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Original Communications.

PHLEGMASIA ALBA DOLENS: ITS PATHOLOGY AND TREATMENT BY MEANS OF COLD WATER COMPRESSES AND ICE BAGS.

By John A. Miller, M.D., San Francisco.

This disease presents a complexity of symptoms, which are characterized by fever, inflammation, a whitish cedematous swelling and violent excruciating pains. The above phase mirrors the physical aspect of the disease in a majority of instances in an admirable manner, and for that reason will be continued to be employed by obstetrical writers, however much they may differ in their views respecting the pathological processes, which are concerned in its progress and development.

I will not occupy the reader's time with a historical review, for it would not subserve a practical purpose, inasmuch as an intelligent and rational understanding of this subject was not reached, until it had been observed that a similar train of symptoms occurred also in the male. This was found in connection with suppurative processes and inflammatory conditions, like cancer, erysipelas, consumption, certain phases of typhoid, etc.

When in the course of time it was thus demonstrated that, irrespective of sex, a phlegmasia was developed, which corresponded in symptoms and clinical history to the puerperal phlegmon, the premises from which to draw conclusions became materialized, and were no longer a creation of the speculative thought of the inquirer.

In our own country there is as yet no uniformity of opinion as to the pathology of the affection; some incline to the doctrine of a phlebitis, others side with the theory of embolism, and others, again, will not content themselves with a single process, but claim that there is an inflammation, more or less, of all the tissues. From my own observation and work in pathological investigations I am convinced that researches of this nature require careful analysis, before one can conclude which particular anatomical lesion constitutes the sole factor of a disease, or that one special organ or structure is the seat of the abnormal process.

In a *post mortem* dissection we find the ravages of disease in extenso, but this is not always a safe guide or ground upon which to base a conclusion, for when a diseased process has accomplished death of the subject, it is absolutely necessary to review and retrace the diseased process in order to establish the true pathology of the

disease under investigation. This is too often omitted. A subject dead of phlegmasia alba dolens will, in one instance, present a suppurating thrombus in the crural or femoral veins; a second subject will not present a thrombus, but a metritis with an accompanying purulent uterine phlebitis, and a third will simply show a purulent infiltration of the cellular tissues of the pelvis and thighs, and evidence of metastatic suppuration in the liver or kidneys, with or without either a phlebitis or metritis.

To what conclusion must we inevitably arrive in the presence of these apparently different anatomical aspects? There is only one, and that is, that phlegmasia alba dolens is essentially an inflammation due to septic infection of the pelvic cellular tissues as a starting point, but involving other structures in its progress: the veins and nerves.

Puerperal infection, whether carried from without on the examiner's finger, or by means of contaminated clothes, or implements such as a catheter or a syringe tube, to the genital tract of the parturient female, or on the other hand, due to uncleanliness of person, accumulated filthy secretion in the vagina, is liable to execute a progressive inflammatory action, the course and termination of which it is impossible to foretell.

That practitioner who expects to find always the same symptoms in order to make a correct diagnosis of puerperal infection, who has, as it were, a fixed picture in his mind what puerperal fever and its kindred complaints should be, in order to agree with the text-books, will, I am sure, too often fail to recognize the disease in time to employ the necessary measures to prevent the full development of systematic toxæmia or death. The infection will always be controlled by the constitutional habit of the patient and her power to resist or eliminate the poison, rather than by a difference in the toxicological nature of the infection itself. The first symptoms of any of the different dis-

eases of puerperal infection will thus be greatly modified by constitutional habit, and the symptoms will not always correspond in severity to the amount or degree of the infection nor to the virulency of the infecting germs. We have a daily opportunity to see this illustrated in vaccinating different individuals with the same virus. One person, owing to a peculiar habit which we are unable to explain, will have an extensive phlegmonous inflammation, while another, vaccinated with the same virus, will only show the small typical vaccine pustule. This clearly shows the role of idiosyncrasy or constitutional habit in modifying the clinical histories of the disease. It follows that puerperal infection in one woman will eventuate into deep and complicated cellular tissue inflammation, while another will suffer only from a mild endometritis. To enumerate the different diseases or pathological processes which primarily or secondarily are the result of septic infection, would be to designate the different organs or tissues which become successively involved. The matrix of infection may begin from an abrasion at the vaginal mucous surface; a lacerated perineum or cervix, or it may be in the uterine canal and through the lymphatics and veins, conveyed to the areolar tissue. The inflammation that is thus established travels along the cellular tissue in which the large vessels and nerves that escape from the pelvis are imbedded; through the femoral or crural ring, it either accompanies the course of the vessels and nerves or makes its way through the saphenous opening to the subcutaneous cellular tissue of the thigh.

With the exception of the peritoneum, lymphatics and uterine veins, the other organs and tissues may separately and alone become the seat of septic inflammation. This strict conservatism which confines disease to one organ or tissue is the exception to the rule, for the tendency of the inflammatory process is to spread, and this is always on the line of least resistance, which

is the loose areolar tissue; this forms the highway of dissemination much oftener than the veins or lymphatics. This is particularly true of phlegmasia alba dolens, and to appreciate fully the pathology we must take in the entire field of pathological invasion.

The starting point or nidus of this affection corresponds with the organ or tissue primarily affected, and this I wish to emphasize, for it will be the means of clearing up the vast amount of speculative literature on this subject, and reconcile the different anatomical reports which have been recorded in good faith by a host of honest investigators. In the great majority of cases of phlegmasia dolens the nidus cannot be detected, but a cellulitis in the pelvic realm, partial or circumscribed, can always be detected; this is either perivaginal or periuterine, and then branching out along the course of the vessels and between the folds of the broad ligament towards the latter aspect of the pelvis.

The *course* of the pathological process is manifestly different in these instances, where the disease originates from cellulitis, than when it is traced to an endometritis, a metritis, or a uterine phlebitis. Early in the disease there is a rise of temperature ushered in by a pronounced chill. The most prominent symptom is pain referable to the iliac region running down the thigh along the course of the great vessels and nerves, sometimes increasing in the popliteal space, and then again being felt more in the calf of the affected limb; this is due to pressure on the nerves from the inflammatory induration in the areolar tissue, and an irritation of the neurolemma. The veins are as yet not compromised, hence in the early stages of the disease there is no oedematous infiltration, but an unusual hardness can be distinctly felt along the course of the large veins, and sometimes a redness which is due to the inflammatory process in the cellular tissue around the trunks of the large vessels and nerves. In patients where the disease runs a short

abortive course, the swelling or oedema of the limb will show itself after all acute symptoms have subsided, perhaps a week or two after apparent recovery; this is due to cicatrization of the inflammatory products around the veins, which comprises the lumen and interferes with the flow of blood within them. In a large proportion of cases, the inflammation continues and increases in extent, the subcutaneous cellular tissue may become first involved, but sooner or later the inflammation may spread between all the muscles of the leg; a periphlebitis is also added to the process—by this I mean an inflammation of the connective tissue around or about the vein including the sheath of the vessels. These structures are frequently inflamed without the walls of the vein being in the least affected; this, however, does not apply to the smaller veins which are entirely composed of connective tissue and epithelium and are much sooner complicated.

The oedema of the limb at this stage develops gradually, although sometimes quite suddenly; the smaller veins now become either compressed from inflammatory exudation, or participate in the inflammation, which coagulates the blood in them; it is the function of the intima to preserve the fluidity of the fibrin, but as soon as the internal coat of the vessel becomes altered by inflammation this physiological property is destroyed and the clotting of the blood (thrombosis) will occur; it is only necessary for the inflammation to continue unchecked for the larger veins to become similarly diseased with results much more dangerous and far-reaching.

It becomes absolutely necessary to locate at the earliest opportunity the starting point of the infection as between the uterine cavity or the vaginal canal, for this will give us positive information as to the *modus operandi* of local disinfection; in other words, whether the irritation shall be uterine or vaginal or neither. The steps to assure the differentiation must be divided into two separate stages for the obvious

reason that the uterine cavity cannot, at least should not, be explored until the vagina has previously been thoroughly cleansed. The first thing then to do is to wash out the vagina with a one to two thousand corrosive sublimate or a two per cent. carbolic acid solution. After this preliminary is accomplished, one is prepared, to differentiate between vagina and uterus, and in the following simple manner; take a clean new No. 7 or 8 gum bougie and introduce into the uterine cavity, turn it about the cavity, then withdraw. If there be no putrid smell, and the secretion adherent to the bougie smells normal or healthy, then it is quite safe to infer that there is no infection from that source; should it be otherwise, a thorough irrigation of the uterine cavity will become necessary, say three times in the twenty-four hours, and every time sufficient fluid must be used till the rinsings become clear and perfectly odorless. Should the operator decide to use corrosive sublimate, which is the best, he should always follow the sublimate irrigation with simply pure warm water, previously boiled; this will displace and wash out the sublimate solution that might be retained and so prevent absorption of mercuric chloride and mercurial poisoning. In the absence of evidence pointing to the uterine cavity it becomes simply necessary to douche the vagina with either of the above solutions, as often as may be necessary to keep the parts disinfected and cleansed.

Physicians who have had even a limited experience in the treatment of this complicated affection, will agree with me how awfully disappointing the usually employed remedies are in affording relief from pain, not to say, how utterly ineffectual the known treatment has proved itself in aborting or abridging the disease, by this I mean, to keep under control the inflammatory process, and to prevent those structures which are inflamed from eventuating into suppuration and abscess.

We will of course all agree, on the importance of a nutritious and easily digested

diet as an important factor in furnishing vitality towards assisting the elimination of toxic elements and fortifying the system against their depressing influence; alcoholic stimulants are very beneficial, and it is a good plan to give the food at regular intervals of four hours, for the simple reason that in the great majority of cases alimentation, thus administered, agrees with the physiology of digestion, and the interval affords an opportunity for the administration of such medicines as may be deemed useful.

Quinine in capsules, two or three grains at one dose, will always be of benefit if the digestion is not compromised by its use. Morphine to relieve pain, occasionally administered, may be indicated, especially at night, when the patient is very restless. I have administered morphine in quarter of grain doses every four hours, when it only stupified the patient for the time being, but as far as any curative effect was concerned, that was absolutely *nil*, nor did it relieve the pain.

Rubefacients of tinctures of belladonna, aconite, opium and capsicum had no effect in subduing pain. I also resorted to turpentine, and chloroform; these expedients seemed to be of doubtful utility, and the irritants on the contrary made the patient feel much worse, that is, the limb became more painful. Who has not been at a loss what to do, when all these measures failed? Hot fomentations of the different anodyne decoctions were alike disappointing; I was convinced to believe that they actually do harm by encouraging suppuration in the cellular tissue, which is certainly a very undesirable result and should be prevented, when in our power to do so.

If we take into consideration the great progress which pharmaceutical chemistry has made within the last few years, the many new remedies which science and art have invented, one feels diffident to assert that, among all these, the physician, at an hour and moment when he needs a remedy, most all these productions fail to accomplish

the desired object and we must needs turn aside in search for some other remedy. It is no longer an open question that these innumerable remedies confuse the minds of a majority of the practitioners, and that if the profession had fewer resources, whose therapeutic value it thoroughly understood, medicine would approach nearer an exact science than it does.

The therapeutic value of cold water affusions or compresses in subduing inflammatory diseases has been recognized in all ages. In one age it became the panacea of its votaries for all ills to which flesh was heir; in another it passed into unmerited oblivion. It became the sole expedient of the itinerant quack salver and received either the endorsement of medical savant or their obloquy. It is not within the scope of this article to give a history of these vicissitudes.

