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Original Communications.

MISSED ABORTION.*

By GEO. T. ROSS, M.D., Professor of Physiology, University of Bishop's College, Montreal.

Mrs. A. B., æt. 40, the mother of six children, became pregnant with the seventh, in September of last year. Her former history was good, having been ill only from diseases incident to child-bearing. She has evidence of a strumous constitution, the irritable mucous membranes showing, not only in herself, but plainly in her living children. She is of thin, spare habit of body, and an active, nervous temperament. Several years ago the husband was treated for specific trouble. Before the present occasion the mother had miscarried three or four times, the foetus in every case being discharged without unusual features. Present condition was as follows: Up till the end of the fourth month of this pregnancy no symptom of remarkable character was presented. The ordinary signs of the patient's state in January last were, to her, unmistakable. The foetal movements were very distinct during some three weeks, after which they ceased entirely. There seemed no reasonable ground to doubt the nature of the uterine contents from the exact history given regarding all the indications. The

mother, an intelligent woman, had experienced the usual phenomena too often to be mistaken in their nature this time, and the well-defined foetal movements, if the history were credited, seemed to place the nature of the case beyond doubt. A short time subsequent to the change noticed by the mother, I was consulted regarding it. On examination I was unable to discover the foetal heart beat, and found that the breasts, from being enlarged and turgid, according to patient's statement, were soft and flaccid; other indications also pointed to cessation of uterine activity. The general rule being that two weeks after the death of a foetus it is aborted, and finding the patient in good health, with nothing existing to justify interference, I advised waiting for further indications. An interval of several months now elapsed, and I was again consulted regarding the non-progress of gestation. It was quite evident now that since last interview no growth had occurred in the uterine contents, the size of the tumor being about the same; if anything, it was smaller. Vaginal examination showed the os to be undilated, although somewhat patulous. Uterus was uniformly enlarged, such as would still be not inconsistent with a four months' foetal growth. At this time, say seven months after what was believed to be conception, there did not exist a single

*Read before the Medico-Chirurgical Society of Montreal, 29th November, 1889.

symptom calling for interference beyond the fact that if conception had taken place and the patient was right regarding the foetal movement, it was certain growth had ceased during the past three months, and consequently a dead foetus existed in utero. I was naturally surprised at not hearing from the patient long before this with evidence of the onset of a miscarriage. But the only symptom at all attributable to her condition was an occasional hardening of the uterus, which was readily noticed, the hard, round tumor being very plainly shown through the thin abdominal walls. No hemorrhages had ever shown themselves at any time. General health continued unimpaired, and, still adhering to the expectant treatment, I advised further delay. As long as nothing existed calling for action on my part, I felt that, notwithstanding the time that had elapsed, any day might bring evidence of uterine expulsive efforts. The risks attending the artificial emptying of the uterine cavity being greater than what attended the present condition, and the expected natural expulsion, I inclined to wait further, warning her that at the first appearance of any unfavorable sign to at once notify me. During the next few months, and in my absence from town, I heard nothing further from her, but in September she again called upon me, this being one year after the supposed conception and eight months after cessation of foetal life. The same general condition of good health existed now, with the difference of slight tenderness on pressure over uterus. I felt that now much longer time had elapsed than I had intended should before interfering, and in consultation with Dr. Gardner I arranged to remove the uterine contents the following day. In the evening I inserted a faggot of four laminaria tents covered with iodoform, retaining them with tampon of absorbent cotton, and gave a mild opiate. Next day I found the os fairly dilated, and proceeded to extract the foetus. The patient declined to

take an anæsthetic, and assisted me throughout the operation. Through the decidua membranes I found the child's feet presenting. On rupturing the membranes, which were so strong and fibrous that a steel hook was required to penetrate them, about half a pint of a chocolate brown semi-vescid fluid escaped. Using my nose as the instrument of diagnosis, I found no putridity existing, the fluid being odorless. By conjoined manipulation I extracted the foetus, all but the head, which the os held firmly. Taking a medium sized Barnes dilator, I passed it through the os alongside the foetal neck. Then gradually filling the dilator, uterine contractions set in vigorously and quickly. The head being thus delivered, I had now the foetus complete, with the umbilical cord intact, still united to the retained placenta. After some difficulty, owing to cessation of uterine contractions, the placenta was extracted, considerable hemorrhage resulting. I now gave an intrauterine sublimate injection, inserted a gr. x iodoform suppository and ordered vaginal douches every six hours. Pain across abdomen was complained of greatly, but an occasional opiate gave comfort. After seeing patient every other day for a week without a bad sign, I ceased attending. On the twelfth day I was requested to call, and now, for the first time since emptying the uterus, I found the patient sick. Temperature, 104° ; pulse, 120; anxious look, coated tongue, loss of appetite, some marked abdominal tenderness and lochia arrested. On examination the os was plugged with whitish, thick, tenacious mucous. No bad odor evident. The parts being cleaned, I gave another intrauterine sublimate injection, inserted a suppository, and ordered the latter every six hours. Hot poultices were put on abdomen and antipyrine, gr. viij., every four hours given. Next morning temperature was normal, and general condition much improved. Substituted quin. sulph., gr. v., morning and evening, for antipyrine. On

evening of this day temperature rose again to 103°, with pulse 80, but on following day, viz., the third day after onset of fever, temperature was normal, and remained so, with a continuing progressive convalescence.

After being dead eight months in the uterus, I looked for a mummified condition of the foetus, but quite the contrary was the case, as far as appearances went. Even the umbilical cord was about natural size and fairly well preserved, not tearing easily on being dragged upon. The flesh, however, had assumed a brownish color, and was easily torn. The placenta had the appearance of a mass of very firm fat, dull white in color everywhere except the surface of its attachment to the uterine wall, where the circulation apparently had been recently interrupted. The decidual membranes were very thick and tough, and could not be ruptured by the finger nail.

Matthew Duncan says that missed abortion is a subject lying between obstetrics and gynecology, but inclines to include it more under diseases of women than obstetrical diseases. A missed abortion is not a threatened abortion, nor is it an imperfect abortion. A threatened abortion is a very common occurrence. When a woman has a threatened abortion she suffers pain, has a bloody discharge, and the mouth of the womb may be found open. An abortion may only get the length of being threatened; that is to say, it may be averted and pregnancy may go on healthily, even when you have been able to feel through the neck of the womb the ovum as it hangs in the uterus. Cases have been known of the separation of considerable decidua and its discharge without abortion taking place. Among these cases of threatened abortion may be included cases of extreme rarity; viz., the abortion of one of twins, while the other remains in utero and goes on in its development. This abortion of one of twins may be a missed abortion, or the miscarriage of one of the twins may be a missed miscarriage.

Again, missed abortion is neither a threatened abortion or miscarriage, nor an imperfect miscarriage. What is a perfect or complete miscarriage? If the foetus alone or the entire ovum alone comes away, the woman has miscarried or aborted, as the case may be; but the coming away of the ovum does not involve a complete miscarriage, and an imperfect miscarriage is often a very disastrous thing. The ovum sometimes comes away alone without any of its uterine or maternal membranes. The foetus also may come away alone without even the ovuline membranes. Again, sometimes the ovum comes away and the maternal membranes or decidua imperfectly. Sometimes only a bit of placenta is left. Imperfect miscarriage is a dangerous thing, owing to the frequently recurring bleedings that result from it. It not very rarely leads to death from mere putrid intoxication, or septicæmia or pyemia, just as happens after full term delivery. This is especially liable to occur if the miscarriage has come on in consequence of extensive endometritis, such as is found in pregnancies occurring during typhoid fever. Imperfect miscarriage is also often disastrous by inducing endometritis, generally purulent in nature, and this frequently in connection with putrefaction of the parts left behind. In some respects missed miscarriage or missed abortion is even more important than missed labor; for in a case of missed abortion the history of the woman and her size may have led either to no suspicion of pregnancy having commenced, or to suspicion which may have been dissipated by the further history of the case. In a case of missed abortion or missed miscarriage the important element of suspicion as to the real condition may not have come into the mind either of the patient or her physician. Mistake is then extremely liable to occur. This is not so likely in missed labor; for in that condition the woman's size will almost certainly have made her aware that she is in an advanced state of

pregnancy, and her friends will know it also. Missed labor may be a subject of great medico-legal importance; the same is true, and even more so, of missed abortion or missed miscarriage. If, for instance, a woman passed a two months foetus at the end of a five months' so-called pregnancy, and were the physician to tell the husband, who had been away from her during the five months, that his wife had had a two months' child, a rather unpleasant shock to the marital harmony might ensue. The importance can be appreciated by the practitioner, therefore, of counting a woman's pregnancy not up to the time when the foetus was discharged, but back to the time when it died, if any evidence of death can be adduced.

When a woman has a missed miscarriage or missed abortion the foetus dies, the symptoms of pregnancy are arrested, milk sometimes appears at the breasts, hemorrhages from the uterus may or may not occur. If the liquor amnii is not discharged it is absorbed, and the contents of the uterus either macerate or become mummified. If the membranes remain entire the process is that of mummification. It is only when germs are admitted and generally after rupture of the bag of membranes that putrefaction and maceration take place and the more or less complete dissolution of the ovum. If the uterus has been felt the remarkable observation may be made that while a woman is apparently going on in pregnancy the organ is becoming smaller instead of bigger, and at last the ovum may be at any time unexpectedly expelled. When expelled you have a mass nearly dry of a dirty brown color; the foetus and membranes may be concealed, being rolled up in the placenta, which is too firm to be compressed and embraces the whole ovum. The remarkable freshness, if it may be so called, of the foetus in the case which I bring to your notice, after remaining eight months dead in utero, does not correspond to the usual appearance of such cases, as above defined, and is my

apology, if any be necessary, for bringing this subject before your attention to-night

Society Proceedings.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

Regular Meeting, November 29, 1889.

DR. ARMSTRONG, PRESIDENT, IN THE CHAIR.

Present: Drs. F. W. Campbell, Trenholme, Laphorn Smith, Buller, Jas. Stewart, Alloway, Reed, England, Jack, Schmidt, Johnston, Brown, Mills, Findley, Allan, McConnell, Bell, Roddick, Gardner, G. T. Ross, Birkett, Stirling, Springle and Ruttan.

Drs. J. G. McCarthy and J. Leslie Foley were proposed for membership.

Dr. Geo. Ross suggested that the nature of the pathological specimen be mentioned on the programme.

Dr. Johnston advocated the system in vogue in London, where the specimens are on view all the evening, being each accompanied by a card describing their most important points.

Dr. Birkett asked that in future members intending to show specimens would give him a title for them to appear on the programme.

Dr. G. T. Ross then read a paper on "Missed Abortion," which appears on another page.

Discussion.—Dr. Trenholme had had two cases of missed abortion. In one of them the foetus remained for twelve months after the cessation of the symptoms of pregnancy, and when Dr. T. was called he found that the decidua, reflexa and vera were separated, and one hand was found between the membrane in the uterus. There was frequent hemorrhage, both menstrual and inter-menstrual, which he accounted for by the foetus having become a foreign body, and having set up endometritis; he thought that this condition of missed abortion was more likely to occur in diseased or broken down women who had borne many children.

Dr. Gardner being called upon, said that Dr. Ross had reported everything that could be said about it. Personally, he had had very little experience about such cases, having seen only one besides this one. There were no difficulties either as regards diagnosis or treatment.

Dr. Alloway said that Dr. Ross had covered the ground so thoroughly that there was nothing left for him to say, except that he was glad to see that these cases were being more generally recognized and reported. He had himself reported one to the society four years ago, at which time very little attention was given to the subject. He thought they called for treat-

ment because, apart from the annoyance which it caused the woman to know that she was carrying a dead baby around inside of her, the general health was almost sure to fail. He would like to ask Dr. Ross how he accounted for the rise of temperature 12 days after the womb was emptied.

