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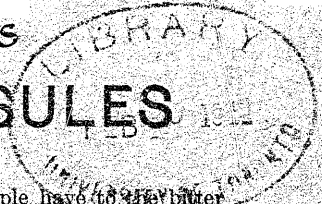
A Monthly Journal of Medicine and Surgery

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CANADA

MEDICAL RECORD

APRIL, 1904.

Original Communications.

ODDS AND ENDS IN ORDINARY PRACTICE.

By A. D. STEVENS, M.D., Dunham, Quebec.

PNEUMONIA.

Several years ago I had a couple of cases of pneumonia that interested me very much at the time. Both were young men about twenty years of age, of the farming class, and not more than a fortnight intervened between the two occasions. The first young man lived with his mother, and the two constituted the household. When I first saw him his face was profusely flushed, he was exceedingly delirious had a full, bounding pulse and other symptoms to correspond. I gave him a few grains of calomel in divided doses, to be followed by a saline cathartic, some syrup scillae co, and applied a mustard paste to his chest. The next day the condition appeared intensified, and I came to the conclusion that unless the young man was pretty thoroughly bled I would lose him. The trouble, however, in doing this laid with the mother, who, I was told, was unfriendly to both bleeding and calomel. Be this as it may, I took the advantage of her absence for a short time, and the helpless

mental state of the patient as well, drew a half-pint of blood from his arm, waited for the effect and very soon discovered it. The improvement was so well marked that I felt no hesitation in taking about twice as much more from the same place, when the delirium and other grave symptoms suddenly disappeared. In fact, the young man was cured *then* and *there*. The other patient referred to had been, like the previous one, ill for several days, with practically the same chain of symptoms when I first saw him, and he was accordingly, similarly prescribed for. Keeping in mind what had passed a few days before in the instance just related, one would naturally infer that I would have bled him on the spot, but bleeding was out of fashion and required a bold man to do it. About twenty-four hours after I returned, took a general view of the situation, and, in a short time, to my surprise, saw that his mind had cleared up, and, taking him all around, that he was himself again—that is, cured.

For the particulars I turned to the father and got them. It seems that, during the night, his son had a fearful bleeding at the nose, and, from the appearance of the environment, I have no doubt he told the truth. He further said that he perceived the change or improvement the moment the bleeding ceased. It is true he was thus self-bled, but, like the former, was cured *then* and *there*.

Whether one considers this a self-limited disease and the proper treatment purely hygienic and expectant or not, it is pretty evident that the *vis viva*, the *vis naturae*, was the forcing factor in the very satisfactory termination of this case.

TEETHING CHILDREN.

I have no idea that we are on the eve of a professional millennium, or that the time is near at hand when all medi-

cal men will see things through the same media any more than the rest of mankind does, or, if you like it better, we shall probably for some time to come quietly reserve the right to disagree, and it is just as well that it is so. In the meantime, if my views upon the treatment of teething children do not altogether harmonize with those of some of our friends, it is not likely that any serious disturbance will follow. No doubt there are those who regard teething as a simple matter, and, for that or other reasons, overlook or refuse the use of the gum lance upon every occasion. This to my mind, is not progression. When I meet a child whose nervous system is unbalanced, whose tongue is heavily coated, whose digestive organs are inactive, who is feverish restless, in pain and possibly in convulsions, I feel it my duty to search for swollen gums, and a greater or less number of teeth making an effort to escape their imprisonment. Now whatever objection there may be to making an incision down to the offending tooth, setting it free and allowing the gum to bleed a little, I confess I have never been able to decipher, if a little caution is observed. Often have I seen and relieved infants suffering as above by timely cutting through the gum with the proper lance and administering afterwards a grey powder or a grain or two of calomel in a dose of castor oil. I know some very good men appear to discredit this method of treatment, but, as I have no intention of assuming the rôle of critic, teacher or dictator, no matter who may have the best side of the argument, we will leave our little difference "to the dim and distant future" for, "when doctors disagree, who shall decide?"

There is still another feature of this teething affair that is perhaps worth mentioning and it is this: I have noticed that in winter, if a delicate child is seriously distressed by teething, either the head or lungs would seem to feel the blow the most keenly? In summer it is the digestive tract,

but whether in summer or in winter if the little one is equal to the emergency, without undue affliction, I do not pretend to interfere with the natural course of things. Like the majority of labours, the process is, I dare say, a natural one, but there are times when the natural forces are not sufficient for either the one or the other occasion. Teething in infancy is not always so trifling a process as people sometimes think it is.

CONSUMPTION.

Under the above heading you published several years ago a communication I furnished you upon the management or conduct of consumption. I have reasons for believing that it was well received. To the remarks then offered my observations and experience since suggest but little advancement in the plan of treatment I then described, but, I believe every man who can throw any light upon the subject or thinks he can contribute an encouraging word or idea to the literature we have, should feel no delicacy in parting with it.

Two cases, in many respects similar, that were under my care recently, it has occurred to me, are of sufficient worth to excuse a brief account of them. Both were mothers and also neighbours, about forty years of age, the wives of farmers and in the second stage, the symptoms of which are too well understood to be detailed here. Both, too, had been sleeping in narrow, unventilated rooms situated upon the second floor where there were several apartments and all well occupied by members of their respective families. Neither party had ever been blessed with a very robust appetite or cared much for animal food or its equivalent, though this was not owing to necessity or want of means. So far as the treatment is concerned, I may say that everything to build up and nothing to destroy was done. They were to live in the

open air as much as circumstances would admit, to move their sleeping quarters down to larger rooms and purer air. Each to have a room all to herself, and, at night, to raise their windows a certain distance; to encourage the desire for food and strengthen their weak digestion; to take as much fresh animal food, or a good substitute, as they could manage and generally to observe hygienic laws. Fresh milk three times a day, beginning with a teacupful and increasing the quantity by degrees until two or three quarts a day could be drunk, while at night one or two glasses more might be taken, if the want were felt; cheese, fresh fish, poultry, eggs and an allowance of vegetable food and fruit at meal time were all mentioned as aids. The bowels and excretory organs, too—especially the liver—were to be kept active by such means as seemed best. From the constant forcing or cramming process of food taken their tongues would naturally take on a coating, and, when they did, relief would follow, taking one of the improved compound cathartic pills containing podophylin and leptandrin. For the cough and the night sweats nothing, or next to nothing, directly. In my opinion they are the smoke and not the fire; attend to your man as a whole; fortify him to the best of your ability and neither will annoy you very much. Both are effects, not causes. Hemorrhage was only slight and met by a few drops of spirits of turpentine.

Tonics were given continuously. Among the best was the tinct ferri perchlor with a dash of quinine in it. Iron strychnin and quinine, iron and phosphorus, iron and nuxvomica, phosphoric acid and nuxvomica, sulphate of iron and quinine, and the like were all prescribed, but no cod liver oil or creosote. To avoid fatiguing or tiring the stomach, a change about from one to another every week or so was made. After a time, in order to see where we stood, these were dis-

continued for a while, when both suffered a sort of relapse, though no modification was, at any time, made in the place until their cure took place.

Now, these people after an apparent cure, as others must have noticed, are liable to a falling back and should not be lost sight of for some time. Should a relapse occur, it is not necessary to say that it should be promptly and effectively met and general directions for future care or mode of living given and insisted upon being closely followed.

DUNHAM, Que., March, 1904.

Selected Articles.

MEDICAL TREATMENT OF DIABETES.

By W. H. Thomson, M.D., LL.D., New York.

The pathology of diabetes mellitus has been the most elusive subject of modern medicine. Repeatedly during the past forty years we have seemed to be on the verge of important discoveries relating to it, only to find that our uncertainties, instead of being dispelled, had simply taken new forms, which in turn have raised other problems to solve.

As to medicines, I would begin with the statement that I but rarely prescribe opium, codeine or any other of the opium derivatives; and I beg leave to take a short time to explain why, in such a constitutional disease as diabetes, I cannot regard this drug as of real service, though it has been long and generally recommended in text-books. Nerves, such as opium, belladonna, strychnine, aconite, etc., are agents which affect certain functions of the nervous system. They, therefore, are only functional remedies, and they have no power whatever in therapeutic doses to directly affect structure or nutrition, however long they be prescribed. All that they ever do is temporarily to produce some functional symptoms, but they never affect the texture of

the nutrition of tissues or organs, either beneficially or injuriously. Therefore, none of them can touch diabetes itself any more than they can touch typhoid fever; however, some of them may relieve for a time, some serious symptoms in both diabetes and in typhoid fever. As a veteran teacher of materia medica, I used to urge that no functional or symptom medicine, such as the nervines, could be expected to modify an organic disease in any way, either for good or evil, the only exception being in the case of colchicum, which can produce organic changes. Alcohol produces organic changes only by virtue of its chemical and not by its nervine properties. One of the most powerful nervines for properties is nicotine. There is a great deal of functionally active nicotine in a cigar. Let any one who has never smoked a cigar try it, and he will soon illustrate what nicotine can do. Now, my father, my grandfather and my great-grandfather began to take nicotine by smoking tobacco about the same time of life that I did, namely, at twelve years of age, and continued the same to the last year of their lives, which was at the age of eighty-eight, eighty-seven and ninety-two, respectively, while I am well on to my three-score and ten. Can nicotine, therefore, not injure the bodily mechanism? Never, in rational doses, for like all other nervines, in such doses it can neither do permanent good nor permanent harm.

To this class of functional medicines belongs opium and its derivatives; and, therefore, diabetes continues progressive, however continuously or fully opium is prescribed. A functional medicine is one whose whole action can be secured by one dose. Its hundredth dose does not do any more than the first dose does, sometimes not as much, for with many of this class, as with tobacco, the system becomes used to them. A man may for many years relieve an asthmatic attack by stramonium, but it is not his disease—asthma—which is thereby dealt with, but its symptom; bronchial spasm, and his last dose of stramonium does not do more for him than the first dose did taken years before. More efficacious against his asthma itself would be arsenic and potassium iodide, which no more act in one dose than mercury does in syphilis, or iron in anemia.

Functional medicines we need constantly in practice

to relieve symptoms, or to meet emergencies. They are indispensable for such purposes, but we should always remember that they are powerless against an organic injurious change going on in the living mechanism. All which a functional medicine can do is to deal with a temporary derangement, not in the structure but in the working, that is, in the function of the body; and this it does immediately in one dose. But no specifically permanent changes should be expected from it. Opium may affect the symptom, sugar in the urine, by temporarily diminishing it, but it has no effect on the disease causing that symptom.

We must look elsewhere in such a constitutional disease as diabetes than to such functional medicines as opium, and I notice that of late experience is leading many physicians to abandon its use in this disease. For a number of years I have advocated the free use of cod-liver oil in diabetes. I was specially led to do this by its remarkable effect in the case of two brothers whom I treated thirty-two years ago. The first, an active business man, aged thirty-five, came to me with polyuria, thirst, emaciation and progressive loss of strength, for which he had been treated unavailingly for a year with the usual course of diet and drugs. He then took larger doses of cod-liver oil than any patient in my experience, for he said that he never measured it, but took it directly from the bottle as a drink, followed by Vichy water. In another year's time he was cured, and he has remained well ever since. His brother, two years younger, came to me the following year with much the same condition, as far as the great quantity of sugar in the urine was concerned, but he suffered in addition from general bronchitis. He found that he could stomach cod-liver oil as well as his brother, and with equally good results. The younger the patient, the more persistently I urge the taking of this remedy, and I adopt every resource to make its free use possible by the patient, by the administration with it of pepsin and bismuth. So long as the stomach does not rebel, diabetic patients of this class cannot take too much cod-liver oil. Whether this oil acts as a substitute for the starchy elements, or whether it spares the proteids from disintegration, or whether it acts as a nerve food, or whether as an empirical fact I can testify that it both diminishes

the sugar and the excess of urea eliminated whenever it is taken freely and is well borne. As in all cases where we aim at influencing nutrition by any measure, it must be used both systematically and perseveringly. Obesity contraindicates it, and likewise I should not give it to patients of very sedentary habits; but it is quite useful with many elderly people.

Next to cod-liver oil, I would mention iron. As before remarked, I have long suspected diabetes as largely a muscle disease, and throughout the animal kingdom muscular power is directly proportioned to the intake of oxygen. As iron can act in us only in its capacity of an oxygen carrier, I try to give diabetics all the iron which they can take, along with all the fresh air which they can get. As iron in many forms tends to cause constipation, which itself not infrequently becomes a serious trouble to diabetics, a very serviceable preparation for them is the old-fashioned Hooper's pills, whose formula is: R Ferri sulph. 3 ss; powdered senna, powdered jalap, cream of tartar, powdered ginger, each gr. xii; ext. gentiani, q.s. M. Div. in pil.

The progress of medicine in our time has added a class of remedies which are coming more and more into daily use, and to which I would apply the term medicinal, in distinction from surgical, antiseptics. They include a varied list of phenol derivatives, among which I would include quinine, for sooner or later we may look for its synthetic production from coal-tar, as well as the salicylates and the benzoates. In this class of medicinal antiseptics I would also include arsenic.

