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Original Communications.

Headaches. Treatment by Guarana by JAMES PER-
RIGO, M.A., M.D., M.R.C.S., England, Demon-
strator of Anatomy, University of Bishop's Col-
lege, Montreal.

H. R., a wealthy merchant of this city, suffered fearfully from severe headaches. He was liable to be attacked at any time of the day, and more particularly on those days when business cares pressed more heavily upon him. His digestive organs were in good condition, and had never suffered from constipation nor any of the many different forms of dyspepsia. Among articles of diet, stimulants alone would bring on the headache. He could not read any article, however light and amusing, without immediately suffering. The pain extended over the temporal and occipital regions, and down the neck, not following the course of any particular nerve. Never felt any nausea during an attack. Artificial light of any kind, either in his study or store, caused the pain to be intense, and then he only felt it on the crown of his head. If he bowed his body to pick up anything from the floor, it was as much as he could do to regain the erect posture. Sometimes the pain was so agonizing that he was obliged to lie down from sheer inability to hold up his head. Previous to his coming under my care, he had been leeches, blistered repeatedly behind the ears, had been ordered bromide of potassium, valerianate of ammonia, iodide of potassium, quinine, without deriving even temporary benefit, and he had also given homoeopathy a fair trial. At last he was obliged to absent himself from business, when he went to the country for a couple of months and returned much better. A month after re-application to business, the headaches returned, but not so severe as formerly. This was six months ago. Lately, however, their severity has been increasing, and he says they are nearly as bad as ever. A mutual friend advised him to come to me for electrical treatment, and this is the history I elicited from him. Hearing so much about the wonderful effects of guarana in kindred cases, I expressed my wish to give it a trial. He consented, and I prescribed 30 grs. of the powder in water, to be taken when the pain was severe. It acted exceedingly well, completely relieving him of all his headache. At present he can invariably prevent an attack by taking the above dose when he feels the premonitory symptoms coming on. Very little is known, I think, of the actions of guarana further than its

effects in similar cases. My patient tells me, that, shortly after a dose and immediately after the pain is gone, he feels a kind of pleasurable sensation all over, something akin to that experienced by opium eaters.

I have also given guarana to a young lady engaged in giving music lessons with the same satisfactory results. These are the only cases where I have prescribed it. If I should meet with one where this remedy proves of no service, I shall give you the notes of the case.

Correspondence.

To the Editor of the Canada Medical Record.

SIR,—I am a graduate in medicine of one of the leading Universities in the Dominion, and have qualified myself in every possible way for the practice of my profession. A few years ago I settled in the city where I graduated, hoping that in time a share of patronage would come my way. I have acted consistently and professionally, I believe, in all my dealings with my confreres, and so far as I am aware I am on good terms with all my professional brethren. A short time ago, one of the leading medical practitioners in the city where I reside retired from practice, and although asked by nearly every one of his patients whom he would recommend to occupy his place, he declined to make any selection—saying, there were very many good medical men in the place, and that no error could be committed by selecting for themselves. Many sought the services of senior members of the profession and professors in the University of which I am a graduate, but who for various reasons declined to add to the list of their patients. They, however, no longer left the patient free to choose for himself—for their non-acceptance was accompanied with a strong recommendation for them to employ one of two or three names suggested by them. These names were on every occasion those of the junior professors of my Alma Mater. Upon more than one occasion, I have heard that the applicant has ventured to name one or two medical men, outsiders, so to speak, and that although no actual disparaging words were used, the significant shrug of the shoulders which was given was quite sufficient. In this way I know that a prominent member of the profession was deprived of a very wealthy patient. The death

of a much esteemed confrere a year or so ago has caused a repetition of what I have just detailed, and the instances which have occurred within the past few months have been so glaring, and have touched me so directly, that I am compelled in self-defence to protest against such conduct. What right has any body of men, united for the purpose of medical education, to band themselves, to keep within their circle—the chief practice of the city? Is it fair, that a body of gentlemen, composing the Medical Faculty of a University, should so act, as virtually to make themselves enemies towards their graduates? I think not. I feel strongly that the public should have full right to choose their medical attendants, and that medical men already blessed with practices so large, that they are not desirous of extending them, whether connected with a school or not, should not become the champions and *touters*, for a few particular friends. Is it just that in addition to the hard struggle for existence, which is my lot in common with the great majority of the profession, I should have to contend against the influence of those who received my money to teach me my profession. Perhaps I should be charitable. Perhaps, in acting as I have said they *have* acted, they have done so inadvertently—thoughtlessly. If so, I trust that my words, written simply because my manhood rebels against their conduct, will lead them in future to act honorably and fairly to all. As a junior practitioner, I am willing to bide my time. Fair, open, honest professional competition I expect, but the puffing into practice of a favored one or two by those who from age have the public ear is neither fair, just or honorable to the profession at large.

Yours, &c.,

DIOGENES JUNIOR.

Progress of Medical Science.

PENNSYLVANIA HOSPITAL—CLINICAL LECTURE.

By Dr. R. J. LEVIE.

VARICOSE VEINS AND THEIR TREATMENT BY SUBCUTANEOUS LIGATION.

Varicose veins are frequently met with among persons whose occupation requires constant standing, and the treatment of them is consequently of importance, as the affection entails much suffering upon the patient, and may incapacitate him from undergoing any physical exertion in the erect position.

The veins of the lower extremity are most liable to become varicose; but the spermatic, the hemorrhoidal, and, indeed, nearly all the veins of the body may suffer in this manner upon the occurrence of any obstruction to the flow of blood through them; for the disease consists in a dilated and hypertrophied condition, dependent upon loss of the function of the valves, by which the return circulation is supported against gravity in a long hydrostatic column.

The affection may be caused by a constitutional tendency, as when the heart by its feeble impulse gives rise to venous engorgement; by check given to the portal circulation from cirrhosis of the liver; and whenever there is pressure made upon the veins, as by the gravid uterus, tumors, or enlargement of the lymphatic glands in the groin. The condition is frequently exhibited by blacksmiths and cooks, who are compelled to maintain the erect posture all day, and are, at the same time, exposed to the heat of the fire; and by those who are given to violent muscular action, thereby pressing the blood from the deep veins into the unsupported superficial ones. In all these cases there is a stasis of blood with increased intravascular pressure, producing dilatation of the veins and consequent insufficiency of the valves, which, by failing to support the column of blood against the action of gravity, cause augmentation of the varicose condition of the veins. The vessels are hypertrophied not only in diameter, but also in length, as is conclusively shown by their convolutions and the tortuous course which they exhibit.

As regards treatment of the affection, the surgeon must be governed by the severity of the symptoms in each individual case, for if the patient suffers very little inconvenience, some palliative measures, as the application of tincture of iodine, or the wearing of some supporting apparatus like the laced stocking, is all that is required; but if the condition is attended with great pain, or complicated by the existence of varicose ulcers, some operative procedure is demanded.

This patient, an engineer, suffers from a varicose condition of the internal saphenous vein, which is exceedingly tortuous and dilated all the way up the thigh, though the trouble is confined to the left limb, which is rather unusual when the affection has attained such a marked degree. He has had also an eczematous eruption, which is not an uncommon complication of varicose veins, and is often quite difficult to influence by treatment; but thus far the patient has been free from the intractable varicose ulceration which so often increases the suffering in varicosity of the veins of the lower extremity. The man has been obliged to desist from work on account of the disease, and has entered the hospital for treatment, which shall be attempted by ligation of the veins subcutaneously.

The most effectual, and at the same time, if properly performed, safest operation for the treatment of varicose veins is subcutaneous ligation, which has been practiced many times in this hospital with complete success, and without any unfavorable symptoms.

The operation is effected by thrusting a straight needle, previously oiled, and carrying a silver wire, across the tissues just beneath the vein; and then after re-entering the needle at the point of exit, the operator causes it to traverse the tissues between the vein and the integument, so that after passing in front of the vessel it is brought out at the first opening. In performing this operation the instrument must be pushed down perpendicularly until it strikes the deep fascia, in order to make sure of getting back of the vein. By this manœuvre a loop is left protruding at one puncture, with the two ends of the wire coming out at the other, while the vein lies between the two portions of wire beneath the surface. The loop is then drawn in, so as by pressure to approximate the sides of the vessels and cause subsequent agglutination; and the ends of the wire are finally twisted together. If desired, the ligature can be carried above the vein, first by pinching up the skin and pushing the needle horizontally across to the opposite side of the vein, and afterwards returning it across beneath the vessel.

The operation must be performed with the patient in the erect position, in order to have the vein well filled with blood; and ligation is repeated at several points, wherever the vessels are most readily isolated, though it is not unusually necessary to ligate above the level of the knee.

There is often considerable hemorrhage following the punctures, but this is from the dilated capillaries, for with careful manipulation the puncture of the vein is exceedingly improbable. Should this complication occur, however, it might give rise to serious phlebitis from absorption of pus through the orifice in the vein, and might soon be followed by the death of the patient. After the ligature has been in the tissues a week or ten days, it is better to untwist the wire and withdraw it, though if left it could do no harm, but would ulcerate its way out in the course of several weeks.

The after treatment consists in applying adhesive strips over the wound, surrounding the limb with a bandage, and keeping the patient at rest in bed for ten days.

The element of safety in this operation consists in making but slight constriction of the veins, so that their walls are merely approximated by the pressure; and the ultimate division of the vessels being very slowly accomplished, so that the open calibre of the vein is not liable to be exposed to a pus secreting surface or cavity.

Dr. Lewis devised this method of subcutaneous ligature of varicose veins with wire, and has practiced it a great number of times, since the year 1859, without any unfortunate result, and without a failure to produce relief.

* * * * *
Two weeks have now elapsed since the operation, without the patient having suffered any inconvenience, and the limb shows no appearance of inflammation or even irritation, while the clot in the veins can be easily felt through the skin; hence the ligature can be withdrawn from the tissues by untwisting the wire, and the man discharged from the hospital.
—*Philadelphia Medical Reporter.*

TREATMENT OF BURNS OF THE HUMAN BODY.

A man having laid down close to a lime-kiln, fell asleep, and being narcotized by the gases escaping from the kiln, had a large portion of his back burned, or rather almost roasted before he was discovered. Cases are often seen where individuals have been anaesthetized by the carbonic oxide and carbonic acid given off from kilns, and severely burned without being aroused; but there are instances which show that men under the influence of alcohol may also be severely burned without being awakened from a drunken sleep; and, indeed, it is probable that this patient was intoxicated with alcohol at the time he was burned.

The prognosis in burns of the human body depends not merely upon the depth to which the lesion extends, but, in as great a degree, perhaps, upon the extent of surface involved, as in a case where a man died in a few hours from having fallen into a brewer's vat, containing water that was not boiling, but only hot enough to produce violent irritation of the skin of the whole body. So also the exposure of the entire body directly to the rays of the sun is said to have been followed by serious consequences, though the heat applied is certainly not intense.

There are varied degrees in the severity of burns. Sometimes they produce merely an irritation of the surface and erythema of the skin, without any blistering or elevation of cuticle; at other times, as when the injury is the result of the application of boiling water or exploding gases, vesication takes place from effusion of serum under the epidermis. Destruction of the superficial layers of tissue may be looked upon as a still higher degree, which occurs when the heat is applied for a longer period than sufficient to produce vesication; as in the case of a boy who sat down in, and became wedged into, a bucket of boiling water in such a manner that he was unable to extricate himself. Then, again, if the intensity of the heat be still greater, the muscles, ligaments, and even the osseous structures are consumed; as occurs not unfrequently in the frightful burns from prolonged immersion of an extremity in molten metals. These degrees of burn may be greatly increased in number, for at best they are but arbitrary; and, moreover, a number of them may be seen at the same time in different portions of the injured surface, as in the patient, where at a peripheral point there is merely erythema, further inward vesication, and at the centre complete charring and sloughing of the integument.

There are on record some extraordinary instances where so called spontaneous combustion of the human body has occurred, by the charring beginning at an extremity and gradually extending over the entire frame. The presence of large amounts of alcohol in the system, and the existence of a large quantity of fat in the tissues, have been assigned as causes for catacausis, as this phenomena has been denominated. It seems to be necessary that the individual be in proximity to fire, and that during intoxication a part of the body be exposed and burned; when the remainder of the body is entirely

consumed by the fat and alcohol in the system supplying fuel.

Patients after having a large portion of the body burned, generally die from shock, as an old woman, seventy years of age, who was admitted to the hospital a few days ago, with one half the body burned from her clothes catching fire. In such cases nothing can be done, except palliation of the suffering by the administration of stimulants and anodynes, and the employment of soothing applications. If they survive the shock, a fatal issue may result, in two or three days, from congestion of some internal organ, as the lungs or brain; in the latter of which conditions they become comatose, presenting symptoms similar to those observed in narcotic poisoning. The occurrence of acute laryngitis, pleuritis, and peritonitis, and enteritis, which are frequently observed after burns, respectively of the neck, chest, and abdomen, is rather a curious phenomenon, since the surface has no direct circulatory communication with the larynx, lungs or abdominal viscera. Occasionally in the third or fourth week, if the patient survive so long, ulceration of the duodenum supervenes, accompanied with vomiting and purging. This result is possibly owing to the additional excretory work imposed upon the intestinal glands subsequent to the destruction of the skin, and the consequent cessation of excretion by that channel.