Dr. Johnston showed a specimen of a foetus which was undergoing maceration, although it was clearly seen the membranes were diseased, which caused the death of the foetus some time before the abortion occurred.

Dr. Springle said that there was no history of syphilis in this case, and that he was unable to give any cause for the abortion.

Dr. McConnell showed a specimen, to which he had referred at the last meeting, in which a foetus was partly macerated.

Dr. England related a case of a woman, aged 48 years, who in her eighteenth (18) confinement was delivered of a normal child, but after labor was over he returned in about one hour to find a second placenta and foetus, the latter of which was partly macerated.

Dr. Laphorn Smith said that Dr. G. T. Ross deserved great credit for having so accurately reported this case. On looking into the literature on this subject, he found ten (10) leading text books on gynecology and obstetrics which did not even mention the subject. One of the first cases that he had ever heard of was the one reported by Dr. Alloway nearly four years ago. He strongly suspected that the chapter on moles, fleshy and otherwise, was really meant to refer to these cases of missed abortion. The only book which contained any description of missed abortion was Cazeaux's classical work, in which the author describes the symptoms, and said he knew of cases in which the dead ovum, instead of being expelled, remained as long as 18 months. The speaker thought that the retention of the dead ovum for these unusual periods was due to defective reflex irritability of the uterus. Just as some women have such an exaggerated reflex uterine irritability, that the ovum was regularly expelled at the end of three months, so in other women it was retained too long. He would like to ask what would be the probable effect of stimulating the reflex nerve centers with gradually increased doses of ergot, just enough to start the expulsive process. He also wished to point out what he thought, on general principles, was a mistake in the treatment. It was a pretty well recognized fact that the danger of any operation about the pelvis or abdomen was enormously increased by administration of a single dose of opium; while, on the contrary, it has been ever so much diminished by the free use of saline cathartics, such as Rochelle salts, which kept the bowels on the move and the peritoneum drained.

Dr. Wesley Mills said that an interesting point raised was how to explain the retention of

the foetus after its death. The fact was, we had very few data to go by. Another point of interest was how to explain the lowered health following upon the death of the foetus.

Dr. F. W. Campbell had never had a case of missed abortion, but he had had several cases of missed labor, in which the dead foetus had been retained several months.

Dr. McConnell said that his patient was in very good health, weighed 200 pounds, and had no sign of syphilis.

Dr. Trenholme said that the subject brought before the society this evening was one of peculiar interest. During his life he had several similar cases, the first one about 18 years ago. One prominent feature noticed was the enfeebled state of health, which, in some cases at least, accounted for the imperfect performances of the functions of gestation. Dr. T. accounted for symptoms present during the prolonged retention of the foetus and the menorrhagias and metrorrhagias, as due to imperfect development of both deciduae from lack of vitality. There being just enough vitality to allow conception to take place, but not enough to carry it on in a normal way, the reflex decidua fails to unite with the uterine decidua, and the result is a foetal tumor of the womb. The growth of the ovum failing to arouse the proper responsive enlargement of the sac, causes the death of the embryo by pressure, while its retention is due to the failure of the tumor to induce uterine expulsive contractions, the presence of the foetal tumor is tolerated as are sessile fibroids. The uterine decidua is found to be smooth and strongly adherent to the indurated muscular wall of the uterus, which is consequently very little susceptible to undertake spasmodic contractions. The free hemorrhages occasionally met with are readily understood when we take into consideration the facts already stated. Dr. Smith's question, "What is the cause of natural labor?" has a direct connection with the subject now under discussion, and is due to such an extensive ripening and separation of the decidua from the uterine walls that the uterine contents act as an irritant on the sensitive and raw surface and that spasms are induced, which go on till the foetus is expelled. This is a rational cause, and one that is accepted by writers on midwifery.

Dr. Ross, in reply, said that the rise of temperature on the 12th day was entirely due to the neglect of the nurse to carry out the antiseptic precautions as he had directed. He would like to know just how far one would be justified in letting the case go without interference; he did not think that it would be advisable to give ergot, for fear of bringing on too strong contractions before the os has dilated.

The question then arose concerning the advisability of having the meeting weekly instead of fortnightly. A deputation from the younger

members had recently waited upon the council to explain that owing to the great increase in the number of pathological specimens it was often so late when the papers of the evening had been read that there was no time for a proper discussion in them. Besides which the younger members would like to discuss points of treatment of daily and vital importance to them.

A general discussion then followed, in which both the old and young members expressed their views. The feeling of the majority was strongly in favor of continuing as in the past. Several former secretaries stated that they often had a great deal of difficulty in providing papers for the meeting every fortnight. It was thought that by beginning proceedings promptly at 8.30 a great deal more work might be got through. The younger members expressed their unswerving loyalty to the society, and the old members thought it best to let the matter be thought over and decided at next meeting.

Regular Meeting, December 13th, 1889.

DR. ARMSTRONG, PRESIDENT, IN THE CHAIR.

There were present Drs. Allan, Alloway, Jas. Bell, Harry Bell, Johnston, Birkett, K. Cameron, F. W. Campbell, Rollo Campbell, Gordon Campbell, England, W. Gardner, Hutchison, Jack, Richard McDonnell, J. A. McDonnell, McGannon, Wesley Mills, Perrigo, Proudfoot, Reed, Rodger, Roddick, Geo. Ross, Shepherd, Spendlove, Springle, Laphorn Smith, W. G. Stewart, Jas. Stewart, Trenholme, Williams.

The first business was the continuation of the discussion of the question as to the advisability of having weekly meetings instead of fortnightly ones.

Dr. Armstrong said as the junior members were not yet decided as to what step to take in the matter, he thought that it might be left over till next meeting.

Dr. Shepherd thought the matter had better be settled once for all now.

Dr. Jack stated that the younger members wanted the use of the rooms once a fortnight, so that they might discuss matters of every day interest to themselves, and by so doing to gain experience and practice in speaking, so that they would in time prepare themselves for the regular meetings of the society.

Dr. Richard McDonnell thought that if less time was lost in beginning the meeting, and if the rules were strictly enforced there would be ample time for all, both young and old, to have their say. It would ruin the usefulness of the society if the younger and older men did not meet together, as each had something to learn from the other.

Dr. Shepherd thought that the best way for the younger men to overcome their bashfulness was to prepare papers for the society, and if

they were criticised to take the criticism in good part, as they would thus learn to take greater care in future.

Dr. F. W. Campbell thought there was some truth in the contention of the younger men that the criticism by the older members was often unduly severe, and such as to discourage them. He thought that the criticism would do more good if it were dealt out in a kindly and gentle manner. The society was more prosperous than it had ever been, the attendance often being over thirty, whereas formerly it was rarely over thirteen. He was therefore in favor of going on as they were doing, having, however, a little more regard for the younger members, so as to encourage them as much as possible.

Drs. Roddick and Ross thought that the only way to avoid a split in the society was to adopt the recommendation of the council to have meetings every week.

Dr. England, as one of the young men, after having heard the matter discussed, had come to the conclusion that it was not desirable to have weekly meetings; but he thought that the younger members would be quite satisfied if a little more time were devoted to clinical work and less time to rare cases with which they have never met.

A resolution to that effect was therefore put and carried, the president stating that in future the meetings should begin at 8.30 sharp.

Pathological Specimens.—Dr. Gardner showed a large fibro-cystic tumor of the uterus, which he had removed four weeks ago, the patient having recovered. He gave the following brief history: She was 42 years old; 27 years ago she began to have menorrhagia, which continued till five years ago, when it ceased, and at the same time the abdomen began to enlarge, until it attained the size of a full time pregnancy. There was distinct fluctuation. There was no pain, but she was anæmic and sallow. It was diagnosed as a cystic tumor of the uterus. The abdomen was opened, and the trocar being introduced sixteen pounds weight of straw colored fluid escaped, which coagulated on cooling. The ligaments were tied off so as to allow the wire of the Koeberle's serre-neud to be placed sufficiently low down. The tubes and ovaries were removed with the tumor, which was amputated at the level of the cervix. At the end of the first week there was a rise of temperature to 104 degrees, which gave much anxiety, but for which no reason could be found. It seemed to be subdued by 15 grains of quinine in divided dose.

Dr. Alloway thought that it was not a true cyst, but a dilated lymph cavity. He did not think there was any cyst lining.

Dr. Johnston doubted whether it was cyst.

Dr. Laphorn Smith said that he had an exactly similar specimen, which, through mis-

understanding, was not shown to the society to-night, but which would be shown next meeting. It had been removed by Dr. Trenholme a month ago, and the patient had gone home well. Her temperature had never gone over a hundred. No opium nor morphia was used, the only pain being due to flatus, which was easily removed by the administration of cathartic salines. No transfixing pins were used, and the stump was constricted with hempen cord. The stump had been carefully surrounded with peritoneum, and attached to the lower angle of the wound, but nevertheless it had gradually slipped about an inch and a half from the surface.

Dr. Gardner was strongly in favor of transfixing pins and the extra peritoneal treatment of the stump, as advocated by Bantock before the American Gynecological Society in 1887. He treated the stump with dry, but not antiseptic, gauze only, and it acted perfectly in keeping the wound dry.

Dr. Laphorn Smith showed a foetus about an inch and a quarter long, which was passed by a lady on the 6th of December, the lady having menstruated last from the 27th to the 30th September. Counting from the first day of the next menstruation, which did not come on, namely, the 27th October, to the 6th December, was 41 days. He would like to know whether the members thought that it was about six weeks old or more.

Several members thought it was rather large for six weeks. It was handed over to Dr. Johnston for report.

The meeting then adjourned.

PARIS EXHIBITION.

W. R. Warner & Co. have received a silver medal at the Paris World's Fair, being the highest of its kind, in recognition of the following claims:—

First.—W. R. Warner & Co.'s Pills, quick solubility and accuracy.

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Progress of Science.

COUGH MIXTURE.

Cod liver oil.	ij.
Honey.	ij.
Lemon juice.	ij.

One to two teaspoonfuls three times a day.
—*Med. Summary.*

TO ARREST VOMITING DURING PREGNANCY.

R. Cerri oxalat.	
Ipecacuanhæ.	āā gr. j.
Creasoti.	gtt. ij.

M. Sig—To be taken every hour.
—*Med. Summary.*

GONORRHOEA.

The number of different injections for this trouble is legion, but Garretson says he has always found this one satisfactory:

R. Chloral hydrat.	
Zinci sulphatis.	āā gr. ij.
Aquæ.	ʒj M.

—*Med. Summary.*

For a case of *phthisis* at the clinic Prof. Da Costa directed ol. morrhuæ ʒiv t. d.; inhalations of terebene ʒj to Oj boiling water, and the following prescription:

R.—Liquor. potassii arsenitis	mij.
Tinct. nucis vomicæ	gtt. v.
Tinct. cinchonæ comp	ʒj. M.

Sig.—*ter die.*

SALICYLIC ACID IN DERMATOLOGY.

Dr. Heitzman, of New York, has found salicylic acid superior to chrysarobin and tarry preparations in a variety of skin diseases. In callosities, corns, warts, etc., no agent softens and destroys these tissues so well, except perhaps, acetic acid. It is also to be regarded as a valuable parasiticide. It is used either in the form of powder, plaster, ointment or solution.—*New Orleans Med. and Surg. Jour.*

TREATMENT OF HERPES ZOSTER.

Herpes zoster is treated by Dr. H. W. Blanc with a solution of half a drachm of oxide of zinc in flexible collodion. The mixture is painted on the eruption twice a day, and if used early enough in the disease will prevent the formation of the characteristic vesicles. Should vesicles be already present they are to be ruptured, their contents emptied, and the application used after thoroughly drying the surface.

A FATAL PRESCRIPTION.