It is not improbable that one of the properties of this class of medicines is to start the activity of various enzymes, which in particular states cause derangement of metabolic processes in the body, or lead to disintegration of its tissues. We are only beginning to get some insight into the relations which certain internal secretions bear, on the one hand, to the assimilation of food or, on the other, to the neutralization of poisons in the system, or to the disintegration of the tissues themselves. One of the most striking facts in this connection is the singularly small quantity of the secretions themselves which seems to suffice to maintain the important functions which they subserve. Thus

the total extirpation of the pancreas in dogs induces a fatal diabetes. This diabetes is ascribed to a removal of the scattered glandular structures in the pancreas, called the islands of Langerhans. But if three-fourths of the pancreas be excised, so that only one-fourth remains, the small remnant of these island cells is yet enough by their secretion to prevent glycosuria. This indicates that this internal secretion is of the nature of an enzyme, which can propagate its action from very small beginnings. The small bodies, called the parathyroids, have recently been proved to be essential to life, owing to their internal secretion neutralizing a virulent poison, generated most probably in the alimentary canal, and which poison causes fatal tetanic convulsions. So excision of three-fourths of the kidneys, leaving only one-fourth of kidney substance, is followed by death, preceded by great polyuria, with such excessive excretion of urea that it seems as if the proteid tissues were undergoing rapid dissolution. This remarkable result is ascribed to the kidneys, having as their function not only to excrete, but also to regulate the production of urea by an internal renal secretion.

However that may be, I have for some time been much interested with cases which have come under my observation of excessive secretion of urea which, in a way, resembles saccharine diabetes. [Recently] I was consulted by a healthy looking young man, aged twenty-three. He seemed to be a typical neurasthenic, for his complaints were that two years ago he had a sudden nervous breakdown, ever since which he could not apply his mind to anything. He has a constant sense of fatigue, is very nervous and dyspeptic, especially intolerant of starchy food and very insomnic. His pulse was soft and weak. Examination of his urine showed that he passed no less than 51 Gm. of urea a day, while according to his size and on his restricted diet, he should normally pass only 22 Gm. The total solids of the urine amounted to the high figure of 114.37 Gm., or 1.715 gr. There was no albumen, nor casts, nor sugar in the urine by any test, and he had no fever. His family history was decidedly unfavourable in the respect of neuroses, one brother being in an asylum, an elder sister with something like cyclical insanity, and another sister, younger than himself, is abnormally fleshy.

I put him on the same treatment that I would a diabetic, namely, a shellac-covered capsule, containing 5 gr. of sulpho-carbolate of soda and 1 gr. of potassium permanganate, to be taken half an hour after meals and at night; and one hour after meals t.i.d. a powder of 10 gr. of sodium sulphate and 10 gr. of sodium benzoate. On the 16th he came again, remarkably improved in all his symptoms. His urea had fallen from 51 Gm. to 30 Gm., and the total solids had decreased 250 gr. To add now 10 gr. of aspirin to each dose of the sulpho-carbolate, or 40 gr. per diem. On January 16, he reported that he was able to do more work than he had done for some years, and that he was now studying to pass a university examination.

I believe that if physicians, instead of being content in their examinations with discovering whether there were abnormal ingredients in the urine of patients, would also uniformly investigate whether the normal ingredients were present in their healthy proportion, more cases of this kind would be found than are generally suspected. What special process led to such abnormal waste in this patient I do not know any more than what the real processes are which underlie the disease diabetes. The processes of the chemistry of life are altogether too complex, and too imperfectly understood as yet for us to make more than doubtful guesses. But as an empirical fact, I am sure that I succeed better in controlling diabetes mellitus, as far as the use of drugs goes, by a persistent and free administration of antiseptics than by any other means, cod-liver oil and iron excepted. In such a disease the therapeutic tests should be sought for only in severe and prolonged cases; and I will beg leave, in illustration, to cite briefly one such history. He was a gentleman, aged forty-two, who after a year of severe mental strain noticed that he was passing water very often, and that his shirt when wet by the urine was stiffened by it. He was put on diet, opium and codeine, by his physician; but as he was steadily losing flesh and strength and was subject to alarming attacks of syncope, he finally consulted me. I first saw him after one of these attacks. He was cyanosed and extremely dyspnoic. Another attack soon occurred, in which he seemed to be passing into diabetic coma. For sixteen years after this I con-

ducted the management of his case, watching him very closely, as he was a most intimate friend of mine, and though I never found sugar absent from his urine, during those sixteen years he ably performed the exacting duties of chief editor of one of the largest of New York's daily newspapers. He then moved to another city, to enter upon a much less exacting business. I warned him that he was by no means a well man, and that he should continue his treatment without change. I learned, however, that he became quite careless, and in three months he succumbed to an attack of bronchitis. Such histories of years of active life while keeping up treatment, soon followed by fatal decline on cessation of the same, have occurred more than once in my experience. Nature does not cure diabetes.

As remarked before, I would include arsenic in this class of antiseptics, as it comes nearer in its properties as a medicine to such agents than to any other. My usual practice is to combine it in the same prescription with them, and, therefore, I ordinarily give arsenous acid itself, watching for the development of arsenical symptoms, just as in prescribing it for any other purpose. Some of the liquid preparations, as Fowler's solution, the Liq. arsenici hydrochlorici or the bromide of arsenic, have the advantage that the dose may be increased or diminished more readily; but I have failed to note any special advantage in changing the form of the drug, because it is arsenic itself in them all to which the effect is due. As to the rest, their administration should be varied from time to time, on the general principle that the too continued use of any drug tends to lessen its efficacy, or in the case of the salicylates to irritation of the kidneys. If called to a patient who is voiding so large an amount of sugar that a speedy reduction of it is imperative, I would give 15 gr. of antipyrine, with the same of sod. benzoate, four times a day. After a time I would substitute 15 gr. of aspirin with 10 of bismuth salicylate. In subacute cases, illustrative prescriptions would be somewhat as follows: Benzosal, gr. 48; sodium benzoate, dr. 4; arsenous acid, gr. 1; sodium salicylate, dr. 17. Make 48 capsules. Two an hour after meals and at night. Or, sodium sulphocarbolate, dr. 2; salicin, dr. 1; phenacetine, dr. 2; ammonia benzoate, dr. 4. Make 48 capsules, shellac covered. Two and a half hours after

meals; and if there be much insomnia. 20 gr. of strontium bromide and 15 of antipyrine at night. Of course, each physician can vary such medication according to indications. A weekly dose of blue pill is nearly always beneficial to patients after middle life. Unless the patient be much emaciated, one of the means which works well to prevent the tendency to constipation is a powder, dissolved in a tumbler of hot water and sipped slowly on rising, of a dram and a half of sod. bicarb., half a dram each of sod. sulphate and of magnes, sulphate, and 10 gr. of sod. salicylate.

Alkalies, in the form of mineral waters, have always held a deserved place in the treatment of diabetes. There is, however, one caution to be always borne in mind, and that is that the free use of all saline water tends to increase the waste of the system, so to speak, and they should not be given to any one who is really losing flesh. I think that I have seen them do harm to emaciating diabetics.

Diabetes is a very serious disease on one account alone, if not on other accounts, in that it virtually compels a starvation of an essential element of food. The system must have sugar, and if it does not get the sugar which it can use in the food, it will turn to its own proteid for sugar. Along with this profound perversion poisons begin to be generated, of which oxybutyric acid and its derivatives are doubtless only a part, and which poisoning we are practically unable to neutralize. Our function, therefore, is to put off the evil day of these terminal developments as long as possible and to do that I am sure that merely functional medicines will afford us no help. The essentials of the chemistry of this specific toxemia are yet unknown. The formation of acetone and of diacetic acid occurs early, but the blood itself often changes its color, owing to the abundant presence in it of fatty and of proteid granules. Something, however, holds back the carbon dioxide in the tissues, for it is a mistake to ascribe the low percentage of carbonic acid in the blood to its hyperacidity, because the blood of these patients when drawn will take up oxygen or carbonic acid about as freely as normal blood. The last step is the rapid disappearance of sugar from the urine. Why sugar is absent in diabetic coma we do not know, but significantly enough the first danger signal comes from the kidneys, for before drowsiness begins the urine often de-

posits an enormous number of peculiar looking casts. To postpone the well-nigh inevitable death in these conditions, I rely upon the most trustworthy diuretic which we possess, namely, prolonged intestinal irrigation with hot normal saline solution, by means of the best instrument for the purpose which I know of, Kemp's rectal irrigator. Hypodermic injections of 7 to 14 gr. of camphor in sterilized almond or olive oil answer best to sustain the failing heart, while diluted milk holding all the sodium bicarbonate which the patient can take is the only recourse left for food. Some of the fatal poison doubtless could be washed out if we could bleed the patient freely and transfuse an equivalent amount of normal saline.—*Merks Archives.*

LUMBAGO.

In a recent lecture reported in the *British Medical Journal*, Sir William Powers dealt with the above subject, and expressed some views concerning its nature that are not generally held. Referring to the nature and position of the muscle spindles, to the fact that lumbago frequently extends by direct continuity through the fibrous tissue of the fascia, to the sacrum and ileum and quite frequently to the sciatic nerve; that in the nature of the pain and general characters it is like unto pleurodynia, brachial and deltoid rheumatism and torticollis, which likewise are capable of similar extension, the conclusion is reached that these conditions are in reality inflammatory affections of the connective tissue basis of the muscles and not of the muscle fibres themselves. In this way its extension by continuity can be readily accounted for. It is, according to the writer, a "fibrositis." Speaking of the etiology, he says: "I need hardly remind you that muscular rheumatism is more common in the second half of life than in the first, while the opposite is true of the acute articular form. It is currently associated with gout, and the truth of the belief is soon impressed on the practitioner. But it is "gout with a difference." It may occur in those who are gouty in the common sense of the word, but some of the most severe cases I have seen, especially of the brachial form, have been in those who have inherited the tendency

to gout, but have not merited its development. The patients have been elderly ladies of blameless habits and elderly abstemious clergymen, members of conspicuously gouty families. You know the distinction that has been drawn by Mr. Hutchinson and others in the constitutional forms assumed by the diathesis. But all are connected. One notable link between these varied affections is that most cases of rheumatic fever in the young are in the children of gouty parents."

Attention is drawn to the distribution of the pain: "This rheumatic fibrositis is seldom strictly symmetrical. Even in the lumbar and sacral tissues, in which its tendency to affect both sides is greatest, it is generally more on one side than on the other, and manifests its predominance by spreading to the sciatic nerve only on the side on which it is more severe. In the arm it is rare for the muscles on both sides to suffer, and when they do it is very seldom in equal degree."

In the matter of treatment Sir William Powers says "The general treatment of these forms of rheumatic fibrositis is, I doubt not, sufficiently familiar to you. But there are two measures the beneficial influence of which I am sure is not so generally recognized as it should be. One is diaphoresis, the other is rest. The value of free perspiration has some popular recognition. There is a strong impression that muscular rheumatism may be cut short at its onset by active exercise. The usual result of acting on the belief is a serious increase in the affection, but there are some cases in which it does good. They are cases in which the exercise does not involve much use of the affected muscles, and in which it causes copious perspiration. This seems to relieve the condition of the blood, and at the very onset may enable the morbid state quickly to pass away. If the pain of commencing lumbago is not felt on standing or walking, and if a long walk is taken in a thick overcoat, any chill being avoided, the lumbago may be gone next day. A Turkish bath is equally beneficial and safer, but it is only at the onset that this relief to the blood state is effective. Even after two or three days the muscular fibrositis seems to become so established that it cannot be speed

ily influenced by diaphoresis. Above all things, rest is that which these painful muscles need. However this sensitiveness is produced, it is certainly maintained by every influence which excites pain. We can understand this; all irritation of the sensory nerves increase the vascular disturbance which we must assume in the early stage, and the sensitiveness of the nerve endings, is maintained by their stimulation. In the brachial form adequate rest to the muscles is very seldom secured early, when its importance is so great. Slight movements may entail only a little pain, but doing so they inevitably increase the morbid state. In every case of the kind the arm should be carried in a sling and the clothes should be arranged to make dressing and undressing easy. Ladies should be sternly forbidden to do up their back hair, a process which seems to involve peculiar strain on the shoulder muscles, which is kept up for some time in a form to which they are unaccustomed. The use of a sling is seldom adopted early enough. It has advantages beyond the direct rest to the arm and the support to the upper arm which it affords, in the obtrusive evidence of enforced rest which it presents. This saves the patient from many undesirable movements. In the early stage frequent hot fomentations are certainly useful, and so is encasement in a thin layer of cotton, wool or lint, over which oiled silk or some light impermeable material is placed. It seems to do good by keeping the skin warm and moist. Neither massage nor electricity should be used at the beginning; afterwards very gentle upward massage is good but it should never be such as to cause discomfort. In the latter stage, if any spontaneous aching is felt, it may often be relieved by extremely gentle applications of electricity."

