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Original Communications.

STEALING PATIENTS.

There are certain conditions which complicate the body medical and which do not seem to be understood as well as they should, not by the laity, but by physicians themselves. In our daily intercourse with these we are continually regaled with the recital of certain little stories of more or less doubtful authenticity concerning acts which may or may not be true. These tales are related with some purpose in view and do but little towards the furtherance of the intended end except within the narrow bounds of some small circle composed of equally narrow individuals. That this should exist is no matter for surprise as medical men are human, swayed by human passions and likely to give way upon occasion and be influenced by the small traits of character which are almost universally observed in human beings.

The subject which we desire to consider is that of stealing patients. It is a cause for common complaint among a certain class of physicians who seem never to tire of the subject. They are full of illustrative cases and seem to know more about similar instances in the practices of others than those directly interested in the matter. Of course, they never steal cases from any one else

and the reason for this will be considered later on. For the nonce suffice it to say that this robbery is one which we have been endeavoring to trace in a sort of general way and in this pursuit after knowledge we have become acquainted with a few facts that shed much light upon the subject.

We will premise by saying that there is no such thing as stealing a patient. We must distinguish, however, as to what constitutes a patient; for, unless this is understood, our position will be misapprehended. An individual is not a patient until actually in the care and under the treatment of a physician. So far as stealing a prospective patient is concerned, it is not only possible, but almost of daily occurrence. Such action is simply contemptible. It is of such a character as to be debasing to the individual practicing it and is a prostitution of a noble calling, such as only a vile and criminally inclined disposition could be low enough to practice. What we desire to speak of is stealing a patient—one who is under the care of a physician. To our mind this seems not only impossible but incomprehensible. We will explain our position. What is denominated stealing patients may be explained in this wise: An individual has been under the care of a doctor and leaves him. He seeks another for treatment

and receives it. The second doctor is accused of having "stolen" that patient. Or, a doctor tells a patient that if the latter will secure his services he will treat him more cheaply and successfully than the one he has. The patient accepts the proposition and, behold! another patient has been stolen. Having made this sufficiently clear, is it not obvious to any one that a patient cannot be stolen? A physician who is skillful in a treatment of disease, and combines with this the ordinary qualities of a gentleman can not have his patients weaned away from him. If he is at all successful in the treatment of his cases they will not desert him. They cannot be led to leave that which is good for that which is of unknown quality and for no reason whatever. There is no doubt whatever that when a patient leaves a physician he is dissatisfied with his services, either because they are too costly or because they are of no value.

Another point. When an individual calls upon a physician for treatment it is *prima facie* evidence that he wants his services, else he would not call. It is just as evident that you cannot persuade or force that patient to return to his former physician. If the latter has not been paid he should have seen to it that he was. No doctor can turn himself into a collection agency for others, nor does any one do it. If he is a business man he sees to it that he collects his own fee. But to accuse him of having stolen that patient is certainly as ridiculous as it is unfounded. Every man in the profession will lose a certain number of patients, just as there is certain to be a number of individuals who are forever changing doctors. It is an impossibility to force the likes, dislikes, preferences, or bias of people and to endeavor to achieve success by attempting the impossible is to be foolish in the highest degree. Honest work, coupled with intelligence and suavity will accomplish more than all the detective acumen that can be brought to bear upon the labors of others.

Let the physician exert himself to the utmost in every direction, in the pursuit of his profession, and he will have small opportunity to notice any defection in the ranks of his patients. They will not only stand by him and do all in their power for him, but others will be gained by him through his work and the esteem in which he is held by his patrons.

Now let us examine the individuals who are continually whining about the patients that have been stolen from them. They are generally more or less incompetent either in general, or in the particular case in question. They have been practically unsuccessful in that particular case or are so in a number. Under such circumstances they have no real grounds of complaint. Another class is composed of those who are negligent. They do not give the care and attention which they should and which would be cheerfully paid for. They have too many pleasures or other distracting influences drawing them away from their legitimate work and, as a natural result, they lose patrons. They prefer playing poker to keeping office hours, or in some analogous way impose upon the patience and good-will of patients. Or, they may be possessed of vices of such a character as to drive away patients as soon as the latter discover them, and as a simple matter of self protection. But we do not wish to enumerate more causes.

On the other hand, the physician who is kept busy by his cases has no time to lose in detailing the real or fancied wrongs of which he is the victim. He is too busy to lose time inquiring after the business of others or to pry into their affairs. He sees to it that he is paid for his services and his time is so valuable that he cannot lose it inquiring into the relations of his prospective patient and the latter's former medical attendant. The matter is a very simple one for him. A man or woman desires his services. They receive them, pay for them, and that ends the transaction.

He may never see either again nor does he bother about it; he has too much to do and can employ what small amount of leisure time he has in some more profitable employment. Nor does it hurt him to be accused by his envious confreres of being incompetent, a stealer of patients. The fact of having a large practice is evidence in itself of being successful and in demand and in this as in everything else "nothing succeeds like success."

One word of parting advice. Defaming others and accusing them of incompetence and of stealing patients advertises them and increases their revenue and success. Look to your own affairs and try to make success on your own merits. Study, and treat patients properly, do not have any petty vices or bad habits, be clean morally and physically, and mind your own business and you will be a success. You will have so much to do that you will not be able to pick out the flaws in others and as a reward, you will become one of the successful 'patient stealers.'—*Medical Review.*

Progress of Science.

THE INFLUENCE OF HEREDITY IN THE PREVENTION OF DISEASE.

By Woods Hutchinson, M.D., Professor of Anatomy in the Iowa State University, Des Moines, Iowa.

I have ventured to call attention to this most important, but most difficult and indefinite subject, not with the hope of making any original additions to our knowledge of it, but simply to question how we are to interpret some of the facts already known and to provoke a general discussion of the subject in the light of wider and riper experience. We so often hear and read of the influence of heredity in the production and propagation of disease, and the subject in its concrete form is so frequently thrust upon us in our professional experience, that we are, I think, in no small danger of neglecting and almost forgetting the other and larger form of its action, and of regarding it as an almost malevolent rather than as a grandly beneficent influence. It is too often true, from the pathologist's as well as from the historian's point of view, that "the evil that men do lives after them, the good is oft interred with their bones." A few painful instances of inherited taint or predisposition are

allowed to subtend a larger angle in our mind's eye than a silent host of cases of equally truly inherited immunity, or vigor that defies attack. Our most deeply rooted and fundamental characteristics have come down to us through a long illustrious line of mammalian and pre-mammalian descent, by a rigorous selection and perpetuation of the useful and healthful results of heredity, and are not to be smothered or perverted by the upstart legacies of an odd generation or two of morbid action. The pedigree of the most aristocratic of diseases is but of mushroom length. The inheritance of abnormality of structure is rigidly self-limited, partly by the disadvantages at which it places its possessors and partly by the strong tendency of the system to revert to earlier and more vigorous and serviceable types. This tendency of our oldest ancestral traits to assert their supremacy we term the *vis medicatrix nature*—that sleeping lion to rouse which into action all our drugs and remedies are but as feeble stings and javelins. Heredity is not only vigorously limited in its influence for evil, but is the very basis of all remedial action. And, when we come to examine it closely, its evil influence is almost purely of a negative character—an absence of vigor, not the presence of a virus. Inherited deficiency suffers and cries out loudly for relief. Inherited vigor can take care of itself, and is silent with the great, calm silence of Nature. Are we not in danger of allowing our view of the question to be unconsciously influenced by this state of affairs even to the extent of regarding and speaking of disease as an independent entity with boundless powers of self-propagation and extension? We gloomily talk about disease being on the increase. We vehemently urge our legislators to prevent the marriage of consumptives, to restrain inebriates from propagating their kind, to forbid the bans of all whose pedigree shows the taint of insanity, as if the whole race were threatened with physical degeneracy, unless something be done to take the case out of the incompetent hands of Nature. We write of the consumptive, the neurasthenic, the epileptic, as a much-to-be-dreaded source of lasting danger to the community and to future generations, instead of as one whom Nature has branded with her verdict, "Weighed and found wanting" and marked for destruction. We seem almost to forget that even when the unfortunate sufferer escapes an immediate or directly fatal termination and succeeds in maintaining an existence for two-thirds or three-fourths of the natural term, of all his vital functions the reproductive suffers first and most severely, as is shown in the well known infertility of wild animals in captivity, the suppression of menstruation in consumptive females, and the deadly abortifacient effect upon both sperm and germ of the syphilitic virus. When the vigor of the organism is sufficient to resist the tendency

and to accomplish reproduction, a certain proportion of the offspring will revert to the healthier, sturdier type of their ancestors, while the major part of the remainder will be so handicapped by the lack of that vigor and resisting-power which their enfeebled progenitor could not impart to them, has either to perish during infancy or to break down under the strain of grand rallying of all the vital forces for the act of procreation which marks the period of adolescence. Is not inherited syphilis, with its enormously increased mortality from the third month of fetal existence on, an example of the former method of elimination, and the tuberculous tendency, with its harvest-time just before or early in the reproductive period, of the latter method? I think we are prone to underestimate the perfection of this check in the case of specific disease. The vast majority of ova impregnated during the period of active syphilization in either parent are destroyed before parturition, while of children produced, the few who, scarred and shattered, survive infancy seems every year to present a rapidly decreasing line toward extinction; in fact, in my own limited personal and hospital experience of some three hundred cases of hereditary syphilis, I do not believe that I have ever met with a case that had passed the age of thirty-five which presented the characteristic facial, ocular, and dental changes. Broadly speaking, all disease is self-limited, either in the individual or in the family.

In order to arrive at some practical estimate of the actual connection between heredity and disease as we find it already existing, I have endeavored to collect some statistics bearing upon the history in respect of the three great maladies to which the term "hereditary" is generally though somewhat loosely applied, and by which the welfare of posterity is supposed to be most seriously threatened, viz., insanity, tuberculosis, and carcinoma.

In regard to the first of these, it need hardly be said that it is an open question if we have any right or reason for regarding it as a disease or distinct pathological entity in any strict sense of the term, any more than lameness, blindness, or general debility; yet as it is generally most vehemently denounced as such and declared to be the one dark shadow on the future of our civilization, I shall make no further apology for so treating it. Through the kindness of my friend, Dr. G. W. Hill, of the State Asylum at Independence, I have succeeded in obtaining reports of some fifty public institutions for the care of the insane in all parts of the United States, with an aggregate of over 54,000 inmates. Of this number, 5093 cases, or barely 9.4 per cent., are recorded as "hereditary," or in other words as having had one or more insane relations. Of course, this figure can only be taken as a very rough estimate of the condition of affairs,

on account of the difficulty of obtaining accurate or reliable histories of the cases previously to their entering the asylum; indeed, some superintendents refuse to classify their cases according to cause, while a few even omit heredity entirely from their list of causes. Although in some cases, for instance, in comparatively recent immigrants, almost no family history can be elicited, while in others the patient's relations will from family pride even endeavor to conceal the existence of other "skel-tons in the cupboard" among their mutual kindred, yet in many instances no such motive exists, the family being ready to tell all that they know and even more for the sake of getting someone to take charge of the unruly sufferer. On the other hand, the existence of a lunatic or "queer body" in any family is a decidedly macroscopic symptom to the eye of the dullest observer. Like murder, insanity "will out," and when we consider that many of these cases have been duly and elaborately examined and passed upon by a public commission that could call as many witness as it might desire, I think we may fairly claim that this record represents at least the major proportion of all cases in which such a coincidence existed. Even supposing that mental unsoundness in the family was discovered in only half the cases in which it actually existed, we should still be distinctly below the 22.6 per cent. which represents the proportion of cases in which heredity is recorded as a factor in the total aggregate of the English and Welsh asylums. This fact, together with the strikingly excessive proportion of patients of foreign birth in our institutions, would seem to me to go far to prove that the much-lamented increase of insanity in this age and country is in no sense attributable either to heredity or to the cumulative effect of civilization upon successive generations, but is principally due simply to the sudden and excessive changes of physical, social, and political environment to which our immigrant, and to a lesser degree our native, population has been subjected. Statistics upon this subject are scarce and difficult to obtain, and what few I have been able to collect seem rather to shake one's confidence in the popular belief that "figures won't lie" than to give any reliable and consistent information, the reports before mentioned varying from as low as 0.6 per cent. to 35 per cent. of hereditary influence. Maudsley found hereditary predisposition in 16 of 56 cases; Trelat in 43 of 73; a report to the French government in 1861 give 530 of 2000 cases; Jacobi reports 24 of 220; Hagen discovered "direct hereditary predisposition"; in 26 of 187 cases, and Mitchell in 20 of 64—a total of 659 in 2594, or a trifle over 25 per cent., apparently attributable to hereditary influence. Estimates are somewhat more numerous, but vary almost widely; Burrows regards hereditary predisposition as the cause of six-sevenths of all cases.