The recent death in Germany of a child as the result of taking a prescription containing an incompatible and dangerous compound, viz., chlorate of potash and iodide of iron, deserves the attention of all practitioners. The iron was precipitated in the form of the sesquioxide, and all the iodine liberated. The following formula will illustrate the chemical changes which took place in the medicine: $2 \text{FeI}_2 \times \text{KClO}_3 = \text{Fe}_2\text{O}_3 \times \text{KCl} \times 4\text{I}$.—*Med. and Surg. Journal*.

THE USE OF BICHLORIDE OF MERCURY IN OBSTETRICS.

Blanc (*Lyon Médicale*, No. 34, 1888) concludes from numerous clinical observations that solutions of 1 : 4000 and 1 : 5000 should be generally used. If 1 : 2000 is given by intra-uterine injection, it should be followed by the injection of carbolic acid, 2 or 3 per cent. The danger of absorption, from the anatomical condition of the parts is undoubted. Contra-indications to the use of the bichloride are anæmia and disease of the kidneys.—*American Journal Medical Sciences*.

FOR MENORRHAGIA.

R. Fl. ex. ergot. ℥ ss.
Tr. catechu. ℥ iss.

Misce.—S. Teaspoonful in sweetened water every 1 to 3 hours, as needful.

If undue irritability exist, causing uterine pain and febrile action,

R. Pulv. opii. grs. v.
Plumbi. acet. grs. xx.

M. Ft. Ch. No. x.

One to be given every second to fourth hour with preceding.

After a long experience with catechu, I place more dependence upon it in these uterine flows than any other astringent.

J. F. PURVIANCE, M. D.

Stuebenville, Ohio. —*Med. Summary*.

FOR ACUTE RHEUMATISM.

R. Acidi salicyli. ℥ ss.
Sodii bicarb. ℥ iij.
Spts. lavender co. ℥ j.
Tr. aurantii cort. ℥ iss.
Glycerine. ℥ j.
Peppermint or cinnamon water, ad. ℥ vj.

M. Sig.—One to two teaspoonfuls every 2 or 3 hours. Further diluted to suit the cases.

This is an excellent formula for the administration of salicylic acid—when indicated. Iodide, bicarbonate, acetate potash, colchicum, cicicifuga, gelsemium, etc., may be added.

T. D. WILLIAMS, M. D.

Bardstown, Ky. —*Med. Summary*.

CREOLIN AS AN ANTISEPTIC.

If creolin be as sure a germicide as the authorities now state, it must soon supersede the bichloride. It is harmless to the human organism; is cheap, and does not corrode instruments. It is used in one-half to three per cent. solutions.—*Med. Summary*.

Dr. I. N. Love, of St. Louis, says: Infants should be guarded against constipation, and to this end nothing surpasses the following:

R. Tr. nuxis vom. f ʒ ss.
Tr. belladonnae. gtt. xv.
Aloin. gr. ss.
Alcohol. f ʒ j.
Elix. lactopeptine. f ʒ j.
Glycerine. f ʒ iij.
Syr. simpl. f ʒ ss. M.

Sig.—Teaspoonful at bed time, or if need be, twice daily.—*Med. Summary*.

THE LORD MAYOR'S SHOW, LONDON, 1889.

At the Royal Courts of Justice, as soon as the function of 'swearing in' was over, the new Lord Mayor and his predecessor, accompanied by their sheriffs and swordbearers, left the court and made as if they would rejoin the procession in the Strand. In the crypt, however, there stands a refreshment bar. Mayors are but mortal, and the fatigues which these men had undergone had proved to be as much as they could bear. So, regardless of the procession that stood in the street outside, regardless also of the officials who awaited them in the Central Hall, these great ones from the city stopped to regale themselves with sandwiches and brandy and Apollinaris. Then they rejoined their companions, and proceeded in state.—*Pall Mall Gazette*, London, Nov. 11, 1889.

NEW YORK POST-GRADUATE MEDICAL SCHOOL AND HOSPITAL.

The executive committee of this institution have established a clinic for diseases of the rectum, to be under the care of Dr. Charles B. Kelsey, for the treatment of poor persons suffering from these diseases. Dr. Kelsey will also give clinical instructions in the Post-Graduate School on this subject.

It is believed that this is the first institution in New York city to organize such a clinic, which has been long needed. The high and wide reputation of Dr. Kelsey, founded upon years of special work, will afford a guarantee that the cases will be skillfully treated. Dr. J. Blair Gibbs will assist Dr. Kelsey in this new departure.

TREATMENT OF EPILEPSY BY GALVANIZATION OF THE THYROID BODY.

Considering the nervous troubles, in part convulsive, which constitute the *stumiprive* cachexia (the effect of removal of the thyroid body), Segnicelli asked himself if a disturbance of the functions of the thyroid gland might not take part in the production of epilepsy; and this idea led him to try galvanization of the thyroid body in epileptics. Seven patients were thus treated: three showed no change at all; neither in the number nor intensity of the paroxysms, nor in their mental condition; in the remaining four there was at first an increase, and then a rapid and progressive decrease in the number of attacks, which in one patient stopped entirely for a month, and in another for two months; this decrease in the number of attacks was accompanied by a favorable change in intensity, and an improvement in the mental condition.—*Revue de Clinique et de Thérapeutique*.

FOR THE REMOVAL OF TAPE WORMS.

Dr. B. R. Rives, of Pelham, Ga., states that in an experience of forty years I have found nothing better than the following:

R. Bark of pomegranate root.	$\frac{1}{2}$ ʒ.
Pumpkin seed.	$\frac{1}{2}$ ʒ.
Ethereal ext. of male fern.	1 ʒ.
Powdered ergot.	$\frac{1}{2}$ ʒ.
Powdered gum arabic.	2 ʒ.
Croton oil.	2 drops.

The bark and pumpkin seed should be thoroughly bruised, and, with the ergot, boiled in eight ounces of water for fifteen minutes, then strained through a coarse cloth. The croton oil should be well rubbed with the acacia and male fern, then mix with the decoction, forming an emulsion to be given at one dose.

The usual preparation made is to give a brisk cathartic the preceding night. No unpleasant effect is expected to follow, or at least but little. Look for the worm in a few hours. This has been used by others, and I am not entitled to any credit for it.—*Med. Summary*.

THE TREATMENT OF CHRONIC DYSENTERY BY ENEMATA.

Belleli sums up a series of articles on this subject with the following observations: 1. The symptoms of chronic dysentery do not depend so much on the site and extent of the local lesions as on the effect they produce on the rest of the digestive tract. This is influenced largely by the general state of health of the individual, so that two persons with nearly identical lesions in the colon may have symptoms of varying de-

grees of severity. 2. In the dysentery of warm climates, the lesions in the colon are often so extensive as necessarily to require a considerable length of time for their repair. 3. Enemata, when long continued, have grave disadvantages. The daily distension of the colon stimulates the rest of the digestive tract, and causes imperfectly digested food to be hurried into the large intestine, which it irritates, and so aggravates the disease. And the daily distension of the colon, when long continued, tends to lessen the normal contractility of the coats of the bowel necessary for the performance of its proper functions. Enemata, therefore, are valuable in slight and easily-reparable lesions of the colon; but in the more severe cases other measures must be adopted, such as Carlsbad water, taken on rising in the morning.—*London Medical Recorder*.

A NEW ANTIDOTE FOR MORPHINE.

In the *Internationale Klinische Rundschau* for January 27, 1889, Professor Arpad Bokai recommends picrotoxine as an antidote for morphine, on the ground that it exerts an antagonistic action to morphine on the respiratory centres; for, while morphine tends to paralyze these centres, picrotoxine exerts a powerful stimulating effect. Since, therefore, death in morphine poisoning is usually attributable to paralysis of the respiratory centre, on this ground alone picrotoxine should be indicated as a valuable antidote. Further, morphine may produce such rapid reduction in blood pressure as to endanger life; while picrotoxine, on the other hand, is a powerful stimulant to the vasomotor centre, and is in this respect also an antagonistic to morphine. Professor Bokai adds that the action of morphine on the cerebrum is directly opposed to that exerted by picrotoxine. Finally, Professor Bokai suggests that the previous administration of a small dose of picrotoxine might reduce the danger of asphyxia in chloroform narcosis.—*Therapeutic Gazette*.

PRACTICAL POINTS IN THE ADMINISTRATION OF ETHER.

Dr. George F. Shradly, in *Med. Record*, February 23rd, 1889, concludes with the following useful suggestions:

1. In commencing the administration of ether the gradual method is to be preferred.
2. Its employment allows the lungs to empty themselves of residual air, prevents coughing and struggling, and places the organs in the best possible condition to receive and rapidly utilize the ether vapor.
3. After the stage of primary anaesthesia is reached, the more pure ether vapor the patient breathes the better.
4. The shorter the time of anaesthesia, and the

smaller the amount of ether used, the less likely are the unpleasant sequelæ to occur.

5. The more evenly it is administered the less shock to the patient.

6. Anæsthesia should be entrusted to experienced administrators only.

7. Many of the fashionable efforts to resuscitate patients are not only useless but harmful.

8. The minimum amount of force should be employed to restrain the muscular movements of the patient.

9. Mixed narcosis is often advisable for prolonged operation.

10. The utility of the galvanic battery, in threatened death, is yet to be proven.

11. The most trustworthy means of resuscitating desperate cases are artificial respiration, hypodermic stimulation, inhalation of nitrate of amyl, and inversion of the body.

CASE OF DEFICIENT OESOPHAGUS.

This case is of interest both from a surgical and anatomical point of view. It was discovered that there was something wrong with the oesophagus when the infant was given nourishment. It took the food readily, but soon became livid, had difficulty in breathing, and then returned the food and appeared no worse. A sound was introduced, and it was found that, after passing about five inches, it encountered an impassable obstruction. It was diagnosed that there was either a membrane across the oesophagus or that it ended in blind termination. It was advised that the stomach be opened and the oesophagus be explored, so that if a membrane across a continuous canal could be made out it might be perforated.

On the following day the stomach was exposed in the middle line of the abdomen, above the umbilicus, stitched to the skin and then opened. A bougie was then passed down the oesophagus, as before, and another upward from the stomach; but they did not approach by what was judged to be an inch and a half. A gum-elastic catheter was then cut in half and passed from below. A slender steel probe was introduced in it and pressed upward as much as was justifiable in case the lower part of the tube might be twisted or narrowed, and capable of being rendered pervious. All was of no avail, however; so the stomach wound was closed with sutures, also the abdominal wound. The infant died within twenty-four hours. At the necropsy it was found that the oesophagus terminated above and below in blind, rounded ends, an inch and a half apart. All the wounded parts were quite healthy, and the appearances led to the conclusion that had there been only a membranous occlusion a happy result might well have been hoped for.—*The Lancet*.

SACCHARIN AS AN ANTISEPTIC.

According to an article in a French medical journal, saccharin may be very usefully employed as an addition to mucilaginous and other solutions, which are apt to develop fungi, as it enjoys the property of preventing the formation of low organisms, even when it is present in only small proportions. A strength of 1 in 500 is sufficient to prevent the development of staphylococcus pyogenes aureus, and a strength of 1 to 200 the development of *B. termo*. Thus a valuable but inexpensive dentifrice may be prepared by simply dissolving saccharin in water to the proportion of 6 per cent. A teaspoonful of this in a half pint of water, forms an admirable antiseptic mouth-wash. In cases of malignant or other disease of the stomach requiring the washing out of that organ, a solution of saccharin of the strength of 2 per cent. will, according to this authority, be found very suitable. As a quantity of twenty centigrammes, or about three grains, can be taken during the day without detriment to the digestive functions, the addition of the minute amount necessary to render mucilaginous solutions permanent cannot be regarded as in any way injurious.—*Lancet*.