I have found in cold water compresses and rubber ice bags a most effectual remedy for the relief and control of this distressing and painful malady. My experience goes back to the year 1886, when my first trial of this invaluable expedient was made; since then, I had six cases, in which I demonstrated beyond a doubt, the utility of cold in relieving and checking the inflammatory process.

My first case became infected from the nozzle of a vaginal syringe, which the nurse had employed in a crude manner. A pelvic cellulitis on the left side was the beginning or first evidence of anything wrong; in the course of a few days, the corresponding limb first became painful and afterwards cedematous. That I exhausted all the resources that were laid down in the books at my command, is to put it mild, for the pain in the limb was so excruciating, especially in the calf of the leg and in the inner aspect of the thigh from the groin to the knee, that notwithstanding large and repeated doses of morphine, rubefacients and hot fomentations, the patient got little or no relief. I had treated pelvic cellulitis and perimetritis satisfactorily by means of

ice bags and cold water compresses, and there was every reason that a similar application to the painful regions of the affected limb would result in palliation, if not hasten the cure. This was under protest from the patient, because she dreaded the shock and feared bad consequences. I, however, insisted, and carried out my intentions. The procedure was in the following manner: an ordinary large towel was dipped into iced water, wrung out and clapped around the affected limb; a heavy flannel roller bandage was then applied from the toes upward to the groin. Flannel is preferable, because it does not get hard when moist, and remains softer under similar conditions than cotton material. On the most painful parts, like the inner aspect of the thigh, the popliteal region and the calf of the leg, I laid rubber bags filled with ice. These were kept in place by a circular binder, independent and outside of the roller bandage.

The patient was a little shocked when the cold towel was first applied, but the unpleasantness was only momentary, and then the reaction brought ease and comfort. She desired the ice bags to be removed quite often at first, as she claimed they relieved the pain, as anything else had never done before. The morphine was at once discontinued. The pain was entirely controlled by the cold. The temperature dropped from 103° to 100° the next day, and the patient commenced to improve, which continued uninterruptedly. The towel was freshly dipped from four to six times in the twenty-four hours. As soon as the patient experienced relief, she was quite anxious to endure the temporary chill from a fresh compress, because the limb felt always better for it afterwards; as the towel soon became dry and hot, and this gave rise to painful symptoms again. Since this first gratifying experiment I confidently and unhesitatingly employed the identical local measures, and the success was uniform and decided.—*Pacific Med. Jour.*

Progress of Science.

FRACTURES AND DISLOCATIONS IN COUNTRY PRACTICE.*

By P. Daugherty, M. D., Junction City, Kansas.

The surgeon not only wants a steady hand, but a clean hand. He not only needs a clear head, but finger nails clear of dirt. The good surgeon must be a good anatomist. The mistakes of the surgeon are much more easily discovered by the laity, than the mistakes of the physician. The physician may stuff drugs, that he knows little of, into an organism that he knows less of, and the patient may recover, and the doctor get the credit of curing him; or, if he dies, the community will attribute his death to the disease. In a new and sparsely settled country like ours we cannot make a specialty of surgery. We have to be physician, surgeon and obstetrician, and out of all we do not much more than make a living. It behooves us to study that class of surgical cases closest, that we are oftenest called upon to treat. Observation and experience teaches me that fractures and dislocations largely comprise this class. The splints and appliances for fractures recommended in works of surgery are legion. But who wants to haul a car load of splints around the country with him, even if he has the money to buy them. What we want is something cheap and efficient, and something of this kind can be found in every household.

Suppose you have a fracture of the leg, and you are ten miles in the country without splints, and no boards to make any. This was my condition on a certain occasion. What I did was this: I asked the lady of the house to make me a pint of starch, just as she made to starch clothes, to give me an old sheet and a paper box. From the sheet I made bandages, and from the paper box I cut me two splints long enough to reach from near the knee to about two inches below the sole of the foot, made tapering so as to correspond with the taper of the leg, and wide enough to cover the limb, with the exception of about three-fourths of an inch behind and in front. These splints I reinforced by two other much narrower. I placed my splints in the warm starch until they were soft and pliable. I then ran a bandage on the leg, adjusting the fracture at the same time, and applied my paste board splints to either side of the leg, moulding them to fit all the inequalities of the limb and lapping the ends upon each other in the hollow of the foot. Then I ran a bandage over the whole using the starch on every turn of the bandage, and placed the limb in proper position till it was dry. I found when dry that I had

the lightest and best fitting dressing that I had ever seen, and one that was firm and solid. I have never used anything else as a dressing since, in fractures of the leg, and that was twenty-five years ago. Starch, paper boxes and muslin you will find in every household.

The first bandage I have long since discontinued, and in its stead I wrap the leg in cotton batting. If the limb swells and your dressing gets too tight split it down in front and let it gap and run a bandage over it; if it gets too loose split it in the same way and lap the edges, running a bandage in the same way. This dressing I also use in fractures of the humerus, and have used it with good results in fractures of the femur in children.

In fractures of the clavicle, which are very common, we have a number of dressings recommended in works on surgery. For the past three years I have discarded all dressings I had been using prior to that time for Prof. Moore's, of Rochester, New York. I first saw it applied by Prof. Gunn in the Presbyterian Hospital at Chicago. I have had better results from this dressing than any other I have ever used. I use a strip of muslin eight or ten inches wide and about three yards long. All that you need to remember in order to apply this bandage correctly, is the figure of 8, embracing the elbow of the injured side and the opposite shoulder. They did not get the cut exactly correct which you will readily discover by looking at it. In all fractures of the femur where the bones can be properly adjusted with the limb extended I proceed to dress as follows: I take an ordinary lounge and make a solid board bottom for my mattress, placing my patient upon the mattress. If I have no pulley with me, and I do not often have, I improvise one by getting an empty spool, running a piece of fence iron through it and fastening the ends of the wire to the post at the foot of the lounge. I then take two long strips of adhesive plaster (male skin preferred) wide enough to reach one third the way around the leg, and long enough to reach from near the fracture to a few inches below the foot. After washing and shaving the limb, I carefully apply them to the sides of the limb sewing the ends together below the foot; in the loop thus made I tie a small cord bringing it over my spool and hang a weight to it sufficiently heavy to bring the limb to its proper length. I make my counter extension by elevating the foot of the lounge. For adults, as a rule, your extension weight should be eighteen pounds, for children, one pound for each year. The dressing is completed by filling two long bags with sand and placing one on each side of the limb to steady it. This dressing I have used for the past two years in every case of fracture of the femur under my care with good results. Colles's fracture is another that we often meet with. I have tried nearly every plan of treatment recommended in

*Read before the Golden Belt District Medical Society.

the text books for this fracture, and my success has been anything but satisfactory to me, until three years ago I abandoned all for Prof. Pilcher's dressing as modified by Prof. Gunn. We apply this as follows: Make two compresses about the size of your little finger out of strips of muslin two and one half inches in width, and after reducing your fracture place one along the inner aspect of the ulna reaching down to the carpus, and the other exactly parallel with this along the outer border of the radius over its styloid process, holding these firmly, secure them by a turn or two of adhesive plaster around the wrist, of the same width as your compresses. Then place the arm in a sling made of narrow muslin, the bearing being on the inner portion of ulna over its styloid process. Keep the thumb looking up and let the hand drop unsupported, which acts as an extending force. In a few hours the hand will probably begin to swell and become numb from interference with the circulation; if so, split your plaster on the back of the wrist and it will give sufficiently to relieve the congestion. This dressing I never remove until the union is complete.

In dislocations, that of the shoulder joint is the one we are most frequently called upon to reduce. One of the first questions the surgeon should ask himself when called upon to reduce a dislocation is, "what was the position of the limb at the moment of the accident, what portion of the capsular ligament is torn and what is the condition of the untorn portion?" Take for example a subglenoid dislocation of the shoulder; it matters not whether force producing it be applied directly to the joint from above downward, or directly to the hand, fore arm or elbow with humerus raised to an angle of ninety degrees to the axis of the body, the result in either case is the same. The capsular ligament is torn along its under side, and the untorn portion is put upon the stretch holding the head of the humerus firmly beneath the glenoid cavity. The conditions are precisely the same in dislocations of the hip joint. With these facts before us how should we proceed to reduce the dislocation? Place the limb in the position it was at the instant when the dislocation occurred, carry it a little farther in the same direction until the untorn portion of the capsular ligament is completely relaxed, lift the head of the bone into place bringing the limb down parallel with the body. If you have never tried this plan you will be surprised to see what little force is required. For years I was in the habit of placing my patient upon his back, sitting down by his side upon the floor, placing my foot in the axilla, grasping his wrist with both hands and pulling the bone into place by main strength and awkwardness. This barbarous and unscientific method I have completely abandoned.—*Port Wayne Jour. of Med. Sciences.*

ANKLE SPRAINS.

By A. J. Steele, M. D., St. Louis

At the St. Joseph meeting of this Association, held four years ago, in a report on Orthopedics. I stated that the treatment of sprains by massage seemed to shorten the period of recovery by one-half or one-third of the time required by the old stereotyped methods. I can now reaffirm the statement then made, but with the additional suggestion that hot baths and equable support and pressure will be found valuable adjuvants to the massage.

Old cases of sprains, lately fallen under my observation and come to my notice, in which the ankles were stiff, painless and worse than useless, and some, where amputation of the foot had been done, prompted the conviction that early proper treatment had not been adopted; otherwise such lamentable results would not have been had.

Immediate immobilization with gypsum, a plan of treatment quite general, certainly in my section, does not meet the indications, and is responsible for not a few tardy recoveries and bad endings. There cannot be found a more enthusiastic advocate of immobilization in joint inflammation than myself, but (and the statement may astonish some of you) in sprains we do not necessarily have joint inflammation, unless afterwards produced by the fool-hardiness of the patient or malpractice of the surgeon. A sprain is a subcutaneous injury in, ordinarily a healthy subject. Two conditions conducive to a most happy result. 'Tis true there is overstretching and even tearing of ligaments, contusion of articular cartilages, strained tendons, bruised nerves, ruptured blood-vessels and extravasation of blood and serum into the surrounding soft parts. Yet from all this there need be no fear of injurious inflammation or untoward results unless from neglect of the patient or improper treatment of the surgeon. Of course, here, as everywhere, scrofulous or impaired constitution is more likely to be followed by tedious recovery or permanent marring, but these cases are exceptionally rare. I have observed too, in subjects of a rheumatic tendency, a proneness to slow recovery.

If in our practice we have had unfortunate results in the treatment of sprains, consolation comes to us from a whilom Nestor of surgery, Gross, who says on this topic: "Convalescence will be tedious and may remain weak and tender for many months, if not for several years.

* * * Sometimes, even, when every possible precaution has been adopted it will be found that the articulation continues to be weak and uncomfortable for a long time; the seat of neuralgic pains subject to severe exacerbations whenever exercise is attempted or there is a change in the weather. Occasionally the movements of the joint are never regained."

