhering to the principles concerning diet above laid down, life may be prolonged for a long time.—*Med. Age.*

## LASSAR'S TREATMENT FOR BALDNESS.

First stage: A strong tar soap is applied to the scalp for at least ten minutes. Second stage: Removal of soap by a tepid water douche, the water to be gradually cooled, the scalp to be well dried afterward. Third stage: The scalp to be shampooed with the following solution:

R. Hydrarg. bichlorid, gr. x.  
Glycerini,  
Spirit rect., aa ʒ ij.  
Ad. destil., f ʒ v. M.

Fiat solutio. Sig. for external use.

Fourth stage: Shampooing of head with absolute alcohol, to which  $\frac{1}{2}$  per cent. of naphthol has been added. Fifth stage: the following solution to be well rubbed into the skin:

R. Acid salicyl., gr. xxx.  
Tinct. benzoin, f ʒ j.  
Ol. ped. taur. ad., f ʒ ij. M.

*New Eng. Med. Monthly.*

## CHRONIC DYSENTERY.

Dr. F. T. Field (*Medical World*) recommends the following for chronic dysentery:

R.—Tr. opii, ʒ ij.  
Ol. terebinthinae, ʒ ij.  
Gum acaciae,  
Sacch. alb., aa ʒ ss.  
Ol. gaultheriae, ʒ ss.  
Glycerini, ʒ ij.  
Aqua, q.s. ad. ʒiv.—M.

Sig.—ʒ j every four, five or six hours, according to the severity of the case.

## OL. TEREBINTH IN CROUP.

Dr. Lewentaner recommends the following in croup, having had much success in its treatment:

R.—Rectified oil of turpentine, 1 fl. ʒ,  
Oil of sweet almond, 2½ “  
Simple syrup, 3 “  
Mucilage of acacia, 10 “  
Yolk of one egg.

Canella water, enough to make 3 fl. ʒ.—M.

Sig.—A teaspoonful every hour for a child ten years old.—*Canad. Practit.*

## FOR FUNCTIONAL JAUNDICE.

Dr. Samuel, writing to the *N. Y. Med. Jour.*, speaks highly of the following in functional jaundice:

R.—Sodii phosphatis, ʒ ij.  
Aqua pur., f ʒ j.  
Misce, et ft. solut. et adde:  
Tinct. nucis vomicae, f ʒ ij.  
Tinct. gentian, ad f ʒ iv.—M.  
Sig.—Teaspoonful three times a day.

## CYANIDE OF MERCURY IN DIPHThERIA

Dr. A. Sellén, *Lancet*, a Swedish provincial medical officer strongly recommends the use of cyanide of mercury in diphtheria; he looks upon this drug almost as a specific. He recommends the following formula:

R.—Cyanide of mercury gr. ʒ.  
Tr. of Aconite ʒ xv.  
Honey. ʒxij.—M.

Sig.—ʒ j every fifteen, thirty, or sixty minutes, according to the patient's age. A gargle is prescribed to be used every fifteen minutes, composed of cyanide of mercury in peppermint water, in the proportion of 1 to 10,000.

## SALOL IN TONSILLITIS.

Salol has proved of much service in the treatment of tonsillitis and pharyngitis, when given in doses of sixty grains *per diem*. It is equally serviceable in scarlatinal angina and suppurative tonsillitis. On account of its insolubility it is prescribed suspended in mucilage, with directions to shake well before using. The diet should be exclusively milk. Under this treatment the dysphagia rapidly disappears, the fever subsides and the progress of the case is satisfactory. In exceptional cases the dose may be increased to ninety grains *per diem*.—*Dr. Cougenhenheim, in The Formulary.*

## HICCOUGH.

Dr. Brinkerhoff writes to the *N. Y. Med. Jour.*, that calamus is an excellent remedy for hiccough. He has used it in some cases of an aggravated nature, and always successfully. Only a small quantity is needed.

## CREASOTE IN DIABETES.

The *Lancet* says, two cases of diabetes have been treated with excellent results by Valentini, by means of creasote administered internally. In one case, four drops per diem were given at first, this quantity being afterwards increased to ten drops. Under this treatment the sugar disappeared, and did not return when the patient began to eat starchy food. The other patient was given six drops per diem, and did equally well.