INHALATION OF THE IODIDE OF MERCURY IN TUBERCULOSIS OF THE LUNGS.

According to the *Pharmaceutische Post* for March 3, 1889, Miquel and Rueff have recently recommended the inhalation of the biniodide of mercury in tuberculosis, basing their opinions on a long series of careful observations made at the bedside. The result of this method of treatment, according to the authors, is a very satisfactory one—often after its first administration the cough is reduced, and the expectoration, even in individuals with large cavities, becomes reduced in quantity and loses its offensive odor. As a result of its continued employment, it is claimed that night sweats disappear and the general condition becomes improved, the body taking on weight. Their method of employment is to dissolve one part each of biniodide of mercury and iodide of potassium in one thousand parts of distilled water. This solution is employed in the form of a spray, at first only once daily, and later, when the patients have become accustomed to it, twice daily. If it is found that the irritation from inhalation is too excessive, the solution may be reduced one-half in strength without the result being affected, since it is claimed that this preparation of mercury will destroy bacteria in concentration of one to forty thousand. One of the chief conditions of success is to prolong the use of treatment, which may be carried out for a year or more without evil effect to the patient. If we admit that phthisis is due to the presence and growth of a

bacillus, the use of such a bacteriacide would be indicated on theoretical grounds, and, as the authors' experience seems to prove that its use may be persisted in without danger to the patient, it is certainly worthy of trial.—*Therap. Gaz.*

THE POTATO CURE FOR SWALLOWED FOREIGN BODIES.

Dr. Salzer, at a meeting of the Medical Society of Vienna, stated that he had treated a six-year-old boy, who had swallowed a small weight, a woman who had swallowed a set of teeth, and a nine-year-old girl, who had swallowed a nail, by the method advocated by Dr. Cameron, of Glasgow, which consisted in feeding the patients for several days on nothing but potatoes. This treatment, which in all three cases was followed by success, is a method in vogue among pick-pockets of London, who, swallowing their booty, live on potatoes until the stolen articles appear *per vias naturales*.—*Berlin. Klin. Wochen.*

THE TREATMENT OF PLEURISY BY THE INHALATION OF COMPRESSED AIR.

Professor Forlanini, of Turin, strongly recommends the above method of treatment, chiefly with a view to promoting the expansion of the compressed lung after the fluid has been evacuated. And even in tubercular cases, which, the author considers, form more than half the cases of pleuritic effusion, much good is obtained, for the compressed air treatment increases the appetite and the sense of well-being, promotes tissue change, and generally improves the condition of the patient. The difficulty has hitherto been the complexity and cost of the necessary apparatus, but Professor Forlanini has devised a more simple form. The difficulties in the nature of giddiness, palpitation, ringing in the ears, etc., are simply questions of dose and skill in administration, and are not drawbacks inherent in the system.—*The London Medical Recorder.*

TRANSPLANTATION OF THE SKIN OF A CORPSE.

By Dr. Bartels. The patient was a boy, aged 14, who had lost the integument of both feet and ankles in consequence of a burn. As cicatrization did not advance, the author transplanted flaps of skin taken from the leg of an old man who had died twenty minutes before of pyæmia. The flaps were placed in lukewarm water containing a small quantity of common salt, then freed of adherent fat and cut into pieces 1 to 2 centimeters long and 1 centimeter wide. These were placed at proper intervals on the surface of the sores, which had been previously cleaned with water. Iodoform was

strewn over the entire surface and a dressing of cotton applied. The dressings were changed after six days and again after ten, the wounds being cleaned with a solution of potassium permanganate and dressed in the same manner as at first. Although twenty-eight pieces of skin were transplanted, of which twenty-four became adherent, the wounds cicatrized rapidly; the new formed tissue being so extensive that the patient was able to execute all movements of the foot without difficulty.—(*Berlin. Klin. Wochensh.*)—*Int. Jour. Surg.*

REMOVAL OF A CANCEROUS BREAST IN THE FIFTH MONTH OF PREGNANCY.

The patient had suffered from several mammary abscesses after former pregnancies, which had given rise to infiltration and enlargement of the gland. The pain, however, had become intolerable only in the last four or five months. These symptoms might indicate an adenoma; but the quick, lancinating pains, and the retraction of the nipple, the hardness of the breast, the adhesion of the skin over a large extent of the prominent part of the organ, its knobby surface and its adhesion to the pectoral muscle, left no doubt concerning the malignant nature of the tumor. Sleep had become impossible with opiates. Her physician had exhausted all the elements of *materia medica* suitable to such a case, and it only remained to consider the advisability of an operation. The patient was between the fifth and sixth months of pregnancy, but her constitution was not altered. The cancerous cachexia, characterized by a pale, straw-colored skin, had not made perceptible progress, and the axillary glands seemed to be unaffected. The patient weighed two hundred pounds and had a strong constitution, and it was thought that she could stand the shock of an operation, and would run greater risk in letting matters run on. The tumor was extirpated; it weighed three pounds and two ounces. In fifteen days the wound had healed, except a granulating spot, which was left exposed because of the large amount of skin that had to be removed. The operation had no effect upon the course of the pregnancy.—*L'Union Médicale du Canada.*

ECZEMA OF THE NAILS.

Dr. de la Harpe, *privat-docent* in the University of Geneva, mentions in the *Revue Médicale de la Suisse Romande* a somewhat rare case of eczema of the nails which came under his notice while he was acting as medical officer at the well-known baths of Louèche, or Leuk. The patient was a man of sixty, who had been sent to Louèche by Professor Hardy. There was no history of gout or other hereditary disease, and

up to two years previously the nails had been in excellent condition. The first signs of anything wrong that was noticed was a slight redness about the unguis furrow of the ring finger of the right hand, which was at first supposed to be paronychia, but instead of going on to suppuration it was followed by morbid changes in the nail itself, which soon became thickened and friable, with a roughened surface. The nails of the other fingers on both hands subsequently became affected, as shown in figures appended to the paper. When seen by Dr. de la Harpe, the affected nails were swollen, bent transversely, and marked with longitudinal striæ or grooves. Two apparently healthy nails showed fine depressed points. Regarding the cause of these appearances, which are the first signs of the commencement of the affection in otherwise normal nails, Dr. de la Harpe remarks that he has seen a case of chronic eczema of the hand in which there were a number of longitudinal grooves on the nails, some of them interrupted—that is to say, in sections. The punctate marks on the nails in the case in question may possibly be analogous to the interruptions noticed in this latter case. As to the treatment by means of the Louche waters, it appears to have effected marked improvement.—*Lancet*.

MORPHINE IN BRIGHT'S DISEASE.

One is startled now and then by a challenge being thrown down to rules of practice which have grown to be considered almost as fundamental principles of the science and art of medicine. One such rule has been that the administration of opium and its alkaloids in Bright's disease was always to be condemned as likely to bring about the very catastrophe which the treatment might be intended to avert. The belief gained its ground on the strength of reasons which had every appearance of science and logic, and consequently during their declining hours, the miserable sufferers from renal disease have been left to themselves, since the only remedy which could lull their pangs was formally contra-indicated. It can hardly be doubted indeed that the earlier observers based their conclusions on clinical experience, and as one gradually came to understand the correlation of a certain group of symptoms with renal disease, and grasped the fact that the elimination of drugs introduced into the system was more or less put a stop to when atrophy or congestion of the kidneys interfered with the proper discharge of their function, the matter appeared to be perfectly plain. For the same reasons certain other drugs which would otherwise prove very useful, such as mercury, were also held to be contra-indicated. These observations have been reinforced by more recent investigations into cases of intolerance to the action of certain drugs,

notably of the salicylates, and the result has been to show clearly that the exaggerated effects are due in the majority of instances to the retention of the substance in the system owing to the want of functional activity on the part of the kidneys from some cause or another. Some observations which have recently been made public by Dr. Stephen Mackenzie show that, however true it may be that in certain cases of renal disease, opium, and its alkaloid, morphine, do give rise to disquieting symptoms, the fact does not hold good in all cases. He brought forward several typical cases of Bright's disease with ascites and general anasarca, in which, after all the usual remedies had been tried without affording the desired relief, morphine was given with the most satisfactory result as far as the cessation of suffering was concerned. He refrained, it is true, from advocating the use of the drug in all such cases, but he made good his claim to have shown that at any rate there are exceptions to the rule. It was suggested that the difference in the effects observed might depend upon the relative gravity of the kidney lesions, but that fact alone does not afford an adequate explanation, seeing that it has proved just as useful in cases of short duration as in confirmed cases. Uræmia is a form of auto-intoxication, and the treatment has to fulfil, as far as may be possible, three indications, viz., the elimination of the poisons then present, the prevention of the formation of others, and finally, the neutralization of the effects of the poison already in the blood. One effect of the poison is to provoke a severe spasm of the arterioles, giving rise to intense dyspnoea, headache, and convulsions. He suggested, therefore, that morphine acts beneficially by relaxing the spasms of the vessels. This of course is only a hypothesis, and confirmatory evidence will not be very easy to produce. For the present we must rest content with the knowledge that in certain cases the drug may be given with advantage, and the knowledge will perhaps induce practitioners to scrutinize more closely than they have hitherto done, the ill effects alleged to follow the ingestion of morphine in these cases. The condition of the patient who has reached the later stages of the disease is so distressing, and so hopeless, that medical men will be only too pleased to have permission to make use of a remedy which may, to some extent, afford relief. For the present, however, it must not be lost sight of that the remedy is not one to be employed without a due sense of the possible risks involved.—*Med. Press*.

IMPORTANT TO FATHERS WHO SMOKE.

"May I give you my recent experience of tobacco smoke? It may be a warning to others. I have one child, a little girl not two years old, who was as healthy as the birds when she was

born. For more than a year past, ever since she was old enough to be less in the nursery and more with her father and me, she has ailed mysteriously. I could not say she was ill, yet she was hardly ever well. I was in a perpetual state of anxiety about her. The symptoms were absence of appetite, complaints of sickness, stomach and digestion out of order. Last August I took her to a country town, where we stayed two months. After the first week, she flourished like a young bay tree, ate, and drank, and laughed, and played, and slept, and kept me forever busy enlarging her garments. I brought her home rosy and robust. In one week all the old symptoms reappeared—loss of appetite, dark lines under the eyes, listless ways, restless nights. Some one suggested that the neighborhood did not suit her; and I was cogitating how to take her away again, when she caught a severe cold and was confined entirely to one room for three weeks. She recovered her health completely. Appetite, spirits, sleep, all returned. It could not be the neighborhood. After her cold, she joined us downstairs again, as usual, two or three times a day. In less than a week, sickness, etc., returned. I was in despair. For nearly three months I racked my brains about drains, wall-paper, milk, water, sauce-pans, any and everything in vain—the child slowly wasted. The weather was too severe to take her away. In an agony of mind, I noticed one day that, so far from outgrowing her clothes, as I expected, they were too large for her. The little thing was not eating enough to keep up her strength, and we could not coax her to eat. Yet she was not really ill; she ran about and played in a quiet way and looked fairly well to those who had not seen her most robust. Suddenly my husband was summoned into the country. A week after he went, she began to eat with a relish. In a fortnight she was her own happy self, full of riotous childish spirits. 'Her father has never seen her like this,' I remarked, one evening, when she was particularly merry and mad; and then the truth flashed upon me. It was his tobacco that upset her. He has been away now for a month; and the child's limbs daily get firmer and rounder, and she is the merriest, healthiest little mortal possible. He always smoked after breakfast and after lunch, with her in the room, neither of us dreaming that it was injurious to her. But for his providential absence this time it would never have occurred to me and we might have lost our darling, for she was wasting sadly. It was acting like a slow poison."