As regards the treatment of burns, it is necessary to meet the indications presented in the various degrees. If the injury has not extended beyond erythema of the skin, the application of some cooling lotion, as cold water, or Goulard's extract of lead, is all that is required. The preservation of the cuticle is important in the stage of vesication, because the epidermis acts as a bland covering; and therefore the indication is to prevent its cracking, allowing the access of air to the denuded surface. The dusting of flour on the burn, or the employment of a coating of a mixture of flour and molasses, so often prescribed in domestic practice, answers a good purpose by excluding the air and preventing breaking of the vesicated surface. Carron oil, a viscid, saponaceous mixture composed of equal parts of linseed oil, and lime water, adheres well to parts and has a high reputation in these cases. A very good combination is castor oil and carbolic acid; castor oil being perhaps preferable to linseed oil since it has not the exceedingly disagreeable odor that the latter possesses; and the anæsthetic and antiseptic properties of carbolic acid rendering the employment of this agent very beneficial. The solution may be made of one part of carbolic acid to ten of oil, or if the application is to be made to an extended surface, in the proportions of one to thirty or forty of oil. Instead of this, ointment of the oxide of zinc, with or without carbolic acid, can be used; or the part may be covered with moist clay, as Dr. Hewson has recommended in the treatment of burns and ulcers. When, as in this patient's case, the integument has been destroyed, it is necessary to use poultices until the slough separates, after

which emollient dressings are used and continued until cicatrization takes place.

The subject of burns is one of great importance at the present time, for on account of the extensive use of various highly inflammable and sometimes explosive fluids for illuminating purposes, and the application of steam power to every branch of industry, burns and scalds of the human body have become exceedingly frequent, and demand the surgeon's earnest attention, on account of the great mortality and the intense suffering incidental to them.—*Philadelphia Medical Reporter.*

THE MEDICAL TREATMENT OF CHILDREN.

According to Dr. Eustace Smith, of London, the alkalies are remedies of singular value in the medical treatment of young children. In all children, especially in infants, there is constant tendency to an acid fermentation of their food. This arises partly from the nature of their diet, into which milk and farinaceous matters enter so largely; partly from the peculiar activity of their mucous glands, which pour out an alkaline secretion in such large quantities. An excess of farinaceous food, therefore, soon begins to ferment, and an acid is generated, which stimulates the mucous membrane to further secretion. In all chronic diseases, and in many of the acute disorders, this sour condition of the stomach and bowels is present. Alkalies are therefore useful—firstly, in neutralizing the acid products of this fermentation; and secondly, in checking the too abundant secretion from the mucous glands. A few grains of soda or potash, given an hour or two after taking food, will quickly remedy this derangement and remove the distressing symptoms which arise from it. In the chronic diseases, indeed, attention to this point is of especial importance; for by placing the stomach and bowels in a healthy state, and insuring a proper digestion of food, we put the child in a fair way of recovery, and prepare the way for the administration of tonic and strengthening medicines, by which his restoration to health is to be brought about.

In prescribing for infants, an aromatic should be included in the mixture. The aromatics are useful, not only for their flavoring properties, but also for their value in all those cases of abdominal derangement where flatulence, pain, and spasm, resulting from vitiated secretions and undigested food, are present to increase the discomfort of the patient. Such dyspeptic phenomena are usually relieved rapidly by the use of these agents; and aniseed, cinnamon, caraway-seed, or even tincture of capsicum in minute doses, will be found important additions to the prescription in all cases where alkalies are required.

In prescribing for children, the proper dose of a medicine cannot always be calculated according to the age of the child, and does not in all cases bear the same proportion to the quantity suitable for an adult. For certain drugs children show a remarkable tolerance, while to the action of others they

show as remarkable a susceptibility. Thus, opium, it is well known, acts upon a child more powerfully than would be expected, judging from the mere difference of age. It should therefore be given to infants with a certain caution, especially if the child be enfeebled by disease. It is, however, a medicine which is of especial value in the treatment of the diseases of infancy, and may be given without fear if care be taken not to repeat the dose too frequently. Belladonna, on the contrary, can be taken by children in large quantities. A child of two or three years will bear without inconvenience a dose which in an adult might produce very uncomfortable symptoms. It is important to remember this in giving belladonna for its sedative effects, as in whooping-cough. Lobelia, again, is a remedy which is very well borne by children. Dr. Ringer has given it to "very young children" in doses of five minims every hour, and in no case has he noticed any ill effects to follow its administration. Arsenic should be given to children over five years of age in the same dose as that used for adults, and infants a month or two old will take one drop of Fowler's solution three times a day with great benefit in cases of gastric catarrh. The influence of mercury upon young children deserves remark. It seldom in them produces stomatitis or salivation; but an excess of the drug is not therefore harmless: its influence is seen in the irritation of the alimentary canal which it so often excites, and in the profound anæmia which it induces.—*Boston Journal of Chemistry.*

ON THE TREATMENT OF ENLARGED SCROFULOUS GLANDS.

By J. LEWIS SMITH, M.D.

(*Treatise on the Diseases of Infancy and Childhood*, 2nd edition, London and Philadelphia, 1872.)

"It is the common practice," Dr. Smith writes, "to treat these glands, if they are subcutaneous, by daily application over them of the officinal tincture, the compound tincture, or the compound ointment of iodine. It is my opinion, from observing the effects of these agents, that they are too irritating for ordinary cases. Applied daily, they cause proliferation of the cells of the epidermis, so that in two or three days the thickening of the cuticle is greatly increased, and its external layer begins to exfoliate. It has appeared to me that what we observe in the epidermis illustrates, to a certain extent, what occurs in the gland underneath, as a result of active counter-irritation. The gland does not resolve, its superfluous cells are not destroyed and absorbed, as was desired, but the treatment tends rather to increase the proliferation of the cells of the gland or the formation in it of true leucocytes. We have seen that a local cutaneous inflammation, as *eczema* or *impetigo*, is apt to cause the neighboring lymphatic glands to enlarge. How, therefore, can we expect to reduce a glandular swelling made by a mode of treatment which establishes a similar condition? I once produced, partly by accident,

such an amount of vesication over an enlarged, hard, and apparently somewhat indolent gland, in an infant of fourteen months, that for a week I was very anxious lest a sore would result, which would heal with difficulty, or leave a permanent cicatrix, and yet, instead of dispersion of the glandular swelling, the pathological processes were so promoted that suppuration and discharge of pus occurred by the time that the cuticle had re-formed. If hyperplasia of the lymphatic gland could be cured by counter-irritation, it should have been in this case.

"The correct mode of treating these glands, therefore, as regards external measures, I hold to be, to apply the iodine preparations in such a manner that the largest amount of iodine will reach the glands by absorption, with little irritation of the skin. I am not prepared to state what is the best formula for the application of this agent. During the last few months we have been attempting to determine this in the children's class at the Out-door Department at Bellevue, but our statistics of cases are not at present sufficiently complete or numerous to enable me to make a positive statement. I feel justified, however, from the observations already made, in recommending the following formulæ as preferable to the officinal preparations which are commonly employed; R. Potas. iodidi, ʒj; ungu. stramonii, ʒj; misc; to be rubbed over the gland several times daily. It should not be applied as a plaster, as it is too irritating and will vesicate. I have known a glandular swelling, which had continued about three months, to disappear in as many weeks under its use in connection with internal remedies. Glycerine may be employed in place of stramonium ointment."

DIARRHŒA IN TEETHING.

By FRANCIS MINOT, M.D.

(*Boston Medical and Surgical Journal*, January 2.)

In a clinical lecture "On the Primary Dentition of Children," by Dr. Minot, in speaking of the diarrhœa complicating teething during hot weather, he recommends the common chalk mixture, with the addition of one-fourth part of tincture of kino, which increases its astringency, and also keeps it from turning sour in hot weather. If the diarrhœa be not checked by this mixture, one drop of laudanum may be added to a dose, but not oftener than three times a day, in children under two years old. Diarrhœa is most apt to attack children who are brought up on the bottle; hence, if the case be urgent, and do not yield to treatment, a wet-nurse should be procured if possible. When this cannot be done, he would strongly recommend the method of preparing the milk with arrowroot and gelatine, found in the treatise on "Diseases of Children," by Drs. Meigs and Pepper. Brandy is very useful to a teething child exhausted by diarrhœa, which should be given once in three or four hours, or oftener in urgent cases. The doses is ordinarily from five to twenty-five drops, given in milk; but if there be much prostration, the physician need not fear to increase the amount.

ON THE IMPORTANCE AND DANGERS OF REST IN PULMONARY CONSUMPTION.

An interesting paper on this subject, by Dr. Berkart, has drawn from Dr. Horace Dobell a communication on this topic, which appears in *The British Med. Jour.*, of Nov. 22. He says: "The rules for the cautious application of localized rest in lung-diseases which I recommended, as dictated by a consideration of the nature of tuberculosis, and justified by the results of my own practice, are as follows:

"1. If one lung, or a portion of one lung, or a portion of each lung, has become diseased, under circumstances which make it certain that there is no constitutional cause of lung-disease, then it is safe to secure localized rest for the diseased part, and to throw the extra work upon the sound parts; but even then it is necessary to be cautious that the extent of the lung so rested is not too large in proportion to the extent of sound lung upon which the extra work is thrown. If there is any question about this, rest of the whole body must be secured in addition to the localized rest of lung, so as to save the sound lung from as much work as possible.

"2. If there is a constitutional cause of lung-disease, but only a small area of lung at present suffering, and that on the upper lobes, while there is a capacious chest with large areas of lung in the lower portions quite sound and insufficiently used, then it is safe to secure localized rest for both upper lobes, and to make the lower portions do a fairer proportion of work; but even under these circumstances the respirations should be kept at as low a point as practicable.

"3. If a portion of lung has become disintegrated, under the influence of constitutional causes, and remains obstinately unhealed after all constitutional symptoms have been arrested, and, for some time past, no other portions of lung have shown a tendency to yield, then I think it is quite safe to secure localized rest for the disintegrated portion, so as to give it a fairer chance for healing; while an amount of air and exercise may be allowed to the patient, for the purpose of improving his reparative powers, which could not have been permitted while the damaged lung was exposed to the same amount of action as the sound parts. But even here the utmost caution is required not to carry the exercise beyond a very limited amount.

"4. If the constitutional tendency to lung-disease—the abnormal physiological state—is strong, and signs of impending mischief in the lungs are scattered, no localized rest should be attempted, but every means should be brought to bear upon the important object of maintaining respiration at its lowest point consistent with life and nutrition, until the constitutional tendency has become passive and the local symptoms have been removed.

"In conclusion, to prevent misapprehension on so vital a point, let me remind my readers that, in urging 'the importance of rest in consumption,' I am referring to cases in which the lungs are already damaged, or in which the constitutional disease has

declared itself in sufficient force to render tubercularization imminent. If the symptoms are only what are commonly called premonitory, that is, if they are those of commencing tuberculosis, and no reason or sign is discoverable which justifies the suspicion that tubercularization has commenced; if a sufficiency of fat remains without calling upon the albumenoid tissues, the principles of treatment are quite opposite to those detailed."

ANTICIPATION OF POST-PARTUM HEMORRHAGE.

Dr. Ewing Whittle maintains (*Brit. Med. Journ.*, Sept. 27, 1873) that post-partum hemorrhage may be diagnosed beforehand by the peculiar pains during parturition, and being diagnosed may be prevented. The peculiarity of these pains is that they are "strong and quick; they do not gradually culminate into a strong pain and subside again, but they are sharp, quick, and cease almost suddenly; and the intervals between the pains are long in proportion to the length of the pains. In an ordinary case, for one or two hours before the completion of labor, the intervals will average about three times the length of the pains; i. e., if the pains last each from fifty to sixty seconds, the intervals will average a little less than three minutes. Now, if the pains last each only from forty to fifty seconds, and are of the sharp character I have described, with intervals lasting five or six minutes, though the labor may proceed steadily and the head advance a little with every pain, you will be sure to have hemorrhage after delivery is completed, unless you anticipate it by altering the character of the pains, in making the pains longer and the intervals shorter. It is very easy to understand how this comes to be the case; the uterus is contracting sharply, and then becoming fully relaxed; after the child is born, a relaxation follows: one or two sharp pains expel the placenta with a gush of blood, and the uterus again relaxes, continuing the same tendency which existed before the delivery of the child."

In such cases Dr. W., as soon as the os is dilated, gives a full dose of ergot, and if this does not improve the character of the pains at the end of an hour he repeats it. "In dealing with primiparæ, caution is required, first, not to administer ergot until the soft parts are pretty well dilated as well as the os uteri; and the drug should be administered in much smaller doses, as it sometimes acts with unusual energy in primiparæ. Generally, in about twenty minutes or half an hour after the ergot has been administered, the pains increase in length and frequency, and when the labor is over, the uterus maintains a good contraction. The ergot which I use is a liquid extract twice the strength of that of the *Pharmacopœia*, of which I give a teaspoonful when I think a full dose is indicated.

"I have pursued this practice now for more than twenty years. During this time I have attended 3,750 labors, and among them I have had one case of post-partum hemorrhage; that case occurred about three o'clock one winter's morning, when I happened to have no ergot with me."

ON THE PATHOLOGY AND TREATMENT OF HEAT APOPLEXY.

By A. R. HALL, Assistant Surgeon, Royal Artillery.

