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SOME MEDICAL AND SURGICAL CASES IN LATE CAMPAIGN—NORTH WEST REBELLION.*

BY A. J. HORSEY, M. D., OTTAWA, ONT.

Surgeon to the late Midland Battalion.

GENTLEMEN :—It was only a few days ago that I was made aware, that the duties usually performed by the President of this society, were likely to fall upon me, the Vice-President ; which prediction unfortunately is verified to-day by the absence of Dr. Cranston, who has found it impossible to be here. I am not going to attempt to address you as he might have thought fit to do, but with your permission, will read a few notes upon some of the medical and surgical cases of the late campaign in the North-West, which came under my notice and care, while serving as surgeon to the late Midland Battalion. But let me first thank you for your great kindness in re-electing me during my absence, to the Vice-Presidency of this Society, a position of honor I feel myself only too incompetent to fill. I do not pretend for my paper scientific exactness, nor can I follow all of the cases about to be cited throughout their entire course, owing to the changeful, restless life of camp ; the sick and wounded being as quickly as possible removed to the base hospital at Saskatoon, where they, for a time, were lost sight of.

My first medical duty on my arrival at Kingston, the head-quarters of the Battalion, on the 1st of April, 1885, was a medical inspection of the men ; which I was requested not to make too searching, as the Battalion's numerical strength would not admit of much depletion. Fortunately there were very few men found unfit for service, no case in particular deserves sufficient medical importance to be dwelt upon here. Yet there were a variety

*Read before the Medico-Chirurgical Society, Ottawa.

of abnormalities and peculiarities in the nude upon which a small volume might be written, which were wholly lost to observation in the clothed state. While here (Kingston), some cases of indisposition, chiefly due to the generosity of parting friends, were brought under my notice ; making my first requisition on my medical stores for antacids and contrastimulants, which were found necessary to be continued for a day or two after starting, when whirling westward with all possible speed, over the C. P. R., towards the valley of the great Saskatchewan. When passing Lake Nipissing on the evening of our second day out, a case of delirium *a potu* manifested itself in one of the men of C. Company, and in the following startling manner : He had come into the car set apart for officers ; it was said to consult me, and stood in the passage some time without speaking, or otherwise attracting attention, till a crash of glass was heard, and a pair of legs were seen for an instant clearing the car window. He had sprung from where he stood, to the arm of the seat in front of me, and from it took a header through the double plate glass windows of the car, which were closed at the time. While the train, which had been bowling along at about thirty miles an hour, was being stopped and backed up, my assistant-surgeon and hospital-sergeant had the contents of the surgical panniers paraded in review order in the rear car, while I anxiously awaited the recovery of the deserter, speculating on the nature of the injuries such an occurrence might produce. Mental diagrams of the triangles of the neck passed before me, with the positions and relations of the parts about the subclavians marked with red and blue lines, with the best points to ligature. At least expecting an operation of this magnitude, with perhaps a double amputation of both lowers thrown in. But I was doomed to disappointment, for when we had reached the spot where he had struck the snow, and ricocheted two or three times along its surface, he made a final skip into the bush and disappeared. So instead of my taking off his two legs, his two legs took off him.

Passing the gaps my greatest acumen and skill were required in diagnosing between true and false prostration, of which there was a sudden increase since a bottle of genuine Spiritus vini Gallici, was seen to be used in the restoration of one who had

fallen out by the way. I assure you the care and distribution of this remedy gave me more trouble than all the others, and I was not sorry when my hospital sergeant with the little keg was outflanked, and the last of it was captured from me near Fort Pitt. At Winnipeg, as we marched through the town, a stout fellow fell out of the ranks from an epileptic seizure, and was left in hospital there. Another was left at Munroe's Harbor with symptoms of pneumonia, and another invalided at Swift Current. From Clark's Crossing two were sent back to Saskatoon Hospital, one because of a scalded leg, the other on account of febrile symptoms. I mention these cases to show how few were left behind, out of a Battalion of nearly 400 men hurriedly mustered with scarcely any selection.

Towards the end of the railway journey, and during our camp at Swift Current, several similar cases of a mild form of ophthalmia arose; in which the conjunctiva of first one eye was inflamed, followed in about a week by the other taking on a similar condition, when the first affected organ gradually recovered its normal condition after another week, and the second a week later, so that the disease ran its course in both eyes in about three weeks. Both the orbital and tarsal mucous membranes conjunctival were much congested, there was little pain or intolerance of light, the disease giving less inconvenience to the possessor of it than appearances would lead one to suppose, many of the patients continuing to do duty throughout the attack. After seeing about a dozen cases, I became quite interested by its migratory character and watched for, and tried to prevent the affection of the second eye, but unsuccessfully. It was treated with astringents, opiates and goggles. I looked upon it as parasitic.

Several cases of rheumatism occurred on board the steamer Northcote, on her trip down the south branch of the Saskatchewan, from Saskatchewan Ferry to Clark's Crossing, a trip which took is twelve days instead of four as we had expected. It surprising that there was not more sickness, as the men were crowded into the hold of the steamer which was only deep enough to allow of the sitting posture, upon a loose open flooring, under which were several inches of foul bilge water; while they were subjected to occasional urinal irrigations, leaking through the deck from the horses above,

which made its occupation disgusting in the extreme and intolerable.

After a day or two a move was made to the barges, which the Northcote towed on either side laden with fodder. By building walls of bags of oats, bales of hay and hard-tack, around their sides for protection from fire from the banks, and spreading tarpaulin between them at night, a tolerably comfortable pit was made. This tarpaulin was removed during the day, so that the sun and air might purify the pit, and the men be exposed to their healthful influence.

At Batoche a number of gunshot wounds in various parts of the body, came under my observation and care.

Case I.—Private B—, Midland Battalion, a strong, tall, athletic young man, who was the first to fall in the advance on the rifle pits at Batoche, on the 12th of May, 1885. Was struck in the left thigh, on its outer and posterior part, about three inches below the trochanter major; the ball passing inwards and forwards through the limb, emerging therefrom at its inner side, at the fold where thigh and scrotum meet; passing onwards through the scrotum, in which it made a ragged wound at its exit, tearing the tunica vaginalis, and causing hernia of the right testicle, the glandular structure of which was considerably lacerated. The wound in the thigh was probed to find clothing or other foreign matter, after which it was syringed with a weak solution of carbolic acid, and dressed with a weak compress of carbolized gauze dusted with iodoform, held in position by a spica bandage. The edges of the wound of the scrotum were pared and brought together by sutures, after the damaged testicle had been returned to take its chance of recovery. The next day the wounds were dressed and presented nothing unusual in appearance, excepting that the scrotum was considerably swollen and œdematous. On the second day after the injury, he was sent by steamer Northcote up the river Saskatchewan, to the base hospital at Saskatoon, where, according to a published account of the scrotum part of his injury, by Dr. Jas. Bell of Montreal, he passed through many dangerous sequences, including urinary infiltration and sloughing of a great portion of the scrotum—but finally recovered. The right testicle which had been so severely injured made good repair, and was well

covered by integument though diminished in size. He returned home with the column in July, being able to walk by the aid of a stick, complaining only of neuralgic pains of the left lower limb.

Case II.—Lieut. H——, of A. Company, Midland Battalion, of light build and nervous temperament, was, on the 12th May, at about the same place and time as private B——, struck with a rifle ball in the left chest—just beneath the clavicle at the junction of its middle and outer thirds—injuring its under surface and passing backwards and outwards behind the coracoid process, lodged in the head of the humerus, from which it was removed under chloroform, by considerable leverage force after its position had been ascertained, first by probing with a Nelaton's probe and secondly by the finger, which was passed through the wound after enlarging it. Several pieces of clothing were also removed, likewise a splinter of wood about $\frac{3}{4}$ of an inch in length, being a longitudinal section of a small branch of a tree which had doubtless been carried before the bullet, as he was in a wooded ravine when hit. The wound was syringed with a weak solution of carbolic acid and water, to free it from any remaining foreign matter, and a pleget of carbolized gauze dusted with iodoform applied to the wound, by means of a figure-of-eight bandage, and the arm placed in a sling. This patient was also sent to hospital at Saskatoon, at the same time and in the same manner as the former one. The shock in this case was severe, and his delicate, nervous organization and apprehensiveness of danger, greatly retarded his recovery. While in hospital several spiculæ of bone from the under surface of the clavicle came away, and on meeting him in July about two months after the injury, the wound had not quite healed, and roughened bone could still be felt at the lower border of the clavicle. He carried the arm in a sling—the limb was much atrophied, especially about the shoulder when compared with the right, which was hardly a fair comparison. Two cases also recovered of bullet wounds of the fleshy part of the arm about its middle, without injury to bone or vessels, and one of the calf of the leg. In each case the danger was lessened and trouble saved both patient and surgeon, on account of the balls having passed completely through. These required simply dressing with compress and bandage. These cases were also sent off by steamer Northcote to Saskatoon

—the patient with the wound of the calf of the leg suffering considerable surgical fever. They all returned home with the expedition, little damage resulting from their wounds.

Case VI.—Was a very severe gunshot wound of the hand, the ball entering the ulnar side of it at its hypothenar eminence, and passing deeply and obliquely across the palm, in front of the metacarpal bones, emerging on its radial border opposite the first phalanx of the thumb, in which it caused a compound fracture of that bone, a portion of which was removed by the bone forceps. This injury dressed as the others, was followed by more than ordinary shock, and at Saskatoon gave much fear lest amputation should have to be performed, so great was the inflammation and disorganization of the deeper structures; amputation, however, was not found necessary. I have not received any reliable information of the case of late, but believe it to be doing well.

Case VII.—Lieut.-Col. W——, æt. 48, of excitable, nervous temperament, excellent physique and of temperate habits; looking younger than his years would indicate; had enjoyed unexceptional health and vigor throughout the campaign until the morning of the 26th of June, when he complained of feeling "out of sorts," chilliness, and having pains in his legs and thighs.

Two powders containing gr. xx each of quinine were given, one immediately, the other at bedtime when a stimulant was likewise administered. Next morning, Friday, June 25th, he expressed himself as feeling better, but still complained of muscular pains in his lower extremities: was given six powders of gr. v. each, of Pot. iodidi, to be taken at four hour intervals.

Saturday, June 27th.—He felt still better, ate his food and went about his duties with little less energy than usual.

Sunday, June 28th.—Attended church parade at 10 o'clock a.m., but seemed a little irritable and not in his usual spirits and form, complaining after service of the heat of the sun (which was excessive), and fatigue of standing so long in it; he kept closer than usual to his tent during the remainder of the day, and turned into his blankets early. At 10 o'clock p.m., he was given a stimulant to compose him for sleep, as he was wakeful the night before.

Monday, June 29th.—Still feeling unwell, but

did not complain of any part or organ in particular—still going about.

Tuesday, June 30th.—Complained of chilliness, stiffness in his legs and muscular pains, spoke of the advisability of going on board the steamer North West to sleep, which I approved of, consequently he went, walking nearly a mile. He was given two pil. cath. co. and a febrifuge mixture, the pills operating freely twice.

Wednesday, July 1st. At 6.30 o'clock a.m. he sent for me, but as I was on parade, Dr. Gravelly saw him instead; and prescribed quinine and Dover powder.

At about 8 o'clock I saw him; he seemed much worse to-day, complained of head-ache, and was slightly delirious, tongue furred, restless, and sleepless; his pupils were normal, pulse 90, temp. 101½. Applied cold to his head by means of a coil of rubber tubing.

At 11 a.m. Dr. Pennifather saw him in consultation, when it was agreed to give him gr. xx. am. bromidi every 4 hours, in addition to the febrifuge already given and pil. cath. co. which he received; temperature 101½, pulse 84. During the day he was delirious, but could, when spoken to, compose himself and answer questions rationally, but would soon relapse into a stupid state; pupils normal, urine secreted naturally and in good quantity, of a dark color.

Thursday, July 2nd.—Morning temp. 102—night 102½, tongue brown and dry, passed a restless night. Complains of paroxysmal pains at the top of head, had lateral deviation of eyes towards the right, had a bad day. Was seen by Dr. Pennifather to-day, and constantly by myself.

Friday, July 3rd.—Had a restless and delirious night, pulse 90, temp. 102; am. brom. with T. hyocyami were given, ice to head continued from the first application, also sponging the body freely, takes beef tea and condensed milk in fair quantities; given at bed-time chloral hydratis, gr. xx. repeated three times at hour intervals, giving rest and some sleep. Morning, condition unimproved; Drs. Gravelly, Whiteford, Parry and Ryerson saw him in consultation, and agreed that his symptoms were those of typhoid fever with marked head symptoms, and suggested nothing new as to treatment; throughout the day continued much the same, took some food. In the eve-

ning coma increased, and he appeared to be sinking, skin freely perspiring, alcoholic stimulants given, and icing and sponging the body more vigorously applied, as temperature had risen to 104; urine drawn off and stimulant injections given, he continually grew worse till 9.15 o'clock Saturday morning, July 4th, when death took place.

REMARKS. Taking a retrospective view of the case, the symptoms are not those of typical typhoid fever, though experience teaches how protean its course may be. The slowness of the onset of the disease—the malaise, aching limbs, etc., the earlier temperature, appearance of the tongue, and delirium—are suggestive of it. The pulse was slow for typhoid; the disproportion between the pulse and temperature on the one hand, and the delirium, was exceedingly great. The evening temp. was lower than the morning: there was absence of vomiting and pupillary changes, which, with the slow beginning, would go against acute meningitis. There was slight lateral deviation of both eyes towards the right on the seventh day after relief was sought, and about the same time a strange symptom showed itself in exquisite pain in the right great toe—which was not swollen or discolored, but when touched by the bed-clothes or otherwise pressed upon, would cause him to wince even when in a comatose condition—which doubtless was reflex. Whatever the nature of the first cause of the disease, there is little room for doubt that meningitis ensued, which, with its effusion, was the immediate cause of death.

This is strengthened by the family history, which is strongly neurotic.

Had the disease terminated less suddenly, more evidence would have been forthcoming and have put the diagnosis beyond a doubt. But even this is not without its weight in the question.