It seems to me probable, from the above history, that the child was confined to the nursery for the first few months, and not with the father when he was smoking, and was thus not affected as early as children often are. With rich people, in cities, the "smoking-room" saves children, infants at least, from early poisoning

by tobacco-smoke. But that thousands of infants in the homes of the poor in the small crowded houses of the alleys in cities are sufferers from this cause is quite probable. People with consumption and other exhausting diseases are sometimes greatly nauseated by the odor of tobacco brought into the sick room by a physician much given to the use of tobacco. I have several times heard them speak of its being very offensive to them.

As "a word to the wise is sufficient," it seems to me quite proper to call the attention of the profession to this cause of disease, of suffering, and oftimes of premature death.—*Med. and Surg. Reporter.*

THE SURGICAL TREATMENT OF BACKWARD DISPLACEMENTS OF THE UTERUS.

BY CHARLES P. STRONG, M.D.
Of Boston, Mass.

From the results of my own operating I have drawn for my guidance the following rules:—

Be sure that the displacement is the cause of the symptoms. Never resort to operative measures without first exhausting all forms of non-surgical treatment in so far as they may be applicable to the case under consideration. An adhesive backward displacement of the uterus demands for its cure, first, separation of its adhesions; second, anterior fixation. Separation may be accomplished, first, by forcible divulsion without opening the abdomen; second, by laparotomy and subsequent divulsion or cutting. The advantages of the first method are that in suitable cases the patient is exposed to few dangers beyond a simple traumatic peritoneal inflammation. The advantages of the second are that it supplements the first; assuming greater risks it strives for greater successes; the adhesions being dealt with more openly, any accident that may arise is more easily remedied; it can be employed in cases to which the first is inapplicable. It superadds, however, the dangers of a laparotomy.

A backward displacement which is free originally or which has been freed from its adhesions may be secured forward: First, by shortening of the round ligaments, either by the Alexander-Adams or Wiley method; second, by fixation of the uterus to the peritoneum of the anterior abdominal wall, or to that of the anterior pelvic floor (Schücking's method).

Of the four operations, the only one not involving interference with the peritoneum is the Alexander-Adams. I believe that it should be selected, from my own experience of its successful results. I make an exception, that if for any other reason the abdomen has been opened, Wiley's operation may perhaps prove its equal.

These round ligament operations leave the

uterus in practically a normal position, without undue tension on tubes, intestines or blood vessels. There is no danger of fecal fistulae or incarceration of the intestines; no interference with subsequent pregnancies. Permanent successful results do not depend upon adhesions or suspensory stitches, and the uterus is left movable, not fixed.

THERAPEUTIC BRIEFS.

(From the College and Clinical Record.)

Bromoform, 5 to 10 drops daily, and phenacetin 7 to 10 grain doses, are among the remedies recently recommended for whooping-cough.

In inveterate psoriasis (*Brit. Med. Jour.*) swab the affected parts with oil of cade once daily for a week, after which discontinue for a couple of days and re-apply.

Dr. William Perry Watson, from observation of thirty cases of enuresis, feels justified in saying that in sulphate of atropia we have a remedy which, when given to its full physiological effects, is unequaled in our materia medica.

The following is said to closely approximate in composition a well-known proprietary article for chapped hands:—

R.—Cydonii,	℥ ss, av
Aquæ,	q. s.
Glycerini,	f ̄ j
Alcoholis,	f ̄ iv.

Macerate the quince seed with a pint of water for 24 hours, stirring frequently, strain with gentle pressure through muslin, and make up the volume to 1 pint with water; then add the glycerine, and finally the alcohol containing the perfume, and stir briskly.

Dr. Koenig reported to the Allegheny County (Pa.) Medical Society a failure of applications of mercury and turpentine in the treatment of diphtheria. This case was the third in the family, two recovering. The local treatment applied was one grain of corrosive sublimate in one ounce of spirit of turpentine. The application should have been made every three hours, but owing to the restlessness of the patient, it was omitted in the night. The primary seat of the membrane was the nares, and there was also a spot as large as a quarter upon the roof of the mouth. The membrane was black, hemorrhagic, and the child died on the fourth day from bleeding of the nose.

Dr. C. L. Dana (*Boston Med. and Surg. Journal*, Oct. 31st, 1889), states, in regard to his experience with suspension in locomotor ataxia, that his results agree in the main with the reports of others, namely, that in fifteen to twenty per cent. very great improvement, and in about the same proportion a moderate im-

provement, occurs. In the light of his experience all the *a priori* condemnations of the method seem to him very absurd. Suspension is an undoubted acquisition to the therapy of tabes. In the second stage, it is remarkably helpful in a good percentage of cases; in the third stage, patients are often improved in bladder, rectal symptoms, and the pains are sometimes relieved.

Cocaine tablets are now largely used by careful physicians for extemporaneous preparation of any desired strength of cocaine solution. The rapid deterioration of cocaine solutions make these tablets a necessity. To make a two per cent. solution of cocaine: In one fluidrachm of water dissolve one cocaine tablet 1½ grain. To make a four per cent. solution of cocaine: in one fluidrachm of water dissolve one cocaine tablet 2¼ grains. To make a ten per cent. solution of cocaine: in one fluidrachm of water dissolve five cocaine tablets 1½ grain; or dissolve two 2¼ grain and one 1½ grain tablets in one fluidrachm of water. Parke, Davis & Co. guarantee the purity and anaesthetic efficiency of their cocaine product, and will send samples of their cocaine tablets to physicians if desired.

Dr. Königstein (*Medical Press*), while giving directions in his class on the uses and prescribing of spectacles, said that green glass as a protection against strong rays was worse than useless, and did more harm to a sensitive eye than good, as they allowed the yellow rays to be transmitted, and unnecessarily irritated the eye. Against strong rays the blue or smoked glasses were the only real protection. The blue should be light, as a deep blue color produces a clear violet disk in the centre of the lens, which apparently corresponds to the fovea centralis, and by a protracted use of dark-blue spectacles the patient may become annoyed by the mosaic work of the fundus of the eye appearing before him. The phenomenon seems to be connected with the pigmenting changes in the macula lutea.

Treatment of various cutaneous affections. *The Journal of Cutaneous and Genito-Urinary Diseases*, November, 1889, devotes an interesting page to the following items:

Klauss Hanssen (*Med. Revue*) reports the case of a woman treated for a long time for lupus of the lower lip by means of caustic applications, scraping with the sharp spoon, etc. A cure was not effected; on the contrary, new lupus nodules developed in the surrounding tissue. At the same time so high a degree of sensibility took place in the affected parts that the slightest irritation, even the application of iodoform, caused such severe and long-continued pain that even the application of cocaine was powerless to relieve it. The author now applied ice, as recommended by Gerhardt, with the result that within three days the pain was

entirely relieved, and after the lapse of several weeks a complete cure resulted, which suffered no relapse after three months.

Professor Liebreich (*Therap. Monatsheft*) recommends the following method of treating intertrigo: The affected part should be cleansed with water and a neutral soap and carefully dried, after which the following salve should be applied:—

R—Acid boric,	0.5	
Lanolini,	50.0	
Vaselin,	10.0	M.
Ft. ung.		

Before a second application the parts must be again washed.

The pigmentation of the face, or chloasma which appears during pregnancy, can be caused to disappear by the application of the following salve:—

R—Ol. theobromæ,		
Ol. ricini,	āā	75.00
Zinc oxid.,		0.30
Hydrag. ammon.,		0.12
Ol. rosæ,		q.s.
		M.

Sig—Apply morning and evening.

—V. Monier, *Monatsheft, f. prak. Dermat.*

M. Juhel-Rénoy has had occasion to observe two examples of gummata of the tonsils, scarcely mentioned by writers, of tertiary syphilis of the pharynx. One is able to distinguish in its evolution an acute inflammatory stage simulating a tonsillitis, a period of ulceration followed by a stage of repair and cicatrization. Its duration is indefinite; never less than from three to six weeks. In comparing the lively reaction of the gumma of the tonsil with the indolent course of the same deposit in the soft palate, one is disposed to give to it the name acute gummatus tonsillitis.—*Archives de laryngologie et de rhinologie.*

Dr. Allen called the attention of the Allegheny Co. (Pa.) Med. Society, at its meeting Sept. 17th, 1889, to the importance of seemingly slight eye troubles. A man came to him complaining of a slight flickering before one eye. Examination demonstrated about one-third vision, with complete disappearance of vision from about one-half of the field. He had choroiditis, involving the retina in front. Six weeks' treatment perfectly restored vision. A lady came with a little redness of one eye, a trifling redness. It had existed for ten days. She had just one-sixth vision, and there was an adhesion of the retina; it was a genuine case of iritis without pain. By six weeks' treatment her vision was raised to $\frac{20}{20}$. He had knowledge of a similar case in which a physician, unappreciative of the gravity it involved, passed it off as a slight ailment, with the result of destruction of the eye.

According to the *Pharmaceutical Record*, Oct. 21st, 1889, comparative examinations of many mouth-washes show that those containing thymol as the disinfecting agent of the mouth-cavity and teeth are to be preferred to others. The action of thymol is not very rapid, but its use has no deleterious influence on the teeth whatever. Salicylic acid acts on the teeth. Solutions of salicylic acid in contact with teeth for some time are found to contain calcium.

To detect thymol in tooth-washes, cosmetics, or as a test of identity, v. Itallie, in *Arch. de Pharm.*, recommends to add to its solution a few drops of potassa solution and as much of a solution of iodine in iodide-potassium solution as is needed to color the liquid slightly yellowish. A gentle heat will develop a beautiful red color which becomes more intense gradually, but fades after a while or on application of too much heat. With this test $\frac{1}{20000}$ thymol may be detected. Other phenols do not give this color.

Dr. Bresnier (*Jour. de Med. de Paris; British Journal of Dermatology*, Sept., 1889) states that the falling out of the hair may be checked and a new growth started by the following treatment. The hair should be cut short and a mild sinapism or rubifacient applied to the scalp; then every five days the following lotion is to be applied:—

R. Acid. acetic,		
Chloroformi,	āā	q.s.
		M.

The above should be used cautiously, as it is an irritant, and stimulates the hair powerfully. In connection with above, the following pomade should be used:—

R. Acid. salicylic,	gr. xv.
Sulph. precip.,	ʒjss.
Vaselin,	ʒv.
	M.

This pomade should be applied fresh every morning, the scalp having been previously washed. Fatty substances retard the growth of the hair and should not be used.

“The Sultan is much alarmed by his increasing obesity, and he has just summoned Dr Schwenninger to Constantinople, from Berlin, for whose accommodation a palace on the Bosphorus at Therapia has been prepared, where he is to stay for a week. Dr. Schwenninger's treatment has immensely benefited Prince Bis marck; and the Czar was much the better for it' but he soon gave it up, as he is an inveterate gormandizer, and careful and very plain feeding were as impossible to him as the prescription of one tumbler of weak whiskey and Apollinaris at each meal, instead of the magnum of champagne which he usually consumes.”—*London Truth*, September 12, 1889.

FAILURE OF THE HEART IN VALVULAR DISEASE AND ITS TREATMENT.

The writer quotes frequently from a recent article by J. Mitchell Bruce. When a patient with palpitation, dyspepsia, cough and threatening dropsy presents himself for treatment, he doubts "whether we are always careful to put the question to ourselves, What has happened to this man that he should come to me with these symptoms after twenty years of freedom from suffering since the original pneumatic endocarditis? Time was when we were satisfied in such a case with the diagnosis, mitral incompetence. We should now consider this diagnosis as insufficient, and would complete it by saying mitral incompetence with cardiac failure." He ventures to say that "this diagnosis is still short of the full truth," and that "when we proceed to offer a prognosis based on such a conclusion only, and to apply treatment, we proceed on insufficient information. We must first determine the *cause of the failure*, why the heart has broken down, whether from muscular strain, or nervous exhaustion, or alcohol, or other discoverable cause." He maintains that until this point is satisfactorily settled we are not justified in offering a forecast or ordering a therapeutical course.