Special importance is attached to the regular use of *concentrated* saline aperients on an empty stomach. The salicylates, while not so useful as in true rheumatism, may be used in the earlier stages, but, says the writer: "I think that most good is obtained in the early stage from nitrous ether, citrate of lithia, and colchicum, with which small doses of perchloride of mercury may be combined if the affection is of considerable intensity."

Progress of Medical Science.

MEDICINE AND NEUROLOGY

IN CHARGE OF

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TREATMENT OF CHRONIC RHEUMATISM.

To the *British Medical Journal* of February 27, 1904, Stockman, of Glasgow, contributes his views as to the treatment of chronic rheumatism.

During an acute exacerbation, when the indurations swell up and cause pain and aching, relief may be given by hot baths, massage, phenacetine, Dover's powder, sodium salicylate, the local application of methyl salicylate, and similar measures. But the relief thus afforded is only temporary, and often in a few hours, or as soon as treatment is stopped, the pains return, to continue for days, weeks, or indefinitely, and the patient remains as before, liable to renewed attacks on every exposure to cold, wet, or fatigue.

To obtain permanent cure and complete relief from the recurrent attacks, the fibrous indurations must be completely dispersed, and in all but quite recent cases this is always a more or less tedious and troublesome procedure. The only means of any special and definite value in this respect are massage and exercises, the faradic current, and the injection of solution of chromic acid into any of the fibrous indurations which are sufficiently large and defined to allow of this being done. Of the three, massage is the most efficacious.

General massage is of no use. It must be specially directed to any nodules or thickenings which can be felt. At first they are often too tender to be rubbed with much pressure, but gradually they become more callous and more

fibrous, and may then be more vigorously treated. A good deal of experience and skill is required during the early treatment, but after they begin to shrink in size the knuckles and fists may be used for rubbing, and ultimately the nodules disappear. The massage should be carried out daily, ten or fifteen minutes being devoted to each part. To obtain satisfactory cure the dispersion of all the indurations must be complete, otherwise relapses occur and are a source of much disappointment. The length of time required to do this varies very much. Recent soft swellings may disappear in two or three weeks, but when the indurations are old and widely spread three to six or twelve months may be required.

Exercises calculated to stretch the aponeuroses and muscles involved are of value in hastening and completing the cure. A stick, dumb-bells, Indian clubs, Sandow's exerciser, may all be called into requisition to provide suitable movements.

The faradic current should be applied over each region for five to ten minutes daily. It has some effect in causing shrinkage of the swollen fibrous tissue.

The injection of chromic acid is only possible where the nodule is sharply defined and can be penetrated accurately by the hypodermic needle. Superficial nodules should never be treated in this way, as the solution is apt to damage the skin and cause a phlegmon. Ten minimis or less of a one per cent. solution in water may be given. It may cause some aching, but if the nodule has been accurately injected, shrinking, with great relief to the rheumatic pain, follows.

Where intestinal indigestion is present, and especially in lumbago, a course of mild purging (gray powder, compound, rhubarb powder, salines) is advisable. As regards specific remedies, it cannot be said that any are known which cause absorption of the fibrous induration. In quite recent cases the author has observed that potassium iodide gives relief, but in regularly chronic cases any benefit is not very apparent. Salicylic compounds lessen pain during the exacerbations. Their action is not curative, however, as they cannot be expected to remove hard fibrous tissue. The same is true of phenacetine, phenazone, quinine, and all similar compounds. Alkalies, ammonium chloride, colchicum, guai-

acum, actea racemosa, do no good. Iodine and local blistering are helpful, especially over joints or nerves.

Recent cases, where the fibrous thickenings are in the early stage and still plastic, may be cured by a course of hydrotherapy, but inveterate cases only obtain temporary relief from their sufferings. The drinking, bathing, and general massage promote absorption of the serous exudation in the fibrous tissue, and possibly some shrinking. This usually gives for a time complete relief to the pain, aching, and stiffness of chronic cases, so that the patient feels much more happy and energetic. The indurations still remain, however, and are apt to swell and give trouble under the influence of exciting causes. The regular purgation obtained at Harrogate by the sulphur water improves intestinal digestion and does much good in certain cases.

The broad rule is to avoid gastro-intestinal fermentation, and the consequent absorption of irritant products from the bowel. Indigestion certainly causes aching in many rheumatic subjects, and the best way to avoid it is to eat plainly, but sufficiently, of an ordinary mixed diet. Any articles which are well and easily digested by the individual may be allowed.

Residence in a dry, stimulating climate often brings about spontaneous cure. A damp atmosphere and a seaside climate increase the symptoms, and seem to favour the conditions which give rise to chronic rheumatism.

Certain nodules after prolonged massage remain very hard, and refuse to be dispersed. If they cause pain and aching, they can be removed surgically. Removal gives complete relief. It is sometimes not an easy operation, as the small mass of fibrous tissue often lies deep, and may be difficult to find.—*Therapeutic Gazette*.

IMPROVEMENTS IN DIETETICS OF DIABETICS.

Sawyer contributes a paper to the *British Medical Journal* of March 5, 1904, in which he gives the results of his experience in the treatment of this disease.

In the management of this difficult malady it has been recognized by the profession for many years that abstinence

from sugar and from other articles of food which are convertible after ingestion into glucose causes a great lessening in the quantity of glucose in a diabetic patient's urine, and also a marked diminution in the heightened density and quantity of the urine. These changes for the better are coincident with arrest of bodily wasting, even with some gain of bodily weight, and also with general improvement, in a very large proportion of those persons who are suffering from diabetes.

To meet these rational and practical indications as to treatment much care has been taken by many physicians to devise an extended, varied, and agreeable and practicable dietary. Until the researches of Mossé were published two years ago it was our therapeutic rule to withhold potatoes in saccharine diabetes. The potato contains from 16 to 24 per cent. of starch, and it used to be classed without qualification amongst food inadmissible in glycosuria in a case treated upon the diabetic principle referred to. His researches have led Mossé to conclude that potatoes, far from being harmful, form a useful and beneficial food in glycosuria, and that they are capable of being substituted for ordinary wheaten bread in daily proportion sufficient to maintain the alimentary ratio—that is to say, in the proportion of two and a half to three of potatoes for one of bread. Mossé found that a daily ingestion of potatoes in quantities of from 1000 to 1500 grammes, roughly of from 2 to 3 pounds avoirdupois brought about in nineteen out of twenty cases of diabetes speedy diminution of the glycosuria, quick relief of thirst, and general improvement in the patient, and all this in all forms of diabetes. The salts contained in the potato are chiefly those of potash. Potash is contained in potatoes in much larger proportions than in wheaten bread, and Mossé attributes the superiority of potatoes in a diabetic dietary to the increased ingestion of potash. The author's own experience in practice during the last two years is confirmatory of Mossé's conclusions.

In the author's opinion it will be found in practice that the permission of potatoes in the food of diabetics is one of the greatest dietetic advances of our times. Potatoes cooked in any of the ordinary ways are a grateful food. He points

out that for the retention of the salts of the potato the vegetable should be cooked in a peculiar way. It should be cooked by steaming with its "skin" on. If potatoes be peeled and then cooked by steaming, they lose in the cooking large proportions of their potash and of their phosphoric acid, and they lose more of each of these their constituents if they be peeled and then cooked by boiling.

It is possible that the beneficial results of Mossé's discovery and teaching as to the use of potatoes as a food in diabetes might well be carried much further in the dietetics of diabetes than in merely the free allowance of properly cooked potatoes in a dietary. The writer proposes that the therapeutic difficulty as to the prohibition of ordinary bread for a diabetic may be met advantageously by making bread, cakes, and biscuits for diabetetics by using the "flour" of properly cooked potatoes instead of the flour of grain. Excellent and delicious baked cakes can be made from paste composed of a kind of flour prepared by rubbing down potatoes cooked with their coats on by steaming, blended with cream and butter. With the aid of some good cooks in his kitchen the author has made many experiments as to the formation of bread and biscuits from bran and the flour of potatoes. As the best results at present reached from these inquiries, he has decided upon the following details for the making of new biscuits and bread for diabetics:

Bran and Potato Bread.—Take half a pound of flour of steamed potatoes, quarter of a pound of bran, half an ounce of German yeast, half an ounce of butter, one egg. Twenty-four hours before making dough cook the potatoes by steaming them in their "jackets," then peel and break up into flour with the fingers. Mix all the ingredients together, and let the paste stand near the fire for an hour to "rise." Bake in greased tins for an hour and a half.

In common with many other physicians, he has arranged and employed in practice for many years a diabetic dietary which is sufficiently strict for practical purposes, and which is in harmony with the principle of abstinence from sugar and from all other articles of food which are convertible into glucose after ingestion, and of such a formulated dietary he has been accustomed to give a printed copy to a patient in

suitable case. His dietary rules in diabetes, as now modified by Mossé's permission of potatoes, and by the developments the author has devised of potato-made bread, biscuits, and cakes, prepared in the ways he has described, would read :

May Eat.—Butcher's meat of all kinds, excepting liver. Pork, ham, bacon, poultry, game, potatoes steamed in their "skins." Fish, oysters, crabs, lobsters. Animal soups, not thickened, excepting by potatoes. Mutton broth, beef-tea. Bran and potato bread or biscuits, potato cakes, eggs, cream, butter, cheese, greens, watercress, mustard and cress, lettuce, mushrooms, nuts; jelly or custard, unsweetened.

May Not Eat.—Any bread or biscuits but those made of bran and potato, sugar, asparagus, broccoli, cauliflower, carrots, parsnips. French beans, peas, turnips, arrowroot, macaroni, rice, sago, tapioca, vermicelli, pastry excepting potato cakes; puddings; fruit, fresh and preserved.

May Drink.—Water, tea, coffee, soda-water, claret, hock, spirits and water, unsweetened; bitter ale, very sparingly; milk, very sparingly.

May Not Drink.—Cocoa, chocolate, champagne, porter, stout, home-made wine, liquors, ciders, sweet wines, ale.—
Therapeutic Gazette.

THE TREATMENT OF HEMOPTYSIS.

Hemoptysis, or blood-spitting, is a condition which possesses very great interest not only for the medical man but for the laity as well. It is a symptom which always causes great alarm to the patient and to his friends, and is one which does not yield readily to treatment. Most of the measures which have been introduced in the past for the control of the bleeding and which have been thought to be advantageous have probably exercised but little effect, for it is difficult to conceive how hemorrhage from a blood-vessel of any size can be materially influenced by the internal administration of drugs. As we have stated before in these columns, it would seem probable that in the use of many of the remedies which have quite a reputation for this condition, the hemorrhage has ceased by coincidence rather than by any direct effect of the remedy. In instances where the blood comes from a capillary network and the flow is

not free, the internal use of vaso-constrictors may be advantageous, but where a main vessel is eroded, in all probability they tend to increase hemorrhage by raising arterial tension.

With these ideas in mind we have read with a good deal of interest a paper by Mr. Milton in the *British Medical Journal* of March 19, which embodies his views developed by acting as medical superintendent of a sanatorium in Devon, England. He divides the cases of hemoptysis into three classes, namely, those occurring early in the disease at the first initial sign of pulmonary tuberculosis, and before consolidation can be demonstrated by physical signs, the hemorrhage taking place while the patient may seem in perfect health. The treatment which he advises under these circumstances is perfect rest until the hemorrhage ceases, followed by the gentlest form of exercise for a considerable period of time. He believes that gentle exercise causes the distribution of blood to other portions of the body than the lungs, and so actually diminishes the tendency to hemorrhage. This method has the additional advantage that the patient is not depressed by being confined to his bed. If, however, fever is present, then rest in bed is absolutely necessary. The amount of food should be moderate and every measure taken to regulate the system, so that the febrile process is brought to a conclusion as speedily as possible. In those instances wherein the amount of blood lost is large and the consequent weakening is great, rest in bed with a liberal diet is of course necessary. It is also important that the patient shall be cheered by the physician, who can assure him with perfect truth that patients very rarely die as the direct result of pulmonary hemorrhage.

The treatment for cases in which the physical signs of disease are better developed is practically identical.

In the third class of cases, when a cavity is present, the condition is more grave because there is an associated septic tubercular infection in the lungs, and the lesion which produces the hemorrhage is more wide-spread. Under these circumstances he strongly recommends that we diminish the activity of the heart and the respiratory activity to the lowest possible point, administering at the same time remedies which tend to lower blood pressure. Quiet for the heart and the nervous system can be obtained

by absolute rest and seclusion, by the application of a hot-water bottle to the feet. Morphine may be given in the dose of $\frac{1}{4}$ grain, either hypodermically or by the mouth, and enough of it should be used to relieve the patient's anxiety, quiet his nervousness, diminish respiratory activity, and decrease the number of heart-beats per minute. A piece of ice placed in the mouth is also refreshing, and perhaps exercises a quieting influence. Mr. Milton doubts the advisability of applying an ice-bag to any portion of the chest. After the hemorrhage is controlled he believes that the diet should at first be light and not stimulating, consisting of raw eggs and beef, and raw beef sandwiches, gradually increased in quantity until finally a regular diet can be instituted. Alcohol is not to be used if it can be avoided. If there is evidence that the bronchial tubes are blocked by blood-clots, morphine must not be given, as it is essential that the patient empty the bronchial tubes by coughing.