I feel how very incomplete my narration of the foregoing cases is and regret that it is so, but under the circumstances is unavoidable. I do not know any special lesson that they teach, unless it be that the unexceptional termination of them in recovery, as well as nearly all other wounds of the campaign, would tend to show that the healing of wounds is chiefly due to causes within the body—not to that which is applied externally as dressing—though these are by no means unimportant. Though antiseptics were used in the dressing of

these wounds, it was necessarily in a very imperfect manner—in the open air, within the zareba, amidst clouds of dust, dirt, and animal excretions of all sorts—yet we see the results.

The men were in the most perfect health at the time their wounds were received, having lived in the open air for several weeks before, with plenty of exercise, a simple diet, without stronger stimulant than tea. Looking back over the whole campaign, that which impresses me most is its wonderful healthfulness and extremely low mortality. I doubt not that it would have been as great if the same men had followed their usual occupations at home. And when the reasons for such wonderful salubrity are sought, the greatest factor without doubt will be found to be—not only in the clear, bright, dry atmosphere of the Great Lone Land, which has never been too highly spoken of—but to the fact that we were constantly in it by day and by night, breathing without stint its health-giving properties. From my experience of open-air life and that of dwellings generally and sick rooms in particular, the hygienic importance of pure free air and light do not, I feel, receive their full value—either from the profession or the public—notwithstanding all that has been written and spoken about them.

NOTES OF A CASE OF DUODENAL PERFORATION.

BY M. DAVISON, M.D., FLORENCE, ONT.

Albert K.—, *æt.* 40, farmer, unmarried, of regular and temperate habits, had for years complained of what was termed dyspepsia, and consulted my physicians without permanent benefit. At times he would be free from stomach troubles, again without any known cause his disease would return. Was nearly always able to work, but suffered frequently from pain in the stomach, from three to five hours after meals. He was then obliged to eat something, which generally relieved the distress.

About 6 p.m. December 5th, 1885, was suddenly and violently attacked with intense pain about the region of the stomach. I saw him within half an hour, and found him unable to sit or stand still, and groaning loudly from the intensity of the pain, which now radiated without intermission in every

direction from the stomach. Pulse and temperature normal; no tenderness; pressure well borne; no vomiting. Applied hot fomentations, sinapisms, turpentine, etc., and administered one-quarter grain of morphia every fifteen minutes for two hours, without relief. Continued the morphia in less frequent doses, and gave chloroform by inhalation during the remainder of the night. Suspected perforating ulcer of stomach. December 6th, pain less violent; pulse and temperature normal; tongue slightly coated; no appetite; continued morphia and fomentations. About 7 p.m. had a chill, followed by all the symptoms of extensive peritonitis, pain more general, and very intense. Again administered chloroform, and added *Tr. aconite rad.* in $\text{m} \text{ii}$ doses. Confined patient to liquid nourishment.

Dec. 7th.—Pulse 120; temperature 103°. All the symptoms of acute general peritonitis. Gave morphia in large and frequent doses. Dr. Duncan of Thamesville called in consultation, who concurred in diagnosis of perforation, and in treatment, which was continued.

Dec. 8th.—Pulse irregular and rapid; temperature 100°; delirium; cold perspiration; extreme prostration; condition of partial collapse; stimulants by skin and stomach *ad lib.*

Dec. 9th.—Collapse not quite so great; pulse weak, irregular and fluttering; faintness, perspiration, temperature 100°. Gave morphia, and *Tr. digitalis*, with milk and whiskey *ad lib.*

Dec. 10.—Slight improvement in heart's action; tympanitis abating; pain not so severe; took more liquid nourishment, with stimulants; slight jaundice beginning to appear in conjunctiva and skin.

Dec. 12th.—Gradual improvement in all the symptoms; tympanitis nearly gone; some fluctuation from serum; bowels moved for the first time since attack. First motions feculent, followed by very large quantities of dark blood of tarry consistence and color.

Dec. 15th.—Still slowly improving; dark blood continued passing frequently till to-day, when fresh blood appeared in moderate quantity; troubled with hiccup; appetite improving; dietary confined as far as possible to liquids, although some solid food was given by the friends at times. Continued morphia and digitalis, in less frequent doses; kidneys acting well; urine healthy; moderate fluctuation.

Dec. 20th.—Temperature 99°; pulse 80 to 100°; tongue clean; tenderness of abdomen nearly gone; gaining strength; takes plenty of liquid nourishment. Fluctuation not so apparent; some hardness felt in abdomen on pressure, especially marked about the region of bladder; passed catheter, hardness remains.

Dec. 25th.—Continued to improve till this evening. Had a slight chill; pulse and temperature elevated; more pain; depression. Symptoms continued to grow gradually worse till 1 a.m. December 31st, when he died.

POST MORTEM—Seventeen hours after death. Assisted by Drs. Campbell of Florence, Pickard of Thamesville, and Mr. Charters, a medical student. Peritoneum dark-red, thickened, with many adhesions. Omentum dark-red, attached to abdominal walls, intestines, etc., in many places. Intestines bound together by numerous bands and adhesions. Briefly we found all the evidences of past, universal peritonitis. Small quantity of serum mixed with pus in abdomen, and large quantities of pus scattered throughout the interstices of the intestines. Stomach and duodenum empty. No ulceration of stomach proper, so far as could be seen by a moderately careful examination. Duodenum perforated on its right anterior aspect about one inch below the pyloric orifice; opening about the size of a ten cent piece, first finger would slip through quite easily. Walls of duodenum thinned for an inch or more surrounding perforation, and darkened by pigmentary deposit. About three inches of that portion of the liver adjacent to duodenum was of a dark red color and softened by inflammation, rest of liver healthy. The other abdominal viscera were apparently in a healthy condition. So far as I am aware, perforation of the duodenum is not a common occurrence. If it were, this case would be remarkable from the early subsidence of the peritonitis, the gradual but marked improvement in all the symptoms, for nearly three weeks, and the length of time which elapsed before death. Dr. Reeves of London, Eng., says "this is a very rare lesion, only one case has fallen under my own observation, and not more than nineteen have been recorded." In sixteen of these cases, in which he has recorded the time life was prolonged, only two exceeded twenty-six hours, one patient survived forty-four hours, and the other ninety hours. Dr. Habershon, in his article on the duo-

denum, gives but one instance of perforation from primary disease.

That the ulcer had been chronic cannot be doubted, both from the history of the case, and from the marked pigmentary deposit found in the thin and ulcerated portion of the duodenum in the vicinity of the circular opening.

This patient had for more than ten years complained more or less of pain or distress some hours after meals, which was generally alleviated by taking food. This would seem to indicate that when the contents of the stomach passed into the duodenum it caused uneasiness or distress. Why food taken into the stomach relieved it, is not so clear. He had often been relieved by taking a teaspoonful of sodæ bicarb., and possibly the excess of acid in the gastric juice may have passed into the duodenum and irritated the ulcer, and food which absorbed, or soda which neutralized it, would thus give relief. The ulcer being in the first portion of the duodenum would naturally react on the stomach, as that portion of the duodenum is supplied by branches of the same nerves and bloodvessels as the stomach. This would account for the various dyspeptic symptoms so long complained of. No blood was vomited, nor was there any great irritability of the stomach at any time after the perforation. After the subsidence of the peritonitis, hiccough was very troublesome for a few days, which was not allayed by any of the remedies administered, although two other medical men of experience were called in for the purpose. These gentlemen were strongly of opinion that there could have been no perforation, on account of the improved condition of the patient, and I began to hope that the perforation had been very minute, and was closed with lymph, and to entertain some hope of his ultimate recovery.

The early subsidence of the peritonitis was in all probability chiefly owing to the excessive hemorrhage from either the pyloric branch of the gastric or the pancreatico-duodenalis artery—probably the latter, which would be below the opening, and consequently the blood would be carried downward into the bowels, as very little blood was found in the abdominal cavity. The collapse on the third and fourth days was evidently due to loss of blood, as his recovery from it could be accounted for in no other way.

Now that the abdominal cavity, during life, is

not the *terra incognita* which it once was, it naturally occurs to us, from this and similar cases, that surgical interference might afford a probable prospect of saving life, were it resorted to prior to inflammation, and even a possible prospect after. Were the abdomen opened, foreign matter removed, and the perforation closed by suture, there would certainly be a hope of recovery, and without some such operation there can be none. Again, were we able from more careful attention to the symptoms, to diagnose ulceration of the duodenum, there is every probability that it might be remedied by treatment similar to that prescribed for ulceration of the stomach, especially by long continued and careful regulation of the diet. We know that ulceration of the stomach is quite common, and is often cured before perforation, even after repeated attacks of excessive hemorrhage have occurred. It is more than probable that ulceration of the duodenum occurs more frequently than is suspected or diagnosed, and gets well spontaneously, or is benefited by the treatment prescribed for that nosological blunder, dyspepsia, which, like charity, hides a multitude of sins.

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PUERPERAL ECLAMPSIA TREATED BY PILOCARPINE, AND SUBSEQUENTLY BY MORPHINE AND POTAS. BROMID. HYPODERMICALLY.*

BY J. CAMPBELL, M.D., C.M., L.R.C.P., EDIN.,
SEAFORTH, ONT.

Was called at 1 o'clock a.m., on November 10th, 1875, to attend a young married woman in her first confinement, who was taken with severe pains, but not supposed to be those of labor, unless it was a miscarriage, as she had not come to her full time. Reached the house at 2 a.m., and recognized the pains as those of labor.

Made an examination, and found the head presenting and the labor well advanced. The case progressed rapidly without any bad symptoms, and shortly before 6 a.m. she was safely delivered of a female child, evidently somewhat before the right time. After the delivery of the child the placenta was found in the vagina, and of course was delivered without any trouble. Waited a full hour and no bad symptoms supervening, left for home.

*Read before the Huron Med. Association, Jan. 12th, '86.

We might say that there were no bad symptoms, such as swelling of the legs, œdema of the eyelids, dimness of vision, or anything to lead me to suppose that there would be any subsequent trouble.

When we reached Seaforth, found a telegram waiting, asking me to go back immediately, which I did. Found she had taken a severe convulsion at 8 o'clock. Reached the house at 9 to find her in another, which was very violent, and of the epileptiform variety. After this fit she remained in a comatose state. Injected gr. $\frac{1}{4}$ of pilocarpine under the skin; gave an enema which, however, came away; put a drop of ol. croton. in ol. ricini on the tongue, but she could not swallow; put cold cloths to the head, mustard to the feet, a hot linseed meal poultice to the back; admitted plenty of fresh air into the room, kept all out but the nurse, and sat and watched the case. Repeated the injections of pilocarpine at intervals of half an hour, until diaphoresis and salivation were produced. The temperature continued about 102°; respiration 40; tested the urine and found it nearly solid with albumen. At 11.30 she took another severe convulsion, but not quite as prolonged as the one at 8 o'clock. Gave chloroform to mitigate the attack, for though we had faith in the pilocarpine, we resolved to aid it by auxiliary remedies. The pupils were at first dilated, but contracted under the influence of the pilocarpine. The temperature fell under the influence of the drug. She took the third convulsion at 11.30, when we used the anæsthetic as before. The friends asked me the question, "Is there any danger?" I replied, "There is always danger in such cases." They proposed that Dr. Smith, of Seaforth, be called in, to which I assented, going on with the pilocarpine treatment in the meantime, and testing the urine at intervals as before, which I was enabled to do particularly, having one of Wyeth's Cabinets along with me.

Our patient took the fourth convulsion at 2 p.m., which was hardly as pronounced as the previous one. Dr. Smith arrived in time to see her take the fifth, which was at 5.30. The Dr. approved of the treatment, and we both resolved to stick to our patient and see her through her trouble. We tested the urine and found that the albumen was gradually but surely diminishing. At 4 p.m. the pulse was still 130, and the temp. 101°; the pupils being now considerably dilated, and the patient

quite comatose. Later on in the evening she could be aroused to consciousness, and at one time gave a hopeful sign by opening her eyes, speaking to and recognizing her friends. Examination of the urine at this time showed that *two-thirds* of it was albumen. We may state that she vomited freely several times during the afternoon. In consultation we discussed venesection, but the pulse remaining small and rapid, we decided against it. Gave an enema of \mathfrak{z} i. chloral hydrat. in solution, which was immediately rejected. Sweating and salivation still continued profusely and was kept up by repeated doses of the pilocarpine, as we both looked upon this drug as our sheet anchor, and the termination of the case proves that we were not disappointed, as to this remedy no doubt the patient owes her life. The salivation and diaphoresis were prompt and continuous, and began in each case in about fifteen minutes after each dose, and no doubt was aided by the hot applications which have already been mentioned. There were not in this case any of those alarming symptoms which are said to arise from the use of pilocarpine, such as threatened suffocation from the amount of bronchial secretion, etc.

At 6 p.m. the alarming symptoms having all passed away, the pupils being dilated, and the albumen having diminished greatly, we administered hypodermically gr. $\frac{1}{4}$ of morph. sulph. and subsequently gave \mathfrak{z} i. of potas. bromid. in \mathfrak{z} ij. of water which was retained. Shortly after this she passed into a quiet sleep lasting over an hour, during which time she perspired profusely. Between 8 and 9 o'clock we made another examination of the urine and found that albumen was scarcely *one-half* of what it had been at the previous examination. The respirations at 9 p.m. were reduced to 24, and the pulse to 100 per minute. We looked upon all the symptoms as most hopeful, and as there were no indications of returning convulsions we left her for the night.

The sequel will show that our most sanguine expectations in this respect were fully realized. Visited her next day, and put her upon a diuretic mixture; found the albumen very much diminished, and all the symptoms very much improved. Saw her again on the 12th, and likewise on the 13th, when I discontinued my visits, as the albumen had almost entirely disappeared and the patient was doing well in every respect. The

milk was secreted at the usual time, and both mother and child made an excellent recovery.

REMARKS.—I. We believe the principal, if not the only cause of the albuminuria in this case was tight lacing, which was resorted to for obvious reasons. The gravid uterus would be pressed back upon the renal veins, abdominal aorta, or even up above on the ureters themselves, with the result stated.

II. The foregoing being the predisposing cause, we believe mental emotion to be the exciting cause, as she was shocked at the idea of having a child before she had been married the usual orthodox time, and when she was pronounced to be in labor, she never spoke nor uttered a cry during all the time she was in pain, nor smiled when a child was presented to her.