A gloomy picture, indeed! Certainly there are different degrees of sprain, and the very mild may recover promptly by the employment of simple means. Dr. Gross doubtless had reference to the severe forms treated by the methods then in vogue—leeches, fomentations, etc. I well remember this accenting the lead and opium lotion. Since his day quite a revolution has occurred in the treatment of sprains. Martin, of Boston, brought forward the rubber bandage applied to the foot and ankle to prevent effusion, hasten absorption, support the parts, and to partially immobilize. In some cases I have had fair results by the employment of the elastic roller. Again, there was the introduction of the immovable apparatus, usually of plaster of Paris, whereby continued rest to the joint was enforced. The application of continuous cold, with the idea of subduing and preventing inflammation had advocates. Baudin treated five hundred cases of sprain by means of cold water, with an average period of recovery amounting to twenty-eight and one-half days. Others went to the opposite extreme, immersing the parts frequently in hot water. Methodical rubbing with passive motions, massage with equally active use of the joint, found enthusiastic advocates; and lastly, electricity, with its occult potency, was evoked. All these methods singly have been employed, and all contain elements of therapeutic value.

But why be exclusive? May not a combination of the best of these means afford a rational treatment that will shorten the time of some of the simple cases and prevent untoward results in the more severe? I believe so, and my conviction is founded on the pathological conditions present, and upon experience.

As previously suggested, a sprain is a subcutaneous injury, which, as Hunter long ago demonstrated, is little liable to inflame, even though the parts rapidly swell from blood congestion, blood extravasation and from exudation of fluid from the dilated vessels. It is true if this condition of enlarged vessels and stagnated blood and unabsorbed exudate is prolonged, then the first step in the inflammatory process is inaugurated; and if this state continues, then the coagulable lymph contained in the serum increases and may harden and cause adhesions, or early, while still fluid, it may be reabsorbed, the sooner the better for a favorable termination. Stimulation of the parts by heat and rubbing will hasten such absorption, increase the circulation and overcome the blood stasis. If from neglect or improper treatment adhesions have occurred, then free motions are necessary to break them up; earlier movements would have prevented their formation.

When a voluntary strain or force is applied to a joint, the act is regulated and controlled by the power of the muscles and tendons, but often during the occurrence of a sprain the muscles

are taken off guard, surprised, and the force of the wrench or twist falls directly on the ligaments, which unequal to the task, strain and rupture, from the powerful leverage of the weight of the body.

It is remarkable, at times, what a slight force will produce this injury. Recently, an old lady on arising from her chair, at the sound of the dinner bell, stepped on the side of her foot and caused a severe sprain, tedious in its recovery. I have observed that sprains in the old are slower in their repair than in the young.

In the majority of cases the foot is turned inward, thus rupturing fibers of the external lateral ligament of the ankle joint. Rarely is it turned out. Or the foot may be caught between two opposing forces in such way as to unduly twist or bind the tarsus, as occurred in my practice recently in a young lad.

In consideration of this subject, we necessarily exclude bruises and contusions of the joint, occurring from direct application of mechanical violence, as in a fall from a height, lighting on the feet. Such injuries producing dislocation or fracture would be thrown out. We suspect such cases were included when Baudin made the remarkable statement before the Academy of Sciences, that of seventy-eight amputations of the leg and foot sixty had sprains for their origin. Either the injuries were severe or the treatment most lamentable.

As noted above, very mild sprains usually recover after a slight rest. The more severe forms of the accident require elevation of the limb and support to the foot, a local bath as hot as can be borne, to be repeated every three hours, after each bath enveloping the ankle generously in cotton batting and applying over it a flannel bandage tightly or a rubber bandage loosely. After the third day, the stage of active hyperæmia having passed, massage may be used on the parts, and when the swelling has somewhat subsided, a gypsum or starch bandage applied. The splint should include the foot, excepting the toes, and extend one-half to two-thirds up the leg, and when hardened be cut open down the front and thus a removable splint be made. The hot foot-bath is continued several times during the day, from ten to twenty minutes at a time, the limb dried and then well massaged. If the skin is moist a little vaseline may be used on the hands as a lubricant. A precaution should be used in working the foot not to turn it in, otherwise the external lateral ligament fibres, of which were torn and stretched, now undergoing repair, slowly because of their low vitality or meagre blood supply, may be re-torn, the tender parts bruised, pain caused and repair delayed. A patient thus suffered severely; while his foot was in the bath, he turned the sole in and pressed upon the outer side, violently twisting the foot inward, causing exquisite pain and retarding recovery.

With the massage, electricity finds a useful place. I have used indiscriminately well both the galvanic and faradic currents. If the part is sensitive and painful a mild current of short application is used, the hand making a convenient and agreeable electrode.

In old cases with painful ankle and tarsus, joint stiff and foot in position of slight equinus, I divide the tendo achillis, and while the patient is still under the anæsthetic, move the ankle freely, thus breaking up adhesions. After a few days I follow up with hot water baths, energetic massage and electricity, and a leather boot made of heavy stock over a plaster of Paris cast of a part, laced up in front. This affords equable compression and thoroughly immobilizes the ankle between the rubbings. In rheumatic subjects I thought I obtained good results from the administration of iodide of potassium.

In children, sprains as a rule rapidly recover; or as rapidly degenerate into chronic joint disease with involvement of the articular structures, if in a scrofulous, tuberculous or ill-conditioned patient. Sprains are a fruitful cause of joint disease in children. If the case has gone on to articular involvement, then continued quiet to the part with improved hygienic surroundings would find place in the treatment.

I understand that the base-ball men place their sprained ankles, to which accident you may readily believe they are exposed, in protracted hot water baths, with massage and gentle use, and expect rapid recoveries.

The *rationale* of the improvement under hot water is that the vasomotor nerves are stimulated, and thus dilated vessels contract; possibly, too, it acts as a surface revulsive. I have yet to see the patient who complained that the baths were uncomfortable. On the contrary they afford ease and give suppleness to the joint.

The older writers tell us either cold or heat, whichever is most comfortable to the patient. This I believe to be a mistake, for if cold is used, thereby "the flow of blood is lessened and the outlet to effused products by veins and lymphatics are also rendered more impermeable in consequence of the contraction will all the other tissues which are cooled," and, too, nutritive action will be suspended and the process of repair hindered, and continual cold might lead to gangrene.

If the ankle and foot are sensitive to the touch, then it will be better to commence the massage a little distance from the injured region and gradually to approach it. Thus the parts will be more tolerant as the pain diminishes and the swelling subsides. The pain is relieved by the removal of the pressure from the terminal nerve filaments. Elevated temperature is reduced by the hastened absorption, and thus the removal of the tension which causes lymphatic and venous stasis and exudation. At the same time the area and speed of the circulation are

increased in both the occluded and open vessels. The relief to the joint, even after a single sitting, would hardly be believed unless experienced or witnessed. In old and neglected cases where there is capsular and periarticular thickening, induration and hyperplasia of an indolent character, the kneading and stroking should be of an energetic character with increasing passive motion; indurations and adhesions will thus be softened, broken up and absorbed.

Do some plead an unfamiliarity with the necessary manipulation to do the requisite massage after sprains? It is not a difficult matter. There are now published short treatises on the subject, so that the medical man can acquaint himself with the *modus operandi* and indications for this revived, excellent therapeutic procedure. In our medical schools, with their lengthened terms, time should be taken to thoroughly teach massage. There is no reason why it should be a secret locked up with the unprofessional. Such was the history of electricity. For many years and until recently traveling quacks monopolized this occult agent as a remedy for the relief of human ailments. It now has a legitimate place in the therapeutics of our schools. So it should be with massage.

We are glad that scientific men, professional and otherwise, are boldly attacking the ins and outs of hypnotism—mesmerism. We are not bound, like certain religious denominations, to fixed creeds that would bar out investigation and truths which may come within the purview of our aims, namely, the prevention and curing of disease.—*Port Wayne Jour. of Med. Sciences.*

CORROSIVE SUBLIMATE AS A DISINFECTANT.

Dr. A. C. Abbot (Johns Hopkins Hospital Bulletin, April, 1891) has published the results of his careful and thorough investigation of the destructive power of solutions of corrosive sublimate upon the most common of the microorganisms of suppuration, the staphylococcus pyogenes aureus. From these investigations he comes to the following conclusions:

Under the most favorable conditions a given amount of sublimate has the property of rendering inert only a certain number of individual organisms. That is to say, the process is a definite chemical one, taking place between the protoplasm of the individual bacteria and the sublimate in the solution. The disinfecting activity of the sublimate against organisms is profoundly influenced by the proportion of albuminous material contained in the medium in which the bacteria are present. The relation between the golden pyogenic staphylococci and sublimate is not a constant one, organisms from different sources and of different ages behaving

differently when exposed to the same amount of the disinfectant, for the same length of time. The organisms which survive the exposure to the sublimate may experience a temporary attenuation. This attenuation, however, may be caused to disappear by successive cultivation in normal media. By the method employed in these experiments it is possible to select from a culture the most resistant forms in that culture. Many of the results of previous experimenters, who have assigned to corrosive sublimate more powerful disinfectant properties against the staphylococcus pyogenes aureus in cultures than the observations reported in this paper indicate, are attributable to the neglect of certain precautions now recognized as essential to the proper conduct of such experiments.

In the light of these experiments and those of the experimenters quoted in the paper, it is plain that for use in surgical practice the solutions of corrosive sublimate do not possess all of the advantages hitherto attributed to them.

To the employment of sublimate solutions upon wound-surfaces, it is plain that there exist at least two serious objections. First, the albumen of the tissues and fluids of the body tends to diminish the strength of, or indeed renders entirely inert, the solution employed. And second, the integrity of the tissues is materially injured by the application of solutions of this salt.

The first objection cannot be met with certainty, for the surgeon possesses no means by which he can determine the amount of albuminous material with which his solutions are to come in contact, and in any case this large amount of albuminous material is an almost insuperable obstacle to complete disinfection with sublimate. He is, therefore, never in a position to say, *a priori*, that his efforts at disinfection of the wound are or are not successful.

The second objection is equally serious. During the past two years we have had sufficient evidence to lead us to believe that the normal tissues and fluids of the body possess the power of rendering inert many kinds of organisms which may have gained access to them. This function is therefore diminished, or, indeed, may be quite destroyed, by any agent which brings about alterations in the constitution of these tissues. We know that just such changes as those to which we refer are known to follow the application of sublimate solutions. It is plain, then, if we bring about in these tissues a condition of superficial necrosis, the condition following upon the application of sublimate, they are much less able to resist the inroads of infectious organisms than they would have been had they been left in their natural condition.

As a disinfectant, in the strict sense of the word, there are, perhaps, few substances which possess the property in a higher degree than does corrosive sublimate, but at the same time

there is nothing which is employed for this purpose that requires greater care in its manipulation in order to obtain its best results than does this salt. Its action is influenced by a number of conditions which in practical application it is difficult if not quite impossible to control.

For these reasons we seem hardly justified in continuing to give to it the first place in the list of substances which may be employed practically for the purpose of rendering harmless materials containing the germs of infectious maladies.—*Sanitarian.*

THE TREATMENT OF WHOOPING COUGH.

The following treatment is used very largely by certain of the leading specialists in diseases of children in Paris, in cases of whooping cough. It is divided into three periods. The patient should remain in one room or in bed, and the physician employs belladonna and small doses of opium with aconite, as in the following prescription:—

R. Tincture of aconite,
Tincture of belladonna, } of each
Camphorated tincture of } 1 drachm.
opium,

Two to five drops once or twice a day, according to the age of the child, is the proper dose. If there is no febrile movement the amount of the aconite can be much decreased, and if constipation is present the opium should not be used. In the second period, or when vomiting comes on, ipecac may be given in small amounts to allay gastric irritation, and in the third period when convalescence is established cod-liver oil, tonics, and Fowler's solution will be found of service.—*Col. and Clin. Record.*

For venomous bites and stings:

R. Permanganate of potash, ʒj
Glycerine, ʒiv M.

Sig. Apply promptly and freely to the wound.