Closely allied to these cases may be included a fourth class, in which the patient may be still fairly plethoric yet have a weak spot in a blood-vessel in his lung. In such instances Milton believes that blood-pressure should be lowered by full doses of magnesium sulphate, that the bowels should be moved daily by one of the saline waters, that the diet should be moderate and not stimulating, and that doses of salicylate of sodium, amounting to 30 grains a day, should be given. The exact reason for the administration of this latter drug is not clear.

Doubtless the readers of the *Gazette*, after perusing the opinions of Mr. Milton, will come to the conclusion that after all he has nothing very new or radical to suggest in the treatment of this alarming condition. We have mentioned his views because we think that they are moderate and to a large extent correct. It is well for us to recognize that we have certain limitations in therapeutics, and still more important that we remember that in endeavouring to do good we must not administer drugs which can possibly do harm. Masterly inactivity is sometimes better for the patient and physician than meddling therapeutics.

TREATMENT OF BRONCHO-PNEUMONIA IN CHILDREN.

Northrup writes upon this subject in the *Medical News* of April 30, 1904. He gives the following summary how to cure a baby with broncho-pneumonia:

1. Castor oil to clear the field of operation. It is the first aid to the injured.

2. Fresh air, cool and flowing. It reddens the blood, stimulates the heart, improves digestion, quiets restlessness, aids against toxemia. Regulate the temperature of air of the room inversely to that of the child. The patient's feet must always be warm, and the head cool.

3. Water, plenty, inside and outside. Temperature of the water as indicated by child's temperature.

4. Quiet and rest. Tranquilizing influences about patient. Undisturbed sleep.

5. Correct feedings to avoid fermentation and gas in abdomen. If there is need, high hot salines.

6. As to antipyresis. Water—no coal-tar products.

7. Heart stimulants. Fresh air, hot foot-baths. Relieving tympanites and crowding. Hot foot-baths and hot salines can be given in a cold room. Both can be given under the bedclothes.

Drugs.—Whiskey and strychnine. These are the first drugs mentioned in this paper, unless that household remedy, castor oil, be included. Promote general comfort in every rational way.

How to Kill a Baby with Pneumonia.—Crib in far corner of room with canopy over it. Steam kettle; gas stove (leaky tubing). Room at 80° F. Many gasjets burning. Friends in the room, also the pet dog. Chest tightly enveloped in waistcoat poultice. If child's temperature is 105° F. make a poultice thick, hot, and tight. Blanket the windows, shut the doors. If these do not do it, give coal-tar antipyretics and wait.

THE TREATMENT OF BALDNESS.

In *Treatment* for May, 1904, Marshall gives the following advice as to this condition:

The general treatment of seborrhea includes sulphur, iodine and arsenic. Locally, seborrhea may be much improved, but according to Saboraud, not actually cured.

In order to eradicate it, it would be necessary to expel all the bacillary colonies in the skin. Saboraud places in order of merit for local application, sulphur, tar, and mercury. Drugs such as salicylic, tartaric, and acetic acids are useful as mordants to aid penetration. Of the tar preparations he prefers oil of cade. Pyrogallic acid and chrysophanic acid are useful, and the former may be replaced by hydroquinone, which does not stain. Mercury is best applied in the form of cinnabar or yellow oxide. Saboraud does not place much reliance on medicated soaps, because they are washed off too soon for the drug to have much effect.

The following are examples of local applications recommended by Saboraud:

1. *Pityriasis Sicca with Alopecia*.—Wash in the morning with soap and sponge, and apply with brush an alcoholic lotion containing one of the following: Salicylic acid, $\frac{1}{2}$; tartaric acid, 1; perchloride of mercury, 1-10; salol, 4-5; chrysophanic acid, 1-20 per cent. This is followed by:

Oil of cade, 10 parts;
Cacao, 10 parts;
Benzoated lard, 20 parts;
Sulphide of mercury, 1 part;
Ichthyol, $\frac{1}{2}$ part.

2. *Seborrhea of Scalp*.—Apply milk of sulphur, *i.e.*:

Sulphur precip., 10 parts;
Alcohol, 90 per cent., 10 parts;
Aqua destillata, 50 parts;
Aqua rosæ, 50 parts.

Or,

Calcium sulphide,
Sodium bicarbonate,
Sodium sulphate,
Potassium sulphate,
Sodium chloride,
Tartaric acid, equal parts.

One drachm of this powder to a pint of water.

When the flow of sebum is diminished salicylic acid may be used, which aids the evacuation of the bacillary cocoon. Chrysophanic acid or hydroquinone may also be tried—*e.g.*:

Chrysophanic acid, 30 parts;
Pyrogallic acid, 3 parts;

Salicylic acid, 5 parts;
Sulphur precip., 15 parts;
Alcohol, 90 per cent., 150 parts.

Or,

Hydroquinone, 1 part;
Salicylic acid, 2 parts;
Sulphur precip., 2 parts;
Resorcin, 2 parts;
Excipient, 30 parts.

Or,

Salicylic acid, 30 parts;
Sulphur precip., 30 parts;
Oil of cade, 15 parts;
Cacao, 15 parts;
Benzoated lard, 10 parts;
Cinnabar, 1 part.

If these are not successful, friction with the following may be tried. Massage of the scalp is also useful.

Alcohol, 90 per cent., 150 parts;
Coal tar, 50 parts;
Ether, 50 parts;
Aqua destillata, 50 parts;
Hydrochlorate of pilocarpine, 1 part;
Perchloride of mercury, 3-10 part;
Salicylic acid, 3-10 part.

The treatment of seborrhea capitis is tedious, and the affection often recurs; but as long as the hair follicles are not sclerosed, a new growth of hair may result.

THE PRESENT TREATMENT OF DIPHTHERIA.

Ramsey contributes to the *St. Paul Medical Journal* for May, 1904, an article on this subject. The points which the writer especially emphasizes in this paper are:

1. That antitoxin if given early is a specific in fully 95 per cent. of all cases of diphtheria.
2. That even in late cases the mortality is greatly reduced.
3. That sufficient amounts of antitoxin should be given to produce the desired results.
4. That death results in many cases from the damage done to the heart and nervous system before antitoxin is

given, and that in these cases absolute rest in the recumbent position and sufficient stimulation are factors of the greatest importance.

5. That there is a certain small percentage of cases apparently in which antitoxin has no effect even when given early.

6. That postdiphtheritic paralysis is apparently no less frequent than before antitoxin.

7. That intubation and tracheotomy, where the heart shows evidence of weakness, should be done with the patient in the horizontal position.

8. That heart symptoms sometimes arise as late as several weeks after the patient is apparently well, and that careful examination of the heart should be made daily.

9. That alarming symptoms are sometimes produced by antitoxin, and that we should employ it with some reserve, using every means at least within our power to make a proper diagnosis, but always in doubtful cases deciding on the side of safety, and giving antitoxin the benefit of the doubt.

CARBONATE OF CREOSOTE IN PNEUMONIA—A

REVIEW.

By I. L. VAN ZANDT, M.D.,

Ft. Worth, Texas.

The January number of the *Therapeutic Gazette* contains an article "Regarding Croupous Pneumonia, especially its Treatment with Carbonate of Creosote," which prompts the following:

The writers, Drs. Scott and Montgomery, seem to be without prejudice, and though not indorsing the remedy, at the close recommend a continuance of the study of its clinical effects, with increased dosage.

With regard to statistics compiled by me (1130 cases, 56 deaths, reported by seventy-one physicians, from 22 States, Indian Territory, Ontario, Mexico, and Honduras) they say: "It is obvious....that the result of five, or ten, or fifteen cases in one physician's hands *can* be combined with the results of others to show most excellent percentages."

To one not seeing the table published, the remark might seem discreditable to it; but when it is recollected that I published every report sent me, even three reporting a loss of one hundred per cent., and that they came from such a wide territory, with such varied climates, it seems that the imputation of what *can* be done should not be held against the report. Had I been disposed to *make* statistics, by omitting eleven reports I could have shown sixty reporters, 999 cases, 29 deaths—a little less than three per cent. But when I sent out my circular of inquiry to almost seventy-five journals and a very few individuals, I determined to make an honest report, and so I did.

They say: "It is a noteworthy fact that of the seventy-one contributors, twenty-six are from Texas." What use they expect their readers to make of this statement I do not know. The fact mentioned is susceptible of explanation without discredit to Texas physicians, who, I suppose, will compare not unfavourably with those of any other section.

On January 8, 1894, I observed beneficial effects in a case of pneumonia to which I had the day before given creosote for another indication. Continuing to prescribe the remedy and getting good results I told my friends, and some of them began its use and continued with such results, so that when I read my first paper on the subject, in June, 1898, before the North Texas Medical Association, then the largest medical association in the South, I had several present who could and did indorse my teaching. This started the ball rolling. January, 1901, I read a paper before the Central Texas Association, covering another area of the State. In October of the same year, by request of the chairman of the section of practice, I furnished a paper to the Southwestern Tri-States Medical Association. These papers read before Texas audiences, and the first published only in a Texas journal, naturally brought forth more fruit in Texas than elsewhere.

The writers then give a report of sixty-seven cases treated in the Pennsylvania Hospital and at the Philadelphia Polyclinic, with ten deaths, 14.9 per cent., with abstract of fatal cases. They say, "the degree of toxemia in all cases, barring fatal ones, was mild," but do not say whether in their opinion this was attributable to the remedy or not.

In January, 1901, I wrote: "In cases which persist longer (than two or three days) there is generally an amelioration of symptoms and the coming of an appetite to which I was formerly a stranger in pneumonic cases."

Scanning their abstract of fatal cases we find No. 1 was sick eight days before the treatment began. No. 2, complicated with erysipelas, showed on autopsy bronchiectasis of left lung (right was pneumonic), acute hemorrhagic nephritis, cirrhosis of liver, splenic tumor, and edema of larynx, and this note follows: "Had his liver been normal he might have withstood the erysipelas better, though the renal condition was actively responsible for his death."

No. 3 was sick twenty-three days before admission and ought to be left out of the table. Passing by Nos. 4 and 5, we find No. 6 had pneumonia five days when an erythematous rash developed, followed by desquamation and later by nephritis, which caused his death, he having "seemed convalescent" twelve days after admission. This case should be in the list of recoveries, he, as it would seem from their report, having died from a sequel of scarlatina.

No. 9 had "left-sided hypertrophy of the heart, with mitral regurgitation." No. 10, sick twenty-two days before admission and three days after, should be left out.

Leaving out Nos. 3 and 10, and placing No. 6 on the other side, we have 65 cases, 7 deaths, a little less than 11 per cent.—a result not very discreditable to the carbonate of creosote considering the material.

I will say, as I have said before, I do not believe that pneumonias from *different* infecting micro-organisms are equally amenable to treatment by creosote. I have lately treated with good result a case, shown by the microscope to be streptococcic, with streptolytic serum; and I predict that the findings of the microscope will at no distant day be made the basis of treatment of pneumonia.

COPPER IN SYPHILIS,

A. F. Price, Medical Director U. S. Army, after an experience of thirty-five years in the treatment of syphilis in the navy, has come to the conclusion that the use of copper is of value as an addition to the accepted treatment,

and that it has some peculiarities that are of great interest and command attention. The most important of these is an intolerance of the copper salt, which, when it exists, is characteristic of old syphilis. There is no other disease in which there is such extreme sensitiveness to copper, and this fact is often of diagnostic aid. The experience of many years in the use of this agent has led the author to formulate his belief as follows: (1) The treatment of syphilis in all its stages, inclusive of the cachectic and the parasymphilitic forms, is well founded on sulphate of copper in the average dose of 1-30 gr., aided by such quantity of blue mass as is borne readily by the patient. (2) In old syphilis in any form the copper salt must be given in minute doses and gradually increased as tolerance is established, until the usual dose of 1-30 gr. is given, when the mercurial should be added in rather small dose. It is some times better to give the medicine only on alternate days. (3) In acute syphilis the copper salt is to be given in the dose of 1-30 gr., and the mercurial added at once and increased as much as the patient will tolerate, in order that the disease shall be neutralized and eliminated as completely as possible. (4) Iodin, iron, arsenic, and tonics of any sort, while useful, occupy a subordinate place in the treatment of syphilis. (5) Alcohol, and especially tobacco, should be forbidden to syphilitics. A number of cases are reported which illustrate the benefit resulting from this method of treatment in old cachectic and tabetic cases.—*N. Y., Med. Rec., Oct. 10.*

IGNITION OF ETHER VAPOUR BY AN ELECTRIC LIGHT.