Moreau, of Tours, of nine-tenths; Martini of nearly one-third; Esquiroi of one-fourth in the poor, of three-fifths in the rich; Bergmann of one-third; Emmert of 75 per cent; Maudsley of "more than a fourth but less than a half;" Marce of nine tenths; Leidesdorf of 25 per cent.; Hill of one-fourth—making an average estimate of 52 per cent. of hereditary influence.

With all due respect to the authorities quoted, I am afraid one can hardly help being struck with the fact that the majority of the "estimates" begin almost where the "figures" leave off, and continue onward and upward to perilously near the pinnacle of 100 per cent., and that data showing 25 per cent. are hardly a sufficiently solid basis for computations reaching over 50 per cent.; even though quoted as such. Would it not seem highly probable, upon even this meager showing, that our generally accepted conception of the mischievous influence of heredity in this important field is in need of serious revision? The wider the range of investigation is made and the more completely local or personal sources of error are eliminated, the smaller becomes the apparent importance of heredity as a factor, while the common estimate of over 50 per cent. of malevolent influence seems to be supported by data to the extent of barely 10 per cent.

Of course, it goes without saying that these figures by no means represent the total number of cases in which suspicious or morbid family history existed, for there must have been many others in which, from various causes, it was impossible to elicit it; but, on the other hand, it must be remembered that the terms "hereditary predisposition" and "family influence" are very loosely used and in many cases really mean nothing more than that one or more of the patient's numerous relatives or ancestors has been insane, or even epileptic or inebriate, a fact which may have no connection whatever with the case in question, excepting an historic one. If every family in which a case of mental aberration can be ferreted out is to be regarded as predisposed, how many of us will escape suspicion? The mere fact that one of the patient's relations or even ancestors has been insane is no more necessarily the cause of his insanity than would the fact of his grandfather having been lost at sea be the cause of his meeting death by drowning. *Post hoc* is by no means always *propter hoc*, although I think that we are often apt to regard it so in hereditary pathology.

When we come to consider carcinoma, the second great morbid process in which heredity is declared to be a factor, its apparent influence shrinks to still narrower limits. Hardly any two estimates agree, not even those given at different times by the same authority, but their range of variation is much less striking than in the case of insanity. Definite data of any kind

seem even scarcer and more difficult of discovery, a tolerably extensive review of the literature of the subject in the Library of the Surgeon-General resulting only in the mere handful which I have to present. S. W. Gross finds hereditary influence in 10.3 per cent of his cases; Lebert traces it in 10 of 102; Paget traced the disease to other members of the family in 78 of 322 cases, and in another series of 160 cases found hereditary tendency in 26; Sibley finds 34 instances of heredity in a collection of 305; West, 8 of 49 cases of uterine carcinoma, and Von Winiwater 5.8 per cent. in his list of cases of mammary carcinoma; Velpeau finds an inherited predisposition in one-third of his cases, while Parker found such family history in only 56 of 397 cases. I have succeeded in getting a report of only one of the hospitals devoted specially to the treatment of this disease, the Brompton Cancer Hospital of London, which gives the proportion of cases having relations who are affected with carcinoma 10.3 per cent. in their grand total of 28,638 patients in thirty-seven years.

A highly suggestive bit of collateral evidence in the same direction is the fact given by Brannan in his most interesting analysis of 2000 consecutive deaths in the experience of the Washington Life Insurance Company, that of the 56 cases having carcinoma in their family history (41 of whom had lost a parent by this disease), only one, or 1.79 per cent., died of carcinoma, while of the remaining 1944 having no such history, 67, or 3.45 per cent., fell victims to it. This unexpected preponderance of mortality, of course, is probably accidental and due to the small number of predisposed cases; but it certainly would not have been thus were heredity a really appreciable and active factor in the disease.

The evidence is scanty, but tolerably harmonious so far as it goes, and I think it would be safe to say that the tendency of the best thought of modern authorities on this subject is decidedly in the direction of seriously doubting whether heredity plays any appreciable part as a factor in the production of carcinoma. Indeed, one can hardly help wondering how such a widespread belief in the importance of hereditary influence in carcinoma came to be built up on such an apparently slender basis, especially when we remember that the figures given probably represent nearly the full proportion of cases in which a suspicious history actually existed. Here there is comparatively little tendency to concealment or falsification, on the part either of the patient or of her relatives; on the contrary, we will be told at the outset of our inquiries, with what seems almost like a morbid pride, that "there is cancer in the family." Indeed, I am half inclined to believe that we have unconsciously imbibed the major part of our belief on this subject from the laity. Merely

upon *a priori* grounds one would hardly expect the organism or any part of it to be born old, and yet senility of tissue from extinction of function would seem unquestionably by far the most potent, if not the only proved predisposing cause of the carcinomatous process. The uterus undergoing involution, the atrophying mamma, the puckered lip wrinkling over the toothless gum, have all either temporarily or permanently outlived their usefulness, become supernumeraries, pensioners on the body at large, and these are the breeding-grounds of 70 per cent. of all cases of carcinoma.

When we attempt to approach the "white plague of the North" from this standpoint, the problem becomes a well-nigh hopelessly speculative one, on account of the vastness of the field and the utter inadequacy of definite information obtainable. Estimates are legion, but figures are few, and so nearly equally distributed, from 10 per cent. to 70 per cent. in single series, as to fail to inspire much confidence in their reliability. I have written to the medical directors of some four or five of our leading life insurance companies, asking for references to data bearing upon the question. Their replies have been most prompt and courteous, but all practically to the same effect; collections of cases are so few and on so microscopic a scale that, as one of them frankly says, "We have almost ceased to regard statistics as of practical value in the selection of life risks." Text-books and monographs on pulmonary tuberculosis usually carefully avoid statistical statements, and when the rule is relaxed it is principally to ring the changes on the fossil figures of Louis, Lebert, Barthez, *et al.* My researches have been far from exhaustive, but the results have been most disproportionately and distressingly meager. And yet, so far as they go, and biased as many of them evidently are, they fall far short of supporting the commonly accepted view of the question. There is probably no disease that both the profession and the laity are more confidently and unanimously agreed in ascribing largely to hereditary influence than "consumption." Our poor starveling, flat-chested patient assures us that she knows there can't be anything "wrong with her lungs," because "there is no consumption in the family." Of six intelligent and experienced practitioners, taken at random, approached on this subject, four gave it as their opinion that from 70 per cent. to 90 per cent. of all of their cases were traceable chiefly to heredity, while the other two placed the proportion at 40 per cent. But before giving the actual figures obtained, it may perhaps be as well to briefly consider their probable value on general principles. In the first place, they are likely to be fairly exhaustive and complete as far as they go. The patients are usually under observation for considerable periods of time; are not only not in any way incapacitated by their

condition for either remembering or relating the facts of their history, but are above the average in intelligence and conscientiousness. "The good die young," usually of pulmonary tuberculosis, and it is almost a question whether we are not entitled to regard conscientiousness as one of the leading morbid symptoms, so well-nigh invariably is it found in conjunction with pulmonary tuberculosis. There is but little motive for concealment, so that the percentages probably represent almost the total of those having such flaws in their family history in each group investigated. On the other hand, in no group of morbid histories is it more imperative ever to keep in mind that *post hoc* is by no manner of means *propter hoc*. A very brief mathematical statement of the case will illustrate this at once. According to our mortality-rates one seventh of our population ultimately dies of pulmonary tuberculosis, *ergo* any individual who could recall the histories of seven deceased ancestors or relatives would have the right, if we may use the expression, by the law of averages, to one ancestor dead of pulmonary tuberculosis, without being under any peculiar suspicion of "consumptive taint." The smallest possible family group must consist of six members, two parents and four grandparents, but when the investigation is extended, as it frequently is, to brothers and sisters, uncles and aunts, it may include from ten to thirty members, among whom it would be strange if one or more had not fallen victims to this commonest cause of death. What wonder, then, if the enthusiast upon heredity—and most of those who prepare tables are enthusiasts—is able by perfectly legitimate means to make a most imposing display of facts that apparently support his theories to the letter. But what most seriously impairs the scientific value of these tables is the fact that in a considerable minority, if not in a majority of them, the fundamental term itself denotes not merely a morbid process, but the degree of that process—in other words, that "consumption," means not merely "tuberculous degeneration," but tuberculous degeneration sufficiently extensive to seriously threaten life, or even in the usage of some authorities "tuberculous degeneration ending in death." It is by no means uncommon to hear or read such expressions as: "Mr. A. was threatened with consumption in his early days," or "Mr. B. had all the symptoms of phthisis at one time," "*but he recovered.*" I think we are inclined to markedly underestimate the prevalence, and if I might use the expression, the naturalness of this simple reversion to the amoeboid state on the part of certain of our tissue-cells. Now that Von Ruck, Trudeau, and other modern therapeutists, are assuring us that from 60 per cent. to 80 per cent. of cases of pulmonary tuberculosis in the earlier stage are curable, and that pathologists are informing us that over 30 per cent. of bodies dead of disease other than

tuberculous have fibrous or calcareous deposits, evidently of tuberculous origin, in the lungs, the prevalence of even that aggravated stage of the process which is termed consumption would appear to be much greater than is usually believed. A mortality of 40 per cent.—a maximum one—would give it a morbidity of nearly 35 per cent.—indeed some authorities claim 50 per cent. of the race as suffering from it at some time in their lives. When the process appears where we might expect it—in those areas in which cell-proliferation is most active and the tissues most nearly in their embryonic or ancestral condition, the corpuscle-breeding areas of the lymphatic glands—we dub it “struma,” and place it in a separate column; when it originates in the next most active cell producing areas—the great serous membranes—we call it meningitis, peritonitis, or pleurisy, as the case may be; in the cells of the bone-marrow “osteitis,” but taking all these altogether as mere modifications of the same process, it really seems that it would be well-nigh as logical to speak of “hereditary” gastritis, eczema, or coryza, as of hereditary tuberculosis. So enormous is the extent of its prevalence that it seems almost entitled to rank as one of the primary fundamental reactions of tissue—the starvation reflex.

Of the data attainable, the oldest are those of Louis, Gialussi, Rilliet, Barthez, and Lebert, who report respectively 11 per cent., 10 per cent., 14 per cent., and 16 per cent. of all their cases (actual number not given) as presenting this factor. Piorny, Ancell, Pidoux, and Walshe go a little higher, and find heredity present in 25 per cent. of all their cases. The average keeps rising. Herard and Cornil give 38 per cent., Briquet, 40 per cent., Homan 70 per cent., Portal 75 per cent., while Ruz caps the climax with 83 per cent.

The tables in which the actual numbers are given do not vary over quite so wide a range, but there is still plenty of the “spice of life” in them. Koranyi, in 900 cases, finds heredity in 20 per cent.; Leudet, in 500 cases, in 50 per cent.; Carl von Ruck, 35.4 per cent. in 301 cases; Herman Brehmer 36 per cent. in 13,000 cases (Görbersdorf Institute); D-tweiler, of Falkenstein, 35 per cent. in over 6000 cases; Brannan, 23 per cent. in 350 cases; Smith, 70 per cent. in 1000 cases. In round numbers this makes a total of 22,000 cases, with an average percentage of 37 per cent. This is a very considerable proportion, yet when we contrast it with the result arrived at by Brannan—that, of 2000 risks accepted by the Washington Life Insurance Company, at an average age of thirty-five years, 22.4 per cent. had hereditary tendency to consumption (a percentage which would certainly be greatly increased if the rejected risks, earlier ages, and both sexes were included), it seems to me far from conclusive, and certainly fails to support the usually accepted

views on the question. There is, of course, no doubt that the existence of a severe or fatal degree of tuberculosis in a parent distinctly increases the probability of such a process appearing in the offspring. In Brannan's table, 27 per cent. of those showing “hereditary tendency” died of tuberculosis, as against 16 per cent. of those showing no such tendency. But it would seem more probable that what the offspring inherit is merely the lowered vitality of which tuberculosis is a symptom, rather than any specific tendency to this special form of degeneration. The “consumptive” is physiologically below par, from his undersized heart and dilated stomach to his clubbed finger-tips.