For insomnia:

R. Chloral hydrate.
Bromide of potash, aa grs. x
Aqua pura, ʒi M.

S. D. On going to bed.

R. Sulfonal, grs. x—xij
Aqua menth,
Glycerine, aa ʒij M.

S. D. Two or three hours before sleep is desired.

R. Somnal, ʒss
Syrup of tolu, ʒij M.

S. D. On retiring. Somnal is less depressing than chloral or sulfonal.—*Kansas Med. Jour.*

DIET IN DISEASES OF THE KIDNEYS.

Sassjadke finds, that while vegetable diet diminishes the amount of albuminuria, it is not well borne for any length of time. Under its exclusive employment, nephritic patients soon become apathetic, and the blood pressure is diminished.

Animal diet is found to increase the amount of albuminuria, but on the other hand, it improves the general condition of the patient, and raises the blood pressure. A mixed diet has about the same effect as an exclusively animal diet.

Since we regard nephritis not as an affection of the kidneys only, but rather one involving the whole circulatory system, we must in the treatment not only prescribe substances which restrict the excretion of albumen, but we must also attempt, by suitable diet, to improve the general nutrition of the patient, and thus relieve the phenomena of ischæmia.

The mixed animal and vegetable is found to be most suitable for nephritic patients. Chestnuts have been found to lessen the amount of albumen in the urine.—*Wratsch. Centbl. f. Therap.—Med. Review.*

WHEN TO GIVE STIMULANTS IN FEVERS.

The *Therapeutic Gazette* discusses this subject, and very properly remarks: In the aged and debilitated, when attacked with pneumonia, typhoid or any other febrile disease of more than ephemeral duration, the expediency of early beginning a stimulating-treatment is everywhere recognized. The attending physician will be very chary in the use of veratrum or antimonials, and will from the very first order some wine or brandy, in such doses as will, in his judgement, sustain the heart and nervous system. Unfortunately, such persons are bad subjects for pneumonia or typhoid, and will often sink about the sixth or seventh day, despite the most careful supporting treatment.

Among the "classic" signs indicative of the necessity of stimulants, we have the dry, brown tongue, sordes in the mouth, stupor or sub-delirium, coldness of the surface, a peculiar fever odor; often present from the first, feebleness and irregularity of the heart's action. The quick, soft, compressible, wavy pulse calls for alcohol. Perhaps no better rules, based on the condition of the heart, can be formulated for the administration of stimulants than those which Stokes has laid down for our guidance. The following, according to him, are the physical signs which seem to indicate the early use of stimulants:

1. Early subsidence of the first sound, observed over the left ventricle. 2. Diminution of the first sound over the right ventricle. 3. The

heart acting with a single, and that the second, sound. 4. Both sounds being audible, but their relative intensity being changed so as to represent the action of the heart of a fetus *in utero*. 5. With these signs a progressive diminution of impulse, which occasionally becomes imperceptible, even when the patient lies on the left side.

As to the quantity of alcohol to be administered, everything will depend on the condition and previous habits and idiosyncrasies of the patient. An adult male patient, about the fifteenth day (or about the time of crisis) of typhoid fever, with nervous and circulatory symptoms, indicating a tendency to sinking, will often bear enormous quantities of alcohol, and it is not an uncommon event for patients in this condition to be dosed to the extent of a quart of wine or a quart of brandy in the twenty-four hours. The most judicious practitioners are disposed to exercise moderation in alcoholizing patients, even in states of asystolism, and believe that nothing is gained by exceeding an ounce of good whisky or brandy per hour; if this will not save life, more will be inefficacious.—*Med. Progress.*

THE PREVENTION OF OPHTHALMIA NEONATORUM.

The *Revue Générale de Clinique et de Thérapeutique* gives the following treatment used by Valenta for the prevention of this dangerous affection of the new-born. After pointing out that Credé's method, that is, the instillation of solutions of nitrate of silver, possesses many dangers, he proposes that we replace the liquid by solutions of permanganate of potash. The solution which he employs is sufficiently concentrated to be of a dark red color. This is to be applied to the eyelids by means of a cotton tampon, and immediately afterwards by the aid of another tampon the conjunctival sac is to be cleansed. These operations should be performed immediately after birth if they are to be successful.—*Med. News.*

CARBOLATE OF CAMPHOR.

This preparation is made (*Therapeutic Gazette*, Feb., 1891.) by adding one part, by weight, of carbolic acid to three parts of camphor, setting aside for twenty-four hours, and straining through gauze. It is a permanent liquid, with a specific gravity of 99°. It is thoroughly antiseptic, and possesses unsurpassed germicidal powers. Locally applied to wounds, by means of cotton or gauze, it prevents suppuration. When kept in contact with the skin for several days it produced an eruption, which can, however, be prevented by mixing the liquid with oil. Injected hypodermatically, it gives the best results in aborting abscesses or boils and relieving pain.

When placed under the skin it produces anesthesia of the surrounding parts, which lasts for several hours. There is some soreness, but no abscess results. The slight smarting felt at first shortly disappears. For hypodermatic use, a little ether or pure alcohol should be added to the liquid.

Carbolate of camphor combines readily with alcohol, ether, fixed and essential oil and petroleum derivatives, but *not* with aqueous solutions or glycerine. It readily dissolves menthol, cocaine, salicylic acid, chloral hydrate, iodoform and corrosive sublimate.

According to M. B. Cochran, carbolate of camphor gives excellent results when locally applied in inflammations or ulcerations of the tonsils, pharynx or cervix uteri, and as a dressing in all kinds of wounds, where it readily prevents suppuration and acts as an antiseptic. As a lubricant in massage it is unsurpassed, especially in contracted muscles and stiffened joints. In herpes and erysipelas, applied with a soft brush, the remedy acts as a specific, relieving the pain and causing a healing process to be set up at once.

The writer reports a case of the latter affection in a child three weeks old. There was intense swelling of the face, the eyes had not been seen for two days, and the lips were so swollen that the infant could not suckle. The disease was rapidly advancing to the scalp. A mixture of one part of carbolate of camphor to two parts of olive oil was brushed over the face every three or four hours. The disorder was checked from the first applications. In twenty-four hours a marked change was observed. The child made a final recovery.

Good effects have been observed from the use of the remedy in vaginitis, vulvitis and pruritus vulvæ; also from its employment in cases of frost-bite. The best results have been obtained by internal administration in the form of capsules, in cases of gastric and intestinal catarrh. —*Med. Progress.*

IPECACUANHA TO INCREASE LABOR PAINS.

Drapes (*Les Nouv. Remed.*) affirms that ipecac, in the form of wine of ipecac, in the dose of ten to fifteen drops, repeated every ten minutes, constitutes a powerful remedy to provoke strong contractions of the uterus in a case of uterine inertia or rigidity of the cervix, which threatens to indefinitely prolong the labor. After the second or third dose strong uterine contractions will come on, will repeat themselves at regular intervals and tend to rapidly bring the labor to an end. That which makes ipecac in this condition superior to ergot of rye is that it never provokes tetanic contraction of the uterus, so frequent after the administration of ergot. —*Med. Progress.*

HYPERÆSTHESIA OF THE LARYNX.

The *Révue Général de Clinique et de Therapeutique* gives the following treatment of Moure for those hysterical cases of hyperæsthesia or anæsthesia of the larynx. Internally he prescribes large doses of bromide of potassium for hyperæsthesia, or the sulphate of strychnia to those who have anæsthesia.

Externally he makes application of the following on each side of the larynx:

R. Hydrochlorate of cocaine,	
dissolved in alcohol.	2 grains.
Metallic iodine,	$\frac{1}{2}$ grain.
Iodide of potassium,	$1\frac{1}{2}$ grains.
Laudanum,	15 drops.
Pure glycerin,	$1\frac{1}{2}$ ounces.

Or,

R. Hydrochlorate of cocaine,	
dissolved in alcohol,	4 grains.
Laudanum,	15 drops.
Bromide of potassium,	45 grains.
Pure glycerin,	1 ounce.

Or in other cases morphine may be used in place of the cocaine as follows:

R. Hydrochlorate of morphine,	2 grains.
Metallic iodine,	$\frac{1}{2}$ grain.
Iodide of potassium,	$1\frac{1}{2}$ grains.
Pure glycerin,	1 ounce.

—*Med. News.*

INJECTION FOR HYPERTROPHY OF THE PROSTATE.

La Tribune Médicale gives the following prescriptions from the practice of Kobner for the relief of hypertrophy of the prostate:

R. Iodide of potassium,	45 grains.
Bromide of potassium,	$\frac{1}{2}$ drachm.
Extract of belladonna,	4 grains.
Water,	6 ounces.

This is enough for 20 rectal injections. Six drachms of this solution in from two to four ounces of hot water may be employed once or twice a day, or the following may be used:

R. Iodide of potassium,	$2\frac{1}{2}$ drachms.
Bromide of potassium,	2 " "
Extract of belladonna,	8 grains.
Water,	10 ounces.

Six drachms of this may be injected twice a day into the bowel.

Five to ten drops of pure tincture of iodine may be placed in the liquid if the large intestine will bear it. —*Med. News.*

COMPOSITION OF "ANTIKAMNIA."

One of the natural outgrowths of secret pharmacy is *fraud*, and so long as the vicious custom is encouraged by medical men, so long will the profession be hoodwinked and the public abused by unscrupulous dealers. The latest money-making scheme on the basis of deceit is "Antikamnia, the American Antipyretic, Analgesic and Anodyne," a product of the Antikamnia Chemical Company of St. Louis. Mr. Louis Emanuel, a pharmacist of this city, first called our attention to the composition of this "new derivative of the coal-tar series," and since then (about March 1st), several analyses of it have appeared from various sources. These different investigators have all arrived at essentially the same result, that Antikamnia is composed of acetanilid about 7 parts, sodium bicarbonate about 1 part, and a small amount of tartaric acid. The most harmless part of this fraud is the price charged for the compound. Acetanilid can be bought for about ten cents an ounce, sodium bicarbonate costs next to nothing, and this company mixes the ingredients in the proportions named, sells the product for one dollar an ounce, and claims a merit for cheapness! The medical journals of the country have been easy, probably even willing, victims of these swindlers, in that they have advertised this compound extensively. The story of Antikamnia, like that of Gleditschine, is an unanswerable argument in favor of the Review's position on the question of ethical advertising.—*Pittsburgh Med. Review.*

TREATMENT OF FISSURED NIPPLE AND ENGORGED MAMMARY GLAND.

In the treatment of fissured nipple, where the cracks are at all extensive, the ordinary remedies recommended from time to time have been found more or less unsatisfactory. Painting with tincture of benzoin, for instance, while an excellent procedure for small superficial cracks of the nipple, is perfectly worthless in more advanced cases.

The writer has found in hospital and private practice that excellent results can be secured in bad cases by the application of an ointment made of equal parts of castor oil and subnitrate of bismuth. This mixture makes a very smooth, soft ointment, which relieves the pain, and is an excellent protective to the part. Before application, the nipple and surrounding skin should be carefully cleansed and disinfected, and then the ointment should be smeared on plentifully. If it is necessary for the child to nurse from the affected nipple, it can be allowed to do so without the necessity of removing the ointment from the nipple, as must be done if tannic acid or the salts of lead are used. This is a serious disadvantage of many forms of

treatment recommended for fissured nipple, for the irritation of removing the substance employed as a local sedative neutralizes its action.