## FOR IRRITABLE BLADDER.

Dr. W. P. Chunn writes to the *Maryland Medical Journal* that the following prescription has been found to allay incessant desire to urinate, and irritable bladder, when due to phosphatic deposits in the urine:

R. Acidi benzoici ʒij  
Sodii boratis ʒiij  
Aquæ f ʒxij

M. Sig. Tablespoonful three times a day.

This mixture has upon two occasions acted so efficiently in what was thought to be cystitis that cystotomy was dispensed with.

## TREATMENT OF DYSENTERY.

Dr. L. H. Davis writes to the *Memphis Med. Monthly*, stating that he has found the following combination for a suppository very efficacious in acute dysentery. He uses it after a saline aperient, and has found it more successful, in quite a number of cases, than any other treatment. He says it has proved especially applicable when an irritable stomach was present from the first, thus preventing the satisfactory use of ipecacuanha:

R.—Cupri sulphatis,  
Zinci sulphatis,  
Morphiæ sulphatis, āā gr. ij.  
Plumbi acetatis, gr. iv.  
Ol. theobrom. q. s.  
M.—Ft. suppos. No. viii.

Sig.—One to be introduced as indicated, or after each action of the bowels.

He usually follows the saline by the internal administration of tincture of nux vomica and quinine, and a restricted diet.

## GALL-STONES.

In the case of a woman who had passed gall-stones, Prof. Bartholow (*Med. World*) directed 1-20 gr. arseniate of sodium ter die, and:

R.—Sodii phosphate,  
Sodii sulph., āā ʒ ss.

Sig.—Ter. die in water.

## TONSILLITIS.

The following has been a very useful gargle in the treatment of tonsillitis, and is highly recommended:

R Tr. guaic. ammoniat.,  
Tr. cinchonæ comp. aa f ʒ iv  
Potassii chlorat. ʒ ij  
Mel, desp., ʒ iv  
Pulv. acaciæ., q. s.  
Aquæ., q. s. ad. f ʒ iv M.

Sig. Use as a gargle, and take a teaspoonful every two hours.—*New Eng. Med. Monthly*.

## DYSPEPSIA.

The following (says Dr. I. N. Love, in *Med. Rev.*) is good for fermentative dyspepsia:—

R—Acid carbolic. gr. vj.  
Tr. nucis vom. f ʒ ss.  
Acid nitro. mur. dil. f ʒ ss.  
Elix. lacto. pep. f ʒ iij.\*  
Spts. frumenti. f ʒ ij. M.

Sig.—ʒ j. tid. ante cib.

## NEURALGIA.

A writer in the *Courier Méd.* gives the following as useful in neuralgia:

R—Alcohol, camphorat., 90 parts.  
Ætheris, 30 "  
Tinct. opii, 6 "  
Chloroform, 20 " —M.

Sig.—Apply on flannel.

Dr. Finger recommends sub benzoate of bismuth as a valuable substitute for iodoform in soft chancre. The drug is a white, fine powder, obtained by heating subnitrate of bismuth with hydrochloric acid. The advantages of iodoform in rapidly cleaning and healing the wound are also obtained from sub-benzoate of bismuth which, besides, has the great advantage of being absolutely odorless.—*Berlin Corresp. Med. and Surg. Reporter*.

## DYSPEPSIA.

Dujardin-Beaumont offers the following powder as being very useful.

R Maltini\*)  
Pulv. sodii bicarb. .... āā 1,0 gr. (gr. xv)  
Magnesii calcina. .... 2,0 gr. (gr. xxx)  
Pulv. sacchari albi. .... 10,0 gr. (ʒ iiss)

Misce bene et in pulv. no. xx. div.

Sig.—A powder after each meal.

—*L'Union Médical—The Satellite*.

\*) Powd. Extr. Malt.

## HYPERTROPHY OF THE PROSTATE GLAND.

A Clinical Lecture delivered at the Montreal General Hospital, May 15 1890, by Dr. Francis Wayland Campbell, Dean and Professor of Practice of Medicine, University of Bishop's College.