Defective nutrition is a more powerful factor than heredity, as shown by Brannan's tables, for of the 690 cases, with no hereditary tendency whatever, that were below the standard weight, 30.7 per cent. died of tuberculosis, as against 27 per cent. of 252 cases of all weight having such hereditary tendency; while, more significant still, of those having such tendency who were above the standard weight, only 6 per cent. died of tuberculosis, as against no less than 48 per cent. of those of this group who were below standard weight. In other words, a mere increase of fifteen pounds in weight seems capable of annulling the strongest hereditary tendency, for the 6 per cent. mortality of the heavy-weights among the predisposed is within a fraction of the percentage in the same class of the non-predisposed.

To sum up roughly, we find a tainted pedigree among 57,000 cases of insanity, in 10.1 per cent.
 “ 30,000 “ carcinoma, “ 10.5 “
 “ 22,000 “ tuberculosis, in 37.3 per cent.

These estimates are, of course, made on far too narrow a basis to be regarded as in any way conclusive, and their reliability for positive purposes is open to serious question in many particulars, but I think they at least justify us in demanding, in answer to the charge that heredity is, in any sense, a prominent or active factor in the production of disease, the Scotch verdict of “Not proven.”

On the other hand, all the remedial power of Nature, individual and racial, all the vigor that defies a tack, all the priceless immunity from disease, all the exquisite harmony with environment that surrounds us on every hand, are the direct results and illustrations of the law of heredity. Its beneficent effects are innumerable and unquestionable; its injurious effects few and doubtful.

COLD IN THE HEAD.

For this, while in the acute congestive stage, there is no better remedy than gelsemium. One good large dose, say ten minims of the fluid extract, taken before going to bed, is usually sufficient to dispose of this troublesome and uncomfortable affection.—*Medical Compend.*

PHYSICAL HYGIENE AND THE BICYCLE

By A. D. Rockwell, M. D.

The right use of the muscles is a subject that has for years engaged the attention of hygienists, and one, too, that is perhaps better understood than almost any other branch of hygiene.

The Greeks well understood the importance of muscular training, and in their athletic sport gymnastics was refined to a science. Under the pressing needs of our rapidly rising civilization, attention has been variously and studiously recalled to the subject of physical development as a means of counteracting the excessive and unequal excitements with which nearly all brain work is more or less associated. Baseball and boating clubs, yachting, gymnastics—light and heavy—all these methods of muscular exercise are now developed into sciences, and, when rightly studied and practised, may become invaluable means of training the body and preparing it to meet with less peril the toils of modern society. The modern system of training has not been without errors in regard to the relation of the quantity and quality of the food and drink to muscular strength.

Gross blunderings of creed and practise have been held, and the violence to which all these games and sports are pushed has wrought evil that has mingled with the good, and much disheartened the friends of enlightened physical culture. And yet, on the whole, the accepted views and customs of this matter of exercise are at present more nearly correct than in any other branch of hygiene. Extremes have gone down, wild excesses have been discontinued, the hideous and distastful have given way to the comely and agreeable, and in all directions there has been a tendency to sift, to prune, and to reduce to a finished whole the science of physical training.

Almost every form of physical exercise has its enthusiastic advocates who base their opinion of its superiority over other methods either upon the ground of healthfulness or pleasure. The young and vigorous, who "know not of their health," give little thought to the *method* of exercise so long as it meets the requirements of pleasure alone, and therefore the billiard-room and the bowling-alley possess attractions to a host of young men who imagine that they are fulfilling the various necessities of physical exercise by punching billiard-balls in a hot and close atmosphere surcharged with tobacco smoke or bowling in some underground alley-way.

All indoor athletics are, at the best, but a poor sort of makeshift for the attainment and preservation of health. The perfections of bodily and mental activity can be successfully wooed and kept only in the free open air and bright sunshine. Even the gymnasium, with its rational and thoroughly systematized methods and its corps of well-trained instructors, falls

far short of accomplishing the best possible good for the miserable dyspeptic with his lazy liver, or for that utter exhaustion of the nervous system which is such a frequent result of a busy life in our restless, rushing civilization.

Physical exercise, to be beneficial, must in no way be perfunctory. The daily walk to and from one's business is a relief and a benefit, no doubt, but how stale and unprofitable it becomes after a time! There are four things which few men learn early, and the majority never, and these are: How and what to eat and drink, and how and when to exercise the body.

Every sensible and observing physician, the longer he lives, must become more and more convinced that the cause and cure of the majority of the ailments that afflict humanity depend very much upon food and drink and habits of exercise. No saying is more trite than that men and women take too much medicine. They take many times too much, and too often the diseases and symptoms of disease for which relief is sought by this indiscriminate dosing are stimulated into increased activity.

The writer would by no means convey the impression that drugs are valueless, nor that there is not the widest range for their judicious administration. He simply protests against the impertinence of constantly interfering with the prerogatives of Nature. What sort of a teacher would he be considered who was always solving his pupils' mathematical problems or translating his Latin exercises? A vigorous intellectual growth is not stimulated in this way, no more than physiological functions are excited to a healthful activity by the artificial aid of pernicious poisons indiscriminately and persistently repeated. Our body is simply an incessantly active furnace, and the crucible through which its fuel must pass to be consumed is the liver. If the consumption is imperfect and incomplete very much the same thing takes place in this human furnace as in the furnace that heats our house. If the draught in the latter is insufficient, the combustion is imperfect, and the coal instead of being reduced to fine ashes, remains in the form of half-burned cinders, and materially interferes with the efficiency of the whole heating apparatus. In the human body the evil result of an imperfect combustion are far more widespread and complex than this.

Besides the obstructions to the portal or liver circulation, the imperfectly transformed products of digestion, circulating through every portion of the system, poison both brain and body. This it is that causes much of the irritability and unreasonable outbursts of temper among men.

Now, what the coal, and the draught which acts as the efficient factor in consuming it, are to the furnace, such are food and adequate muscular exercise to the body. What a simple statement and yet how true, and how few give it more than a passing thought! It is a fact so

important that, misunderstood or its suggestions neglected, more misery, mental and physical are entailed and more lives destroyed than can be told. That old and vigorous exemplar of the benefits of simple living, Hannibal Hamlin, spoke truly when at a recent banquet in this city he said that "gluttony killed more men than intemperance," for where one is intemperate a hundred overeat.

If men would be strictly temperate in eating and drinking taking the simplest food and no more than is absolutely necessary to repair the ordinary waste of the body, the healthful activity of its various functions could be maintained with the minimum of muscular exercise. This Spartan simplicity of diet, however, is seldom attempted.

The appetite is a capricious master, and the difficulty is that the table offers temptations to eat and drink a far greater amount than this human furnace of ours can take care of without a very active draught in the shape of bodily exercise. The title of this article is Physical Hygiene and the Bicycle, but, like Artemus Ward, in his lecture on Sixty Minutes in Africa, on which he said nothing about Africa, I have said nothing about the bicycle. And yet he who reads and has appreciated, as the writer has, the pleasure and lasting benefits that comes through this form of exercise, will easily see *bicycle* written between all the lines. Upon that subject, indeed, I claim the right to speak with authority, since for years I had felt the necessity of counteracting in some way just such a condition of affairs as I have briefly attempted to portray. The gymnasium, horseback riding, pedestrianism—all these have at various times been attempted with more or less enthusiasm and persistency, and not without avail, but never until I purchased a bicycle and learned its use did I get the best return in health and pleasure. It is not less exhilarating nor more exhausting than horseback riding, and, contrary to the frequently expressed opinion of those who had no practical experience in this direction, it brings into active play a greater number of muscles than almost any other form of rational athletic sport.

If anything was wanting to render more complete my enthusiasm over the delights and benefits to be derived from the bicycle, it was supplied in abundant measure last summer by a ride of two hundred miles or more through the Berkshires. Having mapped out our route by the aid of one of the numerous road and guide books which give very accurate information as to the character of every road, a party of five of us started with our Columbias by train for Great Barrington. Reaching that place at noon, we wheeled to Lenox, where we passed the nights.

The next day found us on our way through Pittsfield to North Adams, where an excellent dinner and a night's rest prepared us for the

third day of our outing. On a road as smooth as concrete and following the trend of the mountain range, from which the summit of old Greylock towers high above its fellows, we passed through the charming village of Williamstown, and thence through one of the most beautiful and picturesque of valleys to the old town of Lebanon, with its springs and Shaker settlement. The fourth day of our ride was along the banks of a rapid stream through the Kinderhook valley to the town of Kinderhook, thence to the city of Hudson on the Hudson.

Having thus in four days easily completed two sides to the triangle of our journey, we began on the morning of the fifth day of our ride over the side, or base, *en route* for Great Barrington. Dining at a comfortable farm-house twelve miles from Hudson, we spent the night some ten miles farther on, at the pretty little town of Hillsdale. A few miles out of Hillsdale we encountered the next day the first real work of our journey. Here we were confronted by a barrier of hills, over which no bicyclist, however skilful or strong, could hope to ride. For three miles we pushed our wheels before us until, finally reaching the summit, we found that we were to be many times repaid for the work so readily accomplished.

Not only was the view surpassingly beautiful but, stretching out for miles before us to the valley below, we found the road as hard and as smooth as concrete.

A ride such as we then enjoyed is not to be had every day. Placing our feet upon the foot-rests and occasionally using the brake to check somewhat the rapidity of our flight, away we went like the wind for mile after mile. I have ridden behind race-horses, on locomotives, and and on horses fleet and strong, but never before had I experienced such perfectly joyous and exhilarating emotions as in that swift ride down the eastern slope of the Berkshires. It was the very poetry of motion, and we wheeled to the steps of the hotel, whence we started just six days before, with keener appetites, more vigorous digestion, and in that condition of complete health only found when the collective bodily activities seem one, each organ performing its function unconsciously, unheeded.—*Sanitarian.*

AMENORRHOEA.

The following is recommended as a reliable emmenagogue in many cases of functional amenorrhoea :

R Bichloride of mercury
 Arsenite of sodium, aa, gr. iij.
 Sulphate of strychnine, gr. jss.
 Carbonate of potassium,
 Sulphate of iron, aa, gr. xlvi.

Mix and divide into sixty pills. Sig: One pill after each meal.—*Cincinnati Med. News.*

SYMPTOMS AND TREATMENT OF INTOLERABLE FISSURE OF THE ANUS.

Lecture of M. Duplay, in the Hospital de la Charite, Paris.

You have perhaps noticed in our ward a young man of 25, of a robust appearance, who sometimes seems to enjoy perfect health, and sometimes groans and writhes in his bed, complaining of the most violent pains in the region of the anus. These pains are of a character which of itself suffices to diagnose the disease. While defecating, the patient, who is usually constipated, feels a sudden pain; it seems as though a red-hot knife passed through his rectum. But this pain, though rather severe, is not intolerable and quickly subsides. In about a quarter or half an hour after defecation, however, atrocious pains come on, which cause him to cry out in anguish; these pains may last four, five or six hours.

With these facts before us, the diagnosis of fissure of the anus is easy. If, now, we examine the patient in a convenient position, we will find at the posterior margin of the anus, in the median line, a small ulcer. This lesion is a very small affair; it is merely an elongated fissure, not deep, not roughened, not oozing, and with the edges scarcely indurated. But it is only necessary to touch it in order to cause violent pain.

Rectal examination reveals another important fact to explain the pains: the contraction of the sphincter. This examination is very painful; quite an effort is required to overcome the resistance of the sphincter. Upon seizing the sphincter between the thumb and index finger, there is a sensation as of a ring of extreme hardness. This spasmodic contraction seems to be the principal cause of the great pain and sufferings in this disease; whence the name *fissural sphincteralgia* that was proposed for it.

This contraction is often caused, by extremely small fissures, by a simple hemorrhoidal ulceration, or by a simple eczematous erosion. On the other hand, it is remarkable that syphilitic, tubercular or epitheliomatous ulcers never give rise to it. The pain and contraction, though very distressing, are still very reassuring in regard to general prognosis.

Fissures resulting from hemorrhoids or eczema may also exist without severe pain or spasm of the sphincter. Gosseline has described this form under the name of *fissure tolerante*, in contradistinction to the intolerably painful fissures. In the tolerable fissures, the patient feels a smarting pain at the time of defecation, but this smarting is only momentary. The co-existence of syphilis or tuberculosis may then be thought about; but the appearance of the fissure and the non-intensity of the lesion scarcely leave any room for doubt.

In regard to treatment it is essential to distinguish between the two forms of the disease.

In the tolerable form, sitz-baths, washes and various ointments quickly bring about a cure, especially if constipation be avoided. On the other hand, dilatation of the anus, which is of such marvelous efficacy in the intolerable form, is not of the slightest use in the mild form.