Correspondence.

To the Editor of the CANADA LANCET.

SIR,—In your able and exhaustive article on the Treatment of Pneumonia, in the February number of the LANCET. I notice what must certainly be an accidental omission. It is this, that in the absence of venesection in any case, it not being advisable, depletion of the blood must be brought about by *free purgation*. In order to be of vital benefit it must be free, and as early in the disease as possible, at least within the first forty-eight hours; in order to prevent that engorgement of the lung, from which mischief arises to the lung, a remedy must be used which is sure, and especially in the country, where we can often not see our patients more than once in the twenty-four or even forty-eight hours. There must be no chance work, as otherwise much time is lost and lives lost. Not only on this account must the remedy be sure and powerful, but also from the fact, which all of us know by experience, that patients during the initial stage are very costive and mild purgatives have no effect. If this be essential, what should we use? My plan lately tried on adults, and from which no evil results have thus far followed, is to give one or even two drops or croton oil in \mathfrak{z} i of castor oil, repeated if needed in three or four hours—one dose however often produces from three to five watery stools, and much improvement in patient's condition as to pain, headache, etc., follows.

It is through paying proper attention to such, what

may seem trivial matters in treatment, that patients often have a better chance in one than another physician's hands, and here we have what pathology would certainly encourage as safe, and practice will substantiate equally as well. At least custom favors us to adopt remedies in this as well as other diseases which, to say the least, are doubtful in effect, yet still adopted because authority dictates so. For example how many of us have tried quinine in large doses to reduce the temperature, only to fail, but try again in our next case because we have no other resource or better remedy.

As the object of your article is no doubt to arouse interest and even discussion, from our common source of practical experience, you will pardon my sending you these thoughts.

Yours truly,

G. SCHMIDT, M. B.

New Hamburg, Feb. 24th, 1886.

To the Editor of the CANADA LANCET.

SIR, In your issue for March, in an article entitled "American Health Association," you say—"We have reason to know that the present Central Board will send delegates, and also that the Provinces of New Brunswick, Nova Scotia, and Prince Edward Island will send their fair share." Now, as the subject has never been brought before the medical profession of Nova Scotia, may I be permitted to enquire what reason you have for knowing that the meeting will be represented by delegates from this Province?

Yours, etc.,

Halifax, N.S., March 9, 1886.

M.D.

[In reply to the above we would say that Dr. Theodore Covernton, chief of the staff of Inspectors for Ontario, visited the Maritime Provinces in January last, and met as many of the medical men in St. John, Halifax, and other places as it was convenient for him to do. He brought the matter referred to under their notice and urged the advisability of sending delegates to the American Public Health Association, to be held in Toronto in October next, and from expressions of gentlemen present at these meetings, and also from members of the respective governments, he had reason to hope that delegates would be appointed either by the respective Governments or by medical societies.—ED. LANCET].

Reports of Societies.

MONTREAL MEDICO-CHIRURGICAL SOCIETY.

The regular meeting of this society was held on the evening of the 19th February, Dr. Roddick in the chair. Dr. Ross shewed an interesting specimen of stricture of the œsophagus, due to malignant disease. Though the stenosis was most marked, he upon two occasions passed the largest sized œsophageal bougie ($\frac{3}{4}$ in.) down the whole length with difficulty. P. M.—A large abscess of the left lung was found, and into this cavity the bougie had doubtless entered. The constriction of œsophagus barely allowed a No. 1 bougie to pass. A remarkable feature was the absence of any aperture larger than a crowquill, leading to the lung cavity.

Dr. Johnston exhibited a rare specimen of malignant disease of the spleen in a dog; weight, 4lbs.

Dr. Gordon exhibited a dermoid cyst of the ovary, containing hair, bone, teeth, and contents which solidified when exposed to the air; also the ovaries removed for a bleeding myoma. Both patients were doing well.

Dr. Roddick shewed a calculus, weight, two oz., two drachms, removed successfully by the lateral operation.

Dr. Trenholme exhibited a uterine fibroid, removed with uterus on 8th inst.: the growth is of a trefoil appearance, the larger growth being on the right side of the uterus. Uterus also shared in the growth, its depth being 6 in. The whole mass (5lbs.) was firmly fixed in cavity of pelvis, and raised up out of it with much difficulty. Uterus was divided about an inch from external os, and the tumor on right side sliced off at its lower part in doing so. There was a good deal of oozing, and many ligatures were applied, and finally the edges of incision brought together with a running suture. Had proposed removing ovaries and tubes, but this was found impracticable. Patient showed lack of vitality, and nearly died on the table. After operation she came out of the ether well, but did not rally satisfactorily, although 5 hours after the operation she said she felt better, no pain, was very tired—heart's action very feeble—7 hours after operation she died from shock. This patient had suffered for the last 16 years, but

it was only for the past 5 years she was aware of the growth. Suffered most at menstrual period, and these sufferings constantly got worse. About 4 weeks ago she nearly died. This last illness determined her to seek relief, and she was sent to Dr. Trenholme. Dr. Trenholme also said that with reference to the ovaries and tubes removed from two patients, and exhibited to the Society at its last meeting, and about the history of which further information was sought, that both of these cases were recovering, and that in one case where convulsions occurred at each menstrual period, and replaced the flow, he had found upon further enquiry that the fits were epileptic. The patient would bite her tongue, and the only way to prevent this was to place some hard substance between her teeth. The attacks were preceded by an aura—a numbness and tingling in left side, leg and arm, which, when it reached the head was followed by the convulsions. This patient though she has several times felt premonitions of the fit, as yet has not had a convulsion. Hereafter I hope to give a further report concerning this case.

Dr. Fenwick gave a short paper on 8 cases of cancer of the rectum. In the greater number of these cases the disease was chiefly in the anterior wall. Dr. Fenwick said that excision of the gut had been of benefit in all the cases, and in some had given years of relief.

HAMILTON MEDICAL AND SURGICAL SOCIETY.

The regular meeting of this Society was held on the 20th of February.

After routine business, Drs. McCargow and F. E. Woolverton were appointed pathologists to the City Hospital.

Dr. H. S. Griffin showed a case of a young man from whose knee he had removed a loose cartilage. Had felt pain in right knee from childhood. Had never had rheumatism or sickness of any kind.

The body was freely movable and difficult to retain in any one position: about the size of a hickory nut. On December 20th the cartilage was removed by making a straight incision on inner side of knee; under the spray. No difficulty was experienced. The wound was dressed antiseptically, and dressing not removed until the seventh day, when the stitches were taken out.

The wound healed by first intention. No bad symptoms occurred. Use of knee is perfect and painless. The body removed was of a rounded outline about $\frac{3}{4}$ of an inch, in diameter, and calcareous on one side.

Dr. McCargow presented a case of contracted lung. The case was one of peculiar interest, on account of the complete contraction of the left lung. The patient, aged 74, was brought to the city hospital and placed under the care of Dr. H. S. Griffin. There was complete dullness over the left side of the chest. The patient was in a dying condition. His previous history could not be obtained. The post-mortem notes taken by Dr. F. E. Woolverton: Body well nourished; slight oedema of upper and lower extremities; *rigor mortis* well marked. On making the usual incision a considerable amount (about four pints) of dark bloody fluid escaped, principally from the left pleural cavity. Lung contracted to a mere band, and very thick and tenacious, the fluid filling the remainder of the cavity on the left side of the chest; weight of lung, $9\frac{3}{4}$ ounces; sank in water. Pleural surface studded with hard, white bodies; costal pleura thickened and studded with tubercular deposits in upper part, in a purulent state. Right lung was adherent to a considerable extent, and there was some fluid in the pleural cavity—about $1\frac{1}{2}$ pints. Lung crepitant. Weight 29 ounces. Respiration was carried on entirely by the right lung. Weight of heart $10\frac{1}{4}$ ounces; aortic valves competent, 3 ounces of fluid in pericardium, of a similar nature to the fluid in the pleura. Liver weighed 3 pounds $5\frac{3}{4}$ ounces, nutmeg appearance and very soft. Kidneys: Right had three large cysts on surface—pelvis fatty; left had a large cyst at lower end and several in the substance—pelvis also fatty.

Dr. McCargow presented a case which came into the Hamilton Hospital, December 20th, with acute periostitis of the right humerus.

History.—Complains of pain and tenderness on inner side of right arm. January 4th, says his right wrist pains him when moved; arm red and very painful from elbow to shoulder. He felt a pain in the spine of the scapula last summer; arm first became enlarged in October last, when he felt a constant burning pain in his arm, attended with much swelling. About three weeks ago his arm was lanced, when a large quantity of pus escaped.

On admission to the hospital a small hole was seen about the middle of the humerus. Pressure on shoulder and under part of arm caused the discharge of a considerably quantity of clear serous fluid. On the evening of the 1st of January a second sinus opened about half an inch above the first, which discharged a quantity of pus mixed with serous fluid. On probing, rough bone was felt at upper end of humerus.

Selected Articles.

THE TREATMENT OF CHRONIC RHEUMATISM.

Dr. J. C. Peters, in a paper read before the N. Y. Academy of Medicine, and published in *Med. Record*, said: Almost all rheumatisms are connected with an excessively acid condition of many of the secretions and excretions, including the saliva, perspiration, and urine; even the chyme and blood are less alkaline than they should be. Next is the excessive preponderance of fibrin in the blood, and the great and early destruction of red blood-globules.

Alkalies form the natural basis of the treatment of almost all rheumatisms, and the first question which arises is whether the potash or soda salts shall be used, or both. As the phosphates and potash salts naturally predominate in the red corpuscles and in the formed tissues, while the chlorides and soda salts are most abundant in the serum and plasma, and in all the infiltrating fluids of all the organs of the body, both potash and soda may have to be used; and they will so aid and compensate each other that neither will have to be given in excess. In chronic rheumatisms Dr. Peters preferred the milder and more tonic soda and potash salts, such as the phosphate of soda, etc. This is a good and mild laxative when purgatives are required; it also lessens the acidity of the mouth, stomach and bowels, which is apt to be present, renders the contents of the thoracic duct and the blood more alkaline, and makes the urine and perspiration alkaline. It also lessens the quantity of fibrin in the blood. It is a cooling and slightly antipyretic remedy, and may be used in strong or saturated solution as a local application to chronically swelled joints. In chronic arthritic rheumatism Charcot prefers the carbonate of soda, of which he gives from seven to ten drachms a day, even to old and feeble women, and says he has never seen anæmia or any dissolution of the blood caused by it; on the contrary, his patients even grew stouter and stronger, possibly from the better digestion of sugar, starch and fat which is caused by this and other alkalies. It

also aids in the destruction of an excess of fibrin in the blood, and helps the liver in its great work of destroying fibrin.

Phosphate of soda is a gentle and pleasant remedy, which may be given in about the way that citrate of potash and Rochelle salts are usually given; the latter in half or one ounce doses when laxation is required, and either in one or two drachm doses when their alkaline effects are more desired. It neutralizes all acids, even that which is abnormally present low down in the large bowels, and moderates the excessive acidity of the normal acid phosphate of soda in the urine, and then helps to keep the uric acid and the other urates in solution.

But potash is the natural alkali of the red blood-globules, of the muscles, fibres, and all other formed and solid tissues; and citrate of potash, and even Rochelle salts, which is a tartrate of soda and potash, may reach not only the serum of the blood, but the blood-globules and the parenchymatous structures, when rheumatism is firmly lodged in the latter.

Benzoate of soda is another non-depressing soda salt, although it is somewhat antipyretic when given in large doses. It is a solvent of uric acid, increases the elimination of urates in rheumatic lithiasis, and seems not only to convert uric acid into hippuric, but also to liberate a portion of the products of disassimilation in the form of soluble hippuric acid instead of insoluble uric. In delicate and sensitive patients benzoate of soda may be given with aromatic spirits of ammonia, thus:

R—Sodii benzoatis, ʒ vj.
 Spts. animon. aromat., ʒ ij.
 Spts. myristica, ʒ vi.
 Spts. chloroformi, ʒ ij.
 Spts. gaultheria, ad. ʒ vj.—M.
 Sig.—ʒ j. to ʒ ij. in water.

The hippurate of soda has been suggested lately in doses of five to thirty grains. It tends to produce soluble urates. A favorite prescription with Granville is:

R—Sodii hippuratis, ʒ ij.
 Glycerini, ʒ vj.
 Aq. cinnamomi, ad. ʒ vj.
 Sig.—ʒ ij. to ʒ viii, three times a day.

The tauro-cholate of soda also holds uric acid in solution, and is said to render the stools characteristically rich in bile without causing purging. The usual dose is three to six grains, and it is said to be most useful in obese rheumatic patients, in whom the excess of fat slowly melts away. It is doubtful whether it is more useful than purified ox-gall.

The salicylate of soda is only useful in the acute aggravations of chronic rheumatism. It does not destroy the rheumatic element in the blood.

Valerianate of soda is declared by Granville to be very useful in weak and very sensitive patients. He even thinks its therapeutic value is decidedly greater than that of most of the other salts of *so la*. It relieves the nervous trouble and hyperæsthesia of rheumatism and gout quite effectively, and he cannot help thinking that it also promotes the activity of the absorbents, thus tending to remove congestion, exudation, and even thickening and hardening about rheumatic joints. Usual dose, one to five grains.

It may be assumed that all the good that can be got out of soda will be obtained by these preparations. Charcot always gives quinine, also, when he uses soda or potash in large and long continued doses. Others prefer salicine as an anti-rheumatic tonic. Both prevent the excessive formation of uric acid. But the tartrate of potash and iron is the best tonic against the anæmia and debility of chronic rheumatism. It is pleasanter and better than the muriate tincture.

But, as before said, the soda salts only reach the liver and pancreas, the intestinal juices, the chyle and serum of the blood. They do not penetrate into the interior of the red blood-globules, nor into the parenchyma of the muscles and fibrous tissues, which the potash salts do. The acetate of potash, quickly supported by iron, is a most valuable remedy in subacute rheumatism, and especially in those forms which are liable to frequent acute exacerbations.