GENTLEMEN,—The patient, J. F. L. now before you, is about 58 years of age and with more than the average intelligence of his class. He dates his trouble to about five years ago—when he noticed a more frequent desire to urinate during the day and night, and the act was accompanied by a burning sensation. This continued for some six months—when he consulted a medical man, under whose care he was for a long time, but did not get relief. He then treated himself, by sweet spirits of nitre, which seemed beneficial for a time, but one day about two years ago catching cold, by a wetting, he had retention of urine. Since then he had regularly used the catheter several times a day and several times at night, though he can pass a small quantity of urine. He has been in the habit of using an ordinary gum-elastic catheter, and upon several occasions, its introduction has caused a severe chill, followed by fever, necessitating his keeping his bed for some days. The specimen of urine which he brings with him is cloudy and contains much mucous, and is very acid. On examination per rectum I find that the prostate gland is much enlarged, which is the primary cause of all the man's trouble. I will place him on a mixture containing bicarbonate of potash, tincture of hyocyanus and camphor mixture, and under a suppository of 2 grains of exgotine and five grains of iodide of lead with cocoa butter to be introduced into the rectum every night on going to bed.

A variety of hypotheses have been advanced to account for enlargement of the prostate gland, but the consensus of opinion is that none of them cover the ground. Some believe that it is a disease of advanced life. Although it is seldom met with before fifty, yet taking a large number of men at that age and over, their prostate will be found normal. The condition is therefore generally believed to be a pathological one and not physiological. There is a strong analogy between the muscular tissue of the uterus and of the prostate, and both, after middle life seem to have a tendency to develop fibrous tumors, for it is the muscular tissue and not the glandular tissue of the prostate, which in the vast majority of cases is enlarged. The extent to which the gland enlarges varies. It has been met with the size of a man's fist or a small orange, but this is rare. Its enlargement does harm mechanically, and causes lesions in other parts. The immediate result is a deviation in the direction, and as a rule a diminution in the size of the prostatic urethra. As a result of the enlargement there is an obstruction to the flow of urine from the bladder, and this obstruction often

results in retention, which becoming great, causes paralysis of the bladder from over-distension.

A catheter with an ordinary curve must strike against this obstacle, and refuse to enter the bladder. Any attempt at forcing can only result in mischief, which may be followed by serious consequences at the time or troublesome consequences even after. The obstruction to the free flow of urine, calls for an increased effort on the part of the bladder to force it out. This causes hypertrophy of its wall, but the bladder muscles, at its base, are generally in a state of congestion, and are unable to contract sufficiently to bring the flow of the tissue, above the level of the obstruction at the mouth. In consequence, after each urination there is left behind a small quantity of urine, which does not give rise to any symptoms. It becomes mingled with the fresh urine entering the bladder, is partially passed off, and replaced by fresher fluid. After a time, however, the mucous from the congested mucous membrane around the base of the bladder, being in part retained in the residuum, acts upon the urine setting up decomposition of uræa, and liberate carbonate of ammonia. This irritates the mucous membrane of the bladder, increases its congestion, which produces a new supply of mucous, and thus the mischief goes on increasing, which is helped by the natural acidity of the urine. The mucous membrane at the outlet of the bladder becomes hyperæmic and thickened, and the obstruction to the flow of urine is increased. In this way from month to month, the amount of urine remaining undischarged increases, and the bladder gets less and less able to empty itself. Finally retention comes on, generally excited by a chilling of the feet and legs which produces an active inflammatory congestion to an already existing enlargement, this congestion being sufficient to shut up the urethra completely. This hyperemia may subside in a few hours, if the patient is kept warm, and he may thus be able to void his urine. If not, surgical interference is necessary and a catheter is introduced or the accumulation may go on to overflow. This stretching of the bladder, weakens its muscular fibres, and the consequence very often is, that the organ is left in a state of atony. Although the bladder may continue to perform its function, expelling the excess of urine above the residuum, the amount of residual urine is greater, and the power of expulsion less. The congested mucous membrane around the vesical neck, and in the prostatic urethra is kept irritated by the partly decomposed urine, so that it requires but a slight cause to bring on another retention each such attack leaving the bladder in a more helpless condition. Another result of retention is the occasional development of sacculi, which helps much to increase the mischief. The ureters often becomes involved. They get dilated and congested, as also does the pelvis of the kidneys, and at last there is excited