For the engorgement and pain in the mammary gland itself which so often accompanies fissured nipple, the writer has had excellent results from the use of an application of lead water and laudanum, which is applied by means of a cloth covering the whole breast, renewed at frequent intervals, and kept in place by a suitable mammary binder, either that recommended by Richardson or the Murphy bandage. This not only retains the dressing, but supports the breast and exercises even pressure upon it. With this treatment the development of mammary abscess is a rare event. If the child can be nursed from the other breast alone it is safer, I think, to draw the milk from the affected gland by means of a breast-pump until the cure is almost complete. If it is necessary that the child should nurse from the cracked nipple, a glass nipple shield with a rubber tip must be employed.—*Barton Cooke Hirst, M. D., in Univ. Med. Mag.—Pittsburgh Med. Review.*

HOT WATER FOR SLEEPLESSNESS.

A most wretched lie-awake of thirty-five years, who thought himself happy if he could get twenty minutes' sleep in twenty-four hours, said: I took hot water, a pint, comfortably hot, one good hour before each of my three meals, and one the last thing at night, naturally unmixed with any thing else. The very first night I slept for three hours on end, turned around and slept again till morning. I have faithfully and regularly continued the hot water, and have never had one bad night since. Pain gradually lessened and went, the shattered nerves became calm and strong, and instead of each night being one long misery spent in wearying for the morning, they are all too short for the sweet, refreshing sleep I now enjoy.—*London Spectator.—Pittsburgh Med. Review.*

THE TREATMENT OF DIABETES BY ARSENIC.

Few diseases have been subjected to so many methods of treatment, hygienic, dietetic, and remedial, as diabetes mellitus. The reason is obvious. The causes of the malady are as yet enshrouded in obscurity, and the fact is not to be wondered at that all treatment is, even at present, mainly empirical. Recent observations appear to show that of drugs that have been asserted by various writers as producing excellent results in diabetes, alteratives take the lead, such, for instance, as iodine and its compounds, especially iodoform and iodol.

Arsenic has been given a trial, with satisfac-

tory results. Thus Cutherton (*Medical Standard*, March, 1891) reports five interesting cases of marked diabetes, where the use of arsenic in the form of Fowler's solution, combined with tincture of calumba, gave the best results. The drug was given in doses of three minims thrice daily, the ages of the patients varying from 28 to 62 years. The use of the drug was accompanied by the observance of a diabetic diet and the best hygienic surroundings, and the good results were seen in from two to four weeks. In one instance codeine had to be employed to aid the action of the alterative. The alkaloid was given in doses of two grains every two hours, gradually increasing it to fifteen grains in the twenty-four hours, but finally all the cases yielded to arsenic.

It is worthy of note that four out of the five cases reported were women, and the results confirm those obtained by previous observers, such as Trousseau, Owen Rees, Deurgie, Foville, and others. The author believes that in these cases of diabetes arsenic does good by increasing the activity of the blood corpuscles, enabling the hæmoglobin to resist the toxic effects of the sugar by parting more readily with its oxygen and absorbing carbonic oxide.—*Univ. Med. Magazine.—Pittsburgh Med. Review.*

TREATMENT OF ACNE.

Capozi recommends in the treatment of acne the following solution:

R. Washed and precipitated sulphur, }
Powdered glycerin, } of each 2½
Carbonate of potassium, } drachms.
Cherry-laurel water, }
Distilled water, }

After thoroughly washing the part which is affected this mixture is to be applied at night, and may be replaced by an application of oxide of zinc ointment or glycerin.—*Med. News.*

THE TREATMENT OF CARDIAC ASTHMA.

The Journal de Médecine de Paris gives the following treatment of Ferrand for cardiac asthma, which is divided into several parts. The general treatment consists in the administration of 2 teaspoonfuls of the following solution every morning:

R. Iodide of sodium, 6 drachms.
Infusion of inula, 10 ounces.

At night, after supper, two tablespoonfuls of a solution of bromide of sodium and aconite are to be given, made as follows:

R. Bromide of sodium, 6 drachms.
Tincture of aconite, 16 drops.
Infusion of hops, 8 ounces.

The treatment of an attack of asthma is to inspire steam arising from a vessel of hot water, and if possible containing the fumes of ammonium. 5 drops of the following mixture may be given every five or ten minutes:

R. Laudanum, 1 drachm.
Cherry-laurel water, 1½ drachms.

At the same time a subcutaneous injection of the following will be found of advantage:

R. Sulphate of atropine, 1-10 grain.
Sulphate of morphine, 3 grains.
Cherry-laurel water, 2½ drachms.

Twenty minims of this may be injected at a time. After the attack has passed by, the following may be given:

R. Extract of stramonium, } of each 1 grain.
Valerianate of zinc, }
—*Med. News.*

TREATMENT OF CORYZA.

In the treatment of coryza Kola recommends that a teaspoonful of powdered camphor be added to a pitcher of boiling water, and that a cone be placed over the mouth of the vessel, the other end of the cone being placed over the nose and mouth of the patient. The vapor which arises from the water is charged with the camphor, and may be inhaled for from five to ten minutes. Three inhalations are usually sufficient to arrest the most rebellious coryza. These inhalations provoke a most abundant secretion from the nasal and pharyngeal mucous membrane, and exert a favorable effect upon the inflamed parts.—*L'Union Médicale.—Med. News.*

TRICHLORACETIC ACID AS A CAUSTIC.

This acid has been largely employed by Ehrmann in the treatment of maladies of the nose and throat. A crystal of the acid may be applied to the part affected, when it forms a white scab, which is rapidly detached. From an experience with 140 cases Ehrmann concludes that this acid occupies the first rank in the treatment of maladies of the nose and pharynx. It may be used with great advantage with an astringent, and the following formula is recommended by the writer:

R. Iodine, 4 drachms.
Iodide of potassium, 5 "
Trichloroacetic acid, 4 to 8 "
Glycerin, 8 "

Apply to the part with a tampon.

One drop of this solution is not disagreeable, and it is followed by very little pain. In the treatment of follicular tonsillitis Ehrmann found

it to produce a cure after three applications, and in two cases of oæna the effects were very good indeed. Among fourteen cases of chronic pharyngitis there were eight cures and six notable ameliorations. A number of other instances are given in which equally good results were obtained.—*L'Union Médicale*.—*Med. News*.

TREATMENT OF DIARRHŒA BY SALOL.

Moncorvo has published an interesting paper concerning the use of salol in infantile diarrhœa. He considers it an exceedingly useful agent in the production of intestinal antiseptis in infants who are affected with enteritis or enterocolitis. The passages rapidly diminish in number under the influence of the drug and lose their disagreeable odor a few days after administration. The flatulency which arises from intestinal fermentation is decreased by the action of the salol. He thinks that the drug may be used with advantage in infants of all ages, and that it is very rare for it to produce any untoward effects. The dose which he employed was from 2 to 30 grains in twenty-four hours, according to the age and gravity of the case.—*Revue Internationale de Bibliographie Médicale*.—*Med. News*.

THE COLITIS OF INFANTS.

Dr. James M. French, in his valuable contribution, gives the following dietetic and medicinal treatment for colitis of infants: The child must receive the proper quantity of the right kind of food at the right intervals for its age. Not seldom the error will be found to consist in the too early resort to a mixed diet, too frequent nursing, or the use of such inferior substitutes for mother's milk as impure milk, condensed milk, or an inferior quality of artificial food, or in the use of improperly prepared food. The diet should consist of articles of food which are most certain to undergo early and complete digestion, leaving as little residue as possible. The passage of healthy fæces from the small intestine into the larger in these cases is sufficient to excite peristalsis. For this reason over-feeding must be guarded against.

Ordinarily, the diet of nursing infants may be restricted to the mother's milk, and that of infants that have been weaned, to sterilized cow's milk. In severe cases, however, it is necessary to discontinue even cow's milk for a time. By this means the inflamed bowel is freed from the influences which keep up the inflammation. Something must be given both to provide nourishment and to satisfy thirst; for this the author highly indorses Mellin's Food, prepared with water instead of milk, as it forms ample nutriment and leaves almost no residue in the bowel. In addition to this, an occasional teaspoonful of

freshly expressed beef juice and a few drops of brandy may be given. The writer rarely employs any medicines other than those contained in the following prescriptions:

R. Pepsinæ (F. & F.) gr. xii to xxiv.
Hydrarg. chlor. mit., gr. ss to j.
Sacch. lactis., q, s,
M. et ft. chart., No. xii.

Sig.—One powder every three hours after nursing.

R. Ex. pancreatis (F. & F.), ʒss to j.
Hydrarg. chlor. mit., gr. ss to j.
Sacch. lactis, q. s.
M. et ft. chart., No. xii.

Sig.—One powder every three hours immediately before or after nursing.—*Annals Gynecology and Pediatrics*.

A LOCAL ANÆSTHETIC FORMULA.

Local anæsthesia is produced at one of the leading hospitals by means of a spray composed of ten parts of chloroform, fifteen parts of ether and one part of menthol. After one minute's application of this compound spray, complete anæsthesia of the skin and neighboring tissues is produced and will persist from two to six minutes. This suffices for some minor operations, such as opening an abscess of the cervical glands, incising a deep-seated whitlow, or excising on epithelioma of the nose, etc.—*Medical Age*.

OINTMENT FOR ACNE.

L'Union Médicale states that Isaac uses the following prescription in acne:

R. Resorcin, $\frac{1}{2}$ to 1 drachm.
Powdered oxide of zinc, } of each
Powdered starch, } 1 drachm.
Vaseline, 2 drachms.

This is to be applied day and night to the affected part. If it is not desired to apply it during the daytime, it may be removed by the aid of olive oil and soap and followed by an inert absorbent powder.—*Med. News*.

TREATMENT OF ALOPECIA.

Monin recommends the following treatment of alopecia:

R. Gallic acid, 45 grains.
Olive oil, 6 drachms.
Vaseline, $1\frac{1}{2}$ ounces.
Essence of lavender, 15 drops.

This is to be made into an ointment and applied with friction to the part affected morning and night for the arrest of the disease.—*L'Union Médicale*.—*Med. News*.

PILOCARPINE IN DISEASES OF THE EAR.

Since 1880, Politzer (*Lancet*, January 3, 1891), has employed subcutaneous injections of muriate of pilocarpine in every variety of recent and of chronic affections of the labyrinth, often with excellent results. He uses a two per cent. solution. At first two drops of this are injected under the skin of the arm, and the dose is increased by one drop each day until eight drops are given at an injection. Soon after the injection there is increased secretion of saliva and sweat for about forty-five minutes. If there are disagreeable effects, such as nausea, giddiness, faintness, etc., they may be overcome by the administration of a small dose of atropine. The injections should be made daily. If, after two weeks, the remedy does not produce an improvement of hearing, it must be regarded as ineffectual, and should not be continued; but if the hearing improves, the injections should be continued as long as the improvement progresses.

Dr. Politzer summarizes his opinions as follows:

1. The subcutaneous injection of pilocarpine is particularly indicated in recent affections of the labyrinth, be they syphilitic or not.

2. The injections are of little use in acute inflammation of the middle ear.

3. They are decidedly contra-indicated in cases of dry sclerotic catarrh of the middle ear.

4. Injections of several drops of a two per cent. solution into the tympanic cavity through a catheter are beneficial in some cases of catarrh with swelling and slight secretion. In such cases the injections should be given for from one to two weeks alternately with Politzer's method of inflation.—*Med. News.*

TREATMENT OF LARYNGITIS.