Every surgeon thoroughly appreciates the danger of an open lamp anywhere near ether vapour, but it is generally supposed that an electric incandescent light is perfectly harmless. To be sure, accidents from this cause are extremely rare, but D. H. Murray (*N. Y. Med Jour.*) reports an instance in which the ether vapour about a cone by which a patient was being anesthetized was ignited when an electric light was turned on nearby. The patient's hair was badly singed, but no serious injury resulted. As there was no exposed fire or blaze in the operating room at the time, it was concluded that the ignition resulted from the spark in the electric light, made when the contact took place in turning on the light. It is a possible danger worth remembering.—*Med. News.*

THE TECHNIQUE OF LAVAGE OF THE STOMACH.

Neck (Centralblatt für Chirurgie) states that in washing out the stomach, the question at this time is the danger attending the outflow or siphonage of the contents. The actual procedure consists in the introduction of a tube into the stomach; then the fluid is poured into the stomach through this tube, and then siphoned off again. In many cases this flowing out goes on easily, and apparently all of the fluid introduced comes away; but sometimes there are difficulties. Occasionally it is quite impossible to get all of the fluid flow out of the stomach, even though a large amount of solution be put in. Even moving the tube about and the consequent straining on the part of the patient fail to empty the stomach. Such difficulty is often encountered in the cases where there is a motor insufficiency of the organ, especially when complicated by gastrectasis and pyloric stenosis. The question of completely emptying the stomach of its contents is an important one before operating upon that organ, as any fluid that may be present at the time the stomach is opened only tends to complicate the operation. In order to avoid this complication the author has endeavoured to find a safe and easy method by which the stomach may be completely emptied of its contents. In the usual way of practising lavage the patient is placed in a horizontal position, or else remains sitting up. The author states that he believes in retaining either of these positions only as long as the siphonage goes on freely, and then the patient should be placed in the full pelvic position, and this will be followed in nearly every case by a return of the flow. The tube should then be slowly withdrawn (while the patient remains in this position), and as it comes out the last of the stomach contents will be withdrawn. In each case in which this method was practised the stomach was found to be completely empty at the time of operation. The author has also experimented extensively on the cadaver with this method, and in each instance with great success. In conclusion, he states that in those cases where the stomach is filled with particles of food, the lavage must be repeated several times before the organ is emptied.—*American Journal of the Medical Science.*

THE DIAGNOSIS OF GASTRIC AND DUODENAL ULCER.

The diagnosis of ulcer of the stomach or duodenum is inferred from various symptoms and signs, none of which, either individually or collectively, afford irrefragable proof of the existence of this lesion. Epigastric tenderness, for instance, is often conspicuous by its absence, presumably owing to the ulcer being situated on the posterior wall, inaccessible to ordinary methods of investigation. According to Dr. Mendel, of Essen, valuable confirmatory evidence may be obtained in doubtful cases by the simple procedure of tapping lightly with a percussion hammer over the epigastrium, with the thighs flexed on the abdomen in order to secure muscular relaxation. In the healthy individual, no painful sensation is produced by the tapping, but in the presence of an ulcer, percussion gives rise to more or less acute suffering, most marked just over the site of the lesion. Even ulcers on the posterior wall of the stomach may be detected in this way, the vibrations being transmitted through or along the superjacent tissues. It is even possible to outline the diseased area by marking the limits of the painful sensation. Dr. Mendel points out that ordinary percussion may determine disagreeable sensations even in normal subjects, but this is not the case with the light vibrations imparted by the hammer.—*Med. Press and Circular.*

WHOOPIING COUGH.

T. W. Kilmer, New York. For the past six months he has used, with marked success, the simple yet new application of an old principle. A stockinette band is placed upon a baby with whooping cough, in the same manner as is done by orthopedists before applying the plaster of Paris jacket. This band extends from the axilla to the pubes and fits the baby snugly. Two shoulder straps are used to prevent the band from slipping down. Upon this stockinette band a single width of elastic bandage is sewn, extending entirely around the body and covering the abdomen. This bandage is sewn on when very slightly on the stretch. This elastic abdominal belt is used to control the obstinate vomiting seen especially in nurslings, where the infant in some cases would die without its use, on account of the inanition caused by the incessant vomiting. This is a very simple measure, as the old sea-sickness belt is well known, but its

application to the vomiting of whooping-cough is entirely a new feature. The most aggravated cases of vomiting in nurslings have been seen to stop immediately upon the application of the elastic abdominal belt. Should the vomiting continue after the belt has been applied, tighten the belt slightly, and in most cases the vomiting will cease. This form of treatment will not, of course, stop every case of vomiting, but its good effects have been manifest in so many cases that its mention in connection with this grave symptom of whooping cough has seemed to him justifiable. Not only does this infant belt prove of advantage in the control of vomiting, but it is also of marked advantage when applied around the chest, in aborting the paroxysmal stage; when wearing it, the paroxysms will be noticeably of a milder nature. The only disadvantage of this method is that in some cases it causes a slight eczema of the underlying skin, but it seems to him that its advantages so far counterbalance this slight disadvantage as to render it really of no consequence whatever; this eczema clears up immediately when the belt is removed.

In closing he draws the following conclusions:

Whooping cough is a self-limited disease and runs its course in the same way as does a pneumonia.

The medical treatment which has proved the most efficacious is that devised by Dr. Kerley, namely, the alternate use of antipyrin with bromide and quinine.

The application of an elastic belt to the abdomen or thorax (or both), as occasion requires, combined with the above mentioned medicinal treatment, has proved itself to be, in the experience of the writer, the best and most effective method in the treatment of whooping-cough.—*Med News.*

SURGERY.

IN CHARGE OF

ROLLO CAMPBELL, M.D.,

Lecturer on Surgery, University of Bishop's College ; Assistant-Surgeon, Western Hospital ; and

GEORGE FISK, M.D.,

Instructor in Surgery, University of Bishop's College ; Assistant-Surgeon, Western Hospital.

THE QUESTION OF REMOVAL OF THE VERMIFORM APPENDIX.

It is well known that the first attack of appendicular inflammation is the most dangerous one, because it is during that attack that nearly all abscesses occur, and also fulminating inflammation arises during the first attack in the larger number of instances, so that any treatment which does not begin until after the second attack has come and gone, and simply prevents a future occurrence of the disease by removal of the appendix, is certainly not an ideal one. Without any doubt, an operation should be undertaken after the first attack, and, when it is done by a competent surgeon, the mortality should not be greater than 0.5 per cent. By removal of the appendix, the patient will avoid the risk of subsequent attacks and an average mortality of 5 per cent. at each attack.

The ideal thing which is accomplished occasionally is the removal of the appendix after an attack of appendicular colic, colic without a rise of temperature and due to the diseased condition of the appendix. It is attended by hyperæsthesia ; there are areas of referred pain on the anterior part of the abdomen, due to the distention of the appendix. In some patients, on palpation, one may feel the appendix as a hard cord in the right iliac fossa ; it may or may not give rise to pain. These attacks occur at frequent intervals and last for an hour or several hours. Their début is sudden, they end suddenly, and the patient feels perfectly well between them. When an appendix is removed in these cases, its lumen will be found filled or distended by a filthy secretion due to a catarrhal or ulcerated condition of the mucosa, or there may be a stricture or kinking of the organ. Oftentimes calculi are present. Occasionally the attacks occur during menstruation. Now, it is well known that there is a little artery connecting the right ovary with the appendix, and lymphatics from the right ovary pass to the appendix, so that there is good reason why these attacks

should occur during the menses, especially if the appendix is already hyperæmic.

Appendicular colic is simply symptomatic of a mild inflammation, the lesions involving only the mucosa or muscular coat of the appendix, the organ being distended with fluid or fæcal concretions. This retention of secretion in the appendix has a very bad effect on the health of the patient, and there is always great improvement in the general condition as soon as the organ is removed.

Regarding the question of removing the appendix during the first twenty-four hours of the first attack, I have no hesitancy in saying that it is the ideal method. The patient comes down with all the symptoms of acute inflammation, and if the appendix can be removed at the very beginning without unreasonable risk, one avoids not only the risk of the first attack, but of all the subsequent ones as well. Moreover, removal should be done during the first twenty-four hours, inasmuch as one will thus avoid the risk of being obliged to operate during the second, third, fourth, or fifth day, with a mortality of forty per cent. If we operate during the first twenty-four hours, the mortality should not exceed five per cent.

During the first twenty-four hours of the attack, the operation should present but little difficulty, because very few or no adhesions exist, the appendix can be found with little difficulty, and generally it is not perforated, consequently infection of the peritonæum is slight. The absence or presence of hyperæsthesia will indicate whether there is perforation or not; if present, it is pretty certain that perforation has not taken place, but if it should disappear within the first twenty-four hours of the attack, it is practically certain that the organ is perforated, and that is all the more reason why it should be removed. Moreover, if the operation is undertaken within the first twenty-four hours, the peritoneal stitches will hold, but not afterward.

As to the first twenty-four hours of a subsequent attack, the indications for operating are not so evident. In a large number of cases adhesions will probably be present from the first attack, so that the appendix is less readily found and consequently will be more difficult to remove. The risk incurred by the patient in a subsequent

attack is probably not so great as in the first; therefore, the difficulty is greater and the advantage to be gained is less, so that it would seem more rational to operate in only very acute cases.

In any attack I feel prepared to say that removal should not be undertaken during the second, third, or fourth day, except as a last resort or when the case becomes progressively worse. The difficulties are these: On opening the abdomen, so much lymph is present that the appendix is not easily found; if one hunts for it, the adhesions are broken down which are walling off the general peritoneal cavity from the septic process. Then, again, in many cases the appendix is already perforated and all the damage has already been done, so that removal of the organ at this stage is simply shutting the door of the stable after the horse has been stolen. Then, again, under these circumstances, one is forced to make a large incision, which means that the patient's life will be miserable forever afterward on account of the resulting ventral hernia. Should one be obliged to operate, all that should be done is to open the abdomen and drain.

When an abscess is formed, all are agreed that it should be opened and drained, but to hunt for the appendix, which is in all probability tucked away in some inaccessible recess, is to be condemned. The appendix occupies such variable positions that no one can be certain where it may be found, and if it is searched for there is great liability of breaking down the adhesions and thus allowing pus to escape into the general peritoneal cavity. When general peritonitis has supervened, it makes very little difference whether the appendix is removed or not, so long as too much time is not wasted in the operation. The appendix has ruptured and the entire peritoneal cavity has become infected. If the appendix presents itself in the wound, it may be removed, but if not no search should be made for it.

CHARLES GREENE CUMSTON.

HARELIP AND ITS TREATMENT.

C. R. L. Putnam describes his method of performing the operation for the correction of hare-lip and emphasizes the following points: (1) Cleanse the nostrils carefully with

boric acid and sterile water, also the lips and mouth; (2) etherize the child but lightly so that the coughing-reflex will prevent the inhalation of blood; (3) free the lips and cheeks thoroughly so as to take all the tension from the intended line of sutures; (4) Control the coronary arteries with the fingers; (5) cut flaps; (6) put stitches in the mucous membrane, to be tied later; (7) put "principal" suture well back from the edges of the wound, and do not tie too tightly; (8) approximate the edges carefully with superficial sutures; (9) wash blood from stomach; (10) dry the wound and dust it with aristol. Post-Graduate.—*St. Louis Medical Review*.

A CRUCIAL TEST IN GANGRENE.

Dr. T. Jensen, of Spring Grove, Minnesota, had the good fortune, about five months ago, to read something about the Bovinine treatment, just in time to fall back upon it before amputating a gangrenous foot of an habitual drunkard. He reports the following experience:

In a state of intoxication, the man had driven ten miles in his buggy, with one foot jammed within the hammering compression of the front elliptic spring. Within a week Dr. Jensen found the ankle perfectly black over an extent of several inches, and tore off with his dressing forceps the dead flesh down to the bone, entirely uncovering the external malleolus, without even yet reaching any healthy tissue, and was obliged also to snip off some of the tendons. Continued dressing with carbolated vaseline salve and iodoform gauze for two weeks, while the gangrenous condition continued extending farther up. Convinced now that immediate amputation was imperative, and while preparing to operate, Dr. Jensen providentially received at that moment the information that led him to try Bovinine as a forlorn hope. He ordered the wound bathed with Bovinine and dressed with iodoform gauze as before, four times a day. In ten days he thought he could perceive a slight improvement. In four weeks the improvement was marked, and the wound was healing from the edges. After two months, the wound had

decreased to about half the original size, which was about two by four inches. At the end of four months of Bovine treatment, the wound could be covered by the doctor's thumb. After between five and six months, the wound was entirely healed and covered with fresh skin, with only a scar of fibrous tissue about half an inch wide and two inches long. That which makes the case an extreme and crucial one is the fact that the patient had been an habitual drunkard at least as long as the doctor had known him, which was fifteen years, and during treatment still persisted in getting drunk, as soon as he could get up and about.

Jottings.

Salt, with ground mustard is a common and efficient emetic, and in accidental poisoning has the merit of being readily obtained.

It is claimed that many a felon has been aborted by binding on pulverized salt and keeping it moist with turpentine. The method will dwarf a boil or a carbuncle.

Old plaster of Paris that does not readily "set" can be made as effective as ever by heating it thoroughly in an iron pan for half an hour.