Dr. Bruce next proceeds to consider the most frequent causes of broken compensation. According to him they may be described as follows: 1. Muscular overwork. 2. Nervous causes, such as the depressing emotions of fear, grief, distress and anxiety. Worry, here as elsewhere, is potent for much mischief. Nervous excitement of a pleasurable kind may also work evil. 3. Imperfect blood supply to the heart. This may result from general hematic impoverishment, or from a diseased state of the coronary arteries. 4. Intercurrent diseases, among which rheumatism and pulmonary mischief are most to be dreaded. 5. Causes peculiar to women, such as pregnancy, confinement, protracted lactation, the climacteric, or even difficult menstruation. 6. The every-day use of tea, coffee, tobacco, or alcohol, which act, according to Dr. Bruce, as cardiac poisons. 7. Increase of the valvular lesion, due to endocarditis, rupture of a diseased valve, etc. 8. The advent of what may be called the "limit of compensation." By this is meant the limit that is placed on life and health by the occurrence of secondary changes on the lungs, liver, kidneys and, indeed, in the cardiac wall itself. Cardiac dropsy is finally developed. Judicious treatment may "again and again secure for a time a fresh accommodation, a new adjustment of the physiological balance; but the end cannot be indefinitely averted—the limit of compensation is finally reached."—*Editorial, Med. Record, March 17.*

CLASS-ROOM NOTES

(From the College and Clinical Record.)

Prof. Bartholow recommends for habitual constipation a few minims of wine of tobacco, taken at bedtime. It acts by increasing the secretion and causing peristaltic action.

Prof. Keen gave to the class the following recipe for a light food: White of two eggs well shaken in a bottle with two ounces of lime-water, then add eight ounces of milk.

In the treatment of gummata by the iodides, an occasional dose of pilocarpine is of much value, by favoring liquefaction of the growth and increasing secretion. Prof. Bartholow.

Prof. Da Costa prescribed for a man with polyuria—

R. Extract. ergotæ fluid., fʒss.

Sig.—To be given three times a day, and gradually increased up to one teaspoonful ter die.

If stricture of the vagina be discovered in a pregnant woman, let it alone, as the head of the child is the best dilator. Should it prove an obstruction, and not give way in labor, it can then be nicked. Prof. Parvin.

As a good sorbefacient, Prof. Keen gave the following:—

R. Lanolin, p. æq. M.
Agnin.,

Apply.

Prof. Parvin thinks a solution of creoline for washing out the bladder should not be stronger than one-half of one per cent.; that is, half a teaspoonful of creoline to a pint of water. He prefers this strength for vaginal injections also.

For a man fifty-six years of age, Prof. Da Costa prescribed the following for aortic stenosis and fatty degeneration of the heart:—

R. Barii chlorid., gr. 1-10
Aquæ destillat., fʒj. M.

Sig.—Ter die.

Milk diet.

For a case of subacute rheumatic fever Prof. Da Costa prescribed one ounce of potass. acetate in the first twenty-four hours; half-ounce the following twenty-four hours, and two drachms a day to be continued. Also ten drops of tincture of digitalis three times a day.

When it becomes necessary to evacuate a serofulous abscess, it is far better to draw off its contents with a cannula, and inject through the instrument, before removing it, five per cent. ethereal solution of iodoform (being careful not to use enough iodoform to produce toxic symptoms) than to make a free incision. Prof. Keen.

He also gave the following as a valuable fever mixture—

R. Liquor. aonii citrat., f̄jss
 Spirit. æth. nitrosi,
 Liq. morph. sulph., āā f̄jss M.
 Dose, a dessertspoonful.

Should the temperature be high, add to each dose two drops of tincture of aconite root.

The method for the preparation of sponges for surgical operations by Prof. Keen is—

1st. Beat with wooden mallet, to get rid of sand and calcareous matter.

2nd. Soak in warm water for twenty-four hours.

3rd. Soak in solution of potass. permanganate (5j to gallon) twenty-four hours.

4th. Wash thoroughly in warm water.

5th. Place for one minute in

R. Sodii sulphit., 5x
 Aquæ, cong. j
 Acid. hydrochloric., 5j M.

6th. Wash in water and place in 20 per cent. solution of carbolic.

For a man suffering with gastric ulcer, brought before the clinic by Prof. Da Costa, the following was directed to be rigidly carried out: Absolute rest on the back in bed, milk diet, in which a small quantity of carbonate of soda is put, to render it alkaline; should this not sufficiently nourish him, then combine with the milk diet nutriment enema. For the anæmia accompanying the disease—

R. Ferri et potassii tartrat., 5ss
 Glycerini, 5j
 Aquæ, qs. ad f̄ziii. M.
 Sig.—Teaspoonful three times a day.

Prof. Binton uses the following in the sthenic type of surgical fever—

R. Antimonii et potassii tart., gr. ss
 Tinct. aconiti radicis, gtt. xij
 Magnesie sulphat., 5vj
 Morphine sulphat., gr. j
 Spirit. æther. nitros., f̄zxiij
 Spr. zingiberis, f̄zxiij
 Aquæ, q.s. ad f̄zvj M.

Dose. f̄ziv.

For painful affections of large subcutaneous nerves—

R. Potassii cyanidi, ʒj
 Aquæ, f̄zj M.

Applied along course of nerve upon absorbent cotton. The skin must not be broken, or toxic symptoms will develop. Prof. Bartholow.

In a case of splenic leukaemia, in which the red corpuscles were reduced to three-fifths the normal, and the white corpuscles increased to fifty times the normal, Prof. Da Costa prescribed inhalations of oxygen pure, beginning with thirty quarts a day, to be increased up to one hundred and fifty quarts a day.

For a case of paralysis agitans due to lead, the metal being found in the urine, Prof. Da Costa directed 1-200 gr. hyoseyamine ter die, and—

R. Kali iodidi, ʒj
 Aquæ fontanae,
 Syrup zingiberis, āā f̄zss. M.
 Sig.—Take t.d.

For a boy eighteen years old, having about ten epileptic convulsions a week, caused from a lesion in the cortical portion of the brain, Prof. Da Costa prescribed—

R. Potassii iodidi,
 Potassii bromidi, āā gr. x
 Tinct. belladonnae, gtt. ij.
 Syrup. zingiberis, f̄zj
 Aquæ, f̄zj. M.
 Sig.—Three times a day.

R. Pearls of amyl nitrite to avert the convulsion, as he can tell for a short time before an attack comes on.

Items of Interest to the Profession.

ANOTHER OF THE SAME CLASS.

A woman in Xenia, Ohio, U.S., aged 40, has given birth to her twenty-fifth child! Next.

HOUSE SURGEON—WESTERN HOSPITAL.

Dr. Charles E. K. Vidal (Trinity, '89), has been appointed House Surgeon at the Western Hospital. Dr. Vidal is the son of Major Vidal, C. Co., I. S. C., Toronto, Ont.

NEW DISPENSARY.

A new dispensary has been started in town. It is proposed to locate it in Nazareth street, below Wellington street, which is an excellent situation, as it will command the whole of Griffintown and Point St. Charles. We wish our young confreres who have started it success.

THE PORTRAIT OF THE LATE DR. HOWARD.

This much talked about portrait has been on view in the *Star* window, and the universal opinion seems to be that it is a wretched production. Of course the artist was at a disadvantage, a photograph being all he had to go by; but that is no excuse for putting in a patient in the background, which looks like the ghost of Hamlet's father in a fog. If he had left that out the picture would have been passable. Why didn't the committee have a bromide enlargement of one of the many excellent photographs of the late Dean, which would have been true to nature, every bit as permanent, and at one quarter the cost of Mr. Harris's portrait?

J. JULIUS SNIETZ, M.D.

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MONTREAL, DECEMBER, 1889.

TO OUR READERS.

Intending as we did to allow no ordinary reasons to prevent us from getting THE RECORD out in good time every month between the 15th and 20th, we owe it to ourselves to make the following explanation of the delay last month, that just as we were going to press with the November number the publishing house was partially destroyed by fire, and many of the forms of THE RECORD were knocked into pi (which means the same thing in ordinary parlance as being knocked into a cocked hat.) The composing room had three feet of water in it, and ever since, owing to the mild weather and there being no roof on the building, the rain has been coming in, so that it was with the greatest effort that the November number was got out a little over two weeks late. The same cause will delay this number about a week. After that we hope to have the new roof on, and everything will be done in order as before. Subscriptions would be especially thankfully received just now.

OPHTHALMOLOGY,

A recent writer on ophthalmology says that many patients treated by gynecologists

for uterine diseases are really cases of hyperphoria or some other kind of squint, and that the proper way to cure the disease of the womb would be to perform a strabismus operation on the eye. This reminds us of a case which came to our knowledge not long ago, of a woman who was suffering from trachoma, for which she had been treated for some time by an oculist without much benefit, and who was said to have been promptly cured by a gynecologist, who performed an operation in the cervix uteri. In both cases perhaps the claim is a little too far fetched, although there is some connection between all the organs of the body through the great sympathetic. But what is more to the purpose is to realize that any causes which are capable of lowering the vitality of the body in general will at the same time make work for all the ologists. No machine, however, is stronger than its weakest part, so the weakest organ is the first to break down.

TREATMENT OF ACNE.

One of the most sensible articles that we have seen for a long time on the treatment of skin disease is one which appeared in our last issue, taken from the *Medical and Surgical Reporter*, in which Dr. J. H. Fox says that he prefers to treat acne without either arsenic, sulphur ointment or lotions. That the disease is largely of a reflex nature, due especially to disorders of digestion, and is chiefly benefited by diet. If the skin is greasy and the sebaceous glands are the seat of comedones and pustules, they should be evacuated and the skin should be kept clean. Although he formerly used to use many internal remedies, his chief principles of treatment now are the regulation of the diet and the use of local massage, the latter consisting of squeezing out the comedones, emptying the pustules and scraping with a round curette, kneading with the fingers, etc. For our part we would lay a special stress on two things—first, the plentiful use of soap and

hot water, so as to prevent the openings of the sebaceous glands from being blocked up with particles of carbon and other dust; and, second, clearing out of the liver and bowels, with the careful elimination of cakes, pastry and the many other bilious abominations with which the modern diet is overstocked. It is refreshing to see a specialist for the skin knowing or caring anything about the stomach.

HYPODERMIC INJECTIONS OF MERCURIALS IN SYPHILIS.

The *Medical News*, Nov. 9th, contains an article based on the experience of Lelois and Lavernier on hypodermic injections of mercurials in the treatment of syphilis. The conclusions arrived at may be stated as follows: Their only advantage is the rapidity with which they cause syphilitic eruptions to disappear from the skin, but the objections are so many and so great that the above writers prefer mercurial inunction to get the patient under its influence rapidly, the effect being kept up by means of pills of bi-chloride or proto-iodide. This treatment is continued during one or two years, and iodine is withheld until the second year.

WHEN TO RECOMMEND EXERCISE IN HEART DISEASE.

It has long been known that in certain forms of heart disease out-door exercise is the very best remedy, while in others the prolongation of life depends entirely on the amount of care and rest the patient takes. Recently Oertel has been advocating hill climbing for certain forms of cardiac disease, although this is by no means new, for twelve years ago at the London Hospital we have often heard Sir Andrew Clarke recommending regular and graduated exercise, and since then we have been constantly treating cases of weak or fatty heart by the same method. Dr. Alfred L. Loomis has communicated an interesting and very

much needed article to the *Medical News*, November, 1889, in which he points out which cases it is best to treat with rest, or which should be treated by exercise. He says that while formerly great stress was laid upon the condition of the murmurs, we now know that the condition of the heart muscle is of far greater importance.