But citrate of potash is a much more pleasant and less depressing remedy in very chronic cases.

There are, pathologically, two great varieties of chronic rheumatic joint disease: 1, the fibrous; 2, the dendritic. In the fibrous form the tendency of all the exudations is fibrogenous. The inflammatory products or thickenings, instead of remaining in the soft and gelatinous stage of fungoid granulation, become firm and tough. The new cells are converted into fibres, and these harden and contract; even the inner surface of the synovial membrane is made hard. The normal dendritic growths of the villi are conspicuously absent, and in place of them are thick folds of fibrous tissue. The synovial membrane itself is infiltrated with fibrinous substance, composed entirely of fibre-cells, both fusiform and oval; only a few round cells are to be seen.

The favorite remedy for this state is the muriate of ammonia, administered as freely as iodide of potash is often given. If fears are entertained that it will prove too debilitating, it may be aided by aromatic spirits of ammonia, or by quinine, or Huxam's tincture of bark; although Granville prefers the tincture of *serpentaria*, which he thinks has a specific effect. The muriate tincture of iron should not be forgotten.

Muriate of ammonia is a solvent and liqueficient remedy which tends to render all the secre-

tions more abundant, while at the same time it reduces the plasticity of the blood and destroys fibrin.

It acts upon the kidneys, and if long continued will cause emaciation, commencing first with absorption of fats and then of soft fibrin. It is used both internally and locally against fibrous thickening of the ligaments and tendons about rheumatic joints. Some go so far as to think it almost specific against all cirrhotic affections of the connective tissues. In chronic rheumatic synovitis it is said to break down all the exudations into a thin mucoid substance, which is finally absorbed. It also has a powerful effect on the formation of urea; it is not only converted into urea, but helps to break down uric acid into urea, and aids in the excretion of both. It is also supposed to be really useful in so-called rheumatic neuralgias, when the fibrous sheaths of the nerves are involved. The dose is from five to fifteen grains, up to one hundred and fifty grains a day.

Its great rival is corrosive sublimate, which may be given in doses of one-twenty-fourth to one-sixteenth or more of a grain, in Huxham's tincture of bark, or in the tincture of *serpentaria*.

The next great variety of chronic rheumatic arthritis, or synovitis, is the dendritic, in which the folds or fringes of the synovial membrane are greatly developed, so as to nearly resemble papillomata. For this *sabina* has been suggested, especially when it occurs in females at the menopause, or where there is decided uterine derangement. *Sabina* once had a great repute, which was not undeserved, in chronic rheumatism and gout, for which it was employed both internally and locally to the affected joints.

Pulsatilla is a remedy which is supposed to act specifically upon almost all the mucous and synovial membranes, especially those of the small joints, and has a well-assured reputation in chronic rheumatism. It is most useful in subacute and chronic arthritic rheumatism when there is little or no fever; also in what is called rheumatic gout in females, with catarrhal and rheumatic disorders of menstruation.

But next to carbonate of soda, Charcot prefers iodine to the muriate of ammonia and *sabina*; not iodide of potash, but tincture of iodine, in doses steadily increased from eight to ten drops in twenty-four hours, up to thirty to sixty drops. He gives it during meals in water slightly sweetened, or in a glass of Spanish wine, which he says is better. He continues it for several weeks, or even months, and says it never gives rise to symptoms of iodine poisoning. Probably its effects are largely counteracted by the starch in the food. Granville also thinks iodine the most potent and suitable medicine to decompose urates in the blood, and says it relieves chronic rheumatic pains so promptly that he has rarely to use anodynes.

But he always gives it combined with muriate of ammonia and chlorate of potash, thus :

R — Ammonii chloridi, ʒ ss.
 Potassæ chloratis, ʒ ij.
 Tinct. iodii, ʒ ij.
 Glycerini, ʒ ss.
 Aq., ad. ʒ xij.—M.

Sig. — From a tea to a tablespoonful two or three times a day.

The taste of this mixture is more disagreeable than that of the tincture of iodine. One of the best prescriptions is that of Dr. Buckler, viz. :

R — Iod. potass., grs. ij.
 Iodid ferri, gr. j.
 Iodine, gr. ʒ.
 Ext. conii mac., gr. j.

Sig. Make one pill, to be taken three times a day.

These pills are easily taken, and are said to be particularly efficacious in chronic articular rheumatism, even where there is an anæmic, scrofulous, or syphilitic taint. The so-called nodosity of the joints has been successfully treated with iodine.

Arsenic is the great rival of corrosive sublimate, iodine, and muriate of ammonia in chronic rheumatism of the larger joints. Occasionally it produces marked amelioration, but it often fails, and is said to be useless in the most inveterate cases. It generally aggravates at first.

Phosphorus is a more reliable remedy in arthritis deformans, and phosphate of ammonia forms more soluble salts with uric acid than any preparation of soda or lime. Uric acid and the urates disappear rapidly from the urine made after its use, and pains and swellings of the joints are relieved as rapidly as from any preparation of soda and potash. It is fully equal to the other alkalies, and preferable to most of them in delicate and feeble subjects. It maintains a highly alkaline condition of the blood, has a distinctly alkaline reaction itself, and renders the urine alkaline.

THERAPEUTICS OF HIGH TEMPERATURE.

Dr. Watson, in a clinical lecture published in the *Arch. Pediatrics*, says, substantially: —While I do not intend to speak of the causes of high temperature to-day (as we daily go over that ground with each case appearing before us), yet you must remember that in some cases your treatment must be directed toward the removal of any existing exciting cause. Thus, you may have a high fever from an acute attack of indigestion, and obviously you should relieve that. This, then, leads me to say that it is good practice in nearly all your cases with high fever to precede your regular febrile treatment by clearing out the gas-

tro-intestinal canal. You can do this with castor oil, rhubarb, frequently combined with soda, or with calomel and soda, as in this prescription :

R Hydrarg. chl. mitis, . . . grs. j. to iij.
 Sodii bicarbonatis, . . . grs. ij. to xv.
 Followed by a seidlitz powder in milk, in three or four hours.

The most available, and, at the same time, valuable internal remedies are ac nite, quinine, and antipyrine.

1. *Aconite*. The best preparation of this drug to use is the tincture of the root, and is given in plain water, or it may be combined with other febrifuges. On account of its comparative tastelessness, it is readily taken by young children, and as I have told you about all tasteless and non-irritant medicines, it is best to give it in small and frequently repeated doses.

On account of its frequent prostrating effects, you should see the child taking it every two or three hours. When this is impossible, I have found the following plan to answer very well, viz., for a child under two years of age, I prescribe one-twelfth of a drop every fifteen minutes for the first hour, and then every half hour for two hours, and subsequently every hour, until my next visit. You will, however, get better results from it if you give it every ten or fifteen minutes, and see the child at least every second hour. A precaution that I always give the mother is to stop giving it when the child begins to perspire. This is usually, though not always, a reliable guide.

The indications for its use are a hot, dry skin, full and frequent pulse, and a temperature over 102° F. Hence, its value is most marked in the pneumonias, in the eruptive and desquamative stages of the exanthemata, and in the acute inflammations of the serous membranes.

While you will find this drug one of the most valuable anti-febrifuges, yet it will fail in some cases, and if you have produced a marked effect on the quality and frequency of the pulse, without any fall in the temperature, then you must abandon its use for another remedy which I will shortly tell you about. In some cases you will get excellent results with the following combination, viz :
 R—Tr. aconiti rad. gtt. ij ; sp. æth. nitrosi, ʒ ij ; glycerinæ, ʒ ij ; liq. ammon. acet. q. s. ad. ʒ ij. M. S. ʒ ss, q. h.

If the child has more or less delirium, it will be well to add five or ten drops of paregoric to each dose as given. As I have frequently told you, it is always better to prescribe your preparation of opium separately, so that you can increase or diminish its quantity as desired.

2. *Quinine*.—For those of you who live in districts where malaria is either the primary or a complicating factor in nearly all diseases, quinine will be your sheet-anchor.

In nearly all cases it will be advisable to pre-

cede the use of quinine by a mouth cathartic. One of the best ways to give quinine by the mouth to young children is in the form of a powder. When given this way have the quinine dispensed in one-grain powders, and add one or more, as desired, to a teaspoonful of milk, coffee, chocolate or liquorice, at the time of its administration.

Sometimes I add ten or fifteen drops of the fluid extract of liquorice-root to a teaspoonful of milk, in which the bitter taste of the quinine is very well disguised. Again, you will find cases which will take the quinine in powder alone.

The Elix. Taraxaci Comp. is also a very good vehicle for the administration of quinine, and there are also several other compounds upon the market for a similar object, but I don't think you will require them, especially with children. As with adults, so with children, the most reliable effects will be obtained from the use of an acid solution of the quinine, but its very bitter taste would be objectionable in most cases.

I have frequently used quinine in suppositories with very satisfactory results. I think it well, without some marked indication to the contrary, to combine with it a minute dose of opium, to allay in some degree the local tenesmus of the gut. When used in this way, I prescribe double the quantity that I would by the mouth. The best menstruum is cocoa butter, and after the introduction of the suppository within the sphincter, the buttocks should be pressed firmly together for several minutes. It will be well for you to remember that these suppositories may so irritate the lower bowels as to simulate dysentery.

You will frequently have occasion to use quinine hypodermically, and usually with good results. The best location for the injection is the buttocks. The dose should be from a half to two-thirds of that for the stomach. I have always used the bisulphate, which, with the addition of a little heat, is soluble in eight parts of water.

Quinine has also been used byunction, with some oleate as a menstruum, but rather in chronic than acute cases.

When you have a temperature of 106° F. of undoubted malarial origin, and there are no immediate complications apparent, use quinine hypodermically, and repeat it in an hour if required.

3. *Antipyrine*.—The last of the internal remedies I shall call your attention to is antipyrine. During the past year or two it has been used quite extensively in this country, and for some time previously in Germany. There seems to be no special indications for its use, excepting a high temperature regardless of its cause. It may be given by the stomach, by the rectum, or hypodermically. The best way to give it is in three successive doses at hourly intervals, which can be repeated in six hours if necessary, and for a child under seven

years of age the dose, to begin with, is one grain for every one and a half years of the child's age. This dose should be doubled in the second series of these doses. Usually, however, the temperature remains down several degrees for about eighteen hours after the first series of these doses, and then does not reach its previous height. If given in an enema, double the quantity should be administered at the same intervals. If given hypodermically, half the quantity dissolved in warm water can be used.

You can reduce any temperature, and that, too, with a remedy which you will always have at hand wherever you may practice medicine *i. e.* *water*. Furthermore you can reduce the temperature safely and prolong, if not save, the life of the little patient; at least you will not have done your duty until you have made every effort to reduce the high temperature which is killing the child.

Sponging. This is the easiest and frequently a very efficacious way of using the water. If you have a temperature of 105° F., with no serious complications impending, you can have the child's clothes removed, and place it on the smooth surface previously mentioned (with a rubber sheet beneath the cotton sheet), and with water at 90°, commence to sponge the thorax and abdomen, and at the same time, have the water gradually cooled down to 70°, turning the child first on one side and then on the other, so that the back can be frequently sponged. Do this for thirty minutes, and you will probably find the rectal temperature down to 102° or 101°; if so, I usually wring out a piece of muslin, long enough to reach from the shoulders to the hips, in equal parts of whiskey and water, to which a little ground mustard has been added, and wrap this around the child's body; then covering the child with an ordinary sheet, allow it to remain in this way for one or two hours. If, at this time, the temperature remains down, the child can be removed to a dry surface, but not dressed for at least three hours more, when, if temperature still remains down, it can be lightly dressed. During all this time, cloths dipped in ice water should be repeatedly applied to the head, and, if the child is comatose, a hot flaxseed poultice sprinkled with mustard, is kept applied to the nape of the neck. If the heart's action is feeble or irregular, I usually take a small sponge moistened in hot whiskey and water, sprinkled with mustard, and apply it over the pericardium for ten or fifteen minutes. During all this time the extremities have been kept warm as previously described. In the meantime, the child has taken whatever nourishment it desired. Now, if malaria was the cause of the high temperature, primarily you should administer quinine in some one of the ways I have already described; or you can keep the child in this way—*i. e.* undressed,

and when the temperature goes above 103, either sponge it again or apply the whiskey-water sheet. However, if the temperature repeatedly goes up, after being thus reduced, it will be better to put the child either on a rubber coil or a rubber cot, which I will soon describe to you. I think this one of the most practical and feasible ways of reducing a high temperature in ordinary practice: the parents and friends, however sceptical cannot object to it, for they see you commence with warm water, which you have gradually cooled, under the pretence that "the body is so hot that you must add ice to keep the water the same as when you commenced."

Douche. When you have a temperature of 106 or 107, with the child either in convulsions or profoundly comatose, more rapid work than the preceding must be done. In three cases of this kind, I have improvised a Kibbe cot, with two chairs, a blanket, and a sheet. The chairs with square-top backs, are placed back to back, about thirty inches apart, and over the tops the blanket is tightly stretched, and fastened with large safety pins to the centre cross-piece, in the back of each chair, respectively; then on this blanket the sheet is placed, and the undressed child on the sheet; beneath the blanket, and between the chairs, there is a small bath tub. It is well to place a thin sheet over the thorax and abdomen of the child, so that the shock will not be so great. When everything is in readiness, and you can do it all in the time I have been describing it to you, take water at a temperature of 90°, and pour it over the thorax and abdomen for three or four minutes, gradually having the water cooled down to 75° in the meantime, and there will be signs of returning consciousness within a few minutes. Within five minutes, the thermometer in the rectum will show a fall of four or five degrees in the body temperature; and here again keep the extremities warm. You can protect the legs from the water by a sheet tightly rolled up and placed under the thighs. If you put your hand underneath the blanket, over the middle of the back, you will be surprised to find the amount of heat there. Leave the child on this cot several hours. Perhaps, after several hours, the temperature will go up again; if so, then again apply the douche, but only for two or three minutes. One advantage in using the water in this way, is that you have it under your complete control, so that if there are any appearances of shock, you can apply warm or hot water instantly, and that too, without moving the child. Of course you are to use this method only in desperate cases, and in families of intelligence, and with their full consent, after you have explained to them the gravity of the case.