Medicine should always be given in fluid form when the mucous membrane of the mouth is dry.

The most successful antidote to carbolic acid is a strong solution of Glauber's salt.

Most pregnant women should take an ounce of oil ricini every other night two weeks before the expected time of confinement.

Salt water clysters for pinworms are infallible, if the treatment is continued a sufficient length of time, with internal cathartic doses of the same remedy.

In the treatment of sprains, the application of cloths wrung out of hot salt water is preferable to any other, making the water more and more saline as the treatment is continued.

Sulphite of soda, saturated solution, use freely in eczema of the face and hands.

Use the salt bag for tonsillitis and diphtheria. If begun in time it is sure to abort the disease. The bag should be of some thin material, about four inches in width, reaching from ear to ear, filled with fine salt and kept constantly moistened with alcohol.

Strong, hot coffee, drunk without seasoning, in those cases of labour where there is uterine inertia, will increase the pains actively.

In the treatment of lead colic the use of sulphate of atropine with iodide of potassium is advised as a rapid and efficient combination.

Cases of polyuria occurring during pregnancy have been relieved by an abdominal supporter. The disorder is supposed to be caused by mechanical pressure.

Tinct. cannabis indica, belladonna, aa. two ounces, dose two drops every three hours. In spermatorrhea it acts promptly, relieving the dull headache, vertigo, etc., a true tonic for the sympathetic nervous system.

Digitalis leaves as a poultice are used in acute suppression of the urine with good effect.

In any varicose condition of veins, Bartholow ordered an injection of Squibbs ergot by the side of the veins.

Ovarian pain is controlled better by gelsemium than by any other remedy except opium.

Castile soap, four ounces, whiskey Oj.—Dissolve the soap thoroughly and apply three times a day. Cures tenia capitis.

As an anthelmintic, salt needs no heralding. When the food of children is properly salted there will be no trouble with worms.

Cancer of the uterus is not always painful. Abnormal growths should be looked upon with suspicion, even if not painful.

In severe cases of nocturnal emissions give half dram of the fluid extract of ergot, and fifteen grains of bromide of soda at bed-time. The results are excellent.

Alum, in powder or solution, will harden plaster of Paris bandages much more quickly than salt.

When a child complains of belly-ache and no cause can be found, it is quite possible that the pain is due to the passage of uric acid gravel from the kidney.

Ten to thirty drops of the fluid extract of cimicifuga after meals are used to cure seminal emissions.

It is stated that two to four drops of the aromatic spirits of ammonia, given in milk, gives almost instant relief in the colic of babies.

Turpentine stupes applied to the neck in tonsillitis although a very simple treatment, has produced gratifying results in many cases.

Stramonium—Expressed juice with vaseline, use with friction to bald heads and see how it promotes the growth of the hair. This will give better satisfaction than any hair restorer.

Atropine sulph., one grain, water one-half ounce. This is used successfully in the cure and controlling of earache. Drop into the ear two or three drops, warm, repeat in an hour, if required.

Quinine, arsenic and potassium iodide are among the the best routine remedies in the treatment of hay fever.

Liq. potassii is an efficient application for corns. It renders them soft so they can be scraped away, and if pressure be then removed the corn can be cured.

A sign of pregnancy, a good one to remember: "Cervix hard as your nose, no pregnancy; cervix soft as your lips, pregnancy exists."

Therapeutic Notes.

AN APPLICATION IN PAINFUL METRITIS.

Campnor 1 gram.

Salol 1 gram.

Batul-ol (Methyl-Oleo-Salicy. Comp) 2 grams.

Coloralhydrate 50 centigrams.

M. et ft. applic

This is an antiseptic treatment which is easily applied on dilating the cervical cavity. Hot injections of 1 per cent of Hux-Sal are recommended to thoroughly cleanse the part before this application.

A GOOD GENERAL TONIC DURING CONVALESCENCE, AFTER OPERATIONS, ETC.

R Tinct. Digitalis ʒss.

Glycerole of the Compound Glycerophosphites ʒ viii.
(Huxley's formula).

Acid. Nitro-Mur. Dil ʒi.

M. F. Sprupi.

Sig: One teaspoonful in a wineglassful of water after each meal. Drink through a glass tube.

ELIXIR IN BRONCHIAL IRRITATION, CORYZA AND CATARRH

B Atropine Sulphate ¹ of a milligramme.

Terpine Hydrate 1 gram.

Benzo-Kinone 4 grams.

Heroine 5 centigrams.

Elixir de Garus (Codex) 30 grams.

Glycerine 100 grams.

M. F. Syrup.

Sig. One teaspoonful every two hours whenever the conditions are annoying, or three times a day between meals.

URTICARIA ON ARMS AND CHEST.

The following treatment rarely fails to give relief:

Sponge the parts affected with a 2 per cent. solution of Hux-Sal (Antiseptic Salt) or apply as compresses to allay

itching. Allow the body to dry and then apply with some friction.

R. Mentholi ʒi.

Spt. Vini Rect. ʒi.

Betul ol (Oleo-Methyl-Salicy. Comp.) ʒiv

M. ft. applic.

(For external use only).

AN ANTISEPTIC VAGINAL TAMPON.

In cases where inflammatory conditions call for the use of a medicated tampon, the following will be found most satisfactory and free from danger or objections.

R. Pulv. Alum. 30 grams.

Hux-Sal 2 grams.

Glycerini 300 grams.

Aquae 200 grams.

Sig. Use to moisten vaginal tampons.

According to the latest edition (11th) of the *Extra Pharmacopœa* (Great Britain), page 26, Kugloids are capsules containing creosote and eucalyptol combined with benzoic acid and quinine glycerophosphate; they are recommended for influenza, pharyngitis and bronchitis.

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Editorial.

VALEDICTORY.

With the issue of the present number the publication of the CANADA MEDICAL RECORD ceases. It has survived the storms of thirty-two years, and in its day done its part to spread among its subscribers up-to-date medical literature. It has also fought valiently many questions of medical politics of especial interest to practitioners in the Province of Quebec. Ceasing to wield the editorial pen—which the writer took up in 1864—forty years ago, the senior medical editor of the Dominion passes into retirement. Perhaps it is well, though the brain which directed it is as keen to-day as it was in 1864. The causes which have contributed to our demise is the old one—want of money—and perhaps another to which we will only refer. The Editor has done for years his level best to get the RECORD out on time—but unsuccessfully—still it is not creditable to the medical profession—certainly not to our subscribers—that out of about one thousand on our list, not fifty paid the paltry annual fee of one dollar. Yet, perhaps, after all, there are plenty of medical journals in Canada. As we disappear from off the scene, we would say “close up.” Thanking all our confrères for their kind consideration.

Sincerely,

FRANCIS W. CAMPBELL.

Book Reviews.

The Commoner Diseases of the Eye—How to Detect and How to Treat Them. For students of medicine, with 250 illustrations, many of them original, of which seven are coloured plates. By Casey A. Wood, C.M., M.D., D.C.L., Professor of Clinical Ophthalmology in the University of Illinois; Professor of Ophthalmology in the Post-Graduate School, Chicago; Ophthalmic Surgeon to St. Luke's Hospital, Chicago; Consulting Ophthalmologist to the Emergency and St. Anthony's Hospital, Chicago; ex-Chairman of the Ophthalmic Section American Medical Association; Fellow of the American Academy of Medicine; *Mitglied der Ophthalmologischen Gesellschaft*, etc., and Thomas A. Woodruff, M.D., C.M., L.R.C.P., London, Professor of Ophthalmology in the Post-Graduate Medical School, Chicago; Ophthalmic Surgeon to St. Luke's Hospital and Dispensary and St. Anthony de Padua Hospital, Chicago; Fellow of the American Academy of Medicine; Editorial Secretary of the *Ophthalmic Record*; *Mitglied der Ophthalmologischen Gesellschaft*, etc.
Chicago: G. P. Engelhard & Company, 1904.

This book comes as a boon to the student who is beginning the study of ophthalmology, for in it he can find essentials of the science without the mass of details that clogs most works on the subject. The book is well written and equally well printed, and its value is further enhanced by a great number of excellent illustrations. It does not attempt to tell all that is known about ocular diseases, but simply how to recognize and treat the diseases likely to be met in every-day practice. The fact that one of the authors Dr. Casey Wood, is a Canadian and a graduate of Bishop's College Medical School further stimulates the interest of Canadian students in the book.

G. W. M.

The Medical News Pocket Formulary. By E. Quin Thornton, M.D., Assistant Professor of Materia Medica in the Jefferson Medical College, Philadelphia. Lea Bros. & Co., Philadelphia and New York.

This is the sixth edition of this little work which has been called for, and the present one has been brought quite up to date. Diseases are arranged alphabetically, and under each are given what is believed to be the most efficacious prescription. Following

the tendency of modern medicine attention has been paid to palatability and pharmaceutical elegance, without sacrifice of therapeutic efficacy.

F. W. C.

Infectious Diseases, their Etiology, Diagnosis and Treatment. By G. H. Roger, Professor extraordinary in the Faculty of Medicine of Paris; Member of the Biological Society; Physician to the Hospital of Porte D'Aubervilliers. Translated by M. S. Gabriel. Lea Bros. & Co., Philadelphia and New York, 1904.

This is a book of 376 pages by Prof. Roger, of Paris, on "Infectious Diseases." He, too, had exceptional opportunities for the study of this department of medicine, and he combines the scientific instinct with the practical side of the clinician.

The work is one of the most complete and thorough on this subject. It can be read with much pleasure and profit by every member of the profession. The section on bacteriology and the defenses of the organism is the result of much time and conscientious and painstaking labour, and is up to date.

The book will prove a valuable addition to the library of the physician who wishes to keep abreast of the times.

An extract from the preface gives a truthful picture of this interesting work:

"He first studies the pathogenic agents, inquires into their distribution in nature, the conditions under which they attack man and their mode of invasion. Full consideration is then given to their influence upon the human economy and the reaction of the latter upon the invaders. Heredity, predisposition and immunity receive specific and general attention, while to the more directly practical departments of diagnosis, prognosis and treatment, both preventative and curative, ample time and space are devoted."

One quarter of the volume is devoted to the discussion of the therapeutics of infectious diseases, and will appeal strongly to the clinician. We confidently commend the work to the profession.

W. G. S.

Reports from the Manhattan Eye and Ear Hospital, New York.

The third number of the Manhattan Eye and Ear Hospital Reports, issued March, 1904, contains a number of excellent papers. Dr. Oatman's monograph on Metastatic Carcinoma of

the Choroid is most interesting and valuable, especially on account of the statistics he brings forward to prove that operative interference in these cases rather hastens than retards the fatal issue. He concludes that enucleation of the affected eye is not advisable unless the eye is painful. The article on the Limits of Variation in the depth of the Mastoid Autrum, by Dr. Phil D. Kerrison, is also of much practical value, though one feels that it is hardly safe to form an absolute theory from the facts deduced from the examination of thirty temporal bones. The point emphasized is the fact that the depth of the autrum, whether its cavity be large or small, is invariably less than the length of the postero-superior wall of the auditory meatus, and never exceeds fifteen millimeters.

The case of embolism of the central retinal artery resulting from the injection of paraffin to correct a deformity of the nose, which, I believe, is the second such case, shows that this simple procedure is not devoid of danger.

G. W. M.

Lea's Series of Medical Epitomes.—Nagel's Epitome of Nervous and Mental Diseases. A Manual for Students and Physicians. By Joseph Darwin Nagel, M.D., Consulting Physician to the French Hospital, New York. In one 12mo volume of 276 pages, with 46 illustrations. Cloth \$1.00, net. Lea Brothers & Co., Publishers, Philadelphia and New York, 1904.

The whole subject of nervous and mental diseases has been compressed into a volume of 276 small pages. The brief articles give a good resumé of chief points with description of each affection. A series of questions are given at the end of each chapter. It will be a valuable aid to the busy practitioners who can in a few minutes recall the leading points of closely allied nervous diseases and be splendidly helped to a diagnosis of any case confronting him. It will be equally helpful as a rapid reminder to those going up for examination.

J. B. Mc C.

The Surgical Treatment of Bright's Disease. By George M. Edebohls, A. M., M.D., LL. D., Professor of the Diseases of Women in the New York Post-Graduate Medical School, etc., etc.

A few years ago a book with the above heading was never dreamed of. However, the large number of cases of decapsulation

of the kidney for Bright's disease, which has taken place, with more or less success, during the past few years, renders such a book necessary. So far as we know, it is the first attempt to place in order the history of the new method of treatment. It has been well done, and no surgeon should undertake this operation before he has read and well digested Dr. Edebohls' work.

F. W. C.

Normal Histology. By Edward K. Dunham, Ph. B., M. D., Professor of General Pathology, Bacteriology and Hygiene in the University and Bellevue Hospital Medical College, New York. Third enlarged and revised edition, Lea Bros. & Co., Publishers, Philadelphia.