The article on this subject, by Assistant Surgeon Candy, M.D., 109th regiment, published in the *Indian Medical Gazette* for July, recommends a plan of treatment which it was to be hoped had been given up as worse than useless by those who had had experience of this disease. Blood-letting tartar-emetic, and other lowering remedies have been attended with such disastrous results, that I may say hundreds of medical men condemn their use. I attended the first course of lectures on military medicine, delivered by Dr. Maclean at Fort Pitt, Chatham, in the summer of 1861, and I well remember the earnestness with which he implored us *never* to bleed in sunstroke.

While I was at Barrackpore, I treated several patients on the plan mentioned to me by my friend, Dr. W. K. Waller (and *first* recommended by him to the profession); and his own papers in the *Indian Medical Gazette*, together with several others, showing the success attending the exhibition of quinine in large doses in this disease, either by mouth, or hypodermically, surely ought to induce every medical man to give it a trial, and not go back to the old plans, which have been proved to be fatal in the end.

Dr. Candy's proposed treatment seems to me to be the more deplorable, because he places among several *pre-disposing causes* (which are probably true) what I think can be proved to be the *actual pathological condition* in heat apoplexy, viz., exhaustion, with depression of the nervous system.

The subject of increased heat of body has been latterly attracting much attention at home. In the *Lancet* for 3rd February, 1872, there is a special article on "heat" under the head of "Therapeutic Traditions." I beg strongly to recommend it to the notice of all medical men who have not seen it. I should like to make a good many extracts, but, as they would occupy too much space, I confine myself to a few. After stating that the old idea was, that the special sign of the sthenic character of disease was the excessive development of heat, the writer proceeds:—"An entirely new order of conceptions has been necessitated by modern discoveries, dating mainly from the more accurate researches on the relations of tissue-waste to the production of heat, and from the improved knowledge respecting the heat-regulating functions of the nervous system." "For the old idea, that sensible heat of skin with redness of the face in itself implies strength of constitution, no authority remains; the obvious fact being that surface redness means *vasomotor paralysis*, and that high temperature in partially protected regions like the axilla means simple tissue waste, as already described. The only thing which might remain unchanged is the belief that extreme pallor, and especially extreme coldness of the surface, under circumstances of general pyrexia, are signs of really severe depression. No doubt that is so, but the reason for so considering it is, that this

pallor and coldness of skin, under circumstances where there is necessarily the minimum of contractile resistance in the small arteries, implies that the heart has too little force to pump the blood to the surface in any considerable quantities. But this is only a phenomenon of extreme cases." It is observed in those rapidly fatal cases of sunstroke, occasionally, where death by syncope kills in a few minutes.

The writer concludes his article thus:—"Broadly speaking, the indications from excessive heat of body ought now to be interpreted in exactly the opposite sense to that in which they were formerly read. Whereas they used to be supposed to show that the case was a sthenic one, we now consider them almost absolute proof that the reserve forces of the body are exceedingly low, and are being constantly and rapidly reduced. Only let us think of that fact, and then remember the fashion in which multitudes of practitioners still talk of 'hot skin,' 'bounding pulse,' and so forth, as evidences of strength; and we must admit that the advanced pathology of the day is not merely somewhat ahead, but is altogether out of sight, of a large part of the less observant and less reflecting sections of the profession."

Dr. Candy writes of the "enormously increased temperature of the body, *dependent* upon the accumulation of carbon in the system;" but I think we have evidence to prove that the accumulation of carbon depends on the non-oxygenation of the blood consequent on the congested state of the lungs, one of the direct effects of nervous exhaustion, which exhaustion also causes the high temperature.

No one, I think, will doubt that Dr. Candy gives the true *exciting causes*, particularly "the suffocating atmosphere," which, I believe, is the principal cause of the great depression of the nervous system.

But with regard to Dr. Candy's indications for treatment; he recommends "free venesection to 20 ounces or more, to relieve the congested condition of the heart and lungs." But if this congestion depends on nervous exhaustion, as I think the writings of Dr. Brown-Séquard and others prove, what good is really done by bleeding? In some cases the abstraction of blood has, for a time, removed the *mechanical engorgement* of lungs and brain; but look at the enormous mortality following this treatment! The exhausted nervous system is further weakened. If, however, a nervine tonic is given, the congestion is removed by the *invigoration* of the nervous system.

He next recommends "to get the skin to act freely by the use of tartar-emetic," &c. In the *Lancet* for 17th February, 1812, another special article on "cooling" remedies appears under the same heading. In it occurs the following:—"But that diaphoresis, even in its most copious form, will necessarily relieve a severe fever-heat, is shown to be transparently false by the phenomena of rheumatic fever, and of relapsing fever." Even if copious sweating was induced, while the *cause* of the burning skin—viz. the nervous exhaustion—was not ameliorated, no real benefit would ensue.

In the article just quoted from, and in another on

the same subject in the *Lancet* for 6th April, 1872, the old notions that "blood-letting cooled, and that alcohol heated," are overturned.

I think that all the well-known symptoms of heat apoplexy are produced by *intense nervous exhaustion*, and that it is a pathological condition closely allied to the *secondary fever* of cholera. I have seen the utmost benefit result from the hypodermic injection of quinine in insolation, where actually moribund patients have been saved by it. I would employ the same remedy in the *secondary fever* of cholera. In the number of the *Indian Annals of Medical Science* for March, 1870, I brought forward the theory that in the *collapse* of cholera there is very great *irritation* of the sympathetic nervous system. I recommend for that condition the hypodermic injection of pure sedatives. The cold douche over the head and body, or the cold bath lately recommended by Dr. Wilson Fox, in hyper-pyrexia, with auxiliaries, as stimulating enemata, counter-irritants to head and chest, have been proved to be of great value; but they often fail. I think that in the hypodermic injection of quinine we have the remedy for heat apoplexy: and I hope that medical men in India will follow Dr. Waller's advice, and try it extensively,

Dr. Manassim, and other physiologists on the Continent, are carrying out experiments to prove the *modus operandi* of quinine. Whatever effect it may have on the blood corpuscles, it certainly braces up the nervous system in a wonderful manner; and it is this action which I think makes it of such value in insolation. I venture to say, that if medical men try it in a few cases, they will soon be convinced of its immense value in sunstroke. But, for goodness sake, at all events, don't let us revert to bleeding.

Dr. Candy in concluding his paper, writes:—"The after treatment must be left to the discretion of the medical attendant." It is sincerely to be hoped that the discretion of the medical attendant will not allow him to employ either venesection or tartar emetic in heat apoplexy. If he *does* use them, probably there will not be much *after treatment* required.—*Indian Medical Gazette*.

CAUTERIZATION OF THE UTERINE CAVITY.

We transcribe the following from the *Lyon Médical* for December, 1873:—

Dr. Blanchard (thèse pour le doctorat, par M. Joseph Blanchard, Paris, 1873) belongs to the school of those gynecologists, who in uterine affections attribute much to the body of the womb. He does not admit with Bennet that metritis of the neck is the rule and metritis of the body the exception. He shows, on the contrary, that the inflammation, fungosities, and ulcerations are most ordinarily found in the mucous membrane which lines the cavity of the body. Therapeutic means addressed only to the lesion of the neck are completely insufficient. This disease must be followed to the superior orifice of the cervical cavity.

Among the means to this end, M. Blanchard has specially studied astringent and caustic injections, painting the internal face of the body by means of a brush dipped in nitrate of silver or other solutions, and above all by means of medicated pencils introduced into the womb. Among injections he mentions those made with decoction of oak bark, tincture of iodine in water, iodide of iron, perchloride of iron, and glycerine. The author says that after this practice he has unhappily seen a certain number of cases of peritonitis develop. These accidents are not due to the passage of some of the injection into the tubes. The experiments of Vidal de Cassis, of Klemm, Petit, and Astros, have shown that the penetration of the injection into the peritoneal cavity is nearly impossible in the conditions in which intra-uterine injections are made. The peritonitis is due to the presence of peri-uterine inflammatory centre, which is lighted up by the impression produced on the uterine mucous membrane. One is protected from such accidents by carefully exploring before the operation all the points of the true pelvis, and by abstaining every time one discovers the least trace of peri-uterine inflammation. That is a formal contra-indication which, moreover, is common to two other means of medication which Dr. Blanchard passes in review.

Painting the uterine mucous membrane is done by means of a canula which is placed in the cervical cavity, and through which the brush is passed.

M. Nonat and M. Courty are able in this way to paint the whole cavity of the uterus with astringent or caustic solutions, tincture of iodine, or nitrate of silver.

The introduction of medicated pencils into the uterine cavity has most particularly fixed the attention of M. Blanchard. MM. Becquerel and Rodier have employed long pencils composed of gum tragacanth, mixed with alum, sulphate of copper, sulphate of zinc, or tannin. This last substance alone has given good results.

Recourse has been had to pencils of nitrate of silver. But the caustic which M. Blanchard prefers is a mixture of nitrate of silver and nitrate of potash. These are the pencils which he has seen used in the service of M. Laroyenne. He describes with care the operative proceeding precautions of the able surgeon of La Charité. He establishes the indications and contra-indications of this method of treatment, relates six cases of cure obtained in cases of chronic metritis, and terminates his interesting work by the following conclusions:—

1. Introduced into the uterine cavity, the pencil of nitrate of silver and potash is a completely inoffensive agent.
2. It may be left in the cavity if it be necessary to profoundly modify the mucous membrane.
3. Its employment is formally contra-indicated in all inflammatory states of the uterine annexes, or adjacent tissues.
4. Its application has been followed by cure in cases of abundant leucorrhœa, chronic metritis of a hemorrhagic character, and occlusion of the internal orifice of the neck with retention of the secretions.

5. In the case of metritis developed under the influence of a fibroma or deviation of the uterus, it gives marked ease, and often causes the disappearance of the greater part of the symptoms: but not acting on the cause, it does not save the patient from relapses.

CORNS.

Scrape a piece of common chalk, put a small portion of it upon the corn and bind it with a linen rag. Repeat the application for a few days, and you will find that the corn comes off like a shell, and perfectly cured. The cure is simple and efficacious. Mr. Wakely, in the Royal Free Hospital, London, is in the habit of applying glycerine to corns. It softens its excrescences that they may be scooped out with ease.

NEURALGIA IN INFANTS.

Children from two to six weeks old, especially males, suffer frequently with attacks of pain in the bowels, coming on about midnight, and lasting until four or five in the morning. Children thus affected cry violently, but towards morning become quiet, fall asleep and the next day are well as ever. This enteralgia does not seem to be caused by any fecal accumulations; it is very noticeable, however, that during the paroxysm they pass no water, and at the end of it a large quantity of pale coloured urine comes away, as after an hysterical attack. The cause of this retention of urine is unknown. The disease affects children of all classes of society, indiscriminately, without reference to their hygienic condition. The remedy recommended by Dr. Boyd (*Edinburgh Medical Journal*, Feb., 1873; *Schmidt's Jahrbucher*, 1873, No. 2) is spiritus ætheris nitrosi, eight or ten drops in a drachm of water. Immediately afterwards, with escape of wind and the passage of a considerable quantity of urine, the crying ceases, and the little patient goes to sleep.

CONVULSIONS CURED BY AN INJECTION OF ATROPINE AND MORPHINE.

M. le Docteur Divet treated attacks of convulsions in a lady who was confined naturally the day before. The urine was not said to be albuminous, but the gravity of the symptoms left no doubt as to the nature of the disease. M. Divet injected hypodermically 1 gr. 50 centigrs., or about one-sixth of the following solution:—atropine sulph. grain $\frac{1}{16}$, morphia acet. grain $\frac{1}{4}$, aquæ 3 ij. This injection of or about one-tenth of a grain of atropine is very powerful, but the doctor trusted to the antagonistic action of the morphia to moderate its energy, giving it at the same time, though in a comparatively smaller dose. The patient awoke after a sleep of seven hours free from the attacks, which did not return. The next day there was slight convulsive movements, without loss of consciousness. During the following days

the dryness of the throat caused by the atropine was the only symptom to be noticed. The result of this treatment deserves recording; but it would be prudent to divide the doses of atropine, and to see how the remedy is borne—*Gazette Obstet.*

TREATMENT OF TINEA CAPITIS.

M. Bourbier recommends as one of the most successful applications in this troublesome affection the use of carbolate of soda, the head to be first completely cleansed, the hair clipped closely, or shaved, and then a pomade containing this substance in various proportions to be freely applied.

TREATMENT OF HOOPING-COUGH.

Sir,—For a long time I have used with great success a mixture composed of chloral hydrate, 18 grains; dilute nitric acid, 25 minims; ipecacuanha wine, $1\frac{1}{2}$ drachms; syrup and water, $1\frac{1}{2}$ ounces. The dose for a child from two to four years old is a teaspoonful every three or four hours. If the tongue has been furred and the bowels disordered, I have substituted carbonate of soda and nitrate of potash for the nitric acid, and have given a dose of rhubarb and grey powder at bedtime. Some years ago, I was in the habit of using tincture of belladonna, but much prefer the above formula.

I am, etc.,

JAMES CROCKER.

British Med. Journal.

Bingley, January 23rd.

BELLADONNA PLASTER IN VOMITING.

Apropos of belladonna, it appears useful to say a word on the application of this substance in the form of a plaster in vomiting as a symptom.