When the heart is well nourished it will hypertrophy, so as to meet all demands made upon it. While, if it is badly nourished, increased demand leaves dilatation, so that in cases of dilatation and weakened heart walls physical exercise is always contra-indicated.

In cases of acute inflammation about the heart absolute rest in bed is necessary. Second, when the heart is handicapped by the prolonged use of alcohol and tobacco the presence of valvular disease requires that physical exercise must be indulged in with care, for the simple reason that the heart muscle is not in a position to meet any increased strain.

In mitral stenosis gentle exercise does good, while sudden or severe physical exertion does harm.

In mitral insufficiency the great danger lies in weakened and consecutive dilatation of the ventricles; any exercise, therefore, which causes shortness of breath cannot safely be indulged in.

In the early stage of fatty degeneration of the heart walls, he says, a moderate degree of vigor may be maintained for a long time if patients are restricted to an animal diet and adopt a life of systematic out-of-door exercise, which, however, must stop short of fatigue dyspnoea.

He thinks that even slight physical strain is dangerous in fatty heart of those advanced in life, on account of the atharomatic disease of the aorta. The heart-affections which has been found uniformly benefited by vigorous physical exercise are fatty infiltration and weak hearts in anæmic and nervous subjects.

We have seen many instances of heart disease in persons suffering from obesity completely cured by shutting off the supply of fat-producing food and turning on a gradually increasing supply of oxygen in order to burn up the surplus store of fat which not only clogs the action of the heart, but also interferes with the functions of other organs. We can thus, so to speak, convert that fat into muscle, for it is an axiom that whenever a well fed muscle contracts it develops. In recommending exercise in cases of heart disease, we must see that our patients understand that it is gradually increasing exertion in proportion as their strength returns which is desired, while all forms of excitement and exertion pushed to fatigue must be avoided.

AN ABUSE OF CHARITY.

We wish to call the attention of the attending staff of the Montreal General Hospital and the Notre Dame Hospital to an abuse of their charitable services, which not only affects them but still more does a serious injustice to a large number of medical men throughout the country.

Owing to the curse of political patronage, without the consideration of which the smallest public service cannot at present be performed, the Marine Department has deemed it advisable to place its sick proteges in the different existing hospitals all over the country, paying such a sum for their board, lodging, nursing, medical attendance and medicine per diem as may seem reasonable and just. What may be considered a reasonable sum for the above services to a sick sailor varies of course in proportion to the locality, the number to be treated and other circumstances, so that the Marine Department has naturally had to adopt some standard by which to guide it in deciding what amount it should pay out as trustee for the sailors for the services the latter receive. This standard has been fixed at 90 cents a day, which was the sum

demanding by the Montreal General Hospital as the actual cost to which that institution was put to by each additional patient each day. When the Notre Dame Hospital applied for its share of the sick sailors it was told that it could have them at the same price as was paid to the Montreal General Hospital, which they accepted. The St. John City Hospital was also compelled to accept the same amount, and so on with the other hospitals, so that the Marine Department has gradually come to look upon 90 cents a day as an ample sum to cover the expenses of a sick sailor, who very often requires on the contrary :

One day's board and lodging at a fourth-class hotel	\$1 00
One day's board and lodging for day nurse..	1 00
One day's board and lodging for night nurse..	1 00
One day's pay for day nurse.....	1 00
One day's pay for night nurse.....	1 00
Two visits of doctor with use of \$200 worth of instruments.....	2 00
Medicine	50
	\$7 50

Of course this sum would gradually decrease with the number of patients until there were ten, who could be nursed and attended for about \$2.50 a day each. Where the injustice of getting these services for 90 cents a day comes in is that whereas the patients in the Montreal General Hospital pay nothing for lodging, the building being furnished by charity, nothing for medical and surgical care, which is given as charity, and nothing for the use of instruments, which are provided by charity, the Marine Department, unaware of all this, thinks that the 90 cents pays for everything, and looks upon a doctor down in Nova Scotia or New Brunswick as an extortionist when he demands \$2 a day for the things which *he* has to pay for, but which are provided by charity at Montreal. It must be remembered that sailors are in no sense paupers. They receive such large wages that they are able to squander thousands of dollars in the saloons along the wharves, and in some

cases we have known them to throw a bag of silver dollars into the sea because they had no use for them. It is owing to this proverbial improvidence that the Government stops as much money out of their wages as will pay for the best of care of them when they are sick. Of course the Marine Department has no wish to impose upon the doctors; it is simply laboring under a misapprehension. But at present the medical staff are not only attending the sailors for nothing but are actually paying a hundred dollars down and twelve dollars a year towards the maintenance of his hospital. The staff of these two hospitals should unite in demanding the same remuneration for attendance on sailors as they do for their services to other non-indigent laboring men, and if they do not want the money so paid they can make a present of it to the hospital. But they will be doing an act of simple justice to their less wealthy brethren at other seaports in explaining to the Government that the 90 cents a day does not pay for medical attendance.

STATISTICS OF LEPROSY IN THE UNITED STATES.

In view of the general impression that leprosy is spreading in this country, it is desirable, in the interest of the public health, to obtain accurate information upon this point. The undersigned is engaged in collecting statistics of all cases of leprosy in the United States, and he would ask members of the profession to aid in this work by sending a report of any case or cases under their observation, or coming within their knowledge.

Please give location, age, sex, and nationality of the patient, and the form of the disease—Tubercular or Anæsthetic; also, any facts bearing upon the question of contagion and heredity.

Address Dr. PRINCE A. MORROW,

Journal of Cutaneous and Genito-Urinary Diseases.
66 West 40th Street, New York.

—A woman living in Penzance, England, recently gave birth to a boy 25 lbs. in weight, two feet three inches tall, and 11 inches across the chest. The child was born alive and well, but afterwards died from croup.

BOOK NOTICES.

CIRRHOSIS OF THE PANCREAS; OR, PANCREATIC ANÆMIA.
By Chas. Warrington Earle, M.D., Chicago, Ill.

THE TREATMENT (NOT PREVENTIVE) OF PUERPERAL FEVER. By Chas. Warrington Earle, M.D.
From the *Chicago Med. Journal and Examiner*.

CEPHALAEMATOMA OF THE NEW-BORN. By Chas. Warrington Earle, M.D. Chicago. Reprinted from the *Journal of the American Medical Association*.

THE CINCHONA CURE FOR INTemperance. By Dr. Chas. W. Earle. Reprint from the *Chicago Medical Journal and Examiner*. February, 1880.

RETAINED DEBRIS AS ONE OF THE CAUSES OF PUERPERAL FEVER. The intra-uterine douche and curette. By Dr. Chas. Warrington Earle. Chicago.

THE OPIUM HABIT. A clinical lecture by Chas. Warrington Earle, M.D. Reprinted from the *Chicago Med. Review*, October 5th and November 5th, 1880.

THE INFLUENCE OF SEWERAGE AND WATER POLLUTION ON THE PREVALENCE AND SEVERITY OF DIPHThERIA. By Chas. Warrington Earle, M.D. Reprinted from *Archives of Pediatrics*, Nov., 1888.

OBSERVATIONS IN VIENNA. The General Hospital, Billroth, Carl Braun, and others. By Charles Warrington Earle, A.M., M.D. Reprint from *Western Medical Reporter*, September, 1888.

ANTISEPTIC OBSTETRICS. By Charles Warrington, A.M., M.D., Chicago. Reprint from the Transactions of the Thirty-Seventh Annual Meeting Illinois State Medical Society held in Rock Island, May 17th, 1888.

ADDRESS OF PRESIDENT C. W. EARLE. Delivered at the Thirty-Ninth Annual Meeting of the Illinois State Medical Society, May 21st, 1889. "The responsibilities and Duties of the Medical Profession Regarding Alcoholic and Opium Inebriety."

ABSTRACT of the Fifth Annual Report of the New York Post-Graduate Hospital (and the Babies' Wards), for the year ending September 15, 1889. 226 East 20th street, New York city.

This institution, which has already acquired a world-wide reputation has made several improvements recently which will greatly increase its usefulness. In our opinion many graduates and young practitioners who annually flock to Europe would spend their time and money to better advantage at this institution.

INFANT FEEDING. By Dr. Chas. Warrington Earle, Prof. Diseases of Children Women's Medical College; Professor Obstetrics College of Physicians and Surgeons, Chicago. Reprinted from the Journal of the American Medical Association, Aug. 4th, 1888.

THE MANAGEMENT OF LABOR AND THE LYING IN PERIOD. A guide for the young practitioner. By Henry G. Landis. Lea Bros & Co., Philadelphia.

This is a work of over three hundred pages. In its author's modest preface he says that its aim is to serve as a guide to practice, divested of all superfluous and irrelevant details. He has, however, so carefully arranged his matter and economized his space that no important subject has been slighted or left out. A good deal of time, we think, is often lost in useless talk by the physician while waiting for the termination of labor. This time might be spent to the very best advantage by studying up such a work as this. There may even be features about the case which would be elucidated by consulting its pages. Its convenient size and the extreme practicability of its contents render it a most valuable companion for the accoucheur.

WOODS MEDICAL AND SURGICAL MONOGRAPHS. Vol. 4, No. 1, October, 1889. The Influence of the Male Element upon the Female Organism. By John Brown, M.D. The Internal and External Temperature of the Human Body as Modified by Muscle-Kneading. By A. Symons Eccles, M.B. The Diseases of the Breast. By Thomas Bryant, F.R.C.S.

No. 2, November, 1889. The Surgery of the Knee-Joint. By C. B. Keetley, F.R.C.S. Aids to Ophthalmic Medicine and Surgery. By Jonathan Hutchinson, Jr., F.R.C.S. Bacteriological Technology for Physicians. By D. C. J. Solemenson.

These are two sample copies of the series, showing the variety and wide range of subjects discussed in each volume. Physicians will find much to interest and instruct them in this valuable and practical Library of Monographs, which is published at the low subscription price of \$10.00 per annum, or \$1.00 for each issue.

THE PHYSICIAN'S VISITING LIST FOR 1890, being the thirty-ninth year of publication. Philadelphia: P. Blakiston, Son & Company, 1012 Walnut street. Sold by all booksellers and druggists.

Some idea of this visiting list may be obtained from a glance at the table of contents: "Almanac Table of Signs," "Marshall Hall's Method," "Poisons and Antidotes," "The Metric System," "Dose Table," "New Remedies," "Aids to Diagnosis and Treatment of Diseases of the Eye," "Diagram of the Eruption of the Milk Teeth," "Disinfectants," "Examination of the Urine," "Incompatibility," &c., besides blank leaves for everything required in a note book, such as visiting lists, monthly memoranda, addresses of patients and others, nurses and their references, accounts asked for, memoranda of wants, obstetric engagements, vaccination engagements, record of deaths and births, cash account, &c.

This is the eleventh year we are using this visit-

ing list in our practice, and we can truly say that we could not wish for anything better. It has saved us many times its cost and, besides, has furnished a permanent and pleasing record of our daily work during the years that have passed. With spaces for fifty patients a week, it only costs a dollar and a quarter in the States.

A TREATISE ON MATERIA MEDICA, PHARMACOLOGY AND THERAPEUTICS. By John V. Shoemaker, A.M., M.D., Professor of Materia Medica, Pharmacology and Therapeutics in the Medico-Chirurgical College of Philadelphia, and member Medical Association, and John Auld, M.D., Demonstrator of Clinical Medicine and of Physical Diagnosis in the Medico-Chirurgical College of Philadelphia, and member Medical Association. In two volumes. Volume I devoted to pharmacy, general pharmacology and therapeutics, and remedial agents not properly classed with drugs, Philadelphia and London, F. A. Davis, publisher. 1889. Price, cloth, \$2.50; sheep, \$3.25 net.