In intolerable fissures, all other measures besides dilatation are perfectly useless. Some time ago I saw a foreign young woman who had been treated in vain for two years for fissure of the anus, with all sorts of medicines; topical applications of many kinds, mineral waters, cauterizations, excision of hemorrhoids, but all to no effect. Dilatation of the sphincter gave her relief in a few hours.

In performing this painful operation, I employ anæsthesia by chloroform; I am afraid of interstitial injections of cocaine, especially in this region, which have been recommended. The only preliminary step necessary is to empty the rectum by a gentle purgative, given the day before the operation; a light diet and an ænema before operating. The patient lies on his side, the lower leg being extended and the upper one flexed and the buttock raised by an assistant. I perform the dilatation by introducing the two index fingers into the rectum, and using the thumbs only when the resistance is very great. I never use a dilating speculum. It is necessary to avoid a blind and brutal dilatation; we should above all, avoid the practice which recommends that the thumbs be separated until they touch the ischia. We should dilate until we feel that the resistance of the sphincter has been overcome, but we should not go beyond that; at the same time the fissure should be watched so as to see that no tearing takes place. Tearing of the fissure, and even of the sphincter, which often happens when a dilating speculum is used, is not a very serious accident, but it is worth avoiding.

The after treatment in cases of dilatation is almost nothing. If the fissure be slightly torn, an ointment containing iodoform might be used.

Relief is usually very prompt, almost immediate. However, you must bear in mind that in hemorrhoidal subjects, if the pain from the fissure ceases in a day or two after the operation, it is frequently replaced for about a week by another pain, due to turgescence of the hemorrhoidal plexus following the traumatism. It is well to remember the possibility of such an incident.

Failures are very rare. I have seen only one, in a neuropathic young man not hemorrhoidal. In such a case, division of the sphincter would result in cure. The line of incision should be through the fissure, and the whole thickness of muscle should be divided. The thermo-cautery should be used to divide the sphincter. Cicatrization is a little slower than after the use of the bistoury, but you avoid troublesome hemorrhage, and you also diminish the risks of infection. Divisions of the sphincter causes in

continence of feces, but this does not last long.
—*New Orleans Med. and Surg. Jour.*

THERAPEUTIC NOTES.

Neuralgia:—

R. Antipyrin, ʒ iij
Caffeine, ʒ ss
Ext. cannab ind., } aa gr. vss
Ext. aconiti, }
Hyoscin. hydrobrom, gr. ʒ

M.—Ft. capsule No. xxx. Sig.—One as directed every one to three to five hours. Excellent and contains no morphine.—*Jour. Am. Med. Association.*

Chafing of Young Children:—

R. Sub-nitrate of bismuth, ʒ i
Pulverized gum acaciæ, ʒ viij
Mix, and apply dry after washing the parts with castile soap.

An Excellent Hair Tonic:—

R. Acid carbolic, ʒ ss
Tinct. nucis vom, ʒ iij
Tinct. cinchonæ rubræ, ʒ j
Tinct. cantharidis, ʒ ss
Aq. coloniensis, } q. s., ad. ʒ iv
Ol. coccois, }

M. Sig.—Apply once or twice a day to the scalp by means of a soft sponge. This will prevent the hair from falling out if it does not produce a luxuriant crop.—*Med. Sum.*

Baldness.—In falling of the hair, a writer in the *Lancet* recommends the following, a little to be rubbed on every night:—

R. Tinct. jaborandi, ʒ iv
Lanolin, ʒ iij
Glycerine, ʒ iij

Mix with the aid of a little soft soap.

Liniment for gout.—In his small work on rheumatism and gout, Dr. F. Leroy Satterlee recommends the following local application in cases of gout:

R. Ol. Gaultheriæ,
Ol. oliuæ,
Lin. saponis,
Tr. aconite,
Tr. opii aa ʒ iij

M.—Ft. liniment. Sig.—Apply freely and cover with cotton batting.—*Med. Sum.*

Neuralgic Headache.—Dr. E. P. Hurd, in his monograph on neuralgia, advises the following prescription for headaches of all kinds:

R. Caffeini citrat.,
Ammonii carb, ʒ j
Elixir guaranæ, ʒ j

M. Sig.—ʒ j every hour until the pain is relieved.—*Med. Sum.*

For the Grippe.—Dr. E. R. Palmer, in a

recent number of the *Prac. and News*, says: With the recurring prevalence of the so called grippe, I beg leave to suggest the following as a specific for adults in such cases:

R. Salol, ʒ iij
Phenacetin, ʒ iij
Quinæ salicylat ʒ j

M.—Ft. cap. xx. Sig.—Two every three hours.

Naso-pharyngeal catarrh is thus treated by Willis: First cleanse the parts with peroxide of hydrogen, diluted sufficiently, and then apply the following with spray:

R. Sodii boro-benzoat,
Fld. ext. hydrastis, aa ʒ j
Glycerini, ʒ j
Acidi carbolic, ʒ xx
Aquæ camphoræ, ʒ vj
Aquæ, ʒ vi

M. Sig.—Use three times per day.—*Canada Lancet.*

Inhalations for Ozena—Moire recommends the following to be used as a fumigation in the cause of fetid nasal catarrh.

R. Camphor, ʒ jss
Tinct. iodine, ʒ iij
Iodide potassium, gr. xxx
Tar, ʒ iijss
Ninety per cent, alcohol, ʒ iij
Aquæ, ʒ vj

Place this solution on a water-bath, and inhale the fumes for two or three minutes, after which the nasal chambers should be washed out with a spray of 1 to 100 of carbolized water.—*Med. News.*

Chapped hands.—The following prescription from the *Medical Mirror* will be found useful in the majority of cases of chapped hands:

R. Menthol, gr. xij
Salol, gr. xxx
Olive oil, ʒ xxx
Lanolin, ʒ iss

M. Sig.—To be applied twice daily.

Mixture for Diarrhœa:—

R. Tr. opii camph, ʒ j
Mistura cretæ, ʒ iij
Oil menthæ pip, ʒ x

A teaspoonful for an adult every three hours until diarrhœa is checked. For infants the following prescription will be more appropriate and more easily retained on the stomach:

R. Vin. pepsini, ʒ iij
Bismuth subnitrat, ʒ iij
Glycerini, ʒ j
Aquæ, ʒ iv

Give one drachm at a dose every two or three hours.—*Med. Sum.*

THE TREATMENT OF CHRONIC ECZEMA BY CREOLIN.

Dr. R. Glasgow, in the *Dublin Med Journal*, calls attention to the fact that the value of tarry preparations in many forms of skin disease—especially psoriasis and eczema—has long been recognized. "If I were required to name one remedy only for eczema," writes Mr. Jonathan Hutchinson, "I would choose tar; if allowed to choose two, tar, lead; and if three, tar, lead, and mercury;" adding his "belief that tar is the specific for all forms of true eczematous inflammations of the skin." The form in which he uses it, is the alkali solution of coal tar known as *Liquor Carbonis Detergens*—a teaspoonful to a pint of warm water. The cost of this preparation debars its use in out-patient practice, and it was the cheapness of creoline and its excellent antiseptic properties that induced me a year ago to try its effects in the treatment of chronic eczema. A short experience satisfied Dr. Patteson that the most useful strength was that of one drachm of creolin to eight ounces of water—roughly speaking—a teaspoonful to a half pint of water. In this proportion, from which Dr. Patteson has never varied, it forms a bland and soothing emulsion, milky in appearance, and with a strong tarry odor, which has a marked effect in allaying irritability and itching, prevents the formation of scabs and crusts, and appears in a striking manner to moderate the pus-producing activity of certain forms of eczema. The mode of applying it which Dr. Patteson has found most efficacious is the following, which though applicable in the majority of instances, must yet, like every other remedy, be modified to meet individual cases.

The parts affected, having been freed from crusts or other accumulations, by appropriate means, should be freely bathed in the freshly-prepared emulsion for from ten to fifteen minutes. If the disease is in the acute stage, or if there is much secretion, lint soaked in the liquid may be applied over all parts, and retained in place by suitable dressings. But if the eczema is of the squamous type, treatment in the intervals is best carried out by means of ointments—that which has yielded in his hands the best results being one composed of zinc oxide, white precipitate, and the glycerine of the subacetate of lead. Under this treatment recent cases recover with astonishing rapidity, and even cases of long standing soon show signs of improvement which, in a majority of instances, goes on to complete and permanent recovery. In only a few instances has it failed to do more than alleviate the condition.

He has since tried the remedy in cases of eczema and psoriasis with marked relief to the irritability and itching, but it is still too soon to form any judgement as to its curative powers. But in the infective pustular eczema it is an

agent that effectually controls the progress, and well deserves a trial on a larger scale. If we accept Unna's definition of eczema as "a chronic parasitic catarrh of the skin, with desquamation, itching, and the disposition to respond to irritation by exudation and well-marked inflammation," then we have a rational basis on which to ground our treatment by such an active germicide as creolin.—*Medical and Surgical Reporter*

THE DIAGNOSIS OF HEAD INJURY FROM DRUNKENNESS.

The subject brought forward by Mr. Bittle in *The Lancet* of Sept. 12, 1891, is one of the first importance, especially to the surgeons of police who have to treat the patients. As surgeons to the C Division of the Metropolitan Police this subject in one form or another has been frequently brought to my attention, and some years since I wrote a brochure with the hope of assisting my brother surgeons in forming an opinion on, and in the treating, these cases he describes. Unfortunately, they are only a small portion of those which may be roughly classified as due to pressure on the brain. The diagnosis would be sufficiently difficult were these straightforward cases; but unfortunately, with few exceptions, they have a halo of alcohol surrounding them, masking or intensifying the symptoms upon which we rely to form our opinion. Of course, a police station or cell is not a proper place to make an elaborated diagnosis, and our instructions and desire are to have such cases removed to a hospital; but, unless the symptoms are pronounced, the hospital surgeons cannot take them in, and the surgeons at the workhouse infirmaries, if they have any doubt, will not do so. We have thus a responsibility thrown upon us most undesirable and perplexing. If we can remove the element of drink which, as I have said, hides the symptoms proper to brain trouble, we are more likely to be of service to the patient and to relieve ourselves of this great responsibility. Feeling this want, as all must who are brought into contact with these cases, I have for some years employed ammonia as more generally applicable than any other means of treatment. The preparation I use is the liquor ammonia fortior, which I allow insensible patients guardedly to inhale until they are sensible to some extent of irritating action; when, the patients are able to swallow, three drops of the ammonia in a tablespoon of water are put far back in the mouth. The beneficial effects are soon seen; the fumes of drink vanish, and the symptoms proper to the particular brain mischief, if any, stand out more clearly. It is seldom necessary to continue the administration, through I have occasionally done so, and I have never seen any bad effects follow, as I at first thought possible.—*J. H. Waters in The Lancet.*

SUBMEMBRANOUS LOCAL TREATMENT OF DIPHThERIA.

At the last meeting of the American Medical Association, Dr. A. Seibert, of New York, reported thirty-five cases of pharyngeal diphtheria treated by submembranous injections, with a demonstration of the methods employed. He pointed out that the various antiseptics applied to the throat do not reach and destroy the bacilli underlying the false membrane. In order to effect this object, he injects by means of hypodermic needle-points an antiseptic into the inflamed mucous membrane under the affected part. He used a hypodermic syringe, to which can be attached a long tube terminating in a flat, hollow extremity, from which projects a number of short hypodermic needles. A variety of shapes enables these needle points to be pressed into any part of the affected pharyngeal mucous membrane. After placing the syringe in position he presses the needles into the submucous tissue and then injects about 20 millimetres of chlorine water. This liquid he finds to be the most suitable, the safest, and the strongest antiseptic for this purpose. Of the cases reported he only lost two, and then from complications. The general treatment is at the same time carried out with careful attention to detail.—*Boston Medical and Surgical Journal*.

A NEW METHOD OF PRODUCING LOCAL ANÆSTHESIA.