Moure recommends the following to be used in the treatment of laryngitis:

R	Crystallized carbolic acid,	7-15 grains.
	Hydrochlorate of cocaine,	7 "
	Opium,	1½ ounces.
	Distilled water,	10 "

This may be applied by means of a brush three times a day, or

	Boric acid,	1	drachm.
	Crystallized resorcin,	½	"
	Cherry-laurel water,	1½	ounces.
	Distilled water,	10	"

This mixture may be used in an atomizer for from three to five minutes morning and night, or three or four times a day if the condition of the throat is subacutely affected.—*La Tribune Médicale.*—*Med. News.*

TREATMENT OF SCIATICA.

Jaccoud gives the following treatment for cases of sciatica. During the acute period severe counter-irritation or local depletion may be resorted to over the affected limb and hypodermic injections of morphine are to be given. If anæmia is present to any great degree severe vesication is not to be applied. If the disease is due to rheumatism it should be treated by the internal administration of salicylate of sodium given in the dose of from ½ to 1 drachm a day. Other cases may require large doses of quinine. Jaccoud prescribes the hydrobromate of quinine in the dose of 15 to 30 grains a day, and continues it until the symptoms of its physiological action become manifest. In this case the treatment is suspended for one or two days and then begun again. When sciatica passes into a chronic state in which it recurs, it is best to administer a mixture containing iodide and bromide of potassium in the dose of from ½ to 1 drachm each to be dissolved in a suitable vehicle, such as sarsaparilla. Externally resorcin may be resorted to and simple vapor baths or turpentine vapor baths may be used. The pain may be relieved by morphine.—*L'Union Médicale.*—*Med. News.*

PILLS FOR DYSENTERY.

The following pills used in the treatment of dysentery have given satisfactory results:

R.	Powdered ipecac,	4 grains.
	Calomel,	1½ "
	Extract of opium,	1 grain.

Make into three pills, and give one each hour, in the treatment of diarrhœa or dysentery due to exposure to heat.—*Med. News.*

ABORTIVE TREATMENT OF HERPES.

In those persons in whom herpes occurs periodically and produces much pain and discomfort Leloir recommends the employment of resorcin, thymol or menthol in one of the following solutions:

R.	Resorcin,	30 grains.
	Alcohol,	3 ounces.

Or,

R.	Menthol,	30 grains.
	Alcohol,	4 ounces.

If the pain following this application is very severe, the following formula may be employed in place of the other two:

R.	Hydrochlorate of cocaine,	15 grains.
	Extract of cannabis indica,	2½ drachms.
	Essence of peppermint,	2½ "
	Alcohol,	4 ounces.

It is also well to cover the sore spot with some impermeable dressing, in order to protect it from the air.—*Gazette Hospitalaire de Paris.*—*Med. News.*

NUTRITIVE VALUE OF RECTAL INJECTIONS OF EGG ALBUMEN.

The assertions of Voit and Bauer and Eichhorst to the effect that egg albumen is absorbed by the rectum only in the presence of a certain proportion of chloride of sodium, but is returned unaltered with the fæces if this reagent be absent, has led the author to investigate this point anew, and to make his predecessors on man, and not on dogs, as his predecessors had done. The experiments were planned with great care, and the quantity of albumen removed from the body, both by the urine and the fæces, was estimated. As the outcome of several series of experiments, the results of which show a great agreement. Huber gives as his conclusion that egg albumen simply beaten up is absorbed by the rectum, but only in very small quantities, and consequently a nutrient enema of this kind possesses hardly any value. When, however, a certain amount of common salt is added (15 grains to each egg in the present series of experiment), the quantity of albumen absorbed is doubled. Peptonized egg albumen was absorbed in very slightly greater proportion than that treated with common salt. Of the albumen thus treated with salt, between sixty and seventy per cent. was absorbed, and we, therefore, have in this mixture an extremely valuable material for nutrient enemata.

In no case of Huber's were the enemata expelled; nor was albuminuria ever found to occur after their use.—*The Medical Chronicle*.—*Nashville Jour. of Med. and Surg.*

TREATMENT OF THE VOMITING OF PREGNANCY.

The *Deutsche medicinische Wochenschrift* recommends the following treatment for vomiting of pregnancy:

R. Creasote,	10 drops.
Acetic acid,	20 "
Sulphate of morphine,	1 grain.
Distilled water,	1 ounce.

A small teaspoonful every half-hour until four doses have been taken.—*Med. News.*

POWDER FOR ACUTE ECZEMA.

La Semaine Medical gives the following prescription of Alexinski for this condition:

R. Oxide of Zinc,	15 grains.
Subnitrate of Bismuth,	30 grains.
Powdered Starch,	1½ drachms.
Powdered Lycopodium,	1½ drachms.

This powder is to be dusted over the parts which are affected, night and morning.—*Cincinnati Med. Journal*.—*Pittsburgh Med. Review.*

IODIDE OF POTASSIUM IN THE TREATMENT OF URTICARIA.

Stern has successfully treated five cases of chronic urticaria by the administration of iodide of potassium, four of the cases having been rebellious to all the measures usually employed in this disease. The fifth case was one of acute urticaria of a few days' duration. None of the patients were syphilitic, and all were rapidly cured. In one case which had lasted for four months the intolerable itching disappeared on the second day of treatment and a complete cure was obtained after two and a half drachms of the iodide had been administered. In two other cases, one of two years' and the other of six years' duration, the effect of the iodide was equally good, cure following the administration of six and eight drachms respectively.—*Lon. Med. Record*.—*Nashville Jour. of Med. and Surg.*

TREATMENT OF SEBORRHOIC ECZEMA.

Dubreuilh states that this affection, which is difficult of treatment, will yield to the following application, if made twice a day:

R. Oxide of zinc,	2 drachms.
Washed sulphur,	1 drachm.
Salicylic acid,	15 grains.
Vaseline,	1 ounce.

—*Med. News.*

TEST OF COMPLETE CHLOROFORM NARCOSIS.

Guelliot (*Journal de Medecine de Paris*) claims that the absence of the cremasteric reflex is one of the best and readiest means of determining complete chloroform narcosis. The quickness and force with which the reaction is produced is some index of the degree of narcosis. The point seems to be one well worthy of consideration by the practical surgeon.—*Jour. Am. Med. Assoc.*—*Pittsburgh Med. Review.*

ANTISEPTIC APPLICATION FOR DIPHTHERIA.

Le Gendre recommends the employment of

R. Borate of sodium,	} of each 1
Chlorate of potassium,	
Carbolic acid,	3 grains.
Glycerin,	2½ drachms.
White honey,	1 ounce.

The mixture is to be applied to the portion of the throat which is involved in the disease by means of a camel's hair brush.—*La Tribune Medicale*.—*Med. News.*

PSEUDO-MEMBRANEOUS LARYNGITIS TREATED BY MERCURIAL FUMIGATION.

By A. J. Lieber, M. D.

Thinking that the above subject would interest the Fellows, especially our country brethren whose operating cases and intubating instruments are not always at hand, I have concluded to write upon it.

For this advance in therapeutics we are all indebted to Dr. J. Corbin, of Brooklyn, N. Y., who, in 1881, read a paper on this subject before the Kings County Medical Society.

On March 30, 1890, I was called to see George H., three years old. On examination I found diphtheritic membrane on both tonsils. The disease ran a mild course for five days, when there was evident extension of the larynx. One forty-eighth of a grain of bichloride of mercury was given every three hours, and the oleate of mercury freely used by inunction. The vapors from slaking lime were faithfully used. Under this treatment the disease rapidly advanced, and twenty-four hours later it seemed to me that a fatal termination could not be long deferred. I then approached the father and told him that the only chance left was to perform tracheotomy or intubation. I could not do the latter operation, as I had no instruments to do it with, but if he was willing I said I would call in help and perform tracheotomy. He positively declined any operation. I was about to leave the house, and was warming my feet, for I had a good long ride of seven miles before me, when I recalled Dr. Corbin's suggestions and acted upon them at once.

The child was placed in an improvised tent, and thirty grains of calomel were burned under it every half hour for six hours, I having ordered it repeated as often as the character of respiration became alarming. The next morning the patient was decidedly better, and the intervals of fumigation were extended to three hours. The following night it was used twice; the next day once, and was not required after that; a good recovery followed.

Although the method of using mercurial fumigation is simple, it has been misused, and for that reason I venture to give a description recently given by Dr. Law, of Brooklyn. The apparatus consists of a tent and an alcohol lamp with arms to support a piece of sheet iron. A good tent may be quickly constructed in the following manner: Each post of the child's crib is extended by fastening to it in an upright position a bed slat; the frame is completed by cross-pieces above; sheets to cover the frame complete the tent. The child is placed in the crib at one end, the lamp is lighted, the sheet iron plate is adjusted and heated, and thirty grains of calomel are dropped upon it. The

lamp is then placed under cover at the end not occupied by the child; the vapor quickly rises and fills the tent. The usual time of each treatment is ten minutes, but may be varied of circumstances indicate. The attendants should be cautioned not to inhale the fumes unnecessarily, as mercurial poisoning is quite certain to result. In the patient, however, this effect does not follow. The temperature and humidity of the room should be the same as with any other treatment in the same disease. It is well to have the use of two rooms, reserving one to be used only while the treatment is in progress, and thoroughly airing it after using.

The prompt relief of stenosis I suppose to be due, partly at least, to the relaxation caused by the treatment, just as we see relief follow an emetic in membranous croup, even if no membrane is expelled. The cure is due doubtless, both to the local and to the constitutional action of the drug.—*Am. Pratic.*

AN AID TO PALPATION.

Chlapowski finds that for palpation of tumors of the abdomen an excellent method is to put the patient into a well-filled bath tub. The advantages gained are several: the reflex contraction of the abdominal walls is overcome; it is very easy to change the position of the body without exertion on the part of the patient; and the pain on the pressure is diminished. The author has had especially good results in determining the nature of tumors in the region of the cæcum, and in mapping out infiltration due to old appendicitis. He has also been able to determine the nature of floating kidneys, splenic tumors and different new growths, where previously the contraction of the abdominal muscle had prevented satisfactory examination.—*Boston Med. and Surg. Journal.*—*Nashville Jour. of Med. and Surg.*

THE TREATMENT OF PHTHIRIASIS PUBIS.

Fournier in *L'Union Medicale* gives the following applications for the treatment of this troublesome condition:

R.	Distilled water,	12 ounces.
	Alcohol,	3 "
	Corrosive sublimate,	15 grains.
Or,		
R.	Vinegar	9 ounces.
	Corrosive sublimate,	15 grains.

Add to double this quantity of water and apply as a lotion. Sometimes applications of oil with beta-naphthol may be employed.—*Med. News.*

CLASS-ROOM NOTES.

(From College and Clinical Record.)

—Prof. Da Costa is more than ever inclined to believe that *pneumonia* is due to a germ.

—Prof. Da Costa states that *digitalis* is the best of all remedies for *dilatation of the heart*.

—Dr. Brubaker states that *gelsemine*, given in physiological doses, may relieve *ovarian neuralgia*.

—Dr. Brubaker states that the pitch and cantharides plaster are the only blisters of any use for *kidney pains, lumbago*, and the like.

—In a case of *exophthalmic goitre*, brought before the clinic by Dr. Lewis Brinton, the patient was directed to take ten drops of tinct. *strophanthus* three times a day.

—In the case of a young woman in the clinic, who had *purulent cystitis*, Prof. Parvin ordered a one per cent. solution of *creolin* to be given three times a week by irrigator.