The style of this book is exceedingly practical. All the most important facts are printed in heavy type, so that when the reader is in a hurry he can get at the gist of the paragraph at a glance. The article on electro-therapeutics is especially commendable, as, though brief, it really gives all the most recent information on the subject. The advantages of a certain line of treatment for a given disease are impressed upon the memory by the reports of cases for the most part occurring in the author's extensive practice. Its moderate price will make it especially in demand by students and young practitioners.

EDUCATION AND CULTURE, AS CO-RELATED TO THE HEALTH AND DISEASES OF WOMEN. By A. J. Skene, M.D.

This little work is one of the *Leisure Library Series for Physicians*, published by Geo. S. Davis, of Detroit. It is a philosophical and well thought out treatise by the well known gynecologist of Brooklyn, who thus gives to the profession his views, based on a large experience, of the evils of the present system of education of women in America. Gynecologists, like all specialists, are sometimes accused of looking only at their specialty side of the human machine; but a careful perusal of this work will convince anybody that the author, at least, does not fall into this error. The subject is an important one, and is receiving a good deal of much needed attention from many leading writers of the day. Besides a short paper on the subject in the last number of this journal, there is a very interesting article in the last number of the *Popular Science Monthly*, by Grant Allan, and another by Dr. Ernest Herman in a recent number of the *British Medical Journal*. After reading those three articles and the book above mentioned by Skene, one has no difficulty in understanding why so many women are sick, helpless and hopeless; the only wonder is that there are any healthy ones at all.

ESSAY ON MEDICAL PNEUMATOLOGY. A physiological, clinical and therapeutic investigation of the gases. By J. N. Demarquay, surgeon to the Municipal Hospital, Paris, and of the Council of State; member of the Imperial Society of Surgery; correspondent of the academies of

Belgium, Turin, Munich, etc.; officer of the Legion of Honor; Chevalier of the Order of Isabella, the Catholic, and of the Conception of Portugal, etc. Translated with notes, additions and omissions, by Samuel S. Wallen, A.M., M.D., member of the Medical Association; ex-president of the Medical Association of Northern New York; member of the New York County Medical Society, etc., etc. Illustrated with fine wood engravings. Philadelphia and London, F. A. Davis, publisher, 1889. Price, cloth, \$2; half Russian, \$3 net.

This is a handsome volume of 300 pages, in large print, on good paper, and nicely illustrated. Although nominally pleading for the use of oxygen inhalations, the author shows in a philosophical manner how much greater good physicians might do if they more fully appreciated the value of fresh air exercise and water, especially in diseases of the lungs, kidneys and skin. We commend its perusal to our readers.

DAVENPORT'S HANDBOOK OF GYNECOLOGY. Published by Lea Bros., of Philadelphia.

In our last number we only had space to mention that we had received the above named book. Since then we have had time to give it a thorough perusal, and are now in a position to agree with the many reviewers whose notices we have read in other journals in congratulating Dr. Davenport upon the success which he has achieved. We think he has been especially fortunate in not attempting to launch another complete treatise upon the sea of gynecology. There are almost too many of them now, more, at least, than any one man has time to read. He has tried to write a book for the student and general practitioner which would tell them just what they ought to know without distracting their attention with a lot of compilations for which they could have no possible use. In this he has been eminently successful. There is not a page, nor even a paragraph, of useless matter. Everything is of the newest, freshest and most practical, so much so that we have recommended it to our class of gynecology students. What the author advises in the way of treatment has all been practically tested by himself, and each method receives only so much as he has found that it deserves. We feel sure that these good qualities will command for it a large sale.

A HANDBOOK OF OBSTETRICAL NURSING, for nurses, students and mothers. Comprising the course of instruction in obstetrical nursing given to the pupils of the Training School for Nurses connected with the Woman's Hospital of Philadelphia. By Anna M. Fullerton, M.D., Demonstrator of Obstetrics in the Woman's Medical College of Pennsylvania; Physician-in-Charge and Obstetrician and Gynecologist to the Woman's Hospital of Philadelphia, and Superintendent of the Nurse Training School of the Woman's Hospital of Philadelphia. Philadelphia, P. Blakiston, Son & Co., 1012 Walnut street. 1890.

This is only a little book, but is full of information which every woman ought to know who is likely to become a mother, or who will be called upon to help some other woman who may need her assistance. It is written principally for nurses, but its perusal would well repay the young practitioner, who generally has, during his first few

years of practice, to be accoucheur and nurse all at once. When he is constantly hampered by the ignorant but well meant help of neighbors, he would wish that some such book as this were in every woman's hands. The time occupied in waiting for the termination of labor might be well employed in reading a few extracts from it to the little circle of kind hearted but dangerous friends who generally gather on such occasions. It should, therefore, find a place on the table not only of maternity nurses, but also of young practitioners.

A TEXT-BOOK OF ANIMAL PHYSIOLOGY. With an introductory chapter on General Biology, and a Full Treatment of Reproduction. For students of human and comparative (veterinary) medicine, and of general biology. By Wesley Mills, M.A., M.D., L.R.C.P. (Eng.); Professor of Physiology in McGill University, and the Veterinary College, Montreal. With over 500 illustrations. Svo, pp. xxii, 700. New York: D. Appleton & Co. 1889.

This marks a distinct advance in the method of teaching the subject of physiology, and we trust it will be followed by all the progressive teachers in that department. Together with the author, we retain a vivid remembrance of how, during our student days, we were filled with facts and details of technical physiological experiments, until we lost sight almost entirely of the important truths these experiments were intended to illustrate and explain. By the plan of Dr. Mills, the principles of the science of physiology are always kept before the student, and continually reappear in all parts of the book. Technical details are made subordinate to the effort to make clear the laws governing all the phenomena of life. The author's object is finely stated in the opening words of the work:

The comparative method, the introduction of the teaching of embryology and of the welding principles of evolution, as part of the essential structure of zoology, may be said to have completely revolutionized that science; and there is scarcely a text-book treating of that science, however elementary, which has not been moulded in accordance with these guiding lines of thought. So far as I am aware, this cannot be said of a single book on the subject of physiology. Feeling, therefore, that the time had come for the appearance of a work which should attempt to do, in some degree, at least, for physiology what has been so well done for morphology, the present task was undertaken.

How well this attempt has succeeded will be apparent to every one upon an examination of the work.

The task the author set himself was not a simple one, and necessitated, among other things, an entire change in the plan of the book, as compared with all other works on the subject. In the first place, there are no chapters, though the general divisions are headed with larger type, indicating the subject-matter following. Concerning this, Dr. Mills says that observation has taught him that the arrangement into chapters, often gives the student the idea that each function of the body is discharged very much independently; he, therefore, has made a persistent effort throughout the work to impress upon the student the absolute dependence of all parts. In this he has succeeded admirably.

Again, the book has not been overcrowded with elaborate methods of investigation. Enough, however, has been given to show their importance and

to enable each one "to verify the essential truths of physiology," by the more simple and direct methods.

At the end of each subject, a summary is presented, giving in a few precise words what has preceded. This is especially valuable, not only to students, but to all who may consult the work to refresh their physiological knowledge. The subject of reproduction appears early in the book, instead of at the very last, as in most others. The author gives his reasons for this as follows;

An attempt has been made to use embryological facts to throw light upon the different functions of the body, and especially their relations and independence. It, therefore, became necessary to treat this subject early. It is expected, however, that the student will return to it after reading the remaining chapters of this work.

Another important feature is the introduction of clinical and pathological facts. This accomplishes two purposes: it serves to teach and impress proper physiology, by showing what the departure therefrom produces; and it illustrates the bearing physiology has upon practical medicine, and is a direct proof of its importance.

Other features to which the author alludes might be mentioned here, but enough has been said to show the general plan of the work. Let us now consider a part of the book in detail—we have not space for a complete analysis—in order to indicate the thoroughness with which Dr. Mills has done his work.

We first have some remarks under the head of General Biology, giving the student some general laws in regard to the nature of all living things. The Cell is then considered, because all living things, whether great or small, are made up of cells. This leads to a description of the simplest forms of life, as illustrated in the unicellular plants, examples of which are the yeast plant and the protocoecus, Unicellular animals naturally come next, and we begin to observe a higher form of life. Examples of these are the amoeba, the parasite organisms and the bacteria. Animals of a single cell, but with a differentiation in structure, follow, and then we have the multicellular organisms. After which the cell is reconsidered, and its properties discussed, as we have seen them under the previous heads, and some general conclusions are drawn as to the nature of protoplasm, the principal constituent of the cell.

The fact that no two masses of protoplasm are exactly alike, and that there is a physiological division of labor, is shown in the study of the animal body, its construction, and its needs. That one part is functionally dependent upon another is also very beautifully shown. Dr. Mills then presents the difference between living and lifeless matter, taking as his illustration the old comparison between the modern watch and a living organism. We have never seen this more graphically done. After reading it the student will never forget the fundamental differences existing in matter that is living and matter that is lifeless.

In regard to the classification of the animal kingdom, the author gives that of Claus, but says truly that all classifications are more or less artificial, and, therefore, unsatisfactory. Nevertheless, they serve a useful purpose in helping to simplify knowledge, and cannot be entirely disregarded.

The next divisions are of especial interest. They discuss Man's Place in the Animal Kingdom, and certain general laws governing the manifestations of living matter—such, for instance, as the law of

periodicity, or rhythm, and the law of habit. We believe that Mr. Herbert Spencer was one of the first to call attention to the law of rhythm, and the beauty of the chapter entitled the Rhythm of Motion, found in his First Principles will be recalled by all. We have looked through several works upon Physiology, and can find scarcely a reference to the law. They seem to think it would be out of place in a text-book, for, of course, the authors were not ignorant of it. It is their method, not themselves, that is at fault. So with the laws of habit as well as some others. Dr. Mills deserves the thanks of all students in thus teaching them to know and appreciate the general forces at work, that go to make up the complex phenomena of living things. We trust his effort in this direction will not be in vain.

The next division considers the Origin of the Forms of Life, in which the doctrine of evolution is carefully studied. The argument is arranged under the following heads: Morphology, Embryology, Mimicry, Rudimentary Organs, Geographical Distribution, Paleontology; Fossil and Existing Species, Progression, and Domesticated Animals. The summary of this part says:

Every group of animals and plants tends to increase in numbers in a geometrical progression, and must, if unchecked, overrun the earth. Every variety of animals and plants imparts to its offspring a general resemblance to itself, but with minute variations from the original. The variations of offspring may be in any direction, and, by accumulation, constitute fixed differences, by which a new group is marked off. In the determination of the variations that persist, the law of the survival of the fittest operates.

This leads directly to the study of Reproduction, which comes next. Its introduction thus early in the work has already been referred to. It occupies seventy-six pages of the book, and is presented in such a way as to attract the student. This is a great gain, for usually it does not receive from them the proper attention.

Then occur divisions with the following titles: Organic Evolution Reconsidered; Chemical Constitution of the Animal body; Physiological Research and Physiological Reasoning; and we come to the study of the blood, where most works upon physiology begin.

It is unnecessary to follow the author further. We have seen how radical is the difference between this and the ordinary text-book, and enough has been said also to show its superiority. In a general way, we will say that the rest of the work exhibits the same careful statement, the same comprehensive grasp, the same simple direct way of putting things, and the same beauty of expression as the part already considered. It is a work redounding to the credit of the author, and of great importance to the student.

A word should be said as to the appearance of this book. The publishers seem to have spared nothing to give it a fitting form. The printing, binding and paper are of the highest order. There are over 500 illustrations of great utility and of fine execution—some of these are old, familiar friends, but many of them are new and original. Their abundance and their excellence will assist materially in giving a clear understanding of what is now known of physiology. We end with the wish already expressed, that Dr. Mills' work and method will be followed by all progressive teachers, and that all students will be given the benefit of his comprehensive and delightful book.—*Buffalo Med. Journal.*