Enema.—In cases where you must reduce the temperature very rapidly, enemata of cold water,

a gill at a time, repeated every ten minutes, will do well in some cases. I have used it in one case with a temperature of 107°, caused by malaria. The infant was in convulsions when I was called in, and a syringe being at hand, I immediately gave it an enema of cold water, and repeated it in five minutes, after which the convulsions ceased; the enemata were repeated every ten or fifteen minutes for an hour, at which time I had obtained a solution of the bi-sulphate of quinine, which I gave hypodermically, and the high temperature or convulsions have not since re-occurred. I should advise you to use it only in similar desperate cases.

INDIRECT APPLICATION.—This method of using water in reducing high temperatures in young children consists in the use of tubing of rubber (lead or copper might be used) through which water is passed either from the hydrant or a syphon. The most convenient way of using it is to attach one end of the tube—*i.e.* the receiving tube to the water faucet of the hydrant, while the other end, or the discharging tube, is placed in the basin of the hydrant. The temperature, or degrees of cold, applied to the skin of the patient can be regulated in four ways, viz.: 1. By the temperature of the water used; 2. By the force applied to the stream in passing through the tube; 3. By the thickness of, and covering over (as sheet or blanket) the tube; and, 4. By the amount of clothing on the patient.

A NEW BANDAGE FOR FIXATION OF THE HUMERUS AND SHOULDER-GIRDLE.

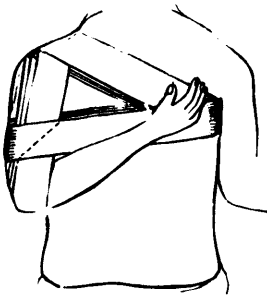
Dr. Dulles, of Philadelphia, gives the following in the *Medical News*:—

In the treatment of injuries about the shoulder-joint, such as luxation, contusion, fracture of the clavicle, or of the acromial end of the scapula, etc., I have often felt the need of some form of bandage, which, while as efficient as the Velpeau or Desault bandage, should be less cumbrous; and I have been led to try various modifications of these until I hit upon a way of bandaging which has been so satisfactory to me and my patients, that I wish to bring it to the notice of my professional brethren, and to obtain their judgment upon its merits.

This form of bandage requires, for an adult, a roller about three and a half inches wide, and about ten or twelve yards long. It is applied as follows: The arm of the injured side should be placed against the chest-wall, almost in the perpendicular line, but with the elbow a little in advance, and the forearm flexed at a right angle and laid across the lower part of the chest. A large piece of lint, or a soft towel, or a piece of old muslin, should now be interposed between the arm and the body, going well up into the axilla, so as to

prevent the excoriation which usually results from the apposition of two skin surfaces.

Then the surgeon, standing behind the patient, and a little toward the injured side, should apply the initial end of the roller to the axilla of the sound side, and carry the bandage diagonally across the back to the top of the shoulder on the injured side; then straight down the front of the arm to the point of the elbow; then under this to the back of the arm; then up behind the arm to the shoulder, where the preceding turn crossed it. At this point a firm pull should be made on the bandage, to draw the humerus well up against the glenoid cavity. In cases of fracture of the clavicle or scapula, this piece can easily be regulated so as, with the aid of a little manipulation, to place and keep the ends of the bone in position. Then the bandage is to be carried diagonally across the front of the chest to the axilla of the sound side; then through this axilla to the back; then horizontally across the back to the lower third of the arm of the injured side, and round this to the front of the arm; then across the front of the chest to the axilla of the sound side, leaving the forearm out; then through this axilla to the back near the point of starting. The appearance of the bandage is



shown in the figure. The bandage is completed by repetition of these turns till the roller is used up, advancing with each turn a little way up the shoulder, and a little way up on the arm. If one roller does not suffice to give the support desired, of course a second must be added.

After the bandage is in place, a few large pins should be inserted at each crossing, and the hand and forearm should be supported by a sling. In addition to the pins, the bandage may be stitched so as to make a firm case; or a few strips of adhesive plaster may be applied along and across it in different places, which will give the greatest possible security. It is a good plan to attach a strip of adhesive plaster, an inch and a half wide, from just below the shoulder, over the outer side of the arm and round the point of the elbow, to about the middle of the forearm. This will prevent the bandage from slipping off the elbow. In certain cases it is advisable to include the forearm in the bandage, so as to bind it firmly to the chest-wall. But one of the special advantages of this method, in

my opinion, depends upon the fact that it can usually be employed without including the forearm.

This form of bandage accomplishes the following results: It fixes the scapula and the outer end of the clavicle, holds the head of the humerus well up against the glenoid cavity, and fixes the whole bone against its natural splint, the chest wall. Among its advantages the most important, in my opinion, depends upon the exactness with which, by drawing up the humerus in the line of its axis, the bone and the shoulder-girdle can be held in a position in which there is the least muscular interference with the proper position of the fragments in a fracture of the scapula or clavicle, or of the different bones in a luxation at the shoulder-joint. I find that, with a little manipulation with my free hand, and careful regulation of the upward pull upon the humerus and the downward pressure upon the scapula or clavicle, by means of the bandage as it goes along, I can get all that I can ask for in the way of correct anatomical relation of parts. The position of the humerus, which I have indicated, is also, I believe, a better one than that which is maintained by the bandage most frequently employed—I mean the Velpeau bandage. The comparative lightness of this dressing is also an advantage, as well as the fact that it leaves the upper and lower ends of the arm uncovered, so that they may be examined at any time, or have applications made to them. The freedom of the forearm I have already alluded to as an advantage whenever it is admissible. There is no danger of the bandage slipping, if it be snugly and firmly applied, and if it be wide enough. It is easy to make it fit nicely at the elbow, so as to hold up this in a sort of cup made by the slight elasticity of the material. It is also easy, by varying the position of the turns, to make the bandage cover any particular point in the scapula, or in the outer end of the clavicle, or in the humerus. In fractures of the clavicle, or scapula, a suitable compress may be placed over the seat of fracture; while, in any fracture of the humerus, to which such a dressing is suitable, the arm may be splinted against the chest-wall by carrying the horizontal turns high up. I will not attempt to speak of the conditions to which this form of bandage is applicable, but I think they are all those in which fixation of the arm and shoulder-girdle is the important object. I am aware that it is somewhat dangerous to call anything new in these days, but I have so designated the bandage I have just described, because I have not met with any description which corresponds to it. If I am mistaken, I shall be happy to be corrected.

HOLMES says that charlatanism hobbles on two crutches, "the tattle of women and the certificates of clergymen."

THE EXTRACT OF MALE FERN IN : TÆNIA.

Behrens eulogizes the extract of male fern as by far the most efficient anthelmintic of the Pharmacopœia, and in the *Deutsche Medicinal Zeitung* of January 7, 1886, reports its successful employment in fifty two cases out of fifty-three treated. Fifty patients discharged the tapeworm after having taken a single dose of 5 grammes (75 grains); of the three remaining patients, two discharged the worm after one more doses of the drug. In two instances the heads of the worms were found. This rather remarkable success in the treatment of tapeworm Behrens believes to be attainable only if a certain methodical procedure is observed. The patient is, on the preceding day, not allowed to eat anything after dinner except a salted herring in the evening; for the thirst thus occasioned beer is allowed. On the following morning the patient takes the drug on an empty stomach, according to the following formula:

R—Extr. filic., . . . grm. 5.0 (75 grs.)
 Gum arab., . . . " 2.5 (37½ grs.)
 Aquæ dest., . . . " 5.0 (1½ f ʒ)
 Syr. simpl., . . . " 15.0 (½ f ʒ).— M.

Sig.—Take at once.

A quarter of an hour after, f ʒj. of castor oil is taken.

This drug, which for its anthelmintic virtues has been known ever since the days of Pliny (who advocates its association with scammony), is well deserving of the author's praise.

In this connection it occurs to us that male fern, at the close of the last and the beginning of this century, formed an ingredient of several nostrums which enjoyed great repute for their vermifuge properties. It constituted the specific of Madame Nouffer, the widow of a Swiss military surgeon, who received eighteen thousand livres for the publication of its composition; later it was the Herenschwand remedy, and finally the specific of Matthieu, the Berlin apothecary, who sold it to the Prussian government for the prize of a title and a pension. The medical college of Würtemberg likewise bought and paid amply for this therapeutic secret. In all these cases drastic purgatives were given, either along with or after the preparation of fern.

In *tenia lata* (bothriocephalus), or unarmed *tenia*, the drug is far more efficient than in *tenia solium*, or armed *tenia*; hence we find the drug especially esteemed in Russia, France, and Switzerland, where the former variety prevails.

So much stress is laid upon systematic administration of male fern by all who have used it most extensively, that we shall describe several of the most approved methods, as cited by Stillé. Waw-

ruch treated two hundred and six cases, nearly all of *tenia solium*, according to the following plan:

Preparative Treatment.—During four to five days a solution was given every day containing 20 grains of chloride of ammonia, the patient meanwhile taking no food but a thin broth at each meal.

Expulsive Treatment. The night previously a simple injection was given. The following morning a bowl of thin soup without salt was eaten, followed in an hour by two ounces of castor oil in two doses. In the interval between these from ½ to 1 drachm of powdered male fern was given in two or three doses, and an enema of milk and oil. Some time after the last dose of fern a drastic purge of calomel and gamboge was given, and under its operation the *tenia* was generally discharged. This method occasioned a good deal of pain, and often vomiting, rendering the use of emollients and narcotics necessary.

The treatment of Albers, of Bonn, and which proved successful in a large number of cases, was almost exactly the same as that just described, except that the ethereal extract was the preparation of fern employed. Lambert preceded the administration of the fern by a diet of herring, onions, and similar crude articles. Trousseau's method, which, he states, was very successful, is as follows: First day, absolute milk diet; second day, 15 grains of the ethereal extract of male fern to be taken fasting, and repeated every half-hour until four doses are taken; third day, repetition of the extract as on the preceding day. After the last dose about 2 ounces of syrup of ether, and, in half an hour later, an emulsion containing 3 drops of croton oil.

Peschier used the oil (volatile extract), and in doses of from 8 to 25 drops, and cured one hundred and fifty cases in a short time with it. Ebers, of Breslau, uses the alcoholic extract: Fouchon, of Neufchâtel, the oil in gelatine capsules. The simple powdered root, however, is probably the most eligible preparation.—*The rap. Gazette.*

VARICOSE VEINS.

Varicose veins are frequently exceedingly troublesome and sometimes dangerous, and we therefore draw the attention of our readers to an article which appeared in the *Brit. Med. Jour.*, by Dr. J. F. Fry, strongly advocating the removal of a considerable length of the varicose veins, as first proposed by Dr. Steele, of Bristol, and Mr. Marshall, of London, in the *Lancet*. Perhaps the method of operation can be most readily understood by reading a description of its performance as detailed by Dr. Fry:

An ink-mark about an inch long was made over each of the two varices (one near the ulcer, the

other above the knee), and, the patient being under the influence of an anæsthetic, an Esmarch's rubber bandage was firmly applied from the toes to the middle of the thigh, and removed after a Foulis's tourniquet had been placed round the thigh at the upper margin of the bandage. The limb was now bloodless. Under carbolic spray (one in forty), a longitudinal incision was made through the lower ink-mark, but only skin-deep, and extending into the ulcer. The tortuous varix next was dissected out and ligatured above and below, and thus a piece of vein six inches long was removed through an incision one inch in length. The edges of the skin were brought together with silver-wire suture, and antiseptic dressing applied. The second varix having been treated in the same way, the limb was firmly bandaged and (after the tourniquet had been removed) swung in a Salter's cradle. During the first three days the temperature ranged between 99° Fahr. and 100° Fahr., and then fell to normal. The wound was dressed antiseptically on the third, fifth, and eighth days, and on the last date the sutures were removed.

The conclusions reached by Dr. Fry are as follows:—If palliative measures afford sufficient relief, it is unwise to operate; but of the various operations the excision of the vein is the safest, and for its successful performance the following details must be strictly carried out:

1. Excise through several small incisions (not more than an inch in length) in preference to removing one large piece, as by so doing the vein is occluded at several points.

2. Mark the site of the proposed incisions before applying the bandage, as the position of the varices becomes indefinite when the limb is rendered bloodless.

3. Apply the Esmarch bandage carefully, so as thoroughly to empty the blood-vessels; or, the wound becoming full of blood, there will be considerable difficulty in dissecting out the vein, and very troublesome hemorrhage may occur.

4. Ligature the vein at its upper end, and dissect it out from above downwards.

5. Remove as little as possible of the tissues surrounding the vein; but if this be unavoidable, take away also the deep fascia (which is but feebly supplied with blood, and will not favor union), and allow the skin to adhere to the vascular muscle.

6. Apply the dressings and bandage the limb before removing the tourniquet. By this means hemorrhage is avoided and primary union encouraged.

7. Above all, the careful employment of antiseptic measures is necessary, both during the operation and in the subsequent dressings. —*Therapeutic Gazette.*

the Phila. Co. Med. Soc. (*Med. News*), "On the influence of age on the dosage of *Nux Vomica*, with some remarks on its therapeutics," in which he says: Going over the notes of some fifty cases, I find that at from 15 to 40 years of age 45 drops or more of the tincture were almost invariably well borne. After 40 years it was the exception to be able to increase the dose over 35 drops without causing disagreeable symptoms.

One of the patients, aged 24, took 200 drops three times daily with most decided benefit. To another, aged 16, 125 drops were exhibited without experiencing any bad effects. On the other hand, a male, aged 60, could take but 20 drops, and not one over 50 could get beyond 35. Patients aged 16, 24, 28, 35 and 40, took 40, 55, 30, 45 and 45 drops respectively before any therapeutic benefit could be seen.