The third edition of Professor Dunham's work on Normal Histology contains in a very well arranged plan all the important information which a student of medicine requires to make him conversant with this subject. The introductory chapter gives a lucid, if somewhat brief, account of the embryological origin of the cells and tissues of the human body, which should be useful to beginners in the study of histology. The illustrations are plentiful and as well chosen as they are executed. The publishers are to be congratulated upon the production of this work.

R. F. R.

The Lymphatics. General Anatomy of the Lymphatics. By G. Delamere. Translated and edited by Cecil H. Leaf, with 117 illustrations and diagrams. Published by Archibald, Constable & Co., Ltd., Westminster.

Histology and microscopic anatomy have been more fully considered than is usual in books on physiology. The different techniques are admirably given. The efforts of the author have been successful. The book is concise and comprehensive. The printing and binding reflect credit upon the publishers.

G. H.

Lea's Series of Medical Epitomes.—Magee & Johnson's Epitome of Surgery. A Manual for Students and Practitioners. By M. D'Arcy Magee, A.M., M.D., Demonstrator of Surgery and Lecturer on Minor Surgery; and Wallace Johnson, Ph.D., M.D., Demonstrator of Pathology and Bacteriology in Georgetown University Medical School, Washington, D. C. In one 12mo volume of 295 pages, with

129 engravings. Cloth, \$1.00, net. Lea Brothers & Co., Publishers, Philadelphia and New York, 1904.

Valuable illustrations are freely used in this little work, and serve to brighten the bare facts of the text so briefly given in all epitomes. The questions for quiz purposes are given at the close of each chapter, thus leaving the text uninterrupted. The work is no doubt creditable as an epitome, but one finds it hard to conceive any great usefulness for it among thorough students whether they be graduates or undergraduates.

G. F.

A Text-Book of Clinical Diagnosis by Laboratory Methods, for the use of Students, Practitioners and Laboratory Workers. By L. Napoleon Boston, A.M., M.D., Associate in Medicine and Director of the Clinical Laboratories, Medico-Chirurgical College, Philadelphia, formerly Bacteriologist at the Philadelphia Hospital and at the Aza Clinical Laboratory of the Pennsylvania Hospital; with 320 illustrations, many of them in colours. W. B. Saunders & Co., Philadelphia. Price \$4.00, 1904.

This is a pretentious volume of 549 pages, much after the style of Simons' work, on the same subject and yet the extensive consideration given to the subject here, the author regards as only a working introduction to the department of clinical diagnosis. Such is the opinion of so eminent a teacher, and it does not magnify the importance of this department of practical medicine, and hence the advantage to student and practitioner of such practical guide as this up-to-date volume undoubtedly is. Besides the description of methods of examination the diagnostic significance of the clinical findings is given under special headings and is frequently accompanied by tables of differentiation. The microscope and its use, and how to care for it, is described. The chapter on the blood is very complete, containing the more recent methods for examination and staining. Many new methods are noticed. How to use Wright's coagulometer, Dari's and Oliver's hæmoglobinometer, Tallquist's hæmoglobin scale, Oliver's hæmoglometer, Dari's hæmo-alkalimeter, and cryoscopy of the blood. Staining the normal microscopical characters and the pathological variations are fully described. Serum diagnosis is carefully considered and the protozoan parasites known to invade the blood are fully described, and those occurring in the lower animals. Malaria is fully described and illustrated and the late study on trypanosomes, piroplasma hominis, laoteridium, protosoma, etc., are referred to and illustrated.

The sputum also receives ample consideration and has a number of new illustrations. There are chapters on the nasal secretion, discharges from the eye and ear, semen, vaginal secretion, menstrua-

fluid, transudates and exudates, cerebro-spinal and synovial fluid, diseases of the skin, milk, quantitative estimation of purin in the urine, etc., Great credit is due the author and publishers for placing such a practical and useful guide within the reach of all engaged in the study or practice of medicine, and it must take a high place among the standard works available on the subject.

A large space is given to the consideration of the urine and the "newer methods for the estimation of sugar. Bence Jones' albumin, uric acid and purin have received consideration, and the whole chapter is illustrated by a large number of original half-tones and coloured plates."

The gastric contents are fully discussed, the methods of collective character of gastric juice, motor and resorptive power of the stomach, chemistry of contents, estimation of H. cl. the ferments and their zymogeni, micro-copic study of the gastric fluid, etc. The chapter on the feces is also full, and especially the section on animal parasites of the feces, and all well illustrated.

J. B. MoC.

Transactions of the College of Physicians of Philadelphia. Third series, volume twenty-fifth, Philadelphia, printed for the College, 1900.

This volume contains the papers read during the year 1903. In a private volume, such as this, where all the papers are good, criticism is impossible. All we can say, is that it shows an excellent year's work.

F. W. C.

Radiotherapy, Phototherapy, Radium and High Frequency Currents. By C. W. Allen, M.D., Professor of Dermatology, N.Y., Post-Graduate Medical School. Publishers, Lea Bros. & Co., N.Y., cloth, \$4.50.

This handsome volume of 600 pages is the latest American publication on the new therapy, which has achieved such positive results in the past few years. Already much has been written on this fascinating subject of a theoretical character, but in this book we find the author and his associates have given their work a practical nature by first proving their statements through actual experience before committing them to print. This feature of eliminating much theory will be appreciated by workers in this field.

The chapters on cancer and skin diseases describe ordinary therapeutic measures besides those directly related to radio and phototherapy.

Dosage has not been reduced by any author to an exactness which finds general acceptance, although distinct advances have been made, and our authors claim to apportion exactness for many skin diseases, while at the same time warning the operator of possible deleterious consequences to both patient and physician.

High frequency currents have fifty pages devoted to them, and the most recent results in this newest development are fully described. Altogether, this well bound volume, with clear print of excellent paper, embodying many excellent illustrations, is a distinct addition to our armamentarium.

G. T. R.

The Welcome Physiological Research Laboratories
founded 1894. Walter Dawson, Director, Rockwell Hall
Herne Hall, London, S. E.

These laboratories were founded by Mr. Welcome, who is the Principal of the well-known druggists firm of Burroughs, Welcome & Co., of London. The first was started in 1894, and in 1899 additions were made. To-day it is completely up to date. Much of the work done has reference to the requirements of his firm, but original research on a large scale was also conducted.

F. W. C.

Howes' Hand Book of Parliamentary Usage. Hands
& Noble, New York.

This is a very *multum in parva*, and should be in the hand of every one who is a presiding officer or likely to become one.

F. W. C.

Simon's Clinical Diagnosis. A Manual of Diagnosis by Microscopic and Chemical Methods, for Students and Practitioners. By Charles E. Simon, M.D., late Assistant Resident Physician at Johns Hopkins Hospital, Baltimore. New (fifth) edition, thoroughly revised and much enlarged. Octavo 695 pages, 150 engravings, 22 coloured plates. Cloth. \$4.00, net. Lea Brothers & Co., Publishers, Philadelphia and New York, 1904.

The first edition of this successful book was issued in 1896. The demand for it was such that up to 1902 three large editions were required. The present (fifth) edition contains the additional progress made in this department during the past two years. The work is exceedingly comprehensive in regard to all which relates to clinical microscopy and chemistry, giving all the latest and most

approved methods of exact diagnosis ; a description of the instruments and apparatus used, and the methods of employing them. Numerous illustrations in the way of coloured plates and engravings are freely interspersed throughout the text, serving to further elucidate the descriptions of methods and instruments, and portray the revelations of the microscope which bear upon diagnosis. The subjects considered include the blood, the secretions of the mouth, gastric juice and contents, faeces, nasal secretion, the sputum, urine, transudates and exudates the cerebro-spinal fluid, the examination of cystic contents, the semen, vaginal discharges, and the secretion of the urinary glands. In regard to new matter in this edition, besides a careful general revision, the chapter on the blood has been almost entirely rewritten and has been enlarged sixty pages ; special attention is given here to technique, the aniline dyes, and the principles of staining. There is a new section on the kryoscopic examination of the blood ; the molecular concentration and osmotic pressure of the blood are determined by ascertaining its freezing point. It is said to furnish the most important index of renal insufficiency as compared with all other modern methods. Urine is also examined in the same manner, but the information is not so valuable as in the corresponding examination of the blood, unless specimens from each kidney are obtained separately, when satisfactory results may be obtained. Considerable additions have been made in the section on the bacteriology and parasitology of the blood, including the discussion of paratyphoid fever gonococcus, septicæmia, bubonic plague, spotted fever and trypanosomiasis. In regard to this latter affection we have an illustration of the necessity of new editions of works in medicine. In the present edition the cause of sleeping sickness is stated to be still in doubt, while some months ago as a result of the work of a commission sent to Uganda by the Royal Society of London, it has been definitely proved that a trypanosome is the cause, and human beings are inoculated by the tsetse fly—the scourge of equatorial Africa.

Many additions have been made in the sections on faeces, sputum, urine, the transudates and exudates, and in every other portion all recent advances have been incorporated. The section on the urine is very complete, covering 262 pages, and is a thoroughly up-to-date guide in all that relates to the chemistry, pathological constituents and microscopical examination of this important excretion. The engravings and coloured plates are exquisitely executed, while the presswork and binding of Messrs. Lea Brothers & Co., the publishers, are beyond criticism. It is undoubtedly the best work now available on these all-important branches of clinical diagnosis.

J. B. McC.

The Management of Lateral Curvature of the Spine, Stooping and Development of the Chest in Phthisis. By E. Noble Smith, F.R.C.S., Edin., etc., Senior Surgeon to the City Orthopædic Hospital, London. Published by Smith, Elder & Co., 15 Waterloo Place.

We have read this book with much interest and profit. The subjects dealt with are of the utmost importance to every practitioner of medicine and surgery. The prevention of stooping and lateral curvature of the spine in young children is presented in a clear and concise manner. While properly directed exercises are advocated in the treatment of these deformities, in certain cases much can be obtained by a special mechanical apparatus devised by his colleague, Mr. E. J. Chance. This instrument it is claimed is constructed upon scientific principles and quite free from the evils which belong to the instrument makers, brace or jacket. This appliance is said to keep the spine straight, to hold back the shoulders and to increase the lung capacity, thus improving the general health of the patient. Its use is consequently urged in the treatment of phthisis. A strong plea is made for nutritious dietaries in the preventive and remedial treatment of this class of cases.

The author says the chief danger with regard to the diet of children is underfeeding, the child's appetite is the best guide to the amount of food required, so long as the food is wholesome; he further adds that an insufficient dietary may explain the constantly increasing number of adolescents of both sexes who are in delicate health even though not suffering from any definite organic malady. The little volume is of convenient size and contains much practical teaching by one competent to teach.

F. R. E.

Progressive Medicine. A quarterly digest of advances, discoveries and improvements in the Medical and Surgical Science, edited by Hobart Amory Hare, M.D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College, Philadelphia, assisted by H. R. M. Landis, Assistant Physician to Out-patient Department Jefferson Medical College. Lea, Brothers & Co., Philadelphia and New York. Price \$6.00 a year.

We have received the issues of this quarterly up-to-date, and can only repeat what we have often said, that we know of no quarterly which is so thoroughly practical and up to date. No better investment of six dollars can be made than becoming a subscriber to it.

F. W. C.

The Doctor's Leisure Hour. Facts and fancies of interest to the Doctor and his patient, Charles Wells Moncton, general editor, arranged by Porter Davies, M.D., 1900. The Sallfield Publishing Company, Chicago, Akron, O. New York.

We thank the publishers for sending us this beautiful volume, containing several very handsome steel engravings, and a bountiful supply of anecdotes—full of wit and humour. After a worrisome day, an hour with this book will drive the blues away. The series is to consist of twelve volumes.

F. W. C.

International Clinics.—A quarterly of illustrated clinical lectures and especially prepared original articles on: Treatment of Medicine, Surgery, Neurology, Pediatrics, Obstetrics, Gynaecology, Orthopedics, Pathology. Dermatology, Ophthalmology-Otology, Rhinology, Laryngology, Hygiene and other topics, of interest to Students and Practitioners, by leading members of the Medical Profession throughout the world. Edited by A. O. J. Kelly, A.M., M.D., Philadelphia, U. S. A., with the collaboration of Wm. Osler, M. D., John H. Musser, M. D., James Stewart, J. B. Murphy, M. D., A. McPhedran, M. D., Thos M. Rotch, M. D., John G. Clarke, M. D., Jas. J. Walsh, M. D., J. W. Ballantyne, M. D., John Harold, M. D., Edmond Landolt, M. D., Richard Kretz, M. D. With regular correspondents in Montreal, London, Paris, Berlin, Vienna, Leipsic, Brussels, and Carlsbad. Vols. I. and II. Fourteenth series 1904. J. B. Lippincott Co., Philadelphia. Charles Roberts, 1524 Ontario St., Montreal, Canadian agent.

Vol. I. of the Fourteenth Series contains seventeen articles, and a review of the progress of medicine during 1903. The papers and lectures are as usual of a high order, and deal with the latest subjects prominent in medical and surgical investigations.