—Dr. Brubaker recommends the following prescription for the relief of *chronic dyspepsia*:

R. Tinct. gentian comp.,	f ̄ ij	
Sodii bicarb.,	ʒ iv	
Tinct. nucis vomicæ,	f ̄ ij	
Syrup. rhei aromat.,	f ̄ ʒj. M.	

Sig.—Two teaspoonfuls in water before meals.

—Dr. Wirgman, before the clinic, in the case of a child aged twenty-four months, suffering from *hereditary syphilis*, ordered *hydrarg. protiodide*, gr. $\frac{20}{100}$, internally, and externally an application of *oleate of mercury*.

—Dr. Brubaker recommends the following prescription for *chronic constipation*:

R. Extract. physostigmatis,		
Ext. belladonnæ,		
Ext. nucis vomicæ,	āā	gr. ij
Aloin,		gr. j. M.

Ft. pil. xij.

—Before the clinic, Prof. Keen removed from the head of a child three years of age, what had been a pure *meningocele*; the opening in the skull was closed by a piece of *decalcified bone*. The wound was united by *sutures*. No drainage used. *Bichloride* dressing was employed.

—Prof. Brinton recommends the following prescription for *cystitis*:

R. Uvæ ursi,	ʒj	
Lupulin,	ʒ ss	
Aquæ bullient,	ʒj.	M.

Adde—

Sodæ bicarb.,	ʒ ij	
Tinct. opii camph.,	f ̄ ʒj.	M.

Dose, f ̄ ʒj—f ̄ ʒiv.

—A favorite prescription of Prof. Da Costa for *essential epilepsy* is the following:—

R. Sodii iodidi,	gr. iiij	
Sodii bromidi,	gr. x	
Potassii bromidi,	gr. v	
Tinct. gentian. comp.,		
Elixir. simpl.,	āā f ̄ ʒ ss.	M.

Sig.—Take three times a day.

Diet, no meat; give fish and vegetables.

—Before the clinic Prof. Keen removed a *carcinomatous breast* from a woman forty-three years of age, there being considerable involvement of the axillary glands and pectoralis major muscle. All glands and fat were removed from the axilla, and all that portion of the pectoralis major muscle involved.

—In a case of *mitral insufficiency*, with marked oedema of feet and legs, brought before the clinic by Dr. Lewis Brinton, the following was prescribed:—

R. Tinct. digitalis,	gtt. x	
Infus. digitalis,	f ̄ ʒj.	M.

Sig.—t. d., after meals.

Also—

Potassii bitart.,	ʒj
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In glass of water before meals.

—Dr. Wirgman brought before the clinic a man who had suffered from *diabetes mellitus* for the last five years; at that time he was passing more than a gallon of urine a day, which contained a very large percentage of sugar. He was placed upon a modified diet, free from sugars and starch, and the following treatment: Sulphate of codeine, half a grain, in pill, three times a day; also a drachm of phosphate of sodium, three times a day, in hot water. Three days later he was again shown to the class, the amount of urine being reduced to three pints, and the percentage of sugar considerably lower.

ACETANILIDE FOR VENEREAL SORES.

Early in the days when acetanilide was first introduced, some prominence was given to its antiseptic properties, but, in the crowd of substances specially introduced as members of the "antiseptics," this field of usefulness was forgotten. Quite recently its virtues in this direction have been accentuated by the descriptions of its use, instead of iodoform, in the treatment of hard and soft venereal sores. The chancre is simply dusted with the powdered compound, and the result is said to be a rapid and complete healing. The advantages of the odorless and nontoxic acetanilide over iodoform need no emphasis; while for hospitals and dispensaries its cheapness would further recommend it if increased observation confirm these statements.—*Provincial Med. Jour.—Med. Progress.*

SOME PEDIATRICAL DON'TS.

By W. Newman Dorland, Philadelphia.

Don't fail, when called to a case, to acquire as complete a history of the illness from the nurse or mother as is possible *before* proceeding to an examination of the child.

Don't fall into the habit of ascribing the mother's fears and anxieties to an hysterical tendency which it is your duty to ignore. Listen to her, and profit by her suggestions.

Don't be cross or cross-looking while in any sick-room, and especially in that of a child.

Don't indulge in any sudden or violent movements while examining infants. Undue fright will thus be avoided.

Don't percuss the anterior surface of the chest first. Always commence with the back.

Don't forget that the respiratory sounds, especially the inspiratory, are normally full and harsh in childhood. Hence the term "puerile" respiration.

Don't expect to find the consolidation of phthisis in one or the other apex as in the adult. Very frequently it is found in other portions of the lung.

Don't make a diagnosis of pulmonary cavity from the presence of the "cracked pot sound" in children. This sound may be elicited in pleurisy and pneumonia as well.

Don't confound a pneumonia in its initial stage with a meningitis. The nervous manifestations of the former are quite pronounced, but the temperature chart will be the guide.

Don't take the temperature of a child in the axilla. The tissues here are usually very small and cannot sufficiently cover the bulb of the thermometer to secure accuracy of registration. The rectum is better.

Don't fail to examine into the condition of the *thoracic* viscera whenever the child complains violently of pain in its abdomen.

Don't forget that tubercular peritonitis in the child is frequently unattended with any pain or tenderness.

Don't forget that tubercular disease of the peritoneum and mesenteric glands is a frequent occurrence in early childhood and is usually indicated by great prominence of the abdomen.

Don't forget that the liver is relatively large in young children, and prominent below the ribs, even when there is no diseased condition present.

Don't fall into the popular habit of ascribing all of the complaints of the early months of infancy to teething. Teething is a physiological, not a pathological process.

Don't diagnose the presence of intestinal parasites until one or more of the worms have been seen.

Don't fail to administer a purge of castor oil on the first appearance of greenish-colored stools.

Especially do this if the season be hot and sultry.

Don't fail to suspect the onset of some grave disorder—scarlatina, pneumonia or meningitis—whenever there is persistent vomiting.

Don't wean a child suddenly, unless such a course is made necessary by a sudden failure of the milk, or by sickness in the mother.

Don't permit a woman suffering from grave constitutional disease—tuberculosis or syphilis—to nurse her child.

Don't permit a woman who has become pregnant to continue nursing her infant.

Don't wean a child until after the twelfth month, if possible to avoid doing so.

Don't permit a child to nurse from the breast after the eighteenth month.

Don't wean a child during the summer season, unless absolutely unavoidable.

Don't give a baby which must be raised artificially food preparations containing starch or its derivatives, glucose and dextrine.

Don't fail to thoroughly sterilize the milk used in the preparation of foods for infants.

Don't fail to enforce a general rule for the feeding intervals. All danger from over or under-feeding will thus be avoided.

Don't permit the bottle, which should be very simple in its form, to become in the slightest degree unclean. Fermentation with its disastrous effects may thus be avoided.

Don't permit the baby to sleep with the nipple in its mouth.

Don't permit the milk to stand in the bottle. Throw what remains away after each feeding.

Don't fail to thoroughly scald the nipple, tube, and bottle after each feeding, and keep them in a solution of soda until the next using.

Don't give the baby the bottle to soothe the crying or fretfulness of temper. Such a proceeding is always harmful.

Don't fail to inquire thoroughly into the physical and moral qualifications of the wet-nurse, should one be required.

Don't prescribe a drug when a little attention to the diet or hygiene will do better.

Don't forget that infants are liable to take cold easily, owing to the relatives feebleness of the heart and circulation. Proper wraps should, therefore, be provided, and ventilation secured without exposure.

Don't be alarmed at great rapidity of the pulse. Any undue excitement or prolonged crying, or any slight febrile excitation will give rise to a pulse out of all proportion to the gravity of the general condition. A rapid pulse during sleep, however, is of more grave significance.

Don't forget that heart stimulants are well borne in children in relatively large doses.

Don't forget that opiates are poorly borne in children.

Don't limit the supply of fresh air and sun-

light. A child can never get too much of these, even when sick. They should be so arranged, however, as to avoid eye strain and chilling.

Don't expose the eyes of a new-born infant to a sudden or very bright light.

Don't permit a child to assume a sitting posture at an early age. Spinal curvature may thus be produced, especially if the infant be rachitic.

Don't anticipate the natural efforts at locomotion, otherwise unsightly curving of the limbs may result, necessitating later operative procedures.

Don't designate the symptoms of rheumatism by the popular term "growing pains." Serious heart disease in its early stage may thus be overlooked.

Don't mistake cerebro-spinal meningitis for rheumatism. The diagnosis is often a difficult one.

Don't forget that tubercular meningitis is usually preceded for weeks or months by a gradual but progressive loss of flesh.

Don't mistake the relatively greater development of the head in proportion to the shoulders for a commencing hydrocephalus. It is the natural condition in the early weeks of infancy.

Don't mistake the normal breath-sounds which are heard in auscultating the fontanelles for the bruit which may be indicative of commencing disease, hydrocephalus or rickets.

Don't forget that inability to speak, inability to walk and other evidences of back-wardness in children may be due to some form of mental disorder, either idiocy or imbecility.

Don't forget that the pain of commencing coxalgia is first complained of usually in the knee of the affected side.

Don't forget to examine the urine frequently throughout the stadium of scarlet fever. Nephritis is a common sequel to this disease, and its onset must be watched for with jealous care.

Don't vaccinate an infant while it is suffering from eczema or tooth-rash.

Don't fail to keep the baby's chest protected by a rubber bib during dentition. Serious lung trouble may be avoided by this precaution.

Don't order large amounts of a medicine. One or two ounces of the preparation will generally suffice.

Don't fail to humor the whims of the mother when no harm can result to the child from so doing.

Don't fail to commence training an infant from the day of its birth. Much can be done in these early days toward regulating the habits of nursing, etc.

Don't forget that drugs administered to the mother will have a corresponding effect upon her nursing child.

Don't fail to remember that success in pediatrical practice necessarily depends largely upon acuteness of observation.—*Med. Progress.*

The following poetic effusion by a well-known Philadelphia practitioner was chanted at a meeting of the Flint Club, of Baltimore, Jan. 7th, 1891, the President, Dr. Geo. H. Rhoads, in the chair:—

E PARVO MULTUM.

THE TRAGICAL AND LAMENTABLE FATE OF AN ERRANT BACILLUS KOCHII: AN HYSTERICO-BIOGRAPHICAL, LABORATORIOUS AND EPICAL EPISODE DONE INTO POETRY OF THE PRESENT DAY.

By Katisha Katzenjammer, of the Bacteriological Institute, etc.

(Translated from the Japanese.)

A little spore in a culture grew,
Listen to my tale of woe!
Imbedded in a mass of glue,
Till a full-fledged bacillus it sprang into view.
Listen to my tale of woe!
Now, day by day, its ambition grew;
Listen to my tale of woe!
Like the witch in Macbeth, who made the stew,
It said to itself, "I'll do! I'll do!"
Listen to my tale of woe!

CHORUS (at discretion).

It saw its chance in a day or two;
Listen to my tale of woe!
A draught of wind through the laboratory blew,
And out of the window the bacillus flew.
Listen to my tale of woe!
In a neighboring orchard a little peach grew;
Listen to my tale of woe!
The little bacillus came there too,
And Johnny Jones with his sister Sue.
Listen to my tale of woe!

CHORUS (at discretion)

Now, they ate the peach of the emerald hue,
Listen to my tale of woe!
And swallowed the little bacillus too,
Which well in life its mission knew.
Listen to my tale of woe!
Now, the doctor was called to attend them two,
Listen to my tale of woe!
Who took from his pocket his microscope true,
And brought the bacillus into view.
Listen to my tale of woe!