a mild inflammation of the cortical and medullary structure of the kidneys. The pressure of the enlarged prostate occasions also congestion of the hæmorrhoidal vessels, while the violent straining in attempts to void urine, often induce prolapse of the rectum. The urine is often alkaline, or even if slightly acid, it has an ammoniacal odor, and often a sickening smell. If the urine is decidedly acid, it is so, because its acidity has not been neutralised by mixing with the alkaline residuum. Whatever urine has been alkalized deposits crystalline and amorphous phosphates. It is murky and cloudy and filled with ropy mucous. What I have said represents the usual changes, which occur in the majority of cases. There are many variations. The patient may be able to evacuate his bladder entirely, but the obstruction to the return of venous blood from the bladder walls, produced by the pressure of the enlarged prostate, keeps up a congestion about the floor and neck of the organ. The result is irritability or a constantly recurring desire to empty the bladder. This condition comes on gradually. The patient sometimes cannot tell precisely when his troubles began. He notices perhaps, or the fact may escape his notice, that he rises earlier than usual to evacuate his bladder. Soon, however, he finds that he awakens twice during the night, with a sense of fulness in the organ. He passes water and goes to sleep again. During the day time he has to urinate a little more frequently than was his wont. This condition gradually gets worse; the intervals between his making water gets shorter at night, he rises every hour, and is constantly annoyed by an obscure sense of weight about the lower part of his belly. His bladder is never empty, but he does not know it. He cannot force the stream out at once. Sometimes there is a delay of a minute or less before the flow begins. When it does come it is not projected away from him with any force, he cannot make the "*coup de piston*," the final spasmodic closing of the urethra, and a few drops flow away when he returns the organ to its resting place. The condition of things is now ripe for an explosion, the cause alone is wanting. At last it comes. He dines out, drinks a little more wine than usual and neglects to urinate; or he gets a wetting or his feet get chilled, and he suddenly finds that he is unable to make water. If not relieved by the introduction of a catheter, over distension occurs, and it commences to dribble away. He fancies that his trouble is ended, for his torment has been dreadful; but his relief is not what he expected. His previously existing troubles are increased, pain in the perineum, annoying in character, supervenes, digestion is impaired, appetite fails, is worn out by loss of sleep, ages rapidly, becomes fretful and irritable, and has no pleasure in life. When a patient comes to you complaining of such symptoms as I have described he should be placed on his back, with his knees elevated, and a

digital examination made through the rectum, only by this means, can general prostatic enlargement be made out. In place of the soft, chestnut like body, hardly recognizable, the finger will meet with a dense rounded mass, generally smooth, but sometimes nodulated. The next step is to presuse and procure the hypogastrium, with a view of making out the condition of the bladder. It is just possible that with a finger in the rectum, and palpation with the other hand, some information may be gained as to the condition of the prostate. As a rule, however, it only reveals the fact that pressure above the pubis, excites a desire to urinate, from transmission of the force, to the sensitive part of the bladder. Sometimes this organ is as large as a child's head, and extends as high as the umbilicus. Generally the patient is unconscious of its existence. If he is able to make water, there is very little force to the flow. Sometimes there are two streams, one projected, the other dribbling. If desired to strain, when the stream is flowing, instead of becoming larger, or showing increased force, it may be diminished both in size and force. Urine so voided, is as a rule cloudy, bad smelling, and contains flocculi of pus, and stringy mucous. When he has voided all he can, if a catheter be introduced, very often a considerable amount of residual urine can be drawn off. Such cases are favorable for prognosis, if the patient can be brought to introduce the catheter, for by keeping his bladder from overfilling, he can avoid his most disagreeable symptoms, continually recurring desire to urinate. In introducing a catheter, especially in an old man, great caution should be exercised. A large size should always be used. If a silver one be employed in this disease it should have a short curve. It will usually go smoothly till the triangular ligament is reached, when it may require a little coaxing, but on no account should force be used. It will then pass on till a depth of six or seven inches is reached when it will stop. It has come against the enlarged prostate, or got into a false passage. A rectal examination will tell you which. If the obstruction is an enlarged prostate it is dangerous to proceed further with the instrument in use. Some years ago, and still in many parts of the country the gum elastic catheter was the one selected. Failing a new modern instrument, it may be employed, and when the obstruction is reached by partially withdrawing the stilette, such a curve is given to the point that it very often will reach the roof and slip over the prostate and enter the bladder. The instrument, which in my hands has given me the most satisfaction is the French catheter, named after its inventor Mercier. It is an elbowed instrument having a fixed angle or it may have two angles. The English makers now furnish a somewhat similar catheter, but I do not like them. They are not equal to the French, they are too stiff