The first article on the Chlorid Reduction Treatment of Parenchymatous Nephritis, by F. Widal, M.D., and A. Javal, M. D., physicians to the Paris Hospitals, is one of extreme interest and importance if confirmed in for these experiments. These experiments were carried out on one patient. Nine changes of diet were made. It was found to be an invariable result that the administrations of chloride of sodium with food in a case of parenchymatous nephritis was immediately followed by increased oedema and albuminuria. Milk was beneficial because it contains a minimum of sodium chloride and diets hitherto considered injurious in this disease were so

because they contained excess of salt, and when this was removed the improvement in the symptoms were just as rapid as with a milk diet. Their results will have an important bearing on the treatment of this form of nephritis.

The Practical Applications of Cryoscopy and Medicine, by W. Cattell, A.M., M. D., in another paper dealing with a new departure in diagnosis and summarized for the readers of this quarterly. The method is based on the fact that the lowering of the freezing point of a solution is inversely, as the molecular weight of the substance in solution and the osmotic pressure of a solution is proportionate to its molecular concentrations, the lowering of the freezing point equalling the exact number of molecules in the solutions. Departures from the normal freezing points of urine and blood give indications of renal or cardiac insufficiency. Other interesting articles are: The therapeutic application of colloid silver by Drs. Netter and Solomon. What is the cure for neurasthenia, by Robert T. Edes, M.D., Nephritis of gastro-intestinal origin, by Henry Baird Favill, M.D. The early diagnosis of pulmonary tuberculosis by James J. Walsh, M.D.

Angioma and its treatment, by Carl Bick, M.D. Complications met in the Surgical Treatment of Disease of the Testicle, by J. McFadden Gaston, M. D. At the end of the article seven, exquisite plates, showing the various steps in perfect detail of Halsted's operation for hernia taken from the Johns Hopkins Hospital Bulletin. The Non-Operative Treatment of Inflammation of the Genital Tract, by Francis W. Davenport, M.D., and Neurites, by Wm. Boaddus Ritchard, M.D.

The latter third of this volume gives a review of the progress of medicine during 1903. Medicine by David L. Edsall, M.D. Surgery by Joseph C. Bloodgood, M.D. Treatment by A. A. Stevens M.D.

Vol. II, Fourteenth Series, 314 pages, has twenty-three articles and some seventy illustrations.

The first nine pages treat of the diseases of warm climates and they refer to some of the most interesting work now being done among pathologists and clinicians.

The first article is on The Spread of Disease by Insects, with Suggestions regarding Prophylaxis, by Charles F. Mason, M.D., major United States Army, Texas. He describes the role of insects as disease-producers, giving in detail their connection with the various diseases spread by them. The mosquito, which conveys the parasite of yellow fever, is fully described and illustrated. The life history of insects is fully described and illustrated, and at the end of the article a section is given on prophylaxis. Of a similar trend

is the next article by John McRae, B.A., M.D. of Montreal, on Recent Progress in Tropical Medicine. Trypanosomiasis is described and the Trypanosoma Lewisi is shown in its various stages in a beautifully coloured plate. The connection of the latter with sleeping sickness is described, and a good cut given of a patient suffering from this disease. The recent knowledge gained is recounted in regard to plague: yellow fever, malaria, denjue, dysentery, varioloin varicella, aleppo boil, beri-beri and leprosy.

Sleeping Sickness is discussed in the next paper, by C. Jarvis, M.D., of Paris, and the work of the commission of the Royal Society of London referred to, which has resulted in the conclusion that sleeping sickness is due to the presence in the blood of cerebro-spinal liquid, a species of trypanosoma inoculated in man by the sting of the tsetse fly. Varieties of this parasite produce nojana, the deadly African epigoatic, surra of India and the caderas disease of South America. Uncinariasis, by Allan J. Smith, of the University of Pennsylvania, is another interesting subject exhaustively treated. The parasites are minutely described and illustrated by a number of cuts and coloured plates; the pathology and symptomatology, diagnosis and treatment are thus described. Among other interesting articles are the following: Malarial Hæmoglobinuria, by Wm. Krauss, M.D. Articles on Abscess of the Liver, by Jas. Cantler, M.A., M.B., and James Edwin Thompson.

The Etiology and Diagnosis, Treatment of Arterio, Sclerosis, by John Benjamin Nichols, M.D. Cardiac Valvular Disease with Broken Complications, by Eli H. Long, M.D. Neurotic Asthma, by Wm. H. Katzenbach, M.D. Intestinal Obstruction in Children, by Charles Greene Cumston, M.D. Ankylosed Joints and their Non-Operative Treatment, by J. Torrance Rugh, A.B., M.D., Philadelphia. This article is illustrated by twenty-two photogravures showing the various manipulations employed in the treatment of the different joints. Abdomino-Pelvic Diagnosis; Bimanual Examinations of Pelvic Swellings, by E. Stanmore Bishop, F. R. C. S., Eng.; this is lecture II. of a series of lectures on Abdominal Diagnosis. Broncho-Pneumonia in Children, by Isaac Abbot, M.D., etc.

The general excellence of the papers and lectures secured for International Clinics and the wise selections of subjects, which are of immediate interest to the profession generally, makes this Quarterly one of the best mediums we have for reflecting the progress made in all the branches of medicine and surgery.

J. B. McC.

Arteria Uterina Ovarica. The utero-ovarian artery, or the genital vascular circle, anatomy and physiology with their application in diagnosis and surgical intervention, by Byron Robinson, B.S., M.D.,

Chicago, Illinois. E. H. Colgreve, 65 Randolph Street, Chic
 For sale by all booksellers. Price \$1.00. We can safely say that
 no such work has ever appeared before in the history of anatomy.
 Nor was it ever possible before, because a great deal of it is the
 result of the most perfect X-ray photographs of the circulation of
 uterus under the varying conditions of menstruation, pregnancy, etc.
 The arteries seem to have been injected with some metallic sub-
 stance, for every branch down to the capillaries is depicted just as
 it would have been during life, if it were possible to photograph
 the blood in them. Although a volume of only 182 pages, it repre-
 sents an enormous expenditure of time and money as there are many
 full page half-tone engravings beautifully reproduced. Although
 this work will not be in great demand by students, every teacher
 of gynecology and every practitioner who performs any operations
 of the female pelvis should study it carefully, for never before has
 the anatomy of this region been made so clear. It will ever remain
 as a monument to the energy and ability of its authors. A.L.S.

The Practical Medicine Series of Year Books. Com-
 prising ten volumes on the year's progress in medicine and surgery,
 issued monthly under the general editorial charge of Gustavus P.
 Head, M.D., Professor of laryngology and rhinology, Chicago, Post-
 Graduate Medical School, Volume IV., Gynecology, edited by Emilius
 C. Dudley, A.M., M.D., Professor of gynecology, Northwestern
 University Medical School; gynecologist to St. Lukes and Wesley
 Hospitals, Chicago, and William Healey, A.B. M.D., instructor in
 gynecology Northwestern University Medical School, March, 1904.
 Chicago, The Year Book Publishers, 40 Dearborn Street.

The present volume of 216 pages is one of a series of ten
 issued at monthly intervals, and covering the entire field of medi-
 cine and surgery, each volume being complete for the year prior
 to its publication on the subject of which it treats. This series is
 published primarily for the general practitioner; at the same time
 the arrangement in several volumes enables those interested in
 special subjects to buy only the parts they desire. As one
 might expect when Dr. E. C. Dudley has anything to do with it,
 this work is full of information perfectly arranged, and as it contains
 abstracts of all the principal articles of the past year and well in-
 dexed, it will prove most valuable to every student or practitioner
 interested in gynecology. A.L.S.

Hyde and Montgomery on the Skin. A Practical Trea-
 tise on Diseases of the Skin for the use of Students and
 Practitioners. By James Nevins Hyde, M.D., Professor of
 Dermatology and Venereal Diseases, and Frank H. Mont-

gomery, Associate Professor of Dermatology and Venereal Diseases in Rush Medical College, Chicago. Seventh and revised edition. In one octavo volume of 938 pages, with 107 engravings and 35 plates in colours and monochrome. Cloth \$4.50, *net*; leather, \$5.50. *net*. Lea Brothers & Co., Philadelphia and New York, 1904.

This standard work on diseases of the skin has undergone complete revision, and is thoroughly up to date. Due prominence is given to every fact of importance that the fruitful fields of recent investigation have yielded, while mere theorizations receive critical discussions, the authoritativeness of which is attested by the prominence of the writers.

The sections devoted to radio-therapy and to photo-therapy are unusually full and contain all needful details for the successful application of these forms of treatment, the indications for their employment being elaborated under the various diseases for which their use is to be recommended.

The most advanced discoveries in the etiology of such disease as scarlatina, variola, pyroplasmiasis, blastomycosis, etc., are mentioned and subjected to critical scrutiny, and a new chapter on the general pathology of the skin has been added, to keep pace with the progress that has lately been made in this direction.

F. W. C.

Simon's Physiological Chemistry. A Text-Book of Physiological Chemistry. For Students and Practitioners of Medicine. By Charles E. Simon, M.D., late Resident Physician Johns Hopkins Hospital; author of Simon's Clinical Diagnosis, etc. New (2d) edition. Revised and enlarged. Octavo, 500 pages. Cloth, \$3.25, *net*. Lea Brothers & Co., Publishers, Philadelphia and New York.

Dr. Simon has here treated Physiological Chemistry in a manner adapting his work to the wants of the medical student, and of the physician, who has previously been unable to devote to the subject the attention which it merits. It deals with foods, their origin, classes and decomposition products, their digestion, reabsorption and excretion, the chemistry of the tissues and organs of the body, the substances resulting from their activity and their relation to physiological function. The early call for a new edition has enabled the author to include the results of the very active research in this field to date. The chapters on the Albumins Nitrogenous Katabolism and Gastric and Tryptic Digestion have

been rewritten. To render the work still more useful, both to students and teachers, laboratory exercises have been added. The methods have been described in such detail that the student should find no difficulty in performing the experiments. F.W.C.

Davis' Obstetrics. New (2) Edition. A Treatise on Obstetrics. For Students and Practitioners. By Edward P. Davis, A.M., M.D., Professor of Obstetrics in Jefferson Medical College; Professor of Obstetrics and Pediatrics in the Philadelphia Polyclinic, etc. New (2d) edition, thoroughly revised and enlarged. Octavo, 800 pages, with 274 engravings and 39 full-page plates in colours and monochrome. Cloth, \$5.00, *net*; leather, \$6.00, *net*.

We have enjoyed reading this Second Edition of Davis' Obstetrics. Like all new books, it is a very great improvement on the First Edition, and with the exception of the Chapter on Eclampsia, it brings the whole subject of Obstetrics well up to date. The Chapter on Sepsis being particularly good, we can highly commend the work to one wanting a good modern obstetrical work.

H. L. R.

Hand-Book of the Anatomy and Diseases of the Eye and Ear. For Students and Practitioners. By D. B. St. John Roosa, M.D., LL.D., Professor of Diseases of the Eye and Ear in the New York Post-Graduate Medical School; formerly President of the New York Academy of Medicine, etc., and A. Edward Davis, A.M., M.D., Professor of Diseases of the Eye in the New York Post-Graduate Medical School; Fellow of the New York Academy of Medicine. 300 Pages, Square, 12 mo. Price, Extra Cloth, \$1.00, *net*. F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia, Pa.

An excellent little hand-book in every way up to date by well known specialists.

F. W. C.

Practical Electro-Therapeutics. By Franklin B. Gottschalk, M.D. T. Eisele, 906 Evanston avenue, Chicago.

A concise little book containing a presentation of the most important modes of treating patients by means of electricity.

F. W. C.

Practical Dietetics with Reference to Diet in Disease
By Alida Francis Pultee, Instruction in Dietetics, Bellevue
Training School for Nurses, published by the author, 52 West
39th St., New York.

A magnificent collection of receipts which ought to be in the hands of every trained nurse.

F. W. C.

A Practical Treatise on Medical Diagnosis for Students and Physicians. By John H. Musser, M.D., Professor of Clinical Medicine in the University of Pennsylvania; Physician to the Philadelphia and the Presbyterian Hospitals; Consulting Physician to the Women's Hospital of Philadelphia, and to the West Philadelphia for Women, to the Rush Hospital for consumptives and the Jewish Hospital of Philadelphia; Fellow of the College of Physicians of Philadelphia; member of the Association of American Physicians; President of the American Medical Association, etc. One volume of 1182 pages, with 395 wood cuts, and 63 coloured plates. Fifth Edition. Lea Bros. & Co., Philadelphia and New York, 1904.

The fifth edition of Dr. Musser's Medical Diagnosis marks the wide circulation of a valuable book. All the latest methods of physical diagnosis are fully considered. The volume is divided into two parts. Part I. deals with general diagnosis and Part II. with special. "The present volume embodies a most thorough revision, embracing not only every detail of the text, but also a fundamental rearrangement, planned with the object in the most logical and natural sequence, and facilitating thereby its comprehension." The book is fully illustrated and it is undoubtedly one of the best works in the English language on Medical Diagnosis.

W. E. S.