CHORUS (at discretion).

He said, "Here's the cause of this cry and hue,"
Listen to my tale of woe!
For the comma-bacillus well he knew;
And he stained it red and he stained it blue.
Listen to my tale of woe!
In Johnny's corpse was a peach-stone or two,
Listen to my tale of woe!
In Susan's abdomen a little glue;
"Ah! here is infection and zymosis too,
'Tis sad to say; Boo-hoo! Boo-hoo!"
Listen to my tale of woe!

CHORUS (at discretion).

Now, all kind friends my advice to you,
Listen to my tale of woe!
Is when you are walking with a maiden true,
Avoid the peach of emerald hue;
Listen to my tale of woe!
And if, like Adam, you are tempted too;
Listen to my tale of woe!
Remember the fate of John and Sue,
Who ate the peach of emerald hue,
And the wicked bacillus that got stained blue.
Listen to my tale of woe!

CHORUS.

Hard trials for them two,
Johnny Jones and his sister Sue,
And the peach of emerald hue,
Also the comma-bacillus too,
Listen to my tale of woe!

—*Coll. and Clin. Record.*

TREATMENT FOR GONORRHOEA.

R. Opium, 7 grains.
Acacia, 7 "
Saffron, 15 "
Boiling water, 5 ounces.

Make an infusion, filter, and add

R. Acetate of lead, 20 grains.
Sulphate of zinc, 45 "

Use as an infusion in the latter stages of gonorrhœa. In place of this the following may be employed :

R. Pyridine, 6 to 8 drops.
Distilled water, 2½ ounces.

Use three or four injections of this a day.

THE DIAGNOSIS BETWEEN CONCUSSION AND COMPRESSION OF THE BRAIN.

Dr. Brinton gives the following diagnostic points between these conditions. *Concussion* :

—1. Incomplete insensibility. 2. Partial muscular action. 3. Special senses act partially. 4. Patient can answer questions if roused. 5. Pulse quick; feeble; often intermittent. 6. Skin cold; temperature falls to 94° or 95°. 7. Respiration feeble; quiet. 8. Nausea and vomiting. 9. Pupils irregularly contracted. 10. Eye-lids somewhat open. 11. Urine voided, fæces retained. *Compression* :—1. Complete insensibility. 2. Paralysis. 3. Special senses do not act. 4. Patient cannot answer questions if roused. 5. Pulse slow and laboring. 6. Skin hot and perspiring, temperature 102° to 104°. 7. Respiration labored, stertorous. 8. No nausea or vomiting. 9. Pupils irregularly dilated. 10. Eye-lids irregularly closed. 11. Retention of urine; involuntary escape of fæces. —*Times and Register.*—*Int. Jour. of Surgery.*

TREATMENT OF COLD ABSCESS.

The employment of ethereal solutions of iodoform in the treatment of cold abscesses often causes a great deal of pain. In consequence of this, Billroth employs the following treatment: The abscess is thoroughly opened across its greatest diameter, and its walls are rubbed with a tampon of iodoform gauze. After this the cavity is washed out with a solution of corrosive sublimate, of a strength of 1 to 3000, and finally after the edges of the wound have been sutured, a mixture composed of 100 parts of glycerine and 10 parts of iodoform is injected through a drainage tube, and allowed to remain in contact with the diseased surfaces.—*Medical News.*—*Int. Jour. of Surgery.*

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MONTREAL, SEPTEMBER, 1891.

HOW TO ATTAIN LONG LIFE.

We remember to have read some years ago two excellent lectures in the *Nineteenth Century* by Sir Henry Thompson on the diseases of old age, and what we learned then we have made use of many times since, to the advantage of many elderly patients who were being unintentionally hurried towards the grave by the mistaken kindness of those who loved them best. As Sir Henry Thompson pointed out, and as we have many times in these columns repeated, many of the diseases of old age are due to loading the system with combustible materials long after the fires of youth and middle age have been extinguished. Nature, who is generally kinder to us than we are to ourselves, gives elderly people a strong hint by removing their teeth that the time has come to return to the liquid or semi-liquid diet of childhood, but science has been able to restore by means of artificial teeth both the dental beauty and ability to masticate properly belonging to youth, while habit, tastes and the wealth to gratify them impels us to eat more than we require.

Besides great moderation in eating, another very important factor in attaining long life is the practice of taking sufficient

sleep. There is no greater folly among the educated people of to-day than that of robbing themselves of nature's sweet restorer. The amount of sleep differs somewhat with the individual, but from seven to nine hours may be considered the usual modicum. We venture to say that very few people, in the cities at least, obtain anything like this allowance. Many, after falling into a nervous condition by depriving themselves of the necessary amount of sleep, forthwith repair to the druggist or the doctor with the foolish expectation that he can with narcotics undo the damage they have done themselves. False hope; how impossible to be realized. The sleep thus purchased is a costly luxury demanding each day a bigger price in loss of general health. Another mistake which we fear many of our medical brethren who ought to know better are making is that of turning night into day. If we must have nine hours sleep why not take it at night; surely from nine at night to six in the morning is no longer than from twelve till nine or one till ten. But it makes a great difference to the hardworked doctor. It means three or four hours less of artificial and three or four hours more of natural light, and if he is called up at three or four o'clock in the morning he will have had six or seven instead of only three or four hours of sleep. Just as living beyond our means must end in financial disaster, so must depriving oneself of ample sleep end in physical ruin.

"Early to bed and early to rise,
Makes a man healthy and wealthy and wise,"

is even truer to-day than it was in the oldest times in which the proverb was coined.

CANADIAN MEDICAL ASSOCIATION.

The next meeting of the Canadian Medical Association, which will be held in Montreal on the 16th, 17th and 18th September, 1891, promises to be of more than usual interest. Many prominent members of the

profession have promised to be present and contribute papers, and although the number is by no means complete, yet, from the following appended list, the scientific interest of the next meeting is well assured:—

- The Address on Surgery—Dr. Præger, Nanaimo, B. C.
- The address on Medicine: "Malaria, its Relations to and Influence over other Diseases"—Dr. Bray, Chatham, Ont.
- Address on Therapeutics: "Water, Some of its Therapeutic Uses"—Dr. Spencer, Brandon, Man.
- Dr. V. P. Gibney (New York)—"Early Diagnosis, the most important factor in the Treatment of Pott's Disease of the Spine."
- Dr. John Ridlon (New York)—"Spondylitis."
- Dr. John Price (Philadelphia)—"A Plea for Early Hysterectomy."
- Dr. F. Buller (Montreal)—"Functional Abnormalities of the Ocular Muscles." This paper is expected to be discussed by Drs. Stevens, Roosa and Webster (New York).
- Dr. Mullin (Hamilton, Ont)—"Some Notes on Cases of Post-partum Hæmorrhage."
- Dr. Cotton (Cowansville, Que.)—"Appendicitis."
- Dr. Slack (Farnham, Que.)—"Surgical Cases occurring in Country Practice."
- Dr. Small (Ottawa)—"Malignant Disease of the Cervix Complicating Labour."
- Dr. W. S. Muir (Truro, N. S.)—"Graves' Disease."
- Dr. Geo. Fenwick (Montreal)—"Calculous Pyelitis."
- Dr. Laphorn Smith (Montreal)—"Cases treated by Abdominal Section and by Apostolis method."
- Dr. Shepherd (Montreal)—"Cases of Strangulated Cæcal Hernia."
- Dr. Buller (Montreal)—"Conservative Surgery of the Eye."
- Dr. Jas. Bell (Montreal)—"The Local Treatment of Tuberculosis of the Bladder through a Suprapubic Incision."
- Dr. R. F. Ruttan (Montreal)—"Lead and Drinking Water."
- Dr. Wyatt Johnston (Montreal)—"Microscopic Examination of Sputum—Heart Disease."
- Dr. J. Bradford McConnell (Montreal)—"Suppurative Hepatitis with Jaundice from obstructions of the Common Duct by infected gallstones."
- Dr. Phelps (New York)—"The Mechanical Treatment of Hip Joint Disease."
- Dr. Macallum (Toronto)—"The Pathology of Anæmia."

Papers have also been promised by Drs. T. Johnson-Alloway, Major, G. E. Armstrong, H. Lafleur and L. Smith (Montreal).

An entirely new, and doubtless to many, an interesting, feature of this year's meeting will be the devoting of an hour and a half each day to visiting the city hospitals. These hospitals are—Hotel Dieu, Montreal General, and Notre Dame. Members of the staff attached to these institutions have kindly undertaken to exhibit cases and present other matters of interest in connection with hospital work.

The delegates and visiting members will be tendered a dinner by the profession of Montreal, to be held in the Windsor Hotel, and arrangements are being made for an excursion should time and weather permit.

INTERNATIONAL AMERICAN MEDICAL CONGRESS.

At the last meeting of the American Medical Association held at Washington steps were taken to organize a Medical Congress for the whole continent of America. When we consider the size of the continent, which includes North and South America, it is surprising how little we know about those who inhabit the greater portion of it. We welcome therefore any scheme which is likely to make our brethren of the South better known to us, and there is no better way known of doing this than by bringing us together at medical and other congresses. The only obstacle that we can see is the fact of the English language not being generally spoken in those countries; but, sooner or later, the English language must be the universal language of the world, and such congresses would do a great deal to impress upon those southern countries the importance of acquiring it. Dr. Charles A. Reed, of Cincinnati, is chairman of the committee of organization, which is a guarantee that if large ability and boundless energy can accomplish the task, the Pan-American Medical Congress of 1892 will be a grand success.

BOOK NOTICES.

THE SURGICAL TREATMENT OF WOUNDS AND OBSTRUCTION OF THE INTESTINES. By Edward Martin, M.D., instructor in operative surgery University of Pennsylvania, surgeon to the Howard Hospital, assistant surgeon to the University Hospital, and H. A. Hare, M.D., Professor of Therapeutics, Jefferson Medical College; attending physician to St. Agnes Hospital. Price, \$2 nett. Philadelphia: W. B. Saunders, 913 Walnut street, 1891.

HOW SHOULD GIRLS BE EDUCATED?—A public health Problem for Mothers, Educators and physicians. By William Warren Potter, M.D., of Buffalo.

MONTHLIES.

THE AMATEUR SPORTSMAN, 6 College Place, New York. \$1 a year. Those of our readers who intend to take a holiday hunting or fishing would do well to read this interesting monthly.

OUR DUMB ANIMALS, 19 Milk street, Boston. 50 cents a year. This is published by the Society for the Prevention of Cruelty to Animals.

WEEKLY.

THE NEW YORK LEDGER. This splendid weekly costs only \$2 per annum.

PERSONAL.

Dr. Charles W. Dulles has retired from the editorship of the *Philadelphia Medical and Surgical Reporter* and Dr. Edward T. Reichut now fills that position. The *Reporter* is said to be the oldest medical weekly in the United States.

CARBOLIZED OIL IN SCABIES.

The Army-Surgeon (Der. Militärarzt) of Vienna recommends friction with carbolized oil (1 part carbolic acid to 15 parts olive oil) in scabies. In an unusually severe case, in which sulphur ointment had been employed in vain for four days, the affection, which involved the whole body, entirely disappeared after two days' application of carbolized oil. The remedy at once relieves the itching and is especially valuable in cases attended by considerable dermatitis, which is aggravated by sulphur ointment.—*Deutsche Med. Zeitung.—Med. Bulletin.*