Dr. Wiesendenger describes in the *Jour. für Zahnheilkunde* new method of producing anaesthesia by the application of cold, the characteristic feature of which is not the cold-producing agent which touches the desired part, but a metallic tube or chamber which is cooled by carbonic acid. The cold may, according to the requirements of the case, be regulated from the temperature of cold water to one sufficiently low to cauterize. The first symptom of this artificial cold is anæmia of the cellular tissue, producing a slight sensation of burning, which is followed by anaesthesia, which lasts from one to two minutes and then disappears without any ill effects. As the instrument may be manufactured of almost any shape, it is evident that this new method may be used for a variety of purposes. The simple turning of a tap will regulate the stream of carbonic acid to any degree of temperature down to 4° F. No moisture is produced. In using this cold for the purpose of cauterizing, the surgeon has the advantage of producing anaesthesia at the same time. When applying it to any of the internal cavities, such as the mouth, it is necessary to have the parts carefully dried, as the tissues would otherwise adhere to the instrument. Dr. Kummel applied the method in the case of a boy in the Maria Hospital at Hamburg with such complete

success that the boy looked on without moving a muscle while a deep incision of twelve centimetres in length was made in his thigh. Other gases which can be brought into a fluid state may be used in place of carbonic acid. The carbonic acid which has been used for the purpose of anaesthesia may be led into a vessel which has been tested to a pressure of three atmospheres, and is provided with a manometer and safety-valve, whence it could be used as an agent for preserving food. An iron bottle of fluid carbonic acid at a pressure of fifty atmospheres is sufficient for fifty operations. This can be bought for four or five shillings. The instrument for the application of cold to the tissues costs thirty shillings.—*Lancet*.

A NEW MODE OF ADMINISTERING THE BROMIDES.

The *Pharmaceutical Record* remarks that in Paris the pharmacists have of late been astonished by the increasing number of prescriptions they have been called upon to dispose wherein the bromides are combined with naphthol and bismuth. This new departure is simply the practical carrying out of some suggestions made last year by Professor Fere of the Salpêtrière, that large doses of the bromides tended, in certain individuals, to beget unpleasant symptoms chiefly for the reason that the gastro-intestinal tract of such persons was in a condition of sepsis that prevented the proper assimilation of the drugs. He recommended the administration of such intestinal antiseptics as naphthol and salicylate of bismuth as a means of removing drug intolerance from this and from other causes. The following formula is one method found by him to be advantageous, in the treatment of epileptics especially: R Potassium bromide, 1½ drachm; beta-naphthol, 1 drachm; salicylate of sodium, ½ drachm. Mix and divide into three doses, one dose to be given three times daily. It is maintained by Féré that this treatment is curative as well as preventive. He has found that the eczema and psoriasis which sometimes follow in the train of borax will also disappear if the intestinal tract is rendered aseptic. To the formula above given some Paris physicians are in the habit of adding 1-20 of a grain of sulphate of strychnine.—*N. Y. Med. Journal*.

MODERN RENAL SURGERY.

Dr. A. Obalinski sums up his views regarding the treatment of severe inflammatory affections of the kidneys and their sequelæ in the following way: 1 Suppurative inflammation of the kidney and surrounding structures indicates the operation of nephrectomy in order that free exit may be given to the purulent and other inflammatory excretions, and that the focus of the disease may be thoroughly cleansed, and further

extension of the thoracic and abdominal cavities and the hip-joint, be thus prevented. In most cases the single lumbar incision, as was performed by Simon, will suffice, but when there has been extensive undermining of the peritoneum the formation of a large flap, as practiced by Bardenheuer, is to be preferred, as such operation permits of ready access to all extension of the main pus-containing cavity. 2. Ureteral fistula should always be treated by removal of the corresponding kidney, provided the surgeon can assure himself of the existence of a sound renal organ on the other side. Nephrectomy in such cases is indicated, not only on subjective grounds and when, for instance, the external flow of urine cannot be restrained by any apparatus and the patient is thus prevented from following his occupation and from enjoying a comfortable existence but also on objective grounds, since, notwithstanding the utmost precaution, an old ureteral fistula may result in suppurative inflammation of the corresponding kidney and of the adjacent soft parts. 3. Nephrectomy performed under these last-mentioned conditions offers less favorable prospect than in cases in which there is an absence of suppuration or of cicatricial adhesions. 4. There can be no doubt that under equally favorable conditions, the transperitoneal method can be performed more rapidly and with greater ease than the extraperitoneal method of nephrectomy, and that the progress toward recovery is more speedy after the former operation. The transperitoneal method, however is not applicable to every case, and should be reserved for those instances in which the mischief is confined within the capsule of the kidney, the extraperitoneal method being indicated when the suppurative process has involved the peritoneal structures.—*Med. Record.*

THE VALUE OF OPIUM IN THE TREATMENT OF THE INSANE.

According to Krafft-Ebing (*Wien Med. Prac.*) the calming properties of opium in the treatment of psychical hyperæsthesia, of anguish, of delirium, of hallucinations, and of general excitations of the nervous system are always sure and satisfactory.

Opium ought especially to be used in those cases in which we wish to prevent hyperæmia of the brain. It is able to be injurious only in those cases in which there is venous hyperæmia of the brain.

In small doses it is a good tonic for the brain. Besides procuring sleep, it possesses a pronounced trophic action, which very often, after some weeks, brings about a remarkable improvement in the nutrition of the patient.

In melancholia, opium is the remedy par excellence to produce the above mentioned effects. Moreover, it diminishes the desire to commit

suicide which continually menaces these patients.

The remedy gives good results in maniacs and in patients suffering from acute alcoholic psychosis.

It does not matter much which preparation of opium we use, the pure drug, the tincture, or the extract. For hypodermic use the following formula is most suitable:

R Extract of opium,	part 1.
Destil. water,	part 18.
Glycerine,	part 2.

Used in this concentration the remedy does not irritate. After eight or ten days it no longer causes constipation as the bowel has become used to it.

As to the alkaloids of opium, the author attributes no value to narcaine and papaverine. Codeine has an effect similar to that of opium, while morphine possesses neither the tonic nor the trophic effect of opium.

Nevertheless morphine is preferred in irritative mania with excitation and coleric affections. It is also very useful in periodic psychoses where we wish to master an attack. Of course in these cases we must give very large doses so as to obtain the paralytic effect on the vessels.

Sometimes the good effects of morphine are diminished by the poisonous effects which large doses are liable to produce.—*Med. Review.*

IODINE IN HÆMORRHOIDS.

Dr. Preismann (*Wien. Med. Prac.*) employs the following solutions of Iodine in glycerine for the treatment of hæmorrhoids.

The stronger solution is for patients with a strong constitution, the weaker solution for those with a weak constitution:

1. R Potass. iodid.	2
Iodini,	.20
Glycerini,	35

M. Sig.: Apply on cotton tampons, after a warm bath.

2. R Potass. iodid.,	5
Iodini,	1
Glycerini,	35

The tampons should be renewed, at first every two, and then every three hours. Commence with the weaker solution.—*Med. Review.*

DIABETES.

Rendu classifies the following affections characterized by sugar in the urine: (1) Temporary Glycosuria; caused by over-exertion; especially cerebral. It is also encountered in acute diseases, or after poisoning by various substances, such as coal gas. It is not a true diabetes, and is produced by congestion of the floor of the fourth ventricle. (2) Diabetes of Nervous Origin. This corresponds to the glycosuria produced by puncture of the floor of the fourth

ventricle. Luys has found, at autopsies of diabetics, a pronounced congestion of the floor of the fourth ventricle. (3) Constitutional Diabetes. This is of two varieties—gouty, or *diabete gras*, and pancreatic or *diabete maigre*. The first is found in those who are gouty, either by inheritance or by acquired taint. It may last for years affecting the health, and alternates or occurs with other gouty symptoms (eczema, migraine epistaxis). Thirst may be absent. The disease may be revealed by other symptoms, such as furuncles, insomnia, or pruritus of the genitalia. The quantity of urine is not above 5 litres; there is no emaciation. The quantity of sugar excreted is quickly modified by treatment.

(4) Pancreatic Diabetes. In this form there is no diathesis or predisposition; without apparent cause the patient suddenly becomes diabetic. The symptoms of invasion may be polydipsia, intestinal disturbances, paroxysmal diarrhoea, and chronic enteritis with rapid enfeeblement. Fatty stools, vertigo, somnolence or insomnia may be present. Premature and absolute impotence should make us think of pancreatic diabetes, unless the patient has general paresis or ataxia. The lesions of pancreas are various, but they all end in its destruction. Atrophy or sclerosis may be present; the size of the organ may be normal, but the glandular structure altered or destroyed. Closure of the excreting canals has been caused by calculi, tumors or abscess. Ablation of the pancreas in the dog produces true diabetes with polyuria, glycosuria and emaciation. All pathological observations are not in accord with this. Bar and Picq have reported 7 cases of cancer of the pancreas without glycosuria; while Boumaine has reported cases of *diabete gras* with pancreatic lesions. Remond removed the pancreas without causing diabetes. Lepine and Hedon maintain that if the pancreas is completely removed glycosuria results; if a portion remains, glycosuria may be absent. While some pathological relation exists between the pancreas and diabetes, it is not thoroughly understood. Polyuria and glycosuria are more frequent after changes in the pancreas than after puncture of the floor of the fourth ventricle.—*Occidental Medical Times*.

TREATMENT OF DELIRIUM TREMENS.

At a recent meeting of the Society of German Naturalists and Physicians, Dr. Aufrecht delivered an address on this subject, particularly with regard to the questions whether there is any specific remedy for this disease, and whether alcohol should be administered during the treatment. The author stated that he had never seen any favorable effects from the employment of opium or morphine; that he now only employed chloral hydrate, of which on the evening of the first day he gives a dose of 60 grains in a mixture of simple syrup

and syrup of orange peel. This remedy he has usually found capable of producing sleep. He repeats the dose on the evening of the second and third day, and it may frequently be necessary to give an additional dose of 30 grains on morning of the second and even on several subsequent days. Under no condition does he ever administer alcohol. From 1880 to 1890 he has treated 290 different patients, and of these only 10 died. Most of those which proved fatal had received morphine, while of the last 124, which he treated with chloral only, none proved fatal. The average duration of time during which the patient remained in the hospital was a little over two weeks. In the discussion which the reading of this paper evoked, Dr. Thoele stated that he had unpleasant associations with chloral, and now neither gave it nor alcohol. He had, for some time, employed hot baths of 15 minutes' duration followed by a cold douche, and had noted that on the third night of this treatment sleep always ensued. Prof. Jurgenson, on the other hand, had employed even larger doses of chloral than recommended by Aufrecht, and had never seen any bad effects. He referred to one patient, who was in the habit of taking daily nearly two quarts of absolute alcohol and to whom he gave from 120 to 465 grains of chloral in 24 hours. He also stated that he does not entirely stop the use of alcohol, which he administers in the form of cognac, in order to avert the threatened paralysis. He never gives morphine, but sometimes gives hydrochloric acid in addition to the chloral.—*Weiner Med. Blatter*.

MEDICINES TO NURSING MOTHERS; INFLUENCE OF THE MILK UPON THE INFANT.

Schling (*Gazette de Gynecologie*, Feb 15, 1891, *Paris Medical*), has made a series of investigations with various medicines, and has obtained the following results:

Sodium Salicylate.—Dose, fifteen to thirty grains. When the child was not put to the breast for an hour or more after the administration of the drug to the mother, it was always found in the infant's urine and disappeared in twenty four hours. If the infant nursed very soon after administration, there was no trace of the drug in its urine.

Potassium Iodide.—Similar results. Analysis of the milk gave the characteristic reaction. Elimination in the infant lasted seventy-four hours; in the mother, forty-four hours. After twenty-four hours the milk contained the drug.

Potassium Ferro-Cyanide.—Reaction very plain in mother's urine. None in the infant's.

Iodoform.—Employed as applications to the vagina and vulva. After a rather prolonged use, as a rule, iodine was found in the milk and mother's urine, but never in the urine of the infant.

Mercury.—Its transition through the milk was very feeble and irregular, and depended upon the quantity of milk absorbed.

Narcotics.—(a) *Tincture of Opium*, in doses of twenty to thirty drops. Thornhill has observed in the infant profound sleep. Fehling has noted neither prolongation of sleep nor constipation. (b) *Morphine Hydrochlorate*.—Solution 1-30; doses, gr. $\frac{1}{4}$ – $\frac{1}{2}$. No ill effects upon the child. (c) *Chloral*.—Dose, gr. xv.—xlv. Mean duration of maternal sleep, two hours. No action was noted upon strong and vigorous infants. When the child is feeble or premature, there should always be an interval of at least two hours between the administration of the drug to the mother and nursing. (d) *Atropine Sulphate*.—Solution 1-100. Subcutaneous injection, gr. 1-200—1-120. Pronounced symptoms were observed in the mother. Dilatation of the pupils was noted in the infant, which disappeared in twenty-four hours. The drug should not be given to nursing mothers, except in very small doses.

Influence of Maternal Fever.—In an immense majority of case the milk has no effects upon the child. When the mother was the subject of a grave disease, with a persistent temperature of 104°, the fever curve of the infant presented the same characters as that of the mother. In a case of mastitis, Bumm has demonstrated the presence of micrococci in the milk and gastrointestinal disturbance in the child.—*University Medical Magazine*.