Two effects of large doses of the drug were observed, that, under certain circumstances, would be disadvantageous—the production of diarrhœa and of frequent seminal emissions. Small doses of laudanum would readily control the former, although it is rare that the case would demand such very large doses. The latter symptom could not well be remedied. In mental and psychical depression due to prolonged excitement this drug is of value. One of my students took from 600 to 800 drops of the tincture daily, and thereby successfully tided himself over a period of great strain. In fact, he studied harder and kept later hours than at any other examination period, and with less detriment to his health. He is myopic and astigmatic, and this was the first time he came out of his studies without suffering from eye-strain. The doctor writes me that he has used the drug since, in practice, under similar circumstances. For instance, he helped along well a young society girl, who was unusually busy with engagements, until the rush was over. These uses of the drug are as dangerous, however, as those of any stimulant, and it should be given only on extraordinary occasions for the purpose indicated. Its use as above serves to show its power as a nerve stimulant. It has recently been the custom of students of medicine to take caffeine to keep them awake for study. My observations of the students who had taken one of these drugs was favorable to the use of *nux vomica*. The ones who took it came off with much better health and less nervousness than the caffeine-eaters.

The following are some of the conclusions which may be drawn from the above statements:

1. The effects of *nux vomica* are in inverse proportions to the age of the patient, the susceptibility increasing with the age.

2. The usual doses of the tincture indicated in the text-books are inadequate for many practical purposes, and do not represent the usual dose of strychnine.

RECENT OBSERVATIONS ON NUX VOMICA. —Dr. John H. Musser read a paper at a late meeting of

3. It is a powerful and rather transient stimulant.

4. The best therapeutical effects can be secured in many cases only by pushing the drug almost to the physiological dose.

5. The system soon becomes accustomed to its use, and the dose must be increased.

6. The good effects in dyspepsia are largely due to its power to heighten reflex excitability.

RECENT METHODS OF TREATMENT OF THE ASPHYXIA OF NEW BORN CHILDREN. Dr. Wm. L. Reid (*Glasgow Med. Jour.*), gave the following different methods of restoration :

1. Marshall Hall : The patient is turned face downwards so as to press on the chest and cause expiration, then turned on the side so as to free the chest from pressure, and produce inspiration by means of the elasticity of its walls.

2. Howard : The arms are extended, the wrists being brought together over the head and the chest thus expanded. The lower ribs are then alternately pressed on and relieved from pressure so as to cause expiration and inspiration.

3. Sylvester : The arms are raised upwards and forwards for a few seconds, and then pressed firmly down against the sides of the chest. By means of their muscular attachments the ribs are raised and air is sucked in, which is expelled when the arms are brought down again.

4. Pacini : The feet are fixed, and the operator standing with the head against his own abdomen, seizes the arms at the axillæ and pulls the shoulders upwards and forwards, then allowing them to return to their former position.

5. Bain : The shoulders are raised by lifting the body a foot off the table by seizing its hands. They are then allowed to fall back again, thus causing alternate expansion and contraction of the thoracic cavity.

6. Schücking : Like Sylvester's, except that he carries the arms outwards as well as upwards.

7. Schüller : The operator puts his fingers under the edges of the ribs, and pulls them up, afterwards depressing them.

8. Schroeder : The body is supported by one hand placed under its back, allowing the head, shoulders, arms, and pelvis to fall backwards with the view of producing inspiration, expiration being caused by sharply bending the body forwards so as to compress the chest and abdomen.

Lastly, Schultze's method : The child is to be suspended a few inches from the floor by the two index fingers placed in the axillæ from behind, the thumbs lying loosely over the front of the thorax, and the other fingers spread also loosely over the thorax behind, the head being supported against the edges of the ulnar bones. Without delay in

this position, the child is swung sharply upwards, until the operator's arms are extended horizontally, then the upward movement is continued more gently so as to bring the legs slowly past the perpendicular and allow them to sink quietly against the front of the child's body. The weight of the latter is now supported by the thumbs in front of the thorax, and the chest pressed on all round by the fingers, and its arms laid against its sides. This compression through the diaphragm below, and by the fingers all round, causes aspirated fluids to flow freely from the mouth and nose. After being retained in this position a few seconds, the body is swung smartly down again into its former position, taking care that now there is no compression of the chest, either before or behind, but simply a suspension of the child on the index fingers. During this movement the contents of the abdomen, partly by gravity, and partly by centrifugal force, fly away from the diaphragm, and dragging it down, enlarge the chest from below. At the same time the arms are separated from the sides, and by their muscular attachments drag the ribs upwards, and in this way air is sharply drawn into the lungs. These movements are continued every four or five seconds, unless when a considerable quantity of fluid continues to come from the mouth and nose, when the movement of expiration is on that account prolonged.

CONTRIBUTION TO THE STUDY OF MORPHIOMANIA.

Dr. Marandon de Montyel summarizes the results of his investigations of the production of morphiomania as follows :

I. Morphiomania has its origin either in a demand for intellectual excitation and psychical pleasure, or in the acquired habit.

II. Injections of morphia have as a result a double action : a benign and a special action upon the nervous system by which its natural function becomes impossible after a certain term without the assistance of the poison. These two effects are separate and distinct from each other : the second is manifested when the first is no longer exhibited. There are, then, two kinds of morphiomania : the one resulting in a temporary good effect, the other a vital necessity ; and after a variable period the cases of the first order pass over into the second.

III. This double action of morphia upon the nervous system renders it an extremely dangerous medicament, and it therefore should not be prescribed hypodermically except in cases of absolute necessity.

IV. It is also extremely dangerous to combat morphiomania by the substitution of alcoholics, inasmuch as chronic alcoholic insanity may result therefrom.

V. Morphiomania may always be treated by abrupt withdrawal of the drug, except in conditions

when such methods are contraindicated by the vital forces of the patient or concomitant pathological phenomena. The method should also be abandoned if reactionary collapse result.

VI. In the treatment of morphiomania by gradual suppression of the drug, it appears advantageous to combine with the progressive diminution of the dose the recoil of momentum by fusing two injections into one.

VII. The medico-legal questions pertaining to morphiomania are certainly based more upon extrajudicial than upon judicial clinical observation.

VIII. Observation shows that a morphiomaniac may have great energy of will while the poison has not yet determined any disorder of intellect. There is here a serious proof of what has already been said, that responsibility only ceases with the period of psycho-physical marasmus.

IX. Relative to the responsibility of morphiomaniacs who commit crimes or offences to satisfy their passion, it is, perhaps, necessary to distinguish whether they have yielded to the simple appetite for a pleasant effect, or to a physical necessity dependent upon the instinct of self-preservation. A conclusion of irresponsibility in the latter case seems justified.

X. In the exact appreciation of the intellectual troubles caused by the abuse of the hypodermic injection of morphia, it is important correctly to appreciate the existence of predisposition to insanity, and the delirium produced concurrently by the absorption of other substances, such as alcohol and belladonna.

XI. It is necessary to retard the continual progress of morphiomania by disseminating general information in the upper ranks of society concerning the deplorable and certain evil effects following the use of the drug, and to exercise an active surveillance over pharmacists, and impose special penalties upon those who dispense morphia without a physician's prescription. - *L'Encéphale*.

DIPHThERIC PARESIS. Dr. Robert Bartholow, in a recent clinic says: This boy talks as though his mouth was full of hot mush, and when he takes a drink some of the liquid flows out of his nose. When he walks you notice that he cannot combine the action of the muscles of the two sides with any degree of certainty. You must remember that there is an automatic mechanism and a voluntary mechanism. If you start to walk from here to the river, you put into motion a set of muscles that will work automatically, without any volition or direction on your part. When, however, I tell him to shut his eyes, and, extending his arm, to bring his forefinger to his nose, he brings into play his voluntary mechanism, and this, you see, he can only do with some difficulty. But there is here also some derangement of the unconscious or automatic mechanism, as evidenced by

the failure of the veil of the palate to perform its duty, allowing the regurgitation of fluid. He has had diphtheria recently, and we have the sequel of paresis from head to foot. You must draw the distinction between paresis and paralysis, the former indicating only a partial, while the latter means an entire loss of power. If the faradic current fails, these cases will usually respond to galvanism, which should be employed until the reaction to the faradic current is re-established. If the muscles fail to respond to galvanism, then we know that the true muscular tissue is replaced by connective tissue and fat, but it is very seldom that we find cases so far gone. It is a singular fact that in many cases the muscles will respond to the stimulus of the will, even before the reaction to the faradic current is established. The use of electricity serves two purposes: it puts the muscles in use, and improves the circulation. If there is incontinence of urine, an urethral electro may be passed into the urethra, the non-insulated portion being placed at the neck of the bladder, and the other pole over the genito-spinal centre; the same procedure may be used for atony of the bowels. In bad cases I would use the alkaloid strychnine, hypodermically, one-sixtieth of a grain every day or two or three times a week: it will tone up the nervous system. In less severe cases I would give the same drug internally.

R. Strychnine. gr. $\frac{1}{60}$
 Acid phosphoric dil., gtt. x. M.
 S.—For one dose, well diluted, thrice daily.

The general nutrition must be increased, which can be best accomplished, I think, by the use of officinal syrupus hypophosphatum cum ferro. *Med. and Surg. Reporter*.

COMPARATIVE ADVANTAGE OF DIFFERENT FORCEPS. Dr. T. M. Madden says:—Among the changes which have recently taken place with regard to the forceps, there are two, however, which, I venture to think, require further consideration. The first is with regard to the early period of labor at which instrumental assistance is now advocated by some authorities. The second is with regard to the complicated form of forceps introduced by M. Tarnier, and since variously modified and largely employed by modern obstetricians. For my own part, I can see no reason for instrumental assistance before the os uteri is fully dilated, except in certain cases of complex labor, where immediate delivery may be necessary for the safety of mother or child, and in which it must be unhesitatingly resorted to as soon as the os uteri is sufficiently dilatible. But if obstetric practitioners should ever come to regard it as a safe rule of practice to apply the forceps as soon as the os uteri can be sufficiently expanded to admit its introduction—which in some instances may be done before the occurrence of any true

labor pains it is very probable that the ill results of the indiscriminate and injudicious employment of this practice will outweigh all the possible benefits of its right use. The preference generally given to Tarnier's axis-traction forceps by many British as well as by nearly all French obstetricians, over instruments such as Barnes' original double-curved or my own short forceps, appears to me to be a mistaken one. In operative midwifery, as I have before observed, as in any mechanical problem, it is obvious that there should be a due proportion between the power used and the resistance to be overcome, and that the force employed should be the minimum necessary to accomplish the desired effect. This certainly is not the case in Tarnier's forceps, which I cannot but regard as a needlessly complicated, unwieldy, and, for the purpose for which it was designed, an ill-contrived piece of mechanism. Hence, in my opinion, this instrument is by no means equal to Dr. Barnes' forceps for any cases of difficult labor where the head is detained above the pelvic brim; nor, I will venture to add, to my own short forceps in those still more frequent instances in which the head, having entered the pelvic cavity, assisted delivery may be expedient, as I have found in upward of two hundred and fifty cases in which I have now used this instrument.

MEDICAL NOTES.—Prof. Da Costa relieved a boy, at the clinic, almost entirely, of a severe *torticollis*, in five minutes, by having injected over the sterno-cleido-mastoid, atropine gr. $\frac{1}{10}$, combined with morphine $\frac{1}{8}$.

Prof. Da Costa likes a combination of the bromides in the treatment of *epilepsy*, such as

R Potass. bromid. gr. x.
Sodii bromid. gr. xv.
Ammonii bromid. gr. v. M.

He also frequently prescribes, in the same disease, five grains of the effervescing bromide of nickel, *ter die*.

For a case of *leucorrhœa* and great *vaginal irritation* in a child of eighteen months, Prof. Parvin used with success—

R Extract opii.
Extract belladonna. aa gr. $\frac{1}{2}$.
Iodoformi gr. ij.
Olei. theobroma gr. v. M.

Ft. in vag. suppos., No. j.

Sig.—Use one every day.

Prof. Bartholow considers nitrate of silver at the head of the list of remedies for the treatment of the *diarrhœa of phthisis*. He recommends the use of the same drug in proctitis, applied by irrigation, in the strength of $\frac{5}{j}$ to water Oj. If a stronger solution is used, it must be immediately followed by a solution of common salt.

Prof. Bartholow says the sulphide of barium is the best *depilatory* for ordinary use. Its long continued action often results in the permanent removal of the offending hairs. He advises the following, to be made into a paste, with sufficient alcohol, and put on the part and left till some pain is felt, then to be removed:

R Barii sulphidi,
Calcis aa $\frac{5}{j}$.
Amvii pulv. $\frac{5}{ij}$. M.

For a marked case of *malarial cachexia*, with latent pleurisy, Prof. Da Costa prescribed the following:

R Tinct. ferri chloridi. f $\frac{5}{j}$ ss.
Acid. acet. dil. f $\frac{5}{j}$ ij.
Liq. ammonii acet. f $\frac{5}{j}$ ij.
Elixir simplic. f $\frac{5}{j}$ ix.
Strychniæ sulph. gr. ss. M.

Sig.—Desser: spoonful *ter die*, to be doubled slowly.

In addition, four grains of quinine, to be taken every morning *before* breakfast, directly after arising.—*Col. and Clin. Record.*

PASTEUR ON THE SYMPTOMS OF RABIES. A correspondent in Paris states that a person, bitten by a favorite dog recently, brought the animal to the Veterinary School at Alfort, to be examined, and carefully watched for some days; but, after the examination took place, the owner was informed that he could not receive an immediate answer to some questions he put, in conformity with the rules. He would have to come next day, and if the dog then presented no symptom of rabies, he would have to take it away. This not suiting him, he wrote to M. Pasteur, stating his case, and asking to be treated by him. M. Pasteur wrote back to him. As the hydrophobia scare appears to be spreading over the world, M. Pasteur's letter cannot fail to be read with universal interest: "Sir—Do not trouble yourself to call on me, because it would be useless. Every dog, whether it eats or not, that is attacked with rabies, dies in a few days. When it eats, death is delayed a short time, but that is all. It cannot live for more than ten days, and will probably die on the eighth. During the interval, rabid symptoms will be shown. Lock up your dog, therefore, and chain it. Be careful, in feeding it and cleaning away its litter, not to go within biting distance. If it survive the tenth day, you may have an easy mind. Meanwhile, attend to your wound; it should on no account be neglected. The saliva of a perfectly healthy dog may contain microbes which would cause an abscess. In very rare cases the bites of such dogs have caused septic blood-poisoning. If you find rabid symptoms in the dog, come at once to my laboratory, and I will be happy to treat you for rabies.—I am, etc., PASTEUR."—*Brit. Med. Jour.*

THE WATER-COMPRESS.—Among the therapeutic measures in vogue in Germany there is none which attracts the attention of the American physicians so eminently as the water-compress. It is no fable that the "compress," as it is briefly called, is prescribed for every affection of the throat and lungs: for a clinical experience of nearly three months, in the Carité and other hospitals, convinced your correspondent that it is the first thing ordered in nearly every ailment of the respiratory tract. A piece of linen, being of the size of a napkin if intended for the throat, or of the size of a towel if intended for the lungs, is dipped into cold—not luke-warm—water, applied to the desired locality, and retained *in situ* by means of a woolen shawl or oil silk, and renewed every half-hour. A poultice is never exhibited for these affections. The compress, as may be expected, has also become the routine treatment in every household, and is quite familiar to every mother and nurse. Your correspondent has taken especial pains in tracing the therapeutic results of this procedure—which, of course, is often accompanied by medicinal treatment—and feels highly gratified with the results observed. The value of this hyriatic procedure consists in the frequent renewals and prolonged application extending often over two or three days—of a medium which not only abstracts the surplus of heat in the part, and by its secondary physiological action dilates the vessels of the integument, and thus relieves the engorged internal parts, but which also has an undeniable invigorating influence on the nervous system. It seems superfluous to add that strict individualization is, as in all hyriatic procedures, an indispensable requisite in the application of the cold compress. *Therapeutic Gazette*.