This year, at a meeting of the Therapeutical Society, Dr. Guéneau de Mussy has treated this practical point with some developments. The honourable clinician of the Hôtel-Dieu, has recalled the fact that Bretonneau prescribed the application of belladonna plaster in vomiting, but only in the incoercible vomiting of pregnancy. The eminent physician of Tours put the plaster on the hypogastrium, wishing to act on the uterus; which provoked, according to him, vomiting by reflex action. Cazeaux also has recommended belladonna in incoercible vomiting of pregnancy. He placed the drug on the cervix uteri. He reported many successes thus obtained. Bretonneau and Cazeaux are, then, the inventors of the method; but it belongs to Dr. Guéneau de Mussy to have generalized it; and in effect, for twenty-five years he has extended it to the symptom of vomiting, whatever its cause.

Among the cases in which this topical application has given unexpected results, Dr. Guéneau de Mussy cites that of a patient in whom the habit of vomiting had existed forty years. The same physician suggested the idea of prescribing it as a prophylac-

tic and curative of sea-sickness. A young lady who could never put her foot on a vessel without being tortured with sea-sickness, was able by this means to make a voyage to Australia without being seriously inconvenienced.

Dr. Guéneau de Mussy cites also the instance of a noble foreigner who was instantly relieved by the application of the same remedy. Related by a physician of authority such as Dr. Guéneau de Mussy is, these facts are very interesting, and should not be lost sight of.—*Journal de Médecine et de Chirurgie*, Novembre, 1873.

CHLORATE OF POTASH TO PREVENT SALIVATION.

Dr. Dodge says:—It has been my practice for the last three years to administer the chlorate of potassa in connection with a mercurial, whenever I desired to give the latter for any length of time. I do not administer the chlorate at the same time that I do the mercurial, but at longer intervals, and nicety of dose is immaterial; a small quantity is sufficient. I cannot see but that I obtain the therapeutical effects of the mercurial as readily as before I gave the chlorate. In secondary and tertiary syphilis I have employed the same agents with similar results.

But still more in active inflammation, when I have given repeated doses of calomel at short intervals, with an occasional dose of the chlorate, I have obtained the desired effect of the calomel, but never produced the slightest symptoms of ptyalism.—*Transactions of the Minnesota State Med. Society*, 1872.

STYPTIC COLLODION.

The following will be found a most useful formula:

Tannin,	2 oz.;
Alcohol,	4 oz., fl.;
Ether,	12 oz., fl.;
Soluble cotton,	1 drachm and 2 scruples;
Canada balsam,	1 drachm.

Dissolve the tannin in one part of the alcohol, and the ether with the Canada balsam; then add the cotton.—*Dublin Medical Press and Circular*.

LAXATIVES.

A new remedy has been introduced as a laxative which is said to be preferable to many of the salines, on account of its agreeable taste. It is the sulpho-vinate of soda in two drachm doses.

Another very efficient and much used laxative compound is the following:

R	Ext. colocynth, co.	gr. vi.
	Ol. caryophyl,	gtt. ij.
M.	Divide in pilulæ No. ij.	

LIQUOR PICIS ALKALINUS.

The following preparation is that of the late Dr. H. D. Buckley, of New York, who proposed it to fill the place of a secret French preparation of tar:

R.	Picis liquidæ,	ʒ ij.;
	Potassæ causticæ,	ʒ j.;
	Aquæ,	ʒ v. m. ft. sol.

This mixes with water in all proportions, and discolors the skin to a very moderate extent. It dries rapidly, and leaves very little stickiness. He has used it in all degrees of strength, and regards it as one of the best methods of employing tar. The potash heightens the anti-pruritic effect of the tar. The solution he has employed with advantage in eczema, both in its chronic stage with thickenings, and in the more acute forms, where exudation has about or nearly ceased and the itching is intense. In chronic cases with infiltration, it may be used in full strength. Good success has followed its use in lupus-erythematosus and psoriasis.

THE TREATMENT OF SYPHILITIC WARTS.

Dr. Prohseh, as quoted by the *London Medical Record*, has abandoned in all cases the excision and cauterization of pedicled warts as needlessly painful. He ties them with soft and tolerably thick silk or cotton thread, tight enough to strangle without cutting them. He takes special care to place the ligature close to the root, but not to include any true skin. When the warts are short and stumpy, he draws the noose home, but, before tightening, pushes it down around the root by means of a pointed stick. When the warts are large or compound, he places a separate thread around the several portions, being careful never to include a large quantity of tissue in one ligature. If the warts be very soft, or secreting matter freely, he dresses them for a day or two with cold lotions, so as to check the irritation before the ligature is applied. If they be situated within a phimosi, he uses injection freely, and ligatures all the warts within reach, getting hold of deeper ones as the swelling subsides and the prepuce can be folded back, until all are removed.

Warts that are too flat and broad to be included in a ligature must be cauterized by chemical or actual caustics; but where caustics are used, the greatest care must be taken to keep the surfaces quite clean and dry, lest they suppurate and troublesome abscesses form. Before applying caustic, the warts should also be carefully washed, and then dried by dabbing with cotton-wool. He recommends for soft succulent warts a weak solution of chloride of iron, or powdered alum and tannin; for hard dry warts he prefers strong nitric acid to all other agents. These applications, if used to only a limited amount, cause no irritation, and can be repeated every two or three days till the warts waste away.

CAPILLARY BRONCHITIS.

(This essay embraces some of the views of Roberts, Aitken, and Niemeyer.)

The older writers called this disease capillary or suffocative catarrh, a name which we think eminently judicious, as it not only gives the anatomical seat and nature of lesion, but also gives the lesion of function. It is usually an acute affection, though sometimes found in a chronic form in the aged. It may present simple hyperæmia, or may be of the catarrhal or croupal form; the catarrhal giving cells, mucus, pus, etc., and the croupal giving fibrinous elements.

The causes may be predisposing and exciting. The predisposing are:—

1. *Age*.—More common in infants, especially during dentition, and in the aged.

2. *Habits*.—Over-heated rooms, over-wrapping, and too much coddling are favorable to its production.

3. *General Health*.—Weak and enfeebled persons, diabetes, Bright's disease, scrofula, gout, rheumatism, etc.

4. *Weak Lungs*.—Tubercular deposits, cancer, etc.

5. Obstructed circulation, as in heart disease, ascites, etc.

6. *Occupation*.—Those exposed to heated rooms and cold draughts, exposed to wet and cold out of doors; knife, scissors, and steel grinders; workers in cotton, charcoal, etc.

7. *Climate*.—Damp, cold, fickle or changeable climates predispose to bronchitis.

8. *Season*.—Fall, winter and spring, in bad weather and inclement seasons.

9. More prevalent in large towns, etc.

The exciting causes are:—

1. Exposure to cold and moisture, and more especially if the patient has already a bronchial catarrh involving the larger tubes.

2. Inhalation of irritant gases, and of dust from steel, cotton, charcoal, etc.

3. Morbid blood conditions, as measles, typhoid fever, scarlatina, small-pox, gout, and rheumatism.

4. Sometimes epidemic, as during influenza.

Symptoms.—These vary somewhat, according to the amount of bronchial surface involved, and also to the previous condition of the patient. If not very decidedly extensive, they are usually as follows:—

1. Shiverings, chills, etc., repeating themselves even during the rise of fever, headache, nausea.

2. Comparatively little pain at first, but an incessant dry, rasping cough.

3. Whistling, wheezing, sibilant rales.

4. Dyspnoea, but no dullness on percussion.

5. Rapid respiration, anxiety and restlessness.

6. Expectoration at first scanty, clear and viscid; afterwards more free, opaque, whitish or yellowish. If a large surface in each lung be implicated, the dyspnoea is excessive, and the restlessness and anxiety very marked, while the respiratory efforts are rapid and laborious. The face often indicates great terror and intense distress, and in children this sometimes amounts to an agony of fear. After two or three

days there are muscular pains from straining in the violent paroxysms of coughing.

The shiverings, fever, dyspnoea, dry cough, rapid respiration, sibilant rales, clear percussion, etc., are the symptoms most reliable for diagnosis. The restlessness and distress are also of value. The absence of any great amount of pain, and the presence of the harassing paroxysmal cough in pure capillary bronchitis are remarkable, and can only be explained on this ground, viz: the afferent nerves, conveying impressions to the nerve centres, do not belong to the class which transmit the sensations of pain, but form one portion of a physico-reflex arc, and the impressions received are transmitted to the nerve centre and a motor influence at once reflected back, which motor element we recognize as the muscular effort of coughing. Nature has here wisely protected these minute tubes from occlusion by tenacious secretions, and from obliteration by adhesive inflammation of the walls; the violent and convulsive efforts are, therefore, to a great degree conservative against obstruction of calibre, though if in too great excess, they are exhausting and injurious. It is evident, therefore, that the most delicate of all therapeutical questions will be, "*when and how far to control this cough by anodynes;*" and keen must be the observation of the practitioner, and shrewd his judgment, when in a severe case he desires to save his patient from the exhaustion of the cough, and at the same time avoid the great danger of obliteration of a large space of breathing surface, by permitting capillary occlusion from retention of secretions. If it be true, as stated by a high authority (Draper, p. 159), that each terminal bronchus has 20,000 air cells attached to it, and that there are 600,000,000 of these air cells in the lungs, we can readily appreciate the danger, in the case of extensive bronchitis, of the obliteration of the calibre of these tubes, even though the diameter be not more than from 1-50 to 1-10 of an inch, for such obstruction must cut off a large area of breathing and hasten asphyxia. And this is more particularly true of children too young to expectorate and thus relieve the tubes of this obstructive mucus, pus, or croupal formation, and yet whose impressible nervous systems render the incessant cough one of the most prominent and annoying symptoms. In several cases seen in the last few months, there appeared almost an absence of pain (except from muscular soreness), while there was a most marked and aggravating cough, continuous even during sleep, and recurring each day or night in paroxysms so distinct as to lead to a strong suspicion of complication by malaria. The bronchial membrane appeared almost in a state of anaesthesia as regards pain, but excessively active as regards reflex impressions resulting in motor impulses. Emetics demonstrated the croupal element in several of these cases.

Dangerous Symptoms.—When a very large area is involved, when the secretions are very fibrinous or croupal, when the patient is feeble or has a chronic disease of the lungs or heart, when a fresh attack from exposure complicates an already uncured attack of an extensive character, and when the patients are very young or very vulnerable children, we have often

arising symptoms of a most dangerous import. These symptoms are apt to give to be of two kinds: 1. Those indicating an overwhelming of the nervous system; 2, those indicating approaching asphyxia.

1. *Nervous Elements*.—There is usually excessive cough, high fever, great headache, loss of sleep, intense restlessness, dry tongue, rapid pulse, then delirium or convulsions, coma and gradual death, preceded by profuse perspiration from paralysis of the muscles of the skin, and extensive bronchial rales from paralysis of organic muscular fibres of the lesser tubes, causing retention of the secretions.

2. *Asphyxia*.—In the other class of cases the approach of asphyxia is seen in the violent efforts at respiration; the perpetual restlessness, the quivering nostrils, the paining lips, the bluish fingers, the general cyanotic appearance, the cold, clammy sweat, the falling temperature, the often gradual drowsiness, cessation of all cough, with bronchial rales and the death rattle. Niemeyer says that impending danger in the capillary bronchitis of children may be often foreseen from the following symptoms: 1. Sinking in of the epigastrium and of the hypochondriac regions, showing that the air cells are being exhausted and not refilled, owing to obliteration of calibre of tubes by retained secretions, etc.

2. Increased and permanent prominence of the supra and infra clavicular regions, showing that air is being forced into these air cells, but does not return, i.e., there is not the normal interchange between the air in the cells and the external atmosphere. So we shall find a species of permanent collapse at the basis of the lungs, and a condition of permanent distention at the apices. In each case normal respiration is not performed, and impending danger is to be dreaded. In the collapsed condition air fails to enter the cells; in the distended condition both air and carbonic acid fail to leave the air cells.

Bronchial catarrh of new-born children, Niemeyer thinks, is often mistaken for organic disease of the heart, as the cyanotic symptoms come on rapidly, from the fact that the child does not cough, and the imperfect development of the muscles of the chest and bronchial tubes permits rapid occlusion of many tubes, and rapid asphyxia by obliteration of the breathing surface.

Duration.—It is an acute disease, and will run its course in from five to twenty-one days—rarely over a month. In fatal cases death occurs in children usually between the fourth and tenth days; in adults, between the eighth and fourteenth days. Some cases are much more rapidly fatal. Children often die on the second or third day. The Emperor of Russia died (during the Crimean war) within, I think, 48 hours after the exposure which induced a relapse. Rarely does this form become chronic, but it sometimes lays the foundation for emphysema, and, according to Niemeyer, galloping consumption.

Diagnosis.—The diffused character of the chest sounds, the absence of dullness, crepitant rales, rusty sputa, a pain (never acute), the continued shiverings, the dyspnoea, restlessness, and the incessant cough are usually sufficiently characteristic.

Prognosis and Mortality.—It is a grave lesion,

and the prognosis depends upon many elements. It is grave 1), if the disease be very extensive; (2), if in the very young or very old; (3), in feeble and delicate persons; (4), if it should complicate chronic heart or lung trouble; (5), if the sputa be very excessive and very tenacious, and symptoms of asphyxia threaten early; (6), if intercurrent disease complicate it.

The Morbid Anatomy shows diffused redness—arborescent redness—evidences of congestion; a swollen and thickened membrane; softened and abraded membrane; inflammatory products: if a recent case, scanty and tenacious mucus or fibrinous patches: if of longers tanding, mucus-pus fibrin, detached epithelium, exudation corpuscles, coagulated blood, occluded tubes and portions of lungs with air cells collapsed, and other portions with air cells distended from air retained by the occlusion. Occlusion during expiration would give collapse; occlusion directly after inspiration would give distention simulating emphysema.