ON TAKING FLUID WITH MEALS.

A great deal of misapprehension is often found to exist in the popular mind in regard to matters of eating and drinking; the cause of this, to some extent, is to be traced to old-time sayings which have come down to us in the form of a concentrated infusion of somebody's opinion upon subjects of which he or she was woefully ignorant. One of these misapprehension to which we may refer is as to the injuriousness of taking fluid with meals. One frequently hears it laid down as a maxim that "it is bad to drink with your meals, it dilutes the gastric." By way of explanation we may remark that "it implies that the fluid taken is harmful." Whence this sagacious postulate originally came we cannot tell; it has quite the ring about it of an inconsequent deduction formed by a person whose presumption of knowledge was only exceeded by a lamentable ignorance of the subject. Medical men often find much difficulty in dealing with these museum specimens of antiquated science, for even educated persons are disposed to cling to the absurdities of their youth. Upon this matter Mr. Hutchinson remarks in the last number of his "Archives": "I observe with pleasure that the verdict of general experience and common sense has been confirmed by scien-

tific experiment in the matter of taking fluid with meals. Dr. Tev. O Stratievsky, of St. Petersburg, after elaborate trials, has found that fluids materially assist the assimilation of proteids, and announces the following conclusion, which it is to be hoped no future experiments will controvert: "On the whole, the widely-spread custom of taking fluids during or just before one's meals, proves to be rational and fully justified on strict scientific grounds. To take fluids with the meals is almost as important an adjunct to digestion as is the mastication of solid food preparatory to swallowing it." It is obvious, however, that there is a limit to the amount of fluid one can swallow with impunity—not to speak of comfort—just as much with meals as at other times. It would be dangerous to create a general impression that fluid is good with food irrespective of quantity. It is, moreover, a well-ascertained clinical fact that an excess of emprandial fluid does retard digestion in certain people, and gives rise to discomfort in most. A little attention to one's sensations in such matters will far better fix the desirable limit than all the "data" in the world.—*Medical Press and Circular*

TREATMENT OF ECZEMA.

I should like to call the attention of the profession to the value of a method of treating certain cases of eczema. It has been highly lauded by Prof. Unna, and my attention was called to it by a friend, Dr. D. W. Montgomery, whom I called in consultation for a case of eczema squamosa of both lower legs, attended with terrible and uncontrolable itching. The pruritus was of such a character as to resist all the ordinary treatment, and it was rapidly breaking down the patient's strength. In a very short time after using the formula given below, a most marked change took place in the troublesome symptom, and in fact the disease is being conquered:

R. Gelatine,	3 iv
Zinc. oxid,	3 ijs
Glycerine,	3 ss
Aquæ,	3 vj

Heat the water, and dissolve in it the gelatine, then add the glycerine and zinc, stirring until cold.

This makes a stiff jelly. When used it is to be heated sufficiently so that it may be painted with a small varnish brush all over the effected parts, and a thin layer of cotton placed over it at once. This acts as a protecting scab which the patient is unable to tear off with the finger-nails; in fact it has such a soothing effect that the desire to scratch is of little moment.

It is quite unnecessary to say that the general health received due attention. The purpose of this correspondence is to call attention to the treatment.—*Dr. C. C. Vanderbeck in Pac. Med. Jour.*

WHOOPING COUGH.

One of our exchanges states that Baume uses a mixture which also acts favorably upon the catarrhal condition :

R Ext. belladonna, gr. j
Syrup. toltan, ʒiv

M. Sig.: Three to four coffespoonfuls for a child one year old.

Talamon prescribes :

R Terpene, gr. xv
Antipyrin, gr. xv
Syrup. Aurant, ʒj-ʒvj
Mucilaginis, ʒij

M. Sig.: One or two teaspoonfuls several times a day for a child under four years.

For use at the time of prooxysm, Wilde recommends the following mixture, a teaspoonful of which is to be poured upon a compress and held close the child's mouth :

R Chloroformi, ʒj
Æther. sulphuric. pu. if, ʒij
Ess. terebinthinae rect., ʒiiss
M. —Cincinnati Med. News.

ACUTE RHEUMATIC ATTACKS.

Dr. William Henry Porter says (*Medical News*) that for acute rheumatic attacks nothing relieves so quickly and effectually as free mercurial purgation followed by salicylic acid or the salicylate of sodium. He prefers the following formula :

R Salicylic acid, ʒiij
Sodium bicarbonate, ʒij
Elixir of gaultheria, ʒi
Glycerin, ʒss
Water sufficient to make ʒiv

M. S.: Dose, one fluidrachm every hour.

The salicylates should be given hourly until their full effects are produced, then the interval between the doses should be lengthened from two to three or more hours, as may be required. —*St. Louis Med. and Surg. Journal.*

LOSS OF CONSCIOUSNESS IN EPILEPSY.

Brown-Sequard has lately made the assertion that cerebral anemia is not the cause of the loss of consciousness in epilepsy as in natural sleep ; but that the cessation of the activity of the brain in hypnotic as well as in normal sleep, in *petit mal* as in well developed epileptic convulsions, in certain cases of syncope, in asphyxia and in poisoning, depends upon an inhibitory action upon the base of the encephalon and cervical portion of the cord, the quantity of blood within the brain remaining the same. He had demonstrated this inhibitory action by several experiments upon dogs and other mammals. The mere section of the skin of the neck which it is necessary to make in order to expose the great sympathetic and its ganglia, being followed by an inhibition of the epileptogenous

power of the brain, whilst ablation of the two superior cervical ganglia is followed by the same inhibitory action, the quantity of the blood in brain remaining normal.—*Medical News.*

DONOVAN'S SOLUTION IN GLEET.

The solution of the iodide of arsenic and mercury is said to be of material service in the treatment of gleet. A correspondent of the *Medical Record* feels that he is justified in calling this remedy almost a specific for gleet, so uniform has been his success with it. It should be given for this purpose, in doses of ten minims, three times daily.—*Atlanta Med. and Surg Jour.*

LOCAL AND GENERAL ANTISEPTIC TREATMENT OF DIPHThERIA.

Dr. A. Fagot states (*Thèse de Lyon*) that diphtheria originally local in character, must be met with a local antiseptic treatment. The false membranes must not be removed unless this can be accomplished by gentle means. Carbolic acid is to be applied locally and in irrigations. The antiseptics to use are as follows :

R Acid, carbolic ʒi-ʒijss.
Camphor ʒi-ʒvijss.
Alcohol 90° ʒijss.
Olei q. s.

M.

The amount of carbolic acid and of camphor is to be varied according to the gravity of the angina. In the intervals frequent irrigations of a one per cent. solution of carbolic acid are to be made so as to have the mucous membrane in continuous contact with the remedy. The antiseptic prevents the development of the bacilli. Salicylic acid has also been employed locally according to the following formula :

R Acid salicylic gr. vijss-gr. xv.
Glycerin ʒx.
Infuse. eucalypti q. s. ʒx v.
Alcohol

M.

Boric acid, iodoform, creasote, resorcin, etc., have also been employed. General antiseptic treatment consists in giving the patient a tonic and nutritive regimen which enables him, by the hyper-activity induced in the different organs, to eliminate the poisons elaborated by the micro-organism and which have been introduced into the organism.—*St. Louis Med. and Surg. Journal.*

The following lines were doubtless written by a poet who had wrestled with the *Gonococcus Neisseri* and had come out second best :

"Let strictures on my conduct pass,
Unnoticed let them be ;
'Tis the stricture somewhere else, alas !
That is deplored by me."

[Unidentified Exchange.]

THE FERMENTATIONS OF MILK AND THEIR PREVENTION.

Professor H. W. Conn, in a lecture before the Connecticut State Board of Agriculture, thus summarizes his conclusions as regards this subject:

1. The fermentations of milk are varied, although only a few are commonly recognized, because the souring of milk usually obscures all other fermentations.

2. All of the fermentations, except that of rennet, are caused by microorganisms getting into the milk after milking and growing there.

3. The microorganisms are so abundant around the barn and dairy that they cannot be kept out of the milk by any degree of care.

4. The bacteria which produce the abnormal or unusual fermentations, like slimy milk; bitter milk, etc., are, however, not so common but that they may be prevented from entering the milk in sufficient quantities to produce serious trouble.

5. Filth is ordinarily their source, and cleanliness the means of avoiding them.

6. The souring of milk cannot be prevented even by the greatest cleanliness.

7. Salicylic acid in proportions of 1-1000 may be of some little value in delaying the souring, but its use is not to be recommended except in special cases.

8. Milk can be entirely deprived of bacteria by the exposure to a temperature of from fifteen to twenty degrees above that of boiling water, or by a long-continued boiling, or by a series of short boilings on successive days.

9. Such milk has the taste of boiled milk. This taste appears at about the temperature of 160° F. Hence has arisen the method of Pasteurization of milk. By this method it is heated to a temperature of 155° F. for a short time, and then cooled. This greatly delays the fermentations, and also kills the pathogenic germs that may be present.

10. In our large cities the popularity of sterilized milk is rapidly increasing, especially given to patients troubled with diseases of the digestive organs.

11. The cooling of milk immediately after it is drawn from the cow is of the greatest assistance in delaying the fermentation, and in the present state of our knowledge is probably the most practical method which can be recommended.—*Med. News.*

FOR GONORRHOEA.

R. Creasoti, 10 drops.
 Extract hamamelis fl. } of each 15 "
 Extract hydrastis fl. }
 Aquæ rosæ, 2 fl ounces
 Aquæ, 6 " M.

Sig.—Use as an injection.—*Med. News.*

TREATMENT OF CHRONIC ARTICULAR RHEUMATISM.

During subacute exacerbations antipyrin or sodium salicylate should be administered in small doses, long continued. In the intervals, arsenic in doses of from one-twenty-fourth grain to one-eighteenth of a grain, and from five to ten grains of iodide of sodium, at meal time, or from ten to fifteen drops of tincture of iodine daily, may be given. Potain recommends warm baths, preferring pool-baths to tub-baths, of one or two hours' duration. With this should be combined tepid douches of sulphurous water to the diseased articulation. Galvanization with the continuous current is preferable to faradization. The latter acts rather upon the muscles, the former upon the nutrition. The action of the iodide is favored by administration in an alkaline mineral water. If tincture of iodine is used it should be largely diluted. The degree of tolerance can be increased by the conjoint administration of a preparation of opium, such as paregoric.—*Med. News.*

ANTISEPTIC DENTIFRICE.

Dujardin-Beaumez.

R. Acidi Carbolicæ, gr. ss.
 Acidi borici, gr. x.
 Thymol, gr. ʒ.
 Spts. menthæ piper, ℥j.
 Tinct. anisi, ℥v.
 Aquæ, flʒij.

Sig.—Rinse the mouth and brush the teeth after each meal.—*Med. News.*

FOR PULMONARY TUBERCULOSIS.

Potain.

R. Sodii chloridi, gr. xlvij.
 Sodii bromidi, gr. xxiv.
 Potassii iodidi, gr. v.
 Aquæ destillatæ, flʒj.

Sig.—A teaspoonful every morning in a glass of milk.—*L'Union Méd.*

ROTTER'S ANTISEPTIC.

The following is the formula of this preparation which is used in surgery for compresses, irrigation of wounds, etc.:

R. Zinci chloridi
 Zinci sulpho-carbolat āā gr. xlv.
 Acid. boracic gr. xxvij.
 Sodii chlorid gr. ijss.
 Acid. Salicylic gr. vj.
 Acid. citric.
 Thymol āā gr. j.
 Aquæ Oj.

M.

TREATMENT OF SYPHILIS DURING PREGNANCY.

This problem is one which not infrequently presents itself to the practitioner of medicine. A man infects his wife and she becomes pregnant and is menaced with all the dangers incident to conception under such circumstances. Besnier says that the treatment should be energetic and should consist of tonic and specific remedies. 1°. Tonic medication: good food, syrup of iodide of iron, preparations of cinchona. 2°. Specific medication: give one of the following pills daily:

R Hydrag. bichlorid,	gr. 1-6
Ext. opii	gr. 1-12
Ext gentian	gr. 1-12
Glycerini	q. s.

M. ft. tal. pil. q. s.

3°. Iodide of potassium should be prescribed at the same time in doses of eight to fifteen grains. This treatment should be continued during the entire period of pregnancy and the increase in weight of the patient will prove the efficacy of the measure. It may appear to some that the dose of bichloride is not very large, but it must not be forgotten that the treatment is continuous and moreover, women are more susceptible to its action than men.—*St. Louis Med. and Surg. Jour.*

TREATMENT OF SYPHILIS.