and their angles are too obtuse. The point of this Mercier catheter follows the roof of the canal or strikes an obstacle upon its inclined surface, at an angle, which enables it to ride over it. This catheter answers well for all cases of general enlargement, but occasionally the canal is so deviated by irregular lateral growths, that it will not pass. For this condition several instruments have been invented, and I know of none better than a simple soft rubber catheter such as I now show you. It looks like a piece of ordinary rubber tubing, closed at one end, and with an eye. It should be oiled before being introduced. It will sometimes find its way, when all others fail. I now come to the practical part of my remarks, viz:

*The treatment.* Although the patient may not be susceptible of cure, much may be done to render his life comfortable. The catheter is the natural specific for an enlarged prostate. As I have spoken of the kinds of catheters, most suitable, I will now direct how they should be used. When the patient has passed all the urine he can pass voluntarily, he should be placed with his back against a wall, and the instrument well oiled, introduced into the urethra and pushed slowly down the canal. If the proper one has been selected it will pass readily into the bladder, when a very considerable amount of urine will flow from a bladder, which the patient thought he had emptied. If the patient is weak and you think it not wise to place him against a wall, place him on his back with hips a little elevated, and legs and thighs drawn up and slightly thrown open. So readily does one of these French catheters, enter the organ that in two or three sittings the patient will learn to introduce it himself. That accomplished, he has gained the victory of confidence in himself. If the amount of residual urine in the bladder is large all should not be drawn off at once. If while the urine is being drawn off, the patient complains of faintness the catheter must at once be withdrawn, and the patient placed on his back, with his head low. With a soft catheter, without a styilet, it is practically all but impossible for an old man to do himself any considerable injury, but with a silver instrument it is very easy. A little compound liquorice powder taken at night, will be found useful in regulating the bowels and he should take from x to xxx gr. of citrate of potash, three times a day. Merino in summer and flannel in winter should be worn next the skin. Woolen stockings should be constantly worn. The feet are the most distant from the centre of the source of body heat, the heart. The venous blood has great natural difficulty in getting out of them, yet they are the worst protected part of the body, especially in old men. Horseback exercise must be forbidden, as it tends to increase the congestion about the base of the bladder and this increases irritability. Exercise of other kinds will be

beneficial. An ordinary case does not require any change in diet. In introducing the catheter, as nearly as possible the normal periods of urination should be observed. If an instrument cannot find its way into the bladder then the aspirator should be used twice a day over the pubes—meanwhile continuing to make efforts to get in. If you still fail then it will become necessary to make a permanent opening above the pubis. To wash out a bladder when there is a congested mucous membrane, secreting large amounts of mucus, is a cardinal point of treatment. By this means the last drops of residual urine, with pus and stringy mucus, are diluted and drained away, and no ferment is left behind to decompose the healthy urine as it flows from the ureters. The congestion around the neck of the bladder is soothed, and this is a great point. The best method of washing out the organ is to use the ordinary flexible catheter. I have no faith in the double current catheter. Warm water should be used. It is soothing as well as cleansing, and a temperature of about 99 should be obtained. The best kind of syringe is a rubber bag, holding about four ounces, and provided with a metallic nozzle, and stop cock. Just as soon as the patient complains of a feeling of distension, allow the water to drain off through the catheter. The bladder may be washed out several times at one sitting—in fact till the water flows back perfectly clear. It may require to be repeated once or twice a day for ever after or in mild cases a tri-weekly washing may suffice. It may be necessary at times to use medicated fluids for injections. A good one is the acetate of lead 1-6 to 1-3 of a grain to the ounce of water, or one or two minims of dilute nitric acid to the ounce. For a continuous soothing injection from experience I can recommend the following combination of Dr. Thompson:

R Sodae Biorat., ʒi.  
Glycerine.