NATURE AND CURATIVE TREATMENT OF TRUE ANGINA OF THE CHEST.—Dr. Huchard, of Paris, after long study of the differential diagnosis between false and true angina pectoris, concludes that the latter uniformly depends upon changes in the heart, the aorta and other arteries, and that while it may be complicated by nervous influences it can not be produced by them. After trial of the various medicines for increasing arterial contraction, such as ergotine, or for increasing the blood-pressure, as digitalis, he rejects them as useless, and resorts to medicaments that have an opposite effect, such as nitrite of amyl, morphine, and nitro-glycerine, as of some use in the affection.

These, however, are regarded only as palliative. Dr. H. thinks the only actually curative treatment is with the iodide of potassium. This should be given steadily for from fifteen to eighteen months at least, with a daily dose of from fifteen to forty-five grains, even after the attacks have disappeared. Besides this there are accessory measures, such as vesicatories in the neighborhood of the

heart, and regulation of food and mode of life. Alcohol and all stimulating substances, as also tobacco, is to be prohibited, and a mixed or exclusively milk diet is to be prescribed. In advanced atheroma, cure is not at all to be expected, nor in most cases is improvement possible. *Deutsche Med. Zeitung*.

IODOFORM INJECTIONS IN KNEE-JOINT DISEASE.—Dr. Piltz reports the case of a woman, fifty-eight years old, who had suffered from pain and swelling of the knee for about a year. In spite of active treatment the disease progressed steadily until the patient's health began to suffer. An exploratory puncture showed the presence of thin, flocculent pus. The author determined, before resorting to incision and drainage, to try the method of iodoform injection recommended by Mikulicz in the treatment of cold abscesses. The joint was punctured with a trocar and about a pint of pus removed, and it was then thoroughly washed out with a three per cent. solution of carbolic acid. After this, about two ounces of a ten per cent. iodoform glycerine emulsion were injected and an antiseptic dressing applied. No elevation of temperature followed the operation. The general and local effects of the injection were described as wonderful. The pain yielded at once, and merely a slight burning was felt in the joint. The operation was repeated, a smaller quantity of the emulsion being injected. After this no more pus was found and the patient continued to improve, regaining the use of the knee and increasing in weight. The author believes that this method might be advantageously employed in all joint diseases of this sort in which there is no lesion of the osseous structures.—*Allgemeine Medicinische Central Zeitung*, No. 94, 1885.

COLD BANDAGING OF THE LEG IN INSOMNIA.—Dr. von Gellhorn has found the following plan very useful in inducing sleep in persons who suffer from insomnia. A piece of calico, about eighteen inches wide and two and three-quarter yards long, is rolled up like a bandage, and a third of it wrung out in cold water. The leg is then bandaged with this, the wet portion being carefully covered by several layers of the dry part, as well as by a layer of gutta-percha tissue, and a stocking drawn on over the whole. This causes dilatation of the vessels of the leg, thus diminishing the blood in the head and producing sleep. It has been found by Winternitz that the temperature in the external auditory meatus begins to fall a quarter of an hour after the application of the bandage, and the normal is again reached for from one and a half to two hours afterward. Gellhorn has employed this means of procuring sleep for several years, and finds it especially useful in cases where there is congestion of the cerebral vessels. Sometimes

he has found it necessary to reapply the bandage every three or four hours, as it dried. *Med. Rec.*

NEW OPERATION FOR THE ALLEVIATION OF PERSISTENT DEAFNESS.—Dr. William H. Bates, of New York, in an article on this subject says that many cases of deafness are not benefited by thorough catarrhal treatment, inflation of the middle ear, the use of Siegle's otoscope, an artificial opening in the drum-membrane, division of the tensor tympani, etc. He calls attention to an operation which has benefited a number of these obstinate cases. The operation consisted in puncturing or incising the drum-membrane in from five to ten different places. Simple punctures were made, or the drum-membrane was slit in various directions. The operation was repeated as soon as the openings in the drum membrane had healed. The size and freedom of the incisions must be determined after the first operation for each case.

For the operation he employed a Graefe cataract-knife with a long shank. It is important that the knife be *sharp*, and to make this certain he often used a freshly sharpened knife for each puncture. Pain was avoided by this precaution. A dull knife, or the paracentesis instruments sold in the shops, caused more pain than the patients could bear.

Cocaine was not necessary when the knife-blade was in proper condition, and this remedy would not prevent pain when the knife was dull.

The result of this operation is to leave a number of cicatrices in the drum-membrane: the subsequent contraction of these producing a tension by which the membrane is drawn out. The membrane frees itself from adhesions in this manner, and in many cases loosens the ankylosed ossicles. The various benefits of paracentesis, as formerly employed, are not only obtained but much increased. It is not an improvement the result of a perforation of the drum-membrane alone, which, as is well known, is often doubtful and transitory, but the subsequent healing of the openings is part of an improving process. The operation, suggested by that of paracentesis, differs from it in the simultaneous number and extent of the incisions, as well as in the purpose for which it is resorted to, and in the immediate and subsequent results. *New York Medical Record*, January 23, 1886.

TREATMENT OF FROZEN PERSONS.—Medical men have always differed as to whether the best medical treatment of frozen persons was by a gradual or rapid application of heat. "To settle the matter," says *Knowledge*, "Lapchinkski has made a series of very careful experiments upon dogs, with the following results: Of twenty animals treated by the method of gradual resuscitation in a cold room, fourteen perished; of twenty placed at once in a warm apartment eight died, while of twenty immediately put into a hot bath all recovered." The

experiments will probably influence the practice of medical men in Russia and northern Europe, where the question of the best means of restoring life in persons suffering from excessive cold is of frequent occurrence every winter. *Med. Summary*.

[Since learning of the above, or some other similar experiments, about three or four years ago, we have treated with uniformly marked success every case of frost-bite, of various degrees, that happened under our observation, by ordering the hot plunge bath or douche. For instance, if a foot was frozen to stiffness and almost total insensibility, it was immediately submerged in water, so warm that the hand at a normal temperature could not tolerate the heat. In case of frost-bitten ears, cloths wrung out in hot water were at once applied. The feeling is one of intense gratification, which usually is only momentarily preceded or interrupted by acute stinging pain. It is by far the most preferable method of restoration.]—*Am. Med. Digest*.

VACCINATION. Among the many queries which the present extensive revival of vaccination has raised, is the one relating to the effect of vaccination upon one who has already had small-pox or varioloid.

We have been somewhat surprised to find that vaccination "takes" with those who have had small-pox, two or three such cases having come under notice. Upon inquiring of a physician, whose position at the Board of Health has given him a wide opportunity for observation, he assured us without hesitation that after small-pox, vaccination will take always, and in the primary form. Moreover, that vaccination is a surer safeguard from small-pox than small-pox itself, for he knew of instances where unvaccinated individuals had had the disease two or three times.

This information is therefore of great importance, for most people who have had small-pox feel that they are sealed with an immunity greater than a lifetime of continued vaccination could purchase for them.—*N. Y. Med. Record*.

SUCCESSFUL PASSAGE OF AN OPEN PEN-KIFE.—The following case (Dr. C. B. Hutchings, *Pacific M. & S. Jour.*, Jan.) illustrates the importance of giving bulky food when a sharp instrument has been swallowed. A man of 20 swallowed an open pen-knife $3\frac{1}{2}$ inches long. On telephoning the neighboring doctor he was ordered milk and castor oil. This advice was, fortunately, not followed, but a hearty meal of mush and buckwheat cakes was given, and he was directed, on going to bed, to lie on his right side to facilitate the passage of the knife into the duodenum. He spent most of Friday, the next day, on the right side, and ate freely of any food desired, but particularly of

buckwheat cakes. The bowels moved on this day, but did not move again until the following Tuesday, when, after an immense movement, the knife came away point first. We publish the above item, not because the pen-knife was saved, but because it seems to show that there is at least one doctor in this country who adheres to the antiquated treatment by purgatives. Think of an open pen knife traversing an empty bowel under castor oil.

INFLUENCE OF ALCOHOL, BEER, BLACK COFFEE, TOBACCO AND SALT ON DIGESTION.—1. Alcohol, even in small quantities, arrests the digestive processes. The digestion of albuminates is arrested more than the transformation of dextrine to grape sugar. Gastric juice, with 20 per cent. of alcohol, digests six to seven times smaller quantities than the normal secretion. This is explained by the precipitation of pepsin by the alcohol.

2. Beer does not promote digestion. It appears that this is due, not so much to its alcohol as to the large quantities of neutral salts that bind the free acids of the gastric secretion. If a few drops of hydrochloric acid are added, the beer no longer inhibits.

3. Wine in small quantities appears to promote digestion: in larger quantities its action is that of alcohol.

4. Black coffee also, when taken in small quantities, stimulates the digestive functions: large quantities act unfavorably.

5. Moderate smoking does not alter digestion. Excessive smoking, however, is of bad influence, because the tobacco derivatives—alkaline reaction of nicotine—neutralizes the gastric juice.

6. Small quantities of salt are conducive to the processes under consideration. Large quantities arrest them, probably by hindering the swelling of the food.—*Deutsche Med. Zeit.*

CHAULMOOGRA OIL IN CHRONIC SQUAMOUS ECZEMA. Dr. W. L. Chew reports a case of chronic universal squamous eczema cured by this remedy. The patient had been treated with iron, arsenic, cod-liver oil, etc., with but slight improvement. The oil was then given in two or three drop doses, and increased to ten or fifteen drops three times a day. The best vehicle was found to be a goblet of sweetened cream. The oil was also used in the form of an ointment:

Chaulmoogra oil $\frac{5}{3}$ ii.
Glycerine 3 iv.

To be rubbed over the body and limbs, and the cold shower-bath applied three or four times a day. In fifteen days all the exudation has been checked; on the nineteenth day the case was discharged cured.—*N. O. Med. and Surg. Jour.*

POISONOUS GLOVES.—We have recently had

several cases of a peculiar herpetic eruption about the lips of children, and which we have satisfied ourselves were due to cheaply dyed gloves. The children wearing these gloves rubbed their mouths with them. The rash could be produced at will. When the gloves were taken off and not worn for some time, there was no rash. When, on the other hand, the gloves were worn, and the children repeated the practice, the rash returned. Clearly it was a case of cause and effect. Owing to competition, manufacturers endeavor to cut down the expense of production by using the cheapest form of dye: and the public support them by buying cheap products. There is not much economy in this, however. The old proverb should be remembered—cheap and dangerous.—*Provincial Med. Jour.*

CARBOLIC ACID INTERNALLY. A practitioner of large experience sends the following:

In the few brief notes you have published on carbolic acid in indigestion, I think you have by no means stated the full range of the remedy even in this condition. In the first place, I have found carbolic acid in doses of from two to four drops a better antacid than any of the alkalies. It arrests fermentative action in the stomach, of whatever kind, with greater certainty, in shorter time than any drug I know of. And in sick stomach it often gives quick relief. In vomiting, from any of the usual causes, it is usually serviceable, and in some cases is of benefit where other remedies have failed. It frequently quiets the sick-stomach of pregnancy. I have used it almost daily in my practice for the past eighteen or twenty years, and know of no drug in which, in the conditions named, I put so much trust.—*Am. Prac. and News.*

Prof. Da Costa treated a boy *æt.* 12, with *pericarditis with effusion*, following a very severe attack of chorea, as follows: Potassium acetate \mathfrak{ss} every two hours; tinct. digitalis *gtt.* v. every four hours; whiskey $\mathfrak{ʒij}$ per diem: to insure quiet and sleep, a little paregoric at bedtime; do not interfere too actively with the bowels: the quieter in every respect the patient can be kept, the better; do not allow him to get out of bed under any circumstances as long as any effusion is present.—*Col. and Clin. Record.*

A YOUNG physician, who has just established himself, and has very little practice, is noted for his braggadocio. One of the older physicians, meeting him on the street yesterday, asked him how he was coming on. "I've got more than I can attend to," was the boastful reply. "I had to get out of my bed five times last night." "Why don't you buy some insect powder?" asked the old doctor.—*Ex.*

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HEMORRHOIDS.

There has been a great deal written of late regarding the proper treatment of piles, with little or no reference, however, to the kind of piles referred to. One writer suggests the treatment of piles by the use of the ligature, and another by the employment of the hypodermic needle, another by the clamp and cautery, etc. Writers should be more careful, when speaking of the treatment of piles, to specify the nature, pathology, and situation of the tumefaction under consideration. Any suggestion on the treatment of piles, without a proper understanding of its character, only serves to confuse.

The curative treatment of external piles is to lay them open and turn out the clot, or snip them off, and cauterize if bleeding occurs to any extent. Provided the pedicle is large and indistinct, the incision is the better treatment. After the blood has disappeared in the tumor, it may either be snipped off, or left alone if it is harmless.