The principles involved in the treatment of syphilis are far from being settled and it is a question yet as to which method is the most advantageous—the immediate or the expectant plan. Dr. Henry Beates, Jr., in speaking of the latter (*Medical and Surgical Reporter*), gives some reasons which are so nearly in accord with my own that they are reproduced here. He says: What are some of the advantages gained by waiting until secondaries appear? 1°. We have some chances not followed by constitutional phenomena at all; just as some people experience a sore throat in a scarlatinous room yet enjoy immunity from constitutional involvement. 2°. A rash occurring within seven weeks indicates severity and places the physician on guard. 3°. The rash occurring on time, its profuseness and type indicate a greater or lesser dyscrasia or tertiary future, and his experience demonstrates the necessity of early instituting those remedies which we usually employ in the tertiary stage. 4°. A late appearing rash is indicative of a mild after-course, this, like the preceding, being greater or less according to profuseness and type. He advocates the cauterization of the chancre, but I must confess my opposition to this course. He states that it satisfies the patient and reduces the chances of further infection. The first reason is none at all and as to the latter, it is a question whether such a result is obtained or not.

TREATMENT OF ALOPECIA AREATA.

Radcliffe Crocker has contributed an article to the *Lancet* in which he details his method of treating alopecia areata. He very pertinently calls attention to the fact that there are two varieties of the disease—the tropho-neurotic and the parasitic, the latter of which forms the largest proportion of cases. The treatment he recommends is as follows: The early patches are blistered, painting on the liquor epispasticus in three coats, allowing each to dry before the other is applied. Then apply the following:

R Hydrag. bichlorid,	g. ij gr. v.
Spts. vini rectific	ʒj.
Ol. terebenthin	ʒvij.

M.

The weaker preparation should first be tried. It should be rubbed in with the finger, not only on, but around the patch, night and morning. It naturally produces some burning and stinging of the skin, but this is inevitable if we desire to have an efficacious remedy. So far as internal medication is concerned he looks upon it as effective only when the dormant vitality of the injured hair follicles requires awakening and for this purpose he recommends pilocarpine, in solution, in the strength of one-sixth of a grain at bed-time.—*St. Louis Med. and Surg. Jour.*

INTERTRIGO.

The following ointment is given in one of our exchanges as a good application in chafe.

R Acid borici	gr. viij.
Lanolini	ʒxij.
Vaselini	ʒij.

M

This ointment is to be applied to the diseased area, which is first cleaned by the use of a mild soap.

IPECAC IN RHUS POISONING.

Dr. W. S. Clymer states in the *Country Doctor* that the following has never failed in his hands, he having used it for six years:

R Pulv. ipecac	ʒ ij.
Aquæ	ʒ xvj.

M.

Sig. Apply freely to the affected part every two hours.

The heat, itching, and pain are relieved as if by magic, and in the great majority of cases two or three applications are sufficient to produce a cure. The only difficulty that has been noticed is a slight cooking or blistering of the skin when the solution was too strong. That, however, is easily obviated, as the weaker solutions seem as efficient as the stronger. He thinks it as near a specific as we have in medicine.—*St. Louis Med. and Surg. Jour.*

INTERESTING MEDICAL FACTS CONCERNING CHAMPAGNE.

The great value of pure champagne in medical practice has long been attested by the best authorities, and at this late date needs scarcely to be alluded to. For instance, in his work on "Food and Dietetics," Dr. Pavy, a very high authority on the subjects of which it treats, says: "Champagne is characterized in its effects upon the system by the rapidity of its action as a stimulant and restorative, and is a useful wine for exciting the flagging powers in cases of exhaustion. It also has a tendency to allay irritability of the stomach, and in some cases of vomiting may be found to be retained when other stimulants are rejected."

The no less esteemed Dr. Thomas King Chambers, in his well-known lectures on "The Renewal of Life," expresses the opinion that thoroughly good champagne exhilarates more, is easier digested, and does the good without the harm better than any of its rivals.

Professor Austin Flint, in his standard treatise on "The Physiology of Man," states that it is often the best diffusible stimulant that can be employed in certain diseases which demand prompt and vigorous support of the vital powers.

But, although champagne has been so long and highly esteemed, sufficient attention has not been paid to the composition of the wine. In order that it may be of most efficient service, champagne should contain but a comparatively small proportion of spirits. Thus, says Dr. King Chambers: "Of sparkling wines, good champagne is by far the wholesomest, and, with a minimum of alcohol, possesses remarkable exhilarating power from the rapid absorption of its vinous ether diffused by the liberated carbonic acid."

The lamented Dr. Francis E. Anstie, the eminent clinician and founder of the "Practitioner," speaking of champagne, says that a low alcoholic strength of wine, together with the presence of carbonic acid, is often particularly useful.

The *Académie de Médecine* of Paris resolved at a recent sitting that, from an exclusively hygienic point of view, it considered the alcoholizing of wines injurious.

Dr. J. Swinburne, formerly health officer of the Port of New York, also expresses the opinion that champagne containing the smallest percentage of spirits is the most wholesome.

In this connection it is of interest to learn that Professor R. Ogden Doremus, of Bellevue Hospital Medical College, having recently had occasion to investigate the question of healthful beverages, has made chemical analysis of the most prominent brands of champagne, all the samples of which were purchased of Messrs. Park & Tilford. He reports that he finds G. H. Mumm & Co's. "Extra Dry" to contain in a marked degree less alcohol than any of the

others, and he does not hesitate therefore to cordially commend it not only for its purity but as the most wholesome of the champagnes. The house of G. H. Mumm & Co. is an old and reliable one, and the firm have quite recently been appointed by royal warrants Purveyors to Her Majesty Queen Victoria and the Prince of Wales.

SALICYLIC ACID AND LIME WATER IN DIPHTHERIA.

In the *Saratovsky Sanitarnyi Obozr* (The *Saratov Sanitary Review* a new and valuable Russian bi-weekly, edited by Dr. I. I. Molleson, of Saratov), No. 11, 1891, p. 354, and No. 12, p. 395, Dr. Petr A. Nedzwiecki, of Serdobsk, highly recommends the following formula.

R Aquæ calcis ʒ vi
Acidi salicylici ʒ j

M. Sig.: To shake well before using. A teaspoonful (to a child of one year), or a dessert-spoonful (to children of from two to ten), or a tablespoonful (to children above ten, and adults), every hour, day and night, later on, as the improvement advances; every two, and then three hours; after a complete disappearance of pseudo-membranes, three times daily, to continue for several days.

As a rule, all urgent symptoms vanish on the second or third day of the treatment, the throat becomes quite clean within a week. During the last twelve years the author resorted to the method in forty cases of diphtheria, and lost only one patient. The latter succumbed about the end of the second week of the disease, the lethal issue being caused by paralysis of the laryngeal muscles with a consecutive mechanical pneumonia (*Schluckpneumonie* of German authors). The writer draws attention to an extreme simplicity of the method and, on the other hand, to an imperative necessity of shaking well the mixture before each dose. Salicylic acid must be present therein in the state of suspension (which detail should be mentioned by the practitioner in his prescription, since many chemists add bichlorate of soda to dissolve the acid) — *St. Louis Med. and Surg. Jour.*

OSZENA.

The following powder for insufflation is recommended by Cozzolino:

R Salol 25
Acid boric 15
Acid salicylic 2½
Acid thymic 1
Talei pulv 40

Misce bene.

To use this the nasal fossæ are first irrigated (or preferably sprayed) with a lukewarm carbolic acid solution, and the powder is insufflated. — *Ibid.*

FETID BREATH.

Saccharine	
Salicylic acid	
Bicarb. of soda, aa	ʒ i
Alcohol	ʒ iv
Ess. of peppermint	gtt. xx.

S.—A teaspoonful in a wine glass of hot water, gargled twice a day.—*Rev. Gén. de Clin. et de Thérap.*

DISINFECTING SOLUTIONS.

Middlebrook proposes the following for use in all contagious diseases :

1. Bichlor. of mercury
Permang. of potass, aa ʒ ii
Soft water 1 gal.

S.—For all vessels used to receive discharges from the body. Clothing, bed-clothes, etc., when changed, should be soaked in this solution for at least two hours, then boiled.

2. Sulphate of copper ʒ iv
Bichlor. of mercury ʒ i
Water 1 gal.

S.—For sinks, privies, cesspools, etc.—*Kansas City Medical In ter.*

SALOL IN CHRONIC DIARRHÆ.

When there seems to be intestinal fermentation, Eichler recommends the following :

Salol	ʒ i
Castor oil	ʒ v
Syrup of rhubarb	ʒ x
Cinnamon water	ʒ v
Gum arabic	q. s.

S.—A tablespoonful every hour, until a laxative effect is produced.—*Progrès Médical, July 11, 1891.*

DIURETIC AND PURGATIVE PILLS.

The following are given by Lancereaux with good effect according to the *Gazette des Hôpitaux* :

R Pulv. acillæ.	
Pulv. digitalis.	
Pulv. scammon	aa gr. ss.
M. ft. pil. No. 1.	

Of these pills three to six are given daily. They are indicated in asystole and uremia.—*St. Louis Med. and Surg. Jour.*

CYSTITIS IN WOMEN.

The *Journal de Médecine de Paris* gives the following prescription for cystitis in women :

R Citrate of potassium,	ʒss
Fl. ext of triticum repens.,	
Tr. of belladonna, of each,	ʒj
Fl. ext. of buchu,	ʒss

Water enough to make four ounces.

M. Sig.: Teaspoonful in a wineglassful of water three times a day.—*Columbus Med. Jour.*

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MONTREAL, APRIL, 1892.

OXYGEN FOR DYSPNŒA AND APNŒA.

Those who have seen patients dying from suffocation in any of its various forms would certainly have been glad to have had in their possession a means of affording prompt and complete relief to this distressing symptom. Although it has heretofore been difficult to manufacture or to obtain ready made, in oxygen gas we certainly have at our disposal a remedy which, if applied early, would save many lives, while even in cases which it cannot save it would at least rob death of much of its agony. Oxygen inhalations have now been employed for several years with generally satisfactory results and the gas is now provided by one or more manufacturers in all large cities in one hundred gallon cylinders; while for those who prefer to manufacture the gas as they want it, a complete outfit can be purchased for a reasonable sum. In pneumonia, asthma and other diseases in which the breathing capacity of the patient is reduced very seriously, one breath of oxygen is as good as many breaths of atmospheric air, and in a number of such cases characterized by extreme cyanosis in which it has been tried it has invariably restored the normal color of aerated blood. It is not pretended that it would save all these

cases because many of them eventually die from heart failure, but might not even this condition be averted by supplying the heart with oxygenated blood? The heart fails partly because it is no longer able to pump blood through obstructed blood-vessels, but partly because it is deprived of oxygen which is essential to the repair of muscular tissues. But there is another possible manner in which inhalations of oxygen may prove not only palliative but actually curative. One by one nearly all the acute diseases have been proved to be due to the growth of bacteria in the blood. On the other hand bacteria luxuriate in stagnant and presumably unoxygenated air. May it not be possible that the administration of oxygen by inhalation might put a stop to the reproduction of micro-organisms, to the presence of which the fever is due? At any rate the beneficial effects of inhalations of oxygen in disorders of respiration have been amply demonstrated to warrant our adopting it more generally in practice while on the other hand a little larger demand for it by general practitioners would soon be followed by greater facilities for a more abundant supply. One of the leading druggists of the city has expressed his willingness to furnish it when required.

BOOK NOTICES.

ARE INEBRIATES CURABLE? By T. D. Crothers, M.D., Hartford, Conn., Superintendent Walnut Lodge Hospital, Hartford, Conn. Read before the English Society for the Study of Inebriety. London, Jan. 24th, 1892.

REACTION OF THE AMIDE-GROUP UPON THE WASTING ANIMAL ECONOMY. By Professors Samuel G. Dixon, M. D., and W. S. Zull, M. D., D. V. S., Academy of Natural Sciences of Philadelphia. Reprinted from *The Times and Register*, September 26, October 17, 1891, and February 6, 1892. Philadelphia: The American Medical Press Co., Ltd., 1891.

OBSTETRIC PROBLEMS. Being an inquiry into the nature of the forces determining head presentation, internal rotation, and also the development of the amnion. By D. T. Smith, M. D., Lecturer on Medical Jurisprudence in the University of Louisville; Author of "The Philosophy of Memory," "The Gathering of the Waters," "The Philosophy of Emphasis," etc. With Illustrations. Louisville: John P. Morton & Co., 1892.