Aqua aa ʒii.

Sig. one ʒss. to a ʒiv. injection. M.

Chlorate of potash, five to fifteen grains to the ounce is also serviceable. The French recommend silicate of soda, a one per cent. solution, to arrest the formation of pus. Nitrate of silver, in a very mild solution—say gr. iii. to ʒi has been recommended—but is now hardly ever used—though I must say I have seen benefit follow its employment. Upon a rare occasion, when great difficulty has been experienced in getting in a catheter—it may be necessary to allow it to remain in the bladder. When this is demanded—only a very soft one should be so employed—for they produce the least amount of irritation, and remain longest without becoming incrustated with urinary salts. In such cases the bladder should be washed out several times a day with warm water. If there are any signs of irritation, the instrument *must* be removed.

When there is real incontinence, where the patient is continually leaking—he should wear a urinal. During the use of a catheter, one or both testicles may swell. This must be treated by rest, elevation of the scrotum and possibly sugar of lead and opium lotion. The continual introduction of the catheter may produce congestion at the neck of the organ, and light up or increase an already existing cystitis. This is most apt to occur early in the disease. Old cases are not generally troubled in this way. When it does occur the urine is apt to be mixed with blood to a variable extent. This need not cause alarm. If the flow of blood is large, and the bladder has power to empty itself to a certain degree, it is advisable to intermit the catheter—otherwise it must be continued, using the greatest gentleness of manipulation. It will generally cease in a few days. In such cases an opium suppository will be found useful. If the bladder becomes filled with a clot, no effort must be made to dislodge it. It will gradually soften, dissolve and come away in the urine, which should be kept abundant by copious draughts of potash water. The atonied over-stretched bladder of an old man does not recover its tone, like that of a young man, and it is better that it should not. The patient should be encouraged not to strain, in attempts at passing water, but he ought to rely on his catheter. A suppository of opium and belladonna is useful if there is much pain and in cases of actual hypertrophy of the prostate, it has been proposed to use ergotino in the shape of suppository—some combine iodide of lead with the ergotino. When the cystitis becomes very marked the patient must keep his bed, have his hips elevated by a hair pillow, so that they will be higher than his shoulders, in this way favoring a flow of venous blood from the pelvis. The head may be raised, but the shoulders must be kept low. A linseed poultice, containing a small proportion of mustard, should be applied over the hypogastrium. Heat applied to the perineum, is grateful to the patient. This is best done by a hot water rubber bag, which is made for this purpose. The rectum should be emptied daily by a hot enema. The only internal remedies are the different alkaline diuretics and diluents. The best is perhaps acetate of potash in thirty grain doses, three or four times a day—next to this drug is bi-carbonate of potash, combined with tincture of hyoscyamus and camphor water. Acetate of potash and liquor potassa are also useful. The use of alkalies may be given in linseed tea, which is a good diluent, and even alone are very useful. It may be taken in large quantity and flavored with lemon peel—lemon juice must not be used. As much as three pints a day should be taken. The infusion of buchu or *uva ursi* or *trilicium repens* or *pariara brava*. Some advise that the tincture of hyoscyamus should not be used on account of its alcohol, and recommend the extract in

its stead. The urine is nearly always excessive acid and the object of giving alkalies by the mouth is to alkalize it in the bladder and thus render it less irritating to the sensitive lining membrane of the viscus. By the employment of the means I have directed, aided by a large share of patience, you will in very many cases be able to make a life endurable, and in some, make him enjoy a life as long and as comfortable as if the bladder was sound. In conclusion, I may say there are not many devices which will call for as much patience and exercise of forbearance on the part of the medical man, as the one which has been occupying our consideration.