An internal pile first makes its appearance in the form of a thickened, hard mass, with a granular surface, which is covered by a thin membrane, often breaking down and causing a gush of blood from the dilated capillaries. In this stage of the disease, the best treatment is to dilate the sphincter and apply nitric acid to the granular surface; a wire speculum being used to dilate, in order that a proper application of the nitric acid can be made. After this condition of the hemorrhoid exists for a

longer or shorter time without cure, it gradually forms into a distinct tumor, the mucous membrane becomes thickened, the bleeding ceases, the connective tissue is increased, the capillaries are finally closed, the tumor enlarges, and a more or less tumor-like mass results, which may finally protrude through the sphincter in straining at stool. In this tumor the capillaries are in a manner obliterated—the mucous membrane, arteries, veins, and connective tissue, forming the tumor. The result of these tumors protruding through the sphincter is well understood, and also the palliative treatment.

The curative treatment of this form of internal piles should vary with the appearance of the tumor. Provided the tumor is not very large and prominent, and is attached to a broad base of the mucous membrane, the injection of different fluids will afford certain and permanent relief. The injection is intended to reduce the tumor by setting up a slight inflammation, resulting in a gradual shrinking of the tumor, or cause it to slough, which is rare. Probably the best injection in use, and one that gives the least pain, is glycerine, water, and carbolic acid. This may be used in any proportion, but that which we prefer is six parts each of glycerine and water to one of carbolic acid. This solution may require many repetitions, but it gives little or no pain, and does not prevent the patient from attending to his ordinary duties. The injection is made with a common hypodermic syringe, the needle being thrust well into the tumor. The injection may be made every five or six days till the tumor disappears. In our hands the hypodermic plan of treatment has been the least objectionable to the patient, and the most satisfactory to us in selected cases.

The operation by means of the ecraseur, or clamp and cautery, is quite safe, so far as the immediate and curative results are concerned, but it will often leave a cicatrix that may subsequently give trouble; hence we do not practice it. The ligature treatment is probably more satisfactory than any other in the majority of well-defined hemorrhoidal tumors. It leaves little cicatrix, and gives permanent relief. The patient should be anesthetized, placed in the lithotomy position, and the sphincter thoroughly but gently dilated with the fingers till its contractile power is completely lost. The tumor is then easily drawn down with a

toothed forceps, and is ready for treatment. If the tumor is large, it should be tied with a strong silk ligature, doubled and passed through the centre of the base, tying each segment separately. The hemorrhoid is then cut off a short distance from the ligature; provided, however, the tumor is not too large, a strong ligature tied tightly around the base answers every purpose. Great care should be taken to not remove too much of the hemorrhoid with the knife, for fear of cutting the ligature or causing it to slip. A suppository of opium, belladonna, and coca-butter—two grains each of pulv. opii. and ext. belladonnae, and four of the butter of coca—is then introduced, and the patient put to bed and kept quiet for several days. The bowels should be opened by mild laxatives within four or five days.

Hemorrhoidal tumors vary so much in their appearance and character that they can not all be successfully treated alike. One pile can best be treated by the hypodermic injection, and another by the ligature in the same individual. In timid persons who have a dread of surgical operations, we would advise the slow, patient, and less offensive treatment with the hypodermic solution. When persevered in, it will cure most of the worst forms of piles with little pain to speak of, and no danger or inconvenience to the patient, provided the weaker solution is used.

EMPIRICISM IN MEDICINE.

Many a thoughtful physician probably, in intervals of leisure, when his mind is withdrawn for a time from the usual routine of his practice, is accustomed to reflect upon the progress and present state of the profession which he has adopted. If he is a reader and keeps abreast of the times; above all if he is himself an original investigator, and takes delight in discovering for himself the secrets of nature, the more often probably, will he allow his mind to dwell upon the more scientific or theoretical part of medicine.

As a rational man, as one to whom the public looks, not only as being a person devoting his life to the mitigation of suffering, but also as a person devoting his life to the discovery of the laws of suffering, this occasional review of the progress, and consideration of the present standing, of the science and art of medicine is a duty. If every

medical practitioner in the world thought of nought else but the *practice* of his profession, its *science* would lamentably decline. Nevertheless there are evidences, we think, that even in these days there is exhibited far too much apathy upon this subject. True, medical works and magazines abound, and discoveries and inventions do much more abound; but this does by no means necessarily imply, that a real knowledge of the workings of nature in health and disease is making true progress. And for this reason: These discoveries and inventions may be, and often are, purely empirical. For example, by mere accident—by what might have eventuated in a grave error—it is found that the injection of ergot is as efficacious as that of iodine in hydrocele. What have we learned? Merely that in the next case of hydrocele which we have to treat, it will be immaterial whether we inject ergot or iodine.

This is a typical, though extreme, example of the way in which many advances have been made in medicine. They are truly empirical. Certainly, wonderful discoveries, thanks to the microscope, have been made, and legitimately made, by other and more logical methods. Still it remains true that these have not been as numerous as our hopes might have suggested. Where then lies the remedy? This is no easy question to answer. A few suggestive hints, however, may be hazarded.

Every variety of natural law, operating in health or disease, may be reduced to one of two classes: Chemical, or Physical. The term "vital processes," we know, is used; but what "vital" here truly means, we hesitate not to assert, no one can define. The only fields of investigation open to us are chemical and physical fields. If we are right in this, then the only rightful conclusion to be drawn is that, if we desire to see the science of medicine advance by the only path in which it can properly advance, we must devote our energies very much more in the future than we have done in the past to attaining a more accurate knowledge of nature in her chemical and physical aspects. That is to say, instead of resting satisfied with the fact that quinia is a specific for intermittent fever, that mercury is a standby in syphilis, that aconite lowers the temperature, and so forth, let us not remain satisfied with any such facts, learned purely empirically, but let us betake ourselves to our laboratories, and with retort and microscope ask,

Why are these things so? Only by a constant use of that word "Why," can scientific knowledge advance. It is necessary to seek for causes. Empirical knowledge is useful, very useful, but it does not exhibit reasons.

The subjects, then, to which we would strongly urge the younger members of the medical profession, and we address ourselves here more especially to physicians, to devote themselves in the future, are pathological histology and chemistry in relation to therapeutics—chemical therapeutics, if we may use the phrase. Let them try to discover what in its very essence is the action on the various tissues of quinia, of iodine, of aconite, etc., etc. This is the only method by which scientific progress can be attained, and we venture to believe that in a century or two from the present day this will be the only method followed.

ETHICS IN SURGICAL OPERATIONS.

In this age of thorough cleanliness and antiseptic treatment of wounds, there is a decided necessity for radical reform in ethics at surgical operations. Any and every surgical operation, no matter when or where performed, if on a human being, is for the benefit of the patient operated on, and not for the glory of the operator or for the instruction of himself or his *confrères*. To our sorrow, we have again and again seen the reverse of this obtain. It may be asked, how can men become experts in operating except by witnessing and participating in operations, and thus become familiar with the whole procedure in a practical way and verify every detail in a critical manner? We answer that the dissecting and post-mortem rooms, and not the operating amphitheatre, are the places to become expert in either making diagnosis or operating. No man, nor any number of men, no matter what be the pretext, have the least right to jeopardize the life of another human being—and that is what is constantly being done when a crowd is allowed, in an operating room to examine a wound that has just been made, or put the hand into a peritoneal, thoracic, or other cavity, without the operator knowing that that hand has been thoroughly cleansed and made aseptic.

This state of things is wholly wrong. If a physician is, through courtesy, invited to be present at an operation, he should remember he is only an

invited guest so far as viewing the procedure is concerned. To all else he is an intruder, and an abuser of hospitality when he interferes. Again, we have seen surgeons who, while operating, apparently as a matter of routine, invite every one present to examine the wound or cavity they had opened. Any surgeon who does such a thing is surely forgetting the high responsibility that rests upon him especially, to guard the life of his patient at every point, to the utmost of his ability. A surgeon fully imbued with the responsibility of his work will invite to assist him only such persons as he may require, and he *knows* are thoroughly clean and free from infection. Having made these selections, he assigns them to their several places about the operating-table. These, and only these should be allowed to take part in the operation, and they only to examine the wound or cavity in cases of extreme doubt on the part of the operator, or when he requires and asks advice. When the operation is done the wound should be subjected to no manipulating by by-standers, but be promptly closed.

This is the only way that antiseptics can be used to any purpose, or with good effect. A rather good thing was the answer of a surgeon to a brother practitioner, who asked if a certain operation had been done antiseptically. The answer was—"Yes, somewhat." There can be no neutral ground in this question. Right is right, and nothing can make it wrong, and, wrong is wrong, and can never under any pretext be right. We are satisfied that the error spoken of is one of thoughtlessness, but it is none the less wrong and does just as much harm as if premeditated.

HALIFAX HOSPITAL MEDICAL STAFF.

During the past year a dispute took place between the "Board of Charities" or Commissioners, and the Medical Staff of the Halifax Hospital in reference to the appointment of the house surgeon. According to the by-laws of the Board "candidates for the position of house surgeon have to undergo a *competitive* examination before the Medical Staff, who shall communicate the result to the Board." Two candidates presented themselves, one of whom obtained eighty per cent of the total number of marks, and the other sixty-six. The "Board of Charities" however awarded the position to the

gentleman who obtained sixty-six per cent. The Medical Staff remonstrated against the action of the "Board," asked for an explanation, and receiving a very curt reply, resigned their positions on the Hospital Staff. This step also involved the closure of the Halifax Medical College. Friends of the Hospital and College at once stepped in with a view to restore harmony and prevent the closure of the school. At a conference of both parties it was agreed to submit the question in dispute to one of the Superior Court Judges. Some difficulty subsequently arose, however, as to the points to be submitted for the Judge's decision. The Board of Charities were willing to submit the question of their legal right to make the appointment they did, but not the propriety of their conduct in making it, and urged that there might be facts and circumstances which would justify them in the appointment of a candidate as house surgeon although he had not obtained the highest marks in a competitive examination. Of course the negotiations came to an abrupt termination, and shortly after, the secretary of the Medical Staff was informed that the resignation of its members had been accepted. The Board remained masters of the situation, a new medical staff was appointed, but the medical college was left in abeyance. The above is a bare outline of the facts of the case, so far as we can gather them, and we leave our readers to draw their own conclusions.

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POISONING BY COCAINE. — Perhaps in no branch of medicine are the lines of the poet,

"For man who knows no good unmixed and pure,
Oft finds a poison where he sought a cure."

more applicable than in that which deals with the therapeutical action of drugs. It is not many years ago that the hydrate of chloral was introduced into medical practice, and soon its indiscriminate use led to its abuse in so many cases that by some it is held to be more an evil than a good. There appears to be a fashion in drugs as in most other things. The last new drug which bids fair to rival chloral in its wondrous diversity of applications is cocaine and its salts. The drug has been used in hay fever "with good success" in operations on the eye, tonsils, etc., but the latest application of this wondrous drug is recorded by Dr. Roberts, in the *New York Medical Journal*, who has performed two operations, one "femoral supra-

condyloid osteotomy for genu valgum" in a boy four years of age, the other "excision of the hip joint," both under the influence of superficial and deep injections of cocaine, *with no suffering to the patient*. It may not however be out of place here, amid all the enthusiasm which cocaine is creating, to enter a word of caution for the cases of poisoning by the drug are becoming neither few nor far between. Dr. Kennicott, in the *Chicago Medical Journal*, records a case of poisoning by the application of two-thirds of a five grain solution to both nostrils. The patient ultimately recovered, but not before considerable alarm had been created on her account.

MASSAGE IN THE TREATMENT OF INFANTILE PARALYSIS. — Dr. Murrell, in a recent lecture on the above subject (*Med. Press and Circular*) stated that after treatment during the acute stage of infantile paralysis by means of aconite, followed later on by physostigma and phosphorus, he recommended recourse to a carefully graduated system of *massage*, commencing with simple *effleurage* or surface rubbing, followed by *friction*, which is a more energetic application. As the case proceeds, kneading of the affected limbs or muscles is resorted to, and this is succeeded by, or combined with systematic *tapotement*, which is a form of percussion. This plan of treatment conscientiously carried out, has, when the case has not been too long delayed, been followed by excellent results, but it should only be done by the advice and under care of the medical attendant, as indiscriminate *massage* is likely to be futile and may be injurious. The operation should be conducted with dry hands on a dry skin, and all oils or other inunctions studiously avoided.

TREATMENT OF CONJUNCTIVITIS. The idea that certain kinds of conjunctivitis are caused by microbes has been enlarged by Bieloff of Kiew (*Westnik oftalmology*), who goes so far as to say that all forms of this disease are attributable to living organisms, and especially to the gonococcus of Neisser. Acting upon this belief, he has treated some 65 cases of conjunctivitis of different varieties, with bichloride of mercury, with the happy results of an immediate amelioration of the symptoms, and eventually of a perfect cure in every case, in a shorter time than he could otherwise

have expected a cure to be effected. The corrosive sublimate acted as an abortive in acute forms, and in cases where some corneal lesion was present, and in which nitrate of silver would be consequently ill borne, it acted well in every respect. He never uses a stronger solution than 1 in 2000, or 1 grain in 4 oz. of water.

CALCIUM CHLORIDE IN ENLARGEMENT OF THE LYMPHATIC GLANDS.—Dr. Arthur Davies writing to *The Practitioner*, January, 1885, says that experience has shown him the great value of this agent in removing the enlargement of lymphatic glands, and especially when of a scrofulous nature. He instances one case of undoubted lymphadenoma in which a gradual improvement took place under the exhibition of large doses of the drug. In other cases, complete cures were effected, and the whole paper goes to show that this drug can be depended upon if properly administered. He advises it to be given in small doses three times a day, the dose to be gradually increased and continued for long periods. One patient, a male, aet. 37, took 40 grs. three times a day for the greater part of a year, though he began with a 10 gr. dose, which was gradually increased. No untoward symptoms were developed. He considers it useless in cases of scrofulous diathesis where suppuration has already commenced.

DELEGATES TO THE AMERICAN MEDICAL ASSOCIATION.—The rates given to the Delegates to the American Medical Association meeting, May 4, in St. Louis, have been