THE RETROSPECT OF PRACTICAL MEDICINE AND SURGERY. Being a half-yearly journal containing a retrospective view of every discovery and practical improvement in the medical sciences, edited by James Braithwaite, M. D., Lond., Obstetric Physician to the Leeds General Infirmary; Late Lecturer on Diseases of Women and Children, Leeds School of Medicine; Fellow and Late Vice-President of the Obstetrical Society of London; Corresponding Fellow of the Gynecological Society of Boston, U.S. Volume CIV, January, 1892. Uniform American Edition. G. P. Putnam's Sons, New York and London.

THE APRIL (1892) NUMBER OF THE ALIENIST AND NEUROLOGIST. Contains: "Surgical Cure of Mental Maladies"—Résumé, by Dr. Guiseppe Seppilli, Italy; "Some Principles Involved in the Nature and Treatment of Inebriety," by T. W. Wright, M. D., Bellefontaine, Ohio; "Art in the Insane," by J. G. Kiernan, M. D., Chicago, Ill.; "Drug Habituation," by Lucius W. Baker, M. D., Baldwinville, Mass.; "Tumor of the Cerebellum," by George J. Preston, M. D., Baltimore; "The Epidemic Inflammatory Neurosis; or Neurotic Influenza," by C.H. Hughes, M.D., St. Louis. "Pessimism in its Relation to Suicide," by Wm. W. Ireland, M. D., Scotland; "Classification of Insanity," by C.G. Chaddock, Traverse City, Mich.; "Report of a Case of Transitory Frenzy," by Theo. Diller, M. D., Pittsburgh; "Intermittent Paralysis," by J. Bremer, M. D., St. Louis. Besides the usual Selections, Editorials, Hospital Notes, Reviews etc. C. H. Hughes, M. D., Editor, 500 N. Jefferson Ave., St. Louis. Subscription: \$5.00 per Annum; Single Copies, \$1.50.

SYPHILIS IN ANCIENT AND PRE-HISTORIC TIMES. By Dr. F. Buret, Paris, France, in three volumes. Translated from the French with notes by A. H. Ohmann-Dumesnil, M. D., Professor of Dermatology and Syphilology in the St. Louis College of Physicians and Surgeons. Published by F. A. Davis, Philadelphia. Volume I.

This is No. 12 in the Physicians' and Students' Ready-Reference Series. It professes to be an exhaustive treatise both historical and medical concerning a disease which has had a strange, tragic interest for students in modern times. In this first volume the author takes us through all sacred and profane history; and he seems to justify his contention that in prehistoric as well as in ancient times the indubitable traces of syphilis are to be found. He explodes the idea that the disease first appeared in Europe at the siege of Naples in 1494; and he exploits the theory that it originated in the cradle of the human race in the very earliest times, and that with the spread of the Aryans westward it gradually overran the ancient world. He finds it among the Chinese 5000 years ago, and among the Egyptians 4000 years ago. He finds in Hebrew history and literature abundant evidence of its existence and also of its terrible ravages among the people of Jehovah. He finds it necessary to take the reader through the veriest moral filth in the Latin Satirical poets of the Post-Augustan era to exhibit syphilis at its worst in Rome under the Cæsars. Though the translation might have been better the book will be found both valuable as a history and suggestive as a treatise on syphilis and its treatment. The author adheres very closely to the idea that only one treatment is available for

syphilis in its primary, secondary, and tertiary periods. His work gives evidence of extensive research and careful induction. We shall look with interest for the two succeeding volumes. If these should justify the promise of the first volume the completed work will be a monument of careful historical and scientific industry which cannot fail to be appreciated by the profession.

THE INTERNATIONAL MEDICAL ANNUAL and Practitioner's Index for 1892. Edited by P. W. Williams, M.D., Secretary of Staff, assisted by a corps of thirty-two collaborators—European and American—specialists in their several departments. 644 octavo pages. Illustrated. \$2.75. E. B. Treat, Publisher, 5 Cooper Union, New York.

The tenth yearly issue of this valuable one-volume reference work is to hand; and it richly deserves and perpetuates the enviable reputation which its predecessors have made, for selection of material, accuracy of statement and great usefulness. The corps of department editors is representative in every respect. Numerous illustrations—many of which are in colors—make the "Annual" more than ever welcome to the profession, as providing at a reasonable outlay, the handiest and best résumé of Medical Progress yet offered.

Part one comprises the New Remedies, together with an extended Review of the Therapeutic Progress of the year.

Part two, comprising the major portion of the book, is given to the consideration of New Treatment; and is a retrospect of the year's work, with numerous original articles by eminent authorities.

The third—and last part—is made up of miscellaneous articles, such as Recent Advances in Bacteriology; Medical Photography; Sanitary Science; Use of Suppositories in the Treatment of Disease; Improvements in Pharmacy; New Inventions in Instruments and Appliances; Books of the Year, etc.

The arrangement of the work is alphabetical, and with its complete index, makes it a reference book of rare worth.

In short, the "Annual" is what it claims to be—a recapitulation of the year's progress in medicine, serving to keep the practitioner abreast of the times with reference to the medical literature of the world. Price, the same as in previous years—\$2.75

DISEASES OF THE THROAT, NOSE, AND EAR. A Clinical Manual for Students and Practitioners. By P. McBride, M.D., F.R.C.P.(Ed.), Fellow of the Royal Society of Edinburgh; Surgeon to the Ear and Throat department of the Royal Infirmary; Lecturer on Diseases of the Throat and Ear in the Edinburgh School of Medicine. With colored illustrations from original drawings. Philadelphia: P. Blakiston, Son & Coy., 1012 Walnut Street, 1892.

The Author says:—"In preparing this work, I have endeavored to meet the requirements of the senior student and general practitioner, although I trust the following pages may not be altogether without interest for the laryngologist and aural surgeon.

Assuming that every reader will have at his command works on anatomy and physiology, I have not discussed the structure and functions of the parts, but have contented myself by incorporating in the text anatomical and physiological hints where such are specially required on clinical

grounds. All drawings of instruments have been omitted, because it has always appeared to me that they are unnecessary, for the very simple reason that the practitioner must possess the means of operating before he proceeds to operate.

It has been my earnest desire to omit nothing of importance, but, at the same time, I have endeavored so to apportion the space as to attain the maximum of usefulness to the general practitioner.

The more common diseases have, therefore, been discussed at some length, while those which rarely occur have been dealt with more shortly. To the first of these statements there will be found a few exceptions. It will be noticed that certain very important subjects have had a comparatively small space allotted to them, e.g., diphtheria and injuries of the larynx. This is, however, due, not to deficient appreciation of their importance, but to the fact that they are fully discussed in works on general medicine and surgery.

I have considered it desirable to make this explanation, as it has been necessary to economise space, in order to make the present work convey, within a volume of reasonable dimensions, the main facts of modern Laryngology, Rhinology and Otolology."

As this volume covers 650 pages and has been written with evident care, the title is rather a modest one; for even the specialist could hardly need more information than this book contains. The work is divided into Diseases of the Pharynx, Larynx, Nose and Ear, each part being subdivided into chapters on Methods of Examination and Therapeutics, Acute Inflammation, Chronic Inflammation, Chronic Infective Diseases, Various Conditions, Neoplasms, Neurosis, &c. We can safely say that this is the most practical work on diseases of the nose, throat and ear that has come under our notice during the last ten years.

PRACTICAL MIDWIFERY, a Handbook of Treatment.

By Edward Reynolds, M.D., Fellow of the American Gynecological Society, of the Obstetric Society of Boston, etc.; Assistant in Obstetrics in Harvard University; Physician to Out-Patients of the Boston Lying-in Hospital, etc., etc. With one hundred and twenty-one illustrations. New York: William & Co., 1892.

We cannot better explain the character of the work than by quoting the following remarks from the author's preface:—"With all the literary activity which has of late prevailed in obstetrics, it is a curious fact that there has hitherto been no attempt to render the technical details of obstetric practice readily accessible to the student. The necessity of making the general principles of treatment intelligible to the duller reader, of course, compels the more extended text-books to omit its minor details, and a five-year's experience in the superintendence of the practical work of the advanced students of the Harvard Medical School, in their daily attendance upon by far the largest obstetrical clinic in America, has fully demonstrated to me the importance of this deficiency in our literature. This volume is the result of that experience, and is an attempt to furnish to students and inexperienced practitioners a full description of those practical details of conduct which are necessary to the management of every case of gestation, labor, or the convalescence therefrom. It further aims to supply to such men a concise description of at least one method of dealing with each of the emergencies of obstetrical practice.

If it appears to settle most points of practice dog-

matically, and without privilege of jury, the fault has been intentionally committed, in the belief that a clear description of one justifiable plan of treatment is likely to be of more immediate benefit to an inexperienced practitioner than an extended discussion of the relative advantages and disadvantages of many methods; and because the book is mainly intended for the use of those who have already assimilated the more comprehensive but perhaps less definite information, which it is the province of the systematic textbooks to supply.

After having consulted this book on a number of important points in every day obstetrical practice we can heartily commend it to the busy practitioner who has no time to read large works which give him the choice of a great many methods of dealing with an emergency but does not tell him what is the best one to follow. This is the great claim which the book can lay to being termed practical for it tells the practitioner what is the best thing to do in each class of case. All this advice is sound and thoroughly up to date.

NEWS ITEMS.

AN IMPROVED FOUNTAIN SYRINGE AND DOUCHE PAN.

We have received from Mr. Worsell of Clinton, Ontario what we consider the most valuable form of douche pan that has yet been invented. The douche pan though light and neat in appearance is strongly made and owing to its being provided with a rubber outlet tube which carries the used water into a pail at the side of or under the bed it is simply impossible with this pan to wet the bed, no matter how many gallons of water may be used. Another comfort connected with it is a little water proof cushion laced to the surface upon which lies the woman's weight. There is an outflow tube at each side of it so that there is no need of moving the patient to the other side of the bed, as the outflow tube can be adjusted to either side of it. Physicians who have once seen this pan would probably recommend it to the exclusion of all others. We understand that the price complete is three dollars and fifty cents including the fountain.

Dr. W. E. B. Davis, late of Birmingham, Ala., has removed to Rome, Ga., to join his forces with Dr. J. B. S. Holmes in the conduct of the largest and most completely equipped sanitarium in the South, devoted exclusively to the treatment of women. The temptation must have been a very strong one to induce Dr. Davis to abandon his large and lucrative practice in Birmingham, but we have no doubt that he will find in his new home, and in the new relations which he assumes, a more congenial field, where he can cultivate his peculiar fitness and taste for the practice of abdominal surgery to its fullest extent. Dr. Davis is easily and properly regarded as the foremost abdominal surgeon in

the mid-south, and is also one of the most popular and progressive physicians of his age. His ideal is a high one, and it would benefit the whole profession if it should follow Dr. Davis' standard and aim to reach its high pinnacle.

Messrs. William Wood & Company announce that the further publication of the Medical and Surgical Monographs will cease with the issue of the number for December, 1891, but the thirty-six numbers, comprising twelve volumes, can be purchased either in separate numbers, price \$1 each, or as bound books, containing three numbers each, as issued. A prospectus containing prices, description of binding, and terms of sale of the bound form of the work, will be sent upon application to the publishers.

Wood's Medical and Surgical Monographs are not supplied through the book trade on any terms. All orders should be sent direct to William Wood & Company, Medical Publishers, New York.

PILOCARPIN IN EDEMA OF THE GLOTTIS.

At a meeting of the French Society of Otology and Laryngology, Dr. Suarez de Mendoza reported a case in which he was called to see a young man who had been attacked by serious edema of the glottis. Tracheotomy had been proposed to relieve the suffocation, but Suarez de Mendoza, seeing a narrow slit was still visible during inspiration, suggested that pilocarpin should be tried. Three hypodermic injections were given at intervals of 20 minutes, the total amount of pilocarpin administered being 25 milligrammes. Marked relief followed the first injection, and 15 minutes after the third the patient was breathing easily and was entirely out of danger. In 8 days he was quite well.—*British Medical Journal*, May 16, 1891.

ANTI-BILIOUS PILL.

The following pill is recommended by Dr. B. Frank Humphreys (*Med. and Surg. Reporter*) as "superior to the compound cathartic pill and as an improvement on the little lapactic pill."

R Calomel,
Podophyllin,
Extract of belladonna āā gr. 1-2.
Aloin,
Oleoresin of capsicum āā gr. 1-8.
Ipecacuanha gr. 1-16.
M. ft. pill. No. 1.

Dose: As an aperient, one pill at night or morning; as a laxative, one or two; as a cathartic and cholagogue, three or four—one every two hours until the desired number has been taken.