GENTLEMEN,—Three weeks ago to-day (June 5th) this patient presented himself before us, and was the subject of a clinical lecture, and I then placed him on treatment. He has been here every week to have his medicine renewed, but to-day I bring him before you again—to show the result. He says that he has greatly improved, and that for a week he has had to rise only once during the night. His general appearance is much better, due largely to the good sleep which he says he now gets. I find his urine still cloudy, and direct that his bladder be well washed with simple warm water. For the present this will be done once a week.

### NEWS ITEMS.

All the deplorable and despicable of Germany have been engaged during the last few weeks in the congenial task of kicking the dead lion; but I do not suppose that Prince Bismarck troubles himself about the malevolent inventions of such contemptible vermin. The idea of Prince Bismarck having impaired his faculties by morphia-drinking is really too extravagantly preposterous a fiction for even lunatics to credit, and the even more offensive allegation of 'alcoholism' is not less nonsensical. Prince Bismarck formerly took his fair share of wine and beer, but he is a man of iron head, and certainly never was affected in any way by his potations. The days, however, when he drank champagne, beer, and Rhine wines have passed away. A few years ago Prince Bismarck found his neuralgia benefited by a daily bottle of strong dry port, the wine being of a special quality which he obtained direct from Oporto; but this was also discontinued when he consulted Dr. Schwoninger; and for a long time past his customary beverage has been weak whisky and *Apollinaris*, and even of this only a comparatively small quantity has been allowed.—*London Truth*.

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MONTREAL, AUGUST, 1890.

**CANADIAN MEDICAL ASSOCIATION.**

The twenty-third Annual Meeting of the above named association will be held in Toronto on the 9th, 10th and 11th of September next. As arrangements have been made with the railroads and steamboat companies for a reduced rate of travel, we hope to see a large number there; and as the hospitality of Toronto is well known we feel certain, that if well supported by the profession, the meeting will be a success. Members who propose presenting papers should notify the secretary at as early a date as possible of the title of the paper intended to be read.

**THE MEDICAL CONGRESS AT  
BERLIN.**

The *New York Medical Record* report that from the latest accounts received, the International Medical Congress lately held in Berlin was a great success, over seven thousand medical men being present, repre-

senting nearly every nation on the earth's surface, and we are glad to be able to say that the American continent was more than well to the fore as regards numbers. It was proposed to hold the next Congress (1893) in St. Petersburg, but this was rejected, Rome being decided on as the place of meeting.

**BOOK NOTICES.**

WOOD'S MEDICAL AND SURGICAL MONOGRAPHS, consisting of Original Treatises and Reproductions, in English, of Books and Monographs selected from the latest literature of foreign countries, with all illustrations, etc. Published monthly. Price, \$10.00 a year. Single copies, \$1.00. July, 1890. New York: William Wood & Co., 56 and 58 Lafayette Place.

This volume of the Monographs is fully up to the standard of its predecessors. Within the space of 250 pages it contains five complete works by leading authorities such as Kelsey, Bryant and Pasteur, any one of which alone would cost more than the price of the whole volume. The busy physician must often be puzzled to know just what works to buy, but he need not be if he subscribes to Wood's Medical and Surgical Monographs, for the publishers employ not only able literary medical men to make the selections, but also experienced translators to enable those practitioners who do not understand foreign languages to place themselves in possession of the latest thoughts of the best writers in all countries. We can guarantee that the man who masters all that appears in these volumes during the course of a year will have no cause to be ashamed of his proficiency in professional knowledge.

It might well be called the compound extract of the Medical Journals for the year 1889. When we consider the immense number of costly chromos, lithographs and engravings with which the various articles are illustrated we can well believe the publishers when they say that the work has been published at a loss. Those of our readers who have not seen it should at once order it either by themselves or by joining with four or five conferees in their neighborhood, when we feel sure they will amply bear us out in what might otherwise appear an adulatory criticism.