From the morbid anatomy we can at once deduce the pathology as being almost certainly an inflammatory affection of the lesser bronchial tubes, involving the mucous membrane primarily; and important as it interferes with the function of respiration. It occurs from checked perspiration, direct action of cold on the membrane, or by extension from the larger tubes; or from the poisons of other diseases, as measles, typhoid fever, gout, rheumatism, small-pox, malaria, etc.; or caused mechanically by direct irritants, as steel, iron, coal dust, etc.

Treatment.—If, upon a careful examination of the patient, the cause be found to exist as a continuously operating one, it should, if possible, be removed. Under this head, irritant dusts, cold draughts, damp and cold working rooms, continuous flowing of saliva upon the breasts of children, going from an overheated room into the raw air, working or sleeping in overheated rooms, etc. If the cause cannot be removed at once, such as the poisons of specific diseases, we must regard these conditions, and shape our therapeutics as best we can to palliate the cause, while we endeavor to remove the intercurrent bronchitis. But in the majority of cases we will have to deal with a true catarrh, the result of incautious exposure to cold, and the treatment in these cases will depend simply upon the condition of the patient and the urgency of the demands for relief. In mild cases, and especially in adults, the treatment is comparatively easy, provided you can control your patient. It consists in a gentle laxative, a temperature of 60° to 70°; liq. ammon. acet., ʒij; spts. ether. nit., ʒss, every 4 hours; rest in bed; blankets in abundance; a thorough diaphoresis; potass. bromid., grs. xv.; morphia, gr. ½, every 6 hours; hot teas for from 2 to 5 days; and, in suitable cases, inhalations of warm vapor. In cases which cannot be controlled, and which will go out in spite of advice to the contrary, we can allay cough by morphia or chloral, protect the chest by several layers of flannel, order a camphor, or belladonna plaster, and use strong tonics from the start. Should the secretion be very tenacious, we can give bromide

of potassium, carbonate or chlorate of potassa, muriate of ammonia, with small doses of wine of ipecac. or tinct. or fluid ext. hyoscyamus. At nights there may be friction over the chest, with or without liniments. I usually order tr. camph., ℥ ij; capsici, ℥ ss; ol. olivæ, ℥ iij; or equal parts of alcohol and ol. terebinth., or Stokes' liniment. At present I almost invariably order some preparation of quinine or cinchona as soon as the cough medicines are laid aside, and often before this is done.

But these are not the cases which demand our greatest skill. The cases requiring most attention and most careful practice are the acute and extensive ones, with fever, cough, restlessness, dyspnœa, orthopnœa, and sleeplessness. Chambers, of London, in acute cases, in adults, affixes a hot jacket poultice and renews it very often, so as to keep a constant moist heat over the entire chest; he also orders inhalations of warm vapor continuously for several days, and as soon as the sputa become free and opaque, gives either bark or quinia. He claims for this treatment great success, great relief from cough and dyspnœa, and a rapid convalescence. Niemeyer and others favor this inhalation; and speak most encouragingly of the results obtained. In acute capillary bronchitis, venesection, leeching, etc., are not now used, unless complicated by pneumonia or pleurisy, and then only with caution. Most if not all authorities appear to agree upon certain things as essential:—

1. Free diaphoresis, warm room, warm coverings, warm drinks, hot foot baths.

2. Warm or hot applications to the chest (Niemeyer even gives hot baths in extreme cases); mustard poultices, hot flannels, etc., are used as hot as can be borne.

3. For cough, morphia, atropia, hydrocyanic acid, chloroform, ether, etc. I greatly prefer bromide of potassium and chloral, used very guardedly.

4. Small doses of ipecac., tartar emetic, etc., in early stages.

5. If the secretions be tough, the alkalies and chlorides.

6. Tonics as soon as fever subsides; blisters, if required; painting with iodine.

In children, I do not think too much stress can be laid on the great value of diaphoresis in the incipient stages. Warm baths, hot flannels, hot poultices, with warm inhalations, if practicable, and warm rooms, are admirable therapeutic agents. I have seen great relief from a bold use of ammon. acet. and nitre, with hot teas. For incessant cough, without much fever, I have seen inhalations of chloroform, repeated 4 or 5 times a day, give complete relief, and this, in one case, in a child five months old. I am almost certain (many of our most prominent Baltimore physicians to the contrary, notwithstanding), that I have procured excellent results by: ℞ Calomel, gr. $\frac{1}{2}$; tartar emetic, gr. $\frac{1}{16}$ – $\frac{1}{8}$; potass. nit. gr. $\frac{1}{2}$ –j, every 4 or 6 hours, for 2 or 3 days. If, after the acute attack, the cough still continues troublesome, and secretion tenacious, I have found potass. bromid., potass. bicarb., vin. ipecac., and syr. senegæ or scillæ to give favorable results; and also hydrate of chloral,

with potass. brom., if carefully watched. In using any narcotic, in severe cases, great care is necessary to avoid narcotism, if the secretion be at all free.

The dyspnœa, which is a marked feature of the disease, may be produced by two causes: 1. From spasm of the bronchial muscular fibre. Relieved by chloroform, chloral, ether, morphia or opium—some form of narcotic.

2. From occlusion of tubes and filling of air cells by excessive secretion; diagnosed by rales, etc. Assist expulsion by emetics boldly used, with stimulants and supporting treatment in the intervals. Support strength by beef tea, milk, cream, brandy, wine, etc., in small quantities, often repeated; but avoid full meals and prolonged sleep, as the one, by reflex action, may induce spasm and much coughing, and the other permits great accumulation of secretion, and hastens asphyxia.

As fever falls, give bark, quinine, iron, etc. I often prescribe the citrate of quinine and iron dissolved in good sherry wine, and have been much pleased with it.

DR. H. R. NOEL.—*Proceedings Baltimore Medical Society from Philadelphia Med. Reporter.*

ON THE TREATMENT OF ULCERS OF THE LEG.

By Dr. J. GORDON BLACK, Surgeon to the Hospital for Sick Children, Newcastle-on-Tyne.

The perusal of the valuable reports which have appeared in the Journal on the treatment of ulcers, at the various London Hospitals, induces me to offer a few remarks, in the belief that good will accrue from the further ventilation of the subject.

It seems pretty generally admitted, that the treatment of ulcers of the leg in the out-patient room is unsatisfactory and disheartening. Whilst some instance the intemperate habits, the poorly-fed and over-worked condition of the patients, to account for this want of success, I am more inclined to blame a wide-spread belief in the profession, as expressed by Mr. Lawson, of the Middlesex Hospital, that "for the effectual treatment of all ulcers of the leg, absolute rest of the limb is the first element." Having for some time past been in the habit of curing cases of this kind without requiring the patient to neglect his ordinary duties for a single day, I certainly cannot hold such a belief. If it be possible to cure a large ulcer of the leg without rest, and in quite as short a time, to say the least, as would be required to heal the same by recourse to the horizontal position, what becomes of the theory that absolute rest is necessary?

Moreover, during the time that the patient remains in bed, the circulation through the limb is rendered more efficient, and healing of the ulcer ensues; but no sooner are the ordinary duties resumed, than the old conditions recur, bringing back with them the inevitable ulcer. A cure, therefore, under the absolute rest system, can scarcely be alleged, because it is not permanent; whereas, if an ulcer be healed without rest, it is clear that a cure has been effected, provided similar therapeutic con-

ditions are maintained. This latter provision cannot, of course, be observed under the former plan of management.

Knowing, as I do, the easy practicability of healing ulcers without rest, I cannot think it proper to admit such ailments to the wards of an hospital. To do so, seems wasting the funds of the institution, no less than the time and labor of the sufferer. At the same time, it is not creditable to surgery that such patients should be neglected, or given to understand that their weary and loathsome malady is incurable.

The plan which I adopt is practically the same as that recommended by Baynton, nearly eighty years ago, but with the important modification of using it antiseptically. Baynton's strapping has long been recognised as valuable and effective, and is described by Mr. Erichsen under the head of "Indolent Ulcer." Such management, however, taxed too severely the time and patience of the surgeon, for its successful practice. Unless the plasters were very frequently removed (Mr. Erichsen says every forty-eight hours at least), the pent-up discharge became very offensive, causing the dressings to be disagreeable, both to doctor and patient.

In order to avoid these disadvantages, I now warm the plasters by passing them through hot water, to which a little solution of carbolic acid has been added. The sore having been washed clean by the patient, is then saturated with a weak solution of carbolic acid, and the straps, first treated as described, applied. The pieces of plaster (stout *emplastrum saponis*), should be two inches broad and long enough to overlap four inches, after passing completely round the limb. They should be applied after the manner of a "Scot's dressing," from about three inches below the lowest diseased surface, to about the same distance above the highest. In their adjustment I think it most important to use no compression, but simply to lay them down evenly, so as to fit the limb accurately, and leave no creases in the plaster. Should pain be produced, the strap has been improperly applied, and must be at once removed. The bandaging of the limb, lightly and carefully, from the toes to the knee, finishes the dressing, which latter need not occupy more than ten minutes altogether. The patient may be told to return at the end of a week, when, on removal, the plasters will show only a slight moisture, instead of the profuse and offensive discharge seen when no antiseptic is used.

The advantages of the above plan of treatment are briefly these: It is cleanly; it saves the time and labor of the surgeon, for the dressings need rarely be changed oftener than once a week, and occupy only a few minutes. And, finally, whilst the healing process is conducted with a minimum of pain and discomfort to the patient, he is in no way restricted from pursuing his ordinary occupations.

In cases of irritable ulcer with much pain, Baynton recommended the sufferer to remove the bandage occasionally, and pour cold water upon the strapping for a few minutes, afterwards drying lightly with a soft towel, and reapplying the bandage. The plan is

an excellent one, and usually very grateful to the patient's feelings.

Instead of employing carbolic acid, another good antiseptic may be used, namely, sulphurous acid. This is easily applied by playing upon the ulcer and surrounding diseased skin with a Dewar's spray apparatus. The plasters may then be adjusted, after passing them through hot water, simply. A little smarting ensues, which, however, soon passes off. The effect of the sulphurous acid, in checking discharge and mal-odour, is quite as good as that of the carbolic, whilst its application is perhaps less troublesome and disagreeable. The sulphurous acid is especially suitable to ulcers of moderate size.

Baynton's strapping, especially when used antiseptically, may be employed for nearly all kinds of ulcers. The surface of a weak, indolent, or inflamed ulcer, speedily assumes a healthy appearance, without the preliminary use of astringent, soothing or other lotions being necessary. The most irritable sore may be strapped if care, and no compression, be used. Occasionally, however, it may be found advantageous to substitute linen or calico for the plaster straps.

For varicose ulcers, no treatment could be better. The horny edges of the "callous" variety quickly disappear, without recourse to such a dangerous excitant as blistering, which may easily set up unmanageable inflammation in the old or infirm. In eight or ten dressings, even very extensive ulcers may be healed by strapping, so that the cases must be few where skin grafting is really needed.

The administration of medicines internally is unnecessary. In most cases opium may be given to relieve pain, but the healing process goes on steadily, without such assistance.

I observe that Mr. Nourse, of Brighton, has used strapping and bandaging with great success. The plan, I feel sure, only requires more extensive employment to be better appreciated. For the frequent failure of the ordinary treatment by lotions, &c., patients are often blamed, because they do not strictly obey the instructions given. This neglect is, however, due rather to the well-known feebleness of such remedies, than to any lack of pains or inconvenience on the part of the sufferers. On the other hand, the interest which the latter manifest in carrying out directions under the treatment by strapping, is by no means the least recommendation of this method.—*British Medical Journal*.

CASE OF SPASMODIC DYSMENORRŒA.

Under the care of Dr. MATTHEWS DUNCAN, at the Edinburgh Royal Infirmary.

The following case illustrates very clearly the symptoms of the so-called mechanical dysmenorrhœa which, according to some authorities, is in almost every instance due to a flexion of the uterus. Whatever may be the frequency of flexion of the uterus (and it varies greatly with different practitioners)

it is certain that this bent condition of the organ may sometimes cause painful and irregular menstruation; but it would appear from the evidence of good and unprejudiced observers that the part which a flexed uterus plays in the female economy has been greatly exaggerated.

M. H—, twenty-nine years of age, married for four years, has had no children, was admitted to ward 16 on the 26th of June, 1873, complaining of pain during menstruation. Patient is a strong-looking, stout, ruddy-complexioned female, and, with the exception of the complaint mentioned, enjoys, and has always enjoyed, good health. The dysmenorrhœa commenced when patient was sixteen years old—at which age menstruation began—and has continued without intermission ever since. The discharge is preceded generally by vomiting, and the pain accompanying it is of so severe a character that it necessitates her lying in bed for four or five days. The pain is referred by her to the hypogastric and lumbar regions, more especially the former.

July 4th. On vaginal examination during the day preceding a monthly period, nothing particular is discovered. On passing No. 9 of the series of uterine bougies (corresponding to the male urethral series), patient complains loudly as soon as the internal os is reached, and this number is as large as can be easily passed.

July 5th. Patient is menstruating to day. No. 9 sound passes without pain. No. 12 bougie causes the same pain that No. 9 did on a former occasion. No. 14 was passed.

6th. The patient declares herself quite free from pain. No. 14 bougie goes into the cervical cavity quite easily.

14th. Has been quite free from pain since last report. She says that she has never had such an easy monthly period.

15th. Dismissed at her own request.

One case proves very little, but this is a good example of the use and efficiency of treatment by bougies. The success certainly astonished the woman very much. This case also illustrates very distinctly one branch of the argument against the mere mechanical character of this dysmenorrhœa, which is more justly called spasmodic. It was a characteristic case of what is called mechanical dysmenorrhœa. The internal os uteri was very sensitive, tender, and rigid, yet it easily passed a No. 9 bougie, indicating a passage of dimensions quite natural, and more than sufficient to transmit the menstrual flow. Moreover, in this case the state of the internal os during the flow was examined, and it was then found enlarged, not contracted; it then allowed a No. 14 bougie to pass easily. In short, with all the symptoms of so-called mechanical dysmenorrhœa, there was not only no obstruction, but more than usual enlargement of the passage of exit for the menstrual fluid.—*Lancet*, Sept. 6, 1873.

TREATMENT OF IMPERFORATE ANUS.

Amongst the operations that may at any moment present themselves to the surgeon, that required for

the relief of imperforate anus is one of the most delicate and important, and he should be prepared to meet any difficulties that may present themselves. "We too frequently neglect," says M. Verneuil, "to ask whether the newborn infant has evacuated the urine and meconium; and when it is ascertained that the anus is imperforate, much valuable time has been lost." Thus, he has himself been called upon to operate on the fourth day. He observes that the success of the operation has been made greater in recent times, when, instead of pushing a trocar at hazard in various directions, deliberate dissection has been made. This is particularly requisite where there is no projection of the rectum, or where the inferior extremity of the rectum is altogether absent. A convenient place should be selected, the infant on its belly, with the knees bent and thighs well separated. An incision should then be made from the easily found point of the coccyx, along the median raphé towards the scrotum or vulva. It is important to keep in the middle line, where we find always, as we are taught by embryogeny, in the absence of the rectum, a fibrous band which runs as far as to the membranous region or inferior third of the vagina. This is a valuable guide that must not be lost. When the incision made *layer by layer* is sufficiently deep, then may be perceived, on separating the cut edges of the wound well from each other, and directing a jet of cold water upon them, a small black point not larger than the head of a pin. This is the intestine, and if it be movable it should be drawn towards the skin. It is a fortunate circumstance when this can be done without opening it. More frequently it is only possible to seize the end of the intestine with the hook, and an incision is then made into it. The meconium then flows away, and begins at once to be a source of trouble; its flow sometimes lasts for a considerable period. It must be watched with patience, and waited for till it has finished, in order to complete the operation, which consists in sewing the rectum securely to the skin, taking care that the opening is free, and that there are no chances of retraction or of infiltration. But it may also happen that a deep incision may be made into the perineum, and nothing may be found. The situation becomes a grave one, for it is necessary to continue the dissection into the true pelvis. The operation is difficult, and the guides to it obscure. Not unfrequently the absence of the rectum exists for a considerable portion of its extent. To keep straight in this course across the pelvis, it is important not to lose the walls, the curvature of the sacrum in particular, which is a valuable guide. It is, nevertheless, attended with much difficulty, and M. Verneuil has suggested a proceeding which materially facilitates it. It consists in giving a cut with the scissors on each side of the coccyx, which can then be drawn back, and at once affords greater space to work in. In one instance M. Verneuil found a cut of a quarter of an inch long on either side sufficient, but in others it is necessary to make the incisions over quarter of an inch. He has thus succeeded in cases where otherwise the operation would have had to be given up, and some other-

attempted. Once formed, the retraction and contraction of the new anus should be prevented by directing the mother to introduce the point of the little finger into it several times a day. Most of the cases of imperforate anus prove fatal.—*The Practitioner*.

ERGOT IN THE TREATMENT OF NERVOUS DISEASES.

Dr. Daniel Kitchen, Assistant Physician to the New York State Lunatic Asylum, makes, in the July number of the *American Journal of Insanity*, an interesting report of the action of ergot in certain nervous affections. He used the fluid extract and the aqueous extract, or ergotine, made by Merck, of Vienna. The dose of the former is from one to two drachms; the latter from six to ten grains. One drachm of the alcoholic extract is equal to about six grains of the ergotine. He also used a few ounces of a solid extract, which is about equal in strength to imported ergotine. The full physiological effect of ergot will last from one-half to three quarters of an hour.

"There is probably no condition so annoying to the patient as headache, and certainly it is the most common. In the following forms we have used ergotine with much benefit and comfort to the patient: 1. Headache, depending on plethora or fullness of blood; 2. Headache from anæmia; 3. Headache depending on changes in brain substance and the membranes; 4. Epileptic headaches, 5. Migraine, 6. Headache depending on disordered menstruation. The most common form of headache is the first or that depending on a plethoric condition of the blood-vessels of the brain. Of course we cannot estimate correctly the amount of pain endured at each sickness, but it depends largely upon the constitutional character and nervous susceptibility of the patient. In plethoric headaches the course is either very short (a few hours at most), or they last for some days. The pain is usually referable to the back of the head, and there is much throbbing of the temporal arteries. In this class of headaches we have used ergotine largely; about one-hundred patients have been prescribed for, and in almost every instance relief was given in less than half an hour, and the attack thoroughly cut short.

"In headache from an anæmic condition of the brain the blood-vessels are usually lax, and as a consequence there is a slowness of the circulation. Ergotine contracts the blood-vessels, thereby giving tone to the arterial system; the blood is forced more quickly and regularly through the brain, and of course in greater quantity. Our cases of cerebral anæmia are comparatively few, and experiments are therefore limited; yet in those cases where we have had an opportunity of using it happy results have followed. In epileptic headaches and in epilepsy we have used ergot largely. In *petit mal* there are muscular twitchings, congestions of the face, suffusion of the eyes, and a rush of blood to the head. We have in many of these cases been able to ward

off the *grand mal* by large doses of ergotine. We have often combined it with conium, and it seems in this combination to work even more satisfactorily than alone, which is chiefly due, we suppose, to the sedative effect of the conium. In migraine, or sick-headache, we have distended blood-vessels pressing on the ophthalmic division of the fifth nerve, thereby causing the pain; and if we accept this theory, then ergotine, by contracting the blood-vessels, will relieve the headache. In headaches depending upon some disordered condition of menstruation we usually have a fullness or congestion of the cerebral vessels; sometimes, however, it may occur from anæmia of the brain. In both forms the use of ergotine is beneficial."

Dr. K. concludes his paper with the following statements:

"1. Benefit of combination with bromide of potassium in epilepsy; 2. It is apt to produce cramps and pain in the stomach, which is remedied by combination with conium; 3. In nervous diseases it soothes all renal irritation and catarrh of the bladder; 4. It dilates the pupil sufficiently to be noticed; 5. Increases both frequency and tension of the pulse; 6. Has no appreciable effect on the heat of the body; 7. In large doses it produces the same effect as conium, by inducing sleep; 8. Its beneficial action in delirium tremens, after bromide of potassium has failed; 9. It combines readily in form of pill with sulphate of quinine; 10. It is a cerebral sedative; 11. Ergotine possesses an advantage over the alcoholic extract in not producing any pain or cramp in the stomach, and is given in smaller quantity; 12. Ergot is not likely to be adulterated, and we always secure an appreciable effect after its administration."
—*American Practitioner*.

TREATMENT OF ERYSIPELAS BY THE TINCT. VERAT. VIRID. CO. CONC.

By JOHN W. LANE, M.D., L.R.C.S., &c.

In June, 1863, I was consulted by a patient who was suffering from mammary cancer, in reference to a violent burning pain, with redness and swelling of the right arm from the wrist to the shoulder and neck. On examination, I found she had been attacked with simple erysipelas, accompanied by the usual common symptoms, she remarking that since it had made its appearance the day before, the cancer had become quite painless and easy. She had been applying the above tincture to the schirrhous mass twice a day for some time, it having been prescribed for her by a London specialist (cancer), at the same time saying that she thought it was a very good application, as it relieved the violent burning pain for some hours after it had been applied, and the only disagreeable symptom was a peculiar tingling sensation on the surrounding skin, producing slight giddiness and then drowsiness. I thought that this application was most likely the primary cause of the erysipelas, and desired her to stop using it. "Well, why doctor," she said, quite logically. "If it cases

the burning pain in my breast, may it not also ease this burning pain in my arm?" Her argument induced me to try it, so getting a small camel-hair pencil, I applied it all around the shoulder and under the arm, thus covering the extreme boundary of the erysipelatous rash and about two inches of the sound skin. I went to visit her the same evening and was surprised to find that the erysipelas had not spread, at once I applied it freely all over the arm, thus painting, I may say, the whole extent of the surface attacked; the usual concomitant symptoms began to disappear. Next morning on visiting her I made a fresh application, she remarking that the burning sensation disappeared in a few moments after I had painted the whole arm. One more application same evening and one next day were all required, as upon washing off the dark-looking crust upon the arm it had returned to its normal size, color, and feeling. Very shortly afterwards I was sent for to a case of erysipelas of the face and neck. I applied the tincture pretty freely, taking care to go far enough upon the sound skin with it. Three applications eradicated the disease; since then I have had numbers of cases affecting, I may safely say, nearly all parts of the body, the worst one being where the right leg and side were affected from the toes up to the arm-pit; two dressings a day were all I used in this case as it covered a large surface. But where the erysipelas is more circumscribed I use it, say every four hours or oftener; to some patients I have administered the tincture at the same time, in doses of from two to seven drops three times a day, but I saw no difference in its effects. I cannot exactly say the number of cases I have had within the ten years past, perhaps twenty, and I have never known the application to fail in arresting the spread of simple erysipelas. I have made known the remedy to various of my medical friends in Shropshire, but have not heard of them ever using it except the late Mr. Clement, of Shrewsbury, who used some I gave him, and said it certainly had a wonderful effect, though he had only tried two cases. It is an American preparation made by "Keith, of New York," supplied to me by "Twinberrow & Son, Cavendish Square, London." I should be glad if some of my medical brethren would get some, use it alone in treatment of any cases they may have, and make known the results in the columns of this paper. Having never heard nor read of this tincture ever being used in this country (of course I do not know what any of our transatlantic brethren may have done), but I think if there is any specific in it, it should have a trial. I forgot to mention that in some cases I diluted it with equal parts of whisky, and generally gave a mixture containing *nit. potass.* and *hyoscyamus*.

Bishop's Castle, Salop, Dec., 1873.

—*Dublin Medical Press.*

PHOSPHORUS IN NEURALGIA.

In October of last year I wrote a letter to the *British Medical Journal*, calling attention to the value of phosphorus in the treatment of neuralgia. Since this date I have given it a somewhat extensive trial,

the general result of which is to confirm the favourable report I made of it in my first letter. I have prescribed it in various neuroses, in melancholia, in impotence, in mercurial tremor, in locomotor ataxy, etc., but have come to the conclusion that its value is most conspicuously and constantly seen in cases of nerve-pain, accompanied or caused by asthenia: indeed, while it has appeared to me quite inert in most of the separate diseases I have mentioned above, it has rarely disappointed me, when properly administered, in true cases of anæmic or asthenic neuralgia, amongst the remedies for which disorders I believe it will ever hold a high and secure place. Its mode of administration is, however, of importance; and while in many respects agreeing with Mr. J. Ashburton Thompson in his remarks upon this remedy, which appear in the *Practitioner* for July, I cannot indorse his statement as to the wisdom, or even the safety, of beginning with a dose of one-twelfth of a grain every four hours. Mr. Gubler, in a recent number of the *Bulletin Général de Thérapeutique*, is more correct, I think, in urging great caution in the administration of this powerful remedy: indeed, in the seventeen cases treated by Mr. Thompson, one suffered from serious and alarming symptoms, as the result, we may fairly presume, of the phosphorus, which was administered in the dose of one-twelfth of a grain. My custom is to commence with one-hundredth of a grain, and gradually increase this by one-fiftieth of a grain at a time, until, if necessary, one-tenth of a grain is taken with each dose. Beyond this quantity I do not go; as I think that, if the remedy be of use, relief will be attained by this dose equally with a larger. After trying several preparations, I now use a formula which Mr. Potts, dispenser to the Manchester Royal Infirmary, hit upon, and which seems to answer every purpose, in being tasteless, transparent, and readily prepared. He dissolves ten grains of phosphorus in two ounces of ether, agitating the solution from time to time; and of this solution, one minim (containing one-hundredth of a grain) is administered in an ounce of water with half a drachm of glycerine. The glycerine suspends the phosphorus so perfectly that a transparent mixture is the result. The addition of a little bitter infusion entirely removes any suspicion of lucifer-matches which may hover about the medicine.

S. MESSENGER BRADLEY, Manchester.

NITRIC ACID IN THE TREATMENT OF HOOPING-COUGH.

Mr. Berry states (*Med. Times and Gaz.*, Feb., 8, 1873), that he has found dilute nitric acid, in doses of from five to fifteen minims—according to age—with simple syrup, given every three or four hours, to alleviate the cough and spasm, and apparently cut short the disease. In all cases, at the same time, Mr. B. has paid attention to the state of the digestive organs, and in such cases as required it he gave an aperient combined with a laxative.

THE ADMINISTRATION OF PODOPHYLLIN.

As podophyllin in some combinations produces considerable pain without corresponding benefit, any plan for increasing the certainty of its remedial action is likely to be interesting. I venture to call attention to a powder which I have used for some time, and which has proved extremely useful. The following is my formula. \mathcal{R} . Podophyllin gr. ivss; extracti claterii gr. ivss; pulveris jalapæ comp. ʒ vj. M.—Half a drachm of the above powder in half a pint of warm water acts most effectually, and the cholagogic effects of the podophyllin seem to be assisted by the hydragogues, the latter washing out the bile in a most satisfactory manner.

The immediate effects of this powder are somewhat as follows. In half an hour, there is free diaphoresis, followed by vomiting, and afterwards copious liquid and bilious stools. This has not, in my experience, been followed by the constipation which frequently occurs after free purging—perhaps on account of the increased flow of bile not ceasing with the primary cathartic effect. In case of ascites, with defective secretion from the liver, its power of reducing the amount of the effused fluid is most remarkable. The bulk of the powder, in dividing such active drugs as claterium and podophyllin, is a decided advantage.

Grimston, Lynn. ALFRED E. BARRETT.

TREATMENT OF CERTAIN FORMS OF BRONCHOCELE BY INJECTIONS OF IODINE.

Dr. Morell Mackenzie stated that in a former paper he had described in detail the various methods applicable to the several kinds of enlargement of the thyroid gland. In discussing the treatment of fibrous bronchocele in the article referred to, he did not do justice to the method recently introduced by Prof. Lecke, of Berne. A larger experience, made under more favourable conditions, had convinced him that the treatment of certain forms of bronchocele by the subcutaneous injection of iodine into the substance of the enlarged gland, was of the greatest value. The following was the plan of treatment, which, in accordance with Dr. Lecke's recommendation, the author had employed: Thirty drops of the officinal tincture of iodine were injected into the substance of the gland once a week for the first two or three weeks, and afterwards once a fortnight, as long as was necessary. It was well to give iodide of potassium internally, at the same time; but no medicine was given to any of the patients whose cases were now related. The advantages of the treatment were, that it did not cause any constitutional disturbance or local irritation (suppuration.) In this respect, it was preferable to treatment by setons and caustic darts. The only disadvantage of the method was its slowness; this, however, could scarcely be considered a drawback, except when the enlarged gland caused urgent dyspnoea. The cases which were briefly related had been taken indiscriminately as they presented themselves, or were found

in the case-book of the Throat Hospital on July 21st. Of the sixteen cases, fourteen were fibrous, and two adenoid, or soft. Fourteen patients were females and two males. Eleven were completely cured, in four a considerable reduction resulted, and one case completely resisted treatment. In one case the neck was reduced by $3\frac{3}{4}$ inches in less than six months; in two cases a reduction of $2\frac{1}{2}$ inches took place. The duration of treatment varied from one to eight months, the average being four months. The author concluded by remarking that the treatment of cystic cases by injections of iron, as previously recommended by him, was, of course, much more rapid, and therefore more striking; but the fibrous cases were undoubtedly the most difficult to treat of those varieties met with in practice. Dr. Mackenzie added that suppuration had not occurred in any case where the injection had been made into the gland itself. The failures of the treatment were 5 per cent. Mr. Meade's treatment by division of the fascia in the central line, where symptoms of dyspnoea indicated mechanical pressure had been found successful in alleviating this.—*Proc. Brit. Med. Ass.*, in *Brit. Med. Journ.*, Aug. 30, 1873.

VOMITING OF PREGNANCY.

Dr. Athill, in the *Medical Press and Circular*, says that the hypodermic injection of morphia occasionally controls the vomiting met with in pregnancy, or that which sometimes follows severe cases of *post-partum* hemorrhage. The formula which he now adopts for the solution to be injected subcutaneously is the following:

R. Acetatis morphiae	gr. viij.
Liquoris atropiæ	M. xlviij.
Glycerini	ʒ. v.
Aquam ad	ʒ. iv.

Fifteen drops of this solution contains half a grain of the acetate of morphia, and about the fortieth of a grain of atropia.

HOW TO ADMINISTER LARGE INJECTIONS.

Very large injections, half a gallon to a gallon, can be administered, says Dr. Wilbrand, by placing a patient upon his elbows and knees, so that the anus becomes the highest point of the intestinal canal. They are extremely useful in fecal accumulation, intussusception, lesions of the ilio-cæcal valve, &c.

THE USE OF RAW MEAT IN PHTHISIS.

The following formula is found useful:—Take beef reduced to pulp, mix this with rum, brandy, or whiskey enough to make into a soft mass, to which may be added, according to the patient's taste, either salt or sugar; several spoonfuls to be taken during the day.

THE CANADA MEDICAL RECORD

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EDITOR:

FRANCIS W. CAMPBELL, M.A. M.D. L.R.C.P. LOND.

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THE SOCIAL EVIL.

The Sanitary Association of Montreal, at one of its late meetings, appointed a committee to enquire into the best modes of dealing with the social evil as it exists among us; especially in so far as it affects the health of the community from diseases arising out of it. The report of that committee is before us, and we believe that the conclusions arrived at, namely, that registration of prostitution is the best mode of dealing with the matter, will receive the support of the medical profession at large.

The question has been viewed from so many standpoints, that it becomes almost impossible to follow the arguments which have been adduced about it. If the subject merely concerned individuals following a life of prostitution, as well as those who are its customers, nothing further might be said about the evil; and we might allow it to continue unrecognised. Unfortunately, however, there are diseases which arise out of prostitution and which are the sequences of debauchery and these from the exercise of promiscuous intercourse, are spread far and wide. The medical profession of to day do not require to be told of the effects of the chief of these diseases, the merest tiro of our profession is fully conversant with its baneful powers, and not only the latter for a large proportion of the influential men of our community understand the subject to some extent. It is therefore marvellous that measures have not long before this been adopted to protect the community from a disease which is more dangerous to the individual and his offspring than small pox and is more insidious in effects.

To attack syphilis properly the causes of prostitution must be studied, and remedied wherever possible. If we could remove the evil, syphilis would in consequence die out and there would be no occasion for providing safeguards. From the very nature of humanity the causes of prostitution cannot be remedied and therefore it will always exist in our midst. There is no need to quote history to prove this fact. Have there not been Rahab's and

Mary Magdalenes in all times? and of which there is no proof that all such have been driven to a life of degradation by stern necessity? We do not think that Potiphars wife was or is a solitary exception, daily events disprove any such conclusion so that we do not *indulge* in any Utopian views contrary to well known and established facts. At the same time we do not for a moment mean to insinuate that all women would be bad if placed under certain circumstances; but think that there are both men and women prone to evil, as there are to the contrary. A class of professional prostitutes is to a great extent one of the safeguards of society, as at present constituted, but that class from the nature of their trade are peculiarly liable to contract and spread disease. Inasmuch as it is impossible to remove the predisposing causes which spread widecast certain affections, especially syphilis, we cannot see any other mode to keep them in check than by adopting a system of registration and inspection. We have no doubt that if such a system was universally carried out, syphilis might be entirely eradicated from our midst. That amelioration has followed the adoption of registration and inspection there can be no doubt. It has been proved from statistics compiled in Great Britain, that wherever the contagious diseases act has been enforced this disease has been greatly checked. From the army returns it has been shown that there is a marked decline in the admission of primary sores wherever the act is in operation. If we compare the proportion of admissions in stations at which the act is in force, with those where it is not, we find the admissions per 1000 for primary venereal sores to be 54 at the former and 113 at the latter. There is however, no use in dealing with the matter by piecemeal; any act formed for the control of prostitution, must include the whole Dominion so that the re-introduction of disease from distant parts will be prevented. Stringent laws should be enacted and enforced not only to prevent its spread but also its reintroduction whether by male or female. We have not come to this conclusion without due deliberation for we have time and again been impressed by facts which have come under our personal observation of the necessity of legislation in the matter. We are also aware that to the great majority of our respectable fellow citizens, the subject is distasteful bringing to light as it does the canker which is gnawing at the vitals of society. We see no reason why the matter should be shunned, even if disagreeable, as we deem it the duty of all conversant with the extent of the evil, to discuss the advisability of legislation and we would further suggest that no

accusation of pseudo morality prevent them from advocating views which already receive their private sanction.

A New York letter to the *Springfield Republican* gives the following as an account of the incomes of medical men:

"A physician in good practice will receive patients at his office four hours daily, and make calls for about the same length of time. From ten to twenty callers, and half as many house patients, would be a fair average; the fees would be two and five dollars each. At these figures it would not be hard to make up an income of 20,000 dollars or more. It is said of Dr. Willard Parker, I believe, that having been called out of town to attend a patient, he returned a bill of 300 dollars, and when it was disputed he showed by his books that his daily receipts were much over that sum. Surgeons' single charges are larger than those of physicians, though the incomes of the latter are probably the highest. For ordinary attendance their rates are about the same, or say five dollars a visit. From twenty-five dollars upwards is the charge for operations. For setting an arm or leg 250 dollars would be asked; larger undertakings being in proportion. For a case requiring a delicate operation and six weeks' constant attendance, sometimes two or three times a day, 1,000 dollars was lately asked by a leading surgeon. In another instance, where a wealthy gentleman was badly jammed by a railroad car, he was attended by Dr. James R. Wood, who made about a dozen visits, without any important operation, and sent in a bill of 2,500 dollars, which was paid. This is exceeded by Dr. Carnochan, who charged 2,000 dollars for an operation alone, while another surgeon is said to have received 4,500 dollars from one patient. The prices charged by dentists are quite as high as those of physicians. A man of ordinary reputation in the profession will ask from five to thirty dollars for pulling a single tooth, while Mr. Alkinson, one of the most fashionable dentists, is reported to charge 10 dollars for simply examining a person's teeth, and 25 dollars an hour for operating upon them, and has brought in a bill of 200 dollars for filling a single tooth. Many people refuse to pay these fancy prices, but it is a common thing to have to pay anywhere from 10 to 100 dollars for dentists' bills. Most practitioners of any reputation have engagements very far ahead. Ten days is a short time to wait for your turn, while a friend of mine, who went to Europe in the middle of last October, on applying

to her dentist for treatment, was told that he could not give her a single hour's heed until February, or nearly four months in advance. Dentists are kept busy all the year round, and seldom have any leisure. Their practice is confining, and not healthy, but it is very profitable. Their incomes range from \$5,000 to \$50,000 a year, while they have no expenses for carriage hire, books or travel, and not a very heavy outlay for materials and keeping up their offices."

THE SIAMESE TWINS.

In our last issue we mentioned the somewhat sudden death of the Siamese Twins, at their residence, Greensboro, North Carolina. Chang was discovered to be dead by his brother Eng, who immediately showed symptoms of great mental shock. Cold sweat came all over his body, and in the course of an hour from the time of the death of Chang, he became profoundly comatose, and so continued till he died. A Commission from the Academy of Medicine of Philadelphia proceeded to the residence of the twins, and after some difficulty succeeded in getting permission to remove the bodies to Philadelphia for the purpose of anatomical examination. This took place on the 18th of February, and was made by Drs. Pancoast and Allen. A complete report has not yet been published; but so far as the examination was made on the above date, the following, copied from the *Philadelphia Medical and Surgical Reporter*, gives the anatomical peculiarity of the band which united these singular beings, and which, of course, was the principal object of interest:—

The band which united them was four inches long and eight inches in circumference. Processes of the peritoneum ran up to the median line of this band, but there was a complete separation of the peritoneal cavities at this line. The hypogastric arteries under the anterior walls of the abdomen distributed branches from each body into the band. The ensiform appendices of the sternum were united in the median line by a continuity of cartilaginous structure, but not by any true articulation. A vascular connection between the two bodies was demonstrated by injecting colored plaster into the portal circulation of Chang, which appeared in the portal circulation of Eng. The track of this injection passed beneath the peritoneal prolongation of Chang, and above that of Eng, and although little parenchymatous structure was present, no reasonable doubt existed but that the communication between

the two circulatory systems was quite free. Doubtless the peritoneal pouches referred to contained, when in the foetal condition, true liver tissue, which, in process of growth, diminished and retracted, so as to leave the pouches empty.

The physical condition of the twins was contrasted. Eng was well nourished, while Chang was emaciated. It was the opinion of Dr. Allan that Chang died of cerebral clot, and Eng probably of fright.

The band itself was composed of interlacing muscular and aponeurotic fibres passing across the median line and inserted into the ensiform cartilage of the opposite twin.

Such is a brief description of the nature of the connecting band of the twins. It shows that while a separation in life would not have been necessarily fatal, it would have been extremely perilous, and they did wisely in refusing to submit to it.

Should any further details of interest appear in our exchanges, we will duly inform our readers, but what we have given above, covers it seems to us, the most interesting point of their organization.

TO CORRESPONDENTS.

Letters have been received from:—Dr. Grange, Petrolia; Dr. Brownlow, Ogdensburg; Dr. Bower, Waddington, N. Y.; Dr. Malloch, Moose Factory; Dr. Bogart, Campbellford; Dr. Addison, Farmersville; Dr. Beith, Bowmanville; Dr. Flock, London; Dr. Woodruff, London; Dr. Aylwin, Quio; Dr. Holden, Belleville; Dr. Baxter, Cayuga; Dr. Clarke, Thurso; Dr. Gaboury, Rochester; Dr. Lanouette, Gentilly; Dr. Dann, North Augusta; Dr. Harkness, Matilda; Dr. Comfort, Campden; Dr. Brown, Winchester; Dr. Wickwire, Halifax; Dr. Anderson, Ormstown; Dr. McLaren, Ormstown; The Senate, Ottawa; Dr. Stevens, Dunham Flats; Dr. Bingham, Warsaw; Dr. Cluness, Sacramento, California; Dr. Morse, Amherst, Nova Scotia; Dr. Reed, Inverness; Dr. Bell, Dr. G. W. Campbell, Dr. Bowker, Dr. Godfrey, Dr. Barnes, Dr. Roddick, Montreal; Dr. Howard, St. Johns; Dr. Marsden, Quebec; Dr. Gilbert, Sherbrooke; Dr. Jones, Sherbrooke; Dr. McNiece, Robinson; Dr.—— Levis; Dr. D. C. McCallum, Dr. Bull, Montreal; Dr. Duplessis, L'Avenir; Dr. Halliday, Grafton; Dr. Montizambert, Quebec; Dr. Fowler, Fergus; Dr. MacEwan, Carleton Place Junction; Dr. Dickson, Kingston; Dr. Aikins, Burnhamthorpe; Dr. Hingston, Dr. Angus McDonnell, Dr. Ricard, Montreal; Hon. Dr. McNeill Parker, Halifax; Dr. P. W.

Smith, Digby, N.S.; Dr. Alexander, Fergus; Dr. Law, Bond Head; Laval University, Quebec; Dr. Webber, Richmond; Dr. Abbott, Hochelaga; Dr. Danth, Coteau Landing; Dr. Battersby, Port Dover, O.

CHLOROFORM IN HEART DISEASE.

Dr. J. W. Poole has recently discussed whether the presence of heart disease, even when strongly marked, is necessarily a contra-indication to the administration of an anæsthetic. He believes that it is not. He has searched all the authorities at his disposal on this point, but does not find anything very definite on the subject. Without citing any of them, however, he says that most of those who take notice of it at all agree with the opinion he has expressed. If any anæsthetic be administered, which should it be, chloroform or ether? He answers, chloroform, for the following reasons: It is more quickly administered, and more manageable; it requires less to be given; it produces a less violent and protracted stage of excitement. He has seen chloroform administered for the dyspnoea of heart, disease, both by the stomach and by inhalation, with decided benefit, and without the least bad effect.

NEWSPAPER PUFFERY.

The repeated examples we receive of the publication of startling "operations" by or with the knowledge of the physician in attendance, seems to show that the insidious form of advertising is on the increase. Otherwise reputable practitioners favor it, and seek its benefits. It is every whit as objectionable as the most fulsome handbills or market crying. Its tendency is the same, to deceive the public and injure the general standing of physicians before the public.

TO OUR SUBSCRIBERS.

We thank those who have responded so well to the accounts which were sent to all subscribers enclosed in our last number. Those who have not yet done so, will please remit at once. We have received a letter dated Levis, enclosing two dollars, for volume one, and requesting that the *Record* might be sent in future to that place, as the writer had moved thither. We have been unable to make out the signature, so cannot comply with the request, and do not know whom to credit with the amount. Write again, and make the signature plain.

TO OUR EXCHANGES.

We have not received a copy of the *New York Medical Journal* since August, 1873, of *New Remedies*, since October, 1873. We fear there is something radically wrong somewhere in the Post Office Department, either on this or the other side of the lines, for we do not exaggerate when we say that fifty per cent. of our Exchanges never reach us.

MONTREAL MEDICAL SCHOOLS.

The lectures at McGill College closed on the 12th March, and at Bishop's College on the 19th March. There are quite a number of candidates for graduation at both these schools.

We are informed that at a meeting of the Royal College of Physicians of London, England, held on the 20th February, the University of Bishop's College was placed on the list of Foreign and Colonial Universities recognised by that body.

TORONTO EYE AND EAR INFIRMARY.

We have received the sixth annual report of this Institution, which seems to be in a financially sound condition. It receives a grant of one thousand dollars a year from the Ontario Government, and one hundred dollars from the City of Toronto. The Infirmary has given relief to a very considerable number of cases, and is evidently doing a good work, in a quiet unostentatious way.

AMERICAN MEDICAL SCHOOLS.

The one hundred and eighth commencement of the University of Pennsylvania, took place in Philadelphia, on the 12th March, when the degree of M.D. was conferred on one hundred and twenty-one gentlemen, only one of whom was from the Dominion of Canada. He was from the Province of Nova Scotia. The day before, the 11th March, Jefferson College, Philadelphia, conferred the degree of M.D. on one hundred and fifty-one gentlemen, three of whom were from Canada.

PERSONAL.

Dr. George Bull, (M.D., McGill College, 1869), who for several years has resided in Montreal, has removed to Worcester, Massachusetts. In his new home, he carries with him the best wishes of his

many friends in this city. At the meeting of the Medico-Chirurgical Society of Montreal, held on the 27th Feb., the following resolution with reference to his departure was carried unanimously. Moved by Dr. Reddy, seconded by Dr. Francis W. Campbell, that this Society learns with regret, that Dr. George Bull, one of its members, is about to remove from Montreal to Worcester, Massachusetts, and it cordially recommends him to the kindly greeting of the profession in his new home. In consideration of the active interest which Dr. Bull has always taken in the welfare of this Society, and with a view of extending its influence, it is further resolved, that he be elected a corresponding member.

Dr. R. F. Godfrey (Bishop's College, 1873), has graduated at Bellevue Hospital Medical College, New York. He has returned to Montreal, and was elected a member of the Medico-Chirurgical Society of Montreal at its last meeting.

Dr. Hamilton Allen, graduate of McGill College 1872, and Holmes medalist of that year, is now practising in Oconto, Wisconsin. He has met with considerable success, and intends, we believe, to visit England in the fall.

Dr. Trenholme's case of ovariectomy, which was operated upon on the 2nd of September, last, and the report of which appeared in this Journal, has been remarkably successful. The patient has not had a day's illness since that time, and is in the enjoyment of good health.

Dr. Lynn has been appointed Associate Coroner for the City of Ottawa.

Dr. Peter McEwan, of Carleton Place Junction, is, we learn, a near relation of Dr. McNaughton, of Albany, the oldest medical teacher living, concerning whom a short paragraph appeared in our February issue.

OBITUARY.

DR. FORBES WINSLOW.

This eminent physician died in London, March 4. Though born in London, Aug., 1810, he commenced his professional education in New York, and continued his studies after his return to England. After obtaining his diploma from the Royal College of Surgeons, London, in 1835, he graduated M.D. at Aberdeen. Almost immediately afterward he was elected one of the fellows of the Royal College of

Physicians, Edinburgh. In the year 1851, while acting as Vice President of the Medical Society of London, he was selected as the Lettsonian Professor of Medicine for the term 1851 and 1852, and delivered three admirable lectures, the foundation of his future celebrity, in connection with the treatment of diseases of the brain and mind. The best energies of his great intellect have been devoted almost incessantly since to its elucidation, so that he has left this world with the well-earned reputation of a philanthropist, a scientist of the first order, and professional expert of great knowledge and of undoubted probity and veracity. He was a member of the Royal College of Physicians, London.

S. W. BUTLER, M.D., of Philadelphia, died January 6, aged 40. He was the founder of the *Philadelphia Medical and Surgical Reporter*, in which, as in other branches of the literary department of medicine, he exhibited great energy and industry. The cause of his death was pulmonary consumption.

MEDICAL ITEMS AND NEWS.

WAR ON POTATOES.

Mulder, the celebrated physiologist, declares that the excessive use of potatoes among the poorer classes, and of coffee and tea by the higher ranks, is the cause of indolence among nations.

TWO HUNDRED THOUSAND DEATHS FROM CHOLERA are estimated to have taken place in Hungary, in the year ending Nov. 1, 1873.

INCIPIENT ABORTION has been arrested promptly by chloral hydrate.

The difficulty of getting rid of enuresis in young people is sometimes very great. In regard to remedy, led by an article in the *Berlin Klin. Wochenschrift*, resorted to syrup of the iodide of iron, frequently through the day, with every success.

TWENTY dollars a day is the amount of fine incurred by the law of Nova Scotia, going in force on the first of May, for practising medicine without being registered.

A BAD CASE.

The following lucid statement of his case was lately forwarded by a patient to his medical attendant:—

“I have a very bad stomach and sickness about my hart and great heat rising up true me and sweating in my face and at the but of the troth (throat) alys stifling me and all the trouble of the wourrid in it and verry bound in the bouls and a pain in my head, and i douse always be incline to discharge my stomach, and i never can, and i have often a great griping and a great bast (?) in my lung, and i dose bi belshing up every minut.”

REVIEWS.

The Sphygmograph: Its Physiological and Pathological indications, with two hundred and ninety illustrations. By EDGAR HOLDEN, A.M., M.D. Philadelphia, Lindsay & Blakiston, 1874.

The basis of this monograph was an essay to which was awarded the Stevens triennial prize by the College of Physicians and Surgeons of New York, in April, 1873. The views advanced in the previous work have in the present been somewhat modified and amplified by the improvement of facilities subsequently enjoyed by the author for more accurate and extended observation with the instrument in the diseases where it is especially useful. Amongst these facilities Dr. Holden mentions his position as medical adviser to one of the largest life insurance companies of the United States, and as clinical physician for diseases of the chest to St. Michael's Hospital of, we suppose, Newark, New Jersey, as this is his place of residence.

In the first part of his book Dr. Holden treats us to a description of the instrument, together with some general considerations regarding its mechanism, and asserts that to Vierordt is due the suggestion of its applicability as an aid to the physician. Professor Marey's instrument was the one with which the author made his earlier observations, and he describes and figures it, giving its inventor a due meed of prominence, as indeed he must always deserve in any work on the Sphygmograph. Dr. Holden has however, considerably modified, and claims to have materially improved, the instrument, and it is with his own instrument that all his later observations have been made. The first part of the book is

further occupied with a description of the significance of the variations in the "events," as they are called of the sphygmographic tracings. The researches of British observers, such as Burdon-Sanderson, and Anstie, in this latter connection, receive their due meed of notice.

The second part of the work treats of the practical application of the instrument to the study of disease, and consists of descriptive notes in connection with sphygmographic tracings observed by the author in cases of heart disease, functional and organic, phthisis, bronchitis, rheumatic arthritis, and various diseases of the nervous system, such as epilepsy, delirium tremens, and progressive locomotor ataxia. The author's opening remarks in the first chapter of this part of the book merit the careful attention of every one who values accuracy of diagnosis and prognosis. He says: "The ability of any instrument to indicate a departure from perfect health, whether capable of also indicating the precise character of such departure, or not, would stamp it of practical value, just in proportion to its power to do this alone, or more certainly or better than could be done by other means. There are many reasons for believing that the sphygmograph will do all of these; that it will indicate a departure from perfect health, when not ascertainable by other means, is apparent in cases of degeneration of the texture of arteries; and if, as suggested by modern pathology, 'the earliest beginnings of what may be called degenerative disease consist in structural alteration of the minutest arteries' this fact alone would be of inestimable service. Prognosis in certain diseases, the estimation of longevity, the calculation of endurance in prolonged mental labor, and the danger of such labor where certain inheritable diseases are to be avoided, would find in it a valuable indicator. It is at once evident that, could we satisfactorily determine the variations compatible with health, the sphygmographic record of an applicant for life insurance would be the safest record he could present as a test of his condition; and this single feature could hardly fail to be of great pecuniary value in a country where the assurance of life is almost universal. Those who know and lament the multitude of recklessly made or ignorantly or fraudulently made, certificates of soundness, are aware that hundreds of thousands of dollars are annually sacrificed, that might be saved by some such means."

The third part of the book treats of the effects of certain drugs on the sphygmographic tracings, and comprises observations on persons under the influence of *cannabis indica*, *gelsemium sempervirens*, *aconite* and *quinine*. We cordially recommend this little book to those of our readers who may be interested in the Sphygmograph and may say that Dr. Holden's modification of Marey's instrument can be obtained from Otto and Reynders, instrument makers, of New York, at about one-third of the cost of the imported instrument. As we have already stated the illustrations of tracings are numerous, and the book as a whole, is beautifully got up, but the names of the publishers are a sufficient guarantee of this. We may be perhaps permitted to say in this connection that we wish English publishers would more generally follow the almost invariable practice of their transatlantic brethren, and have the leaves of the books they issue cut, before placing them in the hands of men whose time is so much occupied as that of the members of the Medical Profession.

BIRTH.

At Simcoe, Ont., on the 22nd. March, the wife of James Hayes, M.D., of a son.

MARRIED.

In Montreal, on the 3rd of March, by the Rev. R. M. Thornton, M.A., Samuel Ewing, Esq., to Isabella Margaret, daughter of the late Ambrose Blacklock, Esq., M.D., member of the Royal College of Surgeons, London, England, surgeon half-pay Royal Navy.

At St. Thomas' Church, St. Thomas, Ont., on Wednesday, the 4th instant, by the Rev. W. George Caulfield, assisted by the Rev. Jeffrey Hill, Charles Battersby, M.D., of Port Dover, to Maria, eldest daughter of Benjamin Walker, Esq., of Belleville, Ont.

DEATHS.

In Montreal, on the 6th March, Cornelia B. MacNeil, relict of the late Dr. Horace Nelson, second daughter of the late Col. D. B. MacNeil, aged 50 years—and mother of Dr. W. D. E. Nelson.

In Hamilton, Ontario, on the 4th March, Thomas Duggan, M.D., aged 61 years.