ANNUAL OF THE UNIVERSAL MEDICAL SCIENCES, a yearly report of the progress of the general sanitary sciences throughout the world. Edited by Charles E. Sajous, M.D., and seventy asso-



ciate editors, assisted by over two hundred corresponding editors, collaborators, and correspondents. Illustrated with chromo-lithographs, engravings and maps. In five-volumes 1890. F. A. Davis, publisher, Philadelphia, New York, Chicago, Atlanta, and London. Agencies: Sydney, N. S. W.; Cape Town So. Africa.

We have just completed a hasty perusal of this work, and our impression may be summed up in the one word "Marvellous." We hardly know whether to admire most, the discretion of the editor, the energy of the associate editors, or the courage of the publishers. Some of the articles contain hundreds of references, and in order that these may occupy as little space as possible the ingenious plan has been adopted of giving each of the 850 Medical Journals throughout the world its own number. Thus THE CANADA MEDICAL RECORD's number is 130, and whenever this journal is referred to throughout the five volumes by any of the 270 authors it is always by this number with the date under it, in this manner 130, July, '89. Each of the editors is a well known specialist in his subject, so that it is not to be wondered at that each contribution is written with marked ability; what surprises us most is that men with such enormous practices can find time to devote to such painstaking work. Or only illustrates the adage "that the busiest men have always the most time for more work."

Besides the 850 Medical Journals referred to there are also 250 monographs each with its number. Most of these are by German, French, Italian and Spanish authors.

Much as we were struck with the enormous amount of information contained in the five volumes upon every conceivable medical topic, we were still more astonished by the completeness of the general index by Dr. Summer Witherstone of Philadelphia, comprising over 300 columns of closely printed matter. This index appears to be absolutely perfect; for after thinking a dozen times of papers which have appeared to our knowledge, some of them in obscure medical journals, not once did we fail to find them in this index.

### PERSONAL.

Dr. Francis Wm. Campbell, one of the editors of the *Record*, sailed for England in the Allan S.S. "Parisian" on July 31st. He proposes being absent about six weeks.

*L'Union Médical* gives the following formula of liniment to be used in cases of burn:

Salol	1 gramme.
Olive oil	
Lime water, ech	70 grammes.

### SUMMER DIARRHŒA IN CHILDREN.

The prevalence of disorders of the gastrointestinal tract among children, during the warmer months, has, in the more recent history of medicine, caused a more scientific study of these diseases, Dr. B. K. Rachford (*Archives of Pediatrics*, June, 1890,) thinks the chief causes of summer complaint are abnormal intestinal fermentation, both acid and putrid. In the former case an albumen is indicated, in the latter a carbohydrate. The treatment according to the acidity or alkalinity of the stools, as suggested by Escherich, or by the odor, as laid down by Christopher, is theoretically simple, but practically it does not always give the expected results.

According, then, as a case is caused by the fermentation of albuminous material or carbohydrate, we may formulate the following rules:

1. Avoid albuminous food, (a) when marked constitutional symptoms are present; (b) when in doubt as to the character of the fermentation causing the disease; (c) when the stools are putrid; (d) when the stools contain mucous and blood; (e) when the nausea is constant and not relieved by vomiting.

2. Avoid carbohydrate as a food, (a) when there are no marked constitutional symptoms present, and the stools are continuously acid; (b) when there is much flatus, pain, or urticaria.

3. Where the albumens are to be avoided, the carbohydrates are, as a rule, indicated; and when the carbohydrates are to be avoided, the albumens are, as a rule, indicated.

4. Give foods such as cream, beef broths, and whisky, (a) when the foods prescribed according to the above rules disagree; (b) during the first twenty-four hours in severe acute cases; (c) when in doubt as to the character of the food indicated.

These rules are not infallible, but they are founded on sound principles. Milk is contra-indicated in the more serious cases, and in convalescence it should be given well diluted, so that its albumen and sugar may be digested and absorbed before reaching the seat of the disease in the small intestines.

Therefore, give an antiseptic cathartic, such as calomel, stop the milk and all other food except such as are directed above, and then proceed according to the rules laid down, and success will be more frequent in the management of these cases.—*Dietetic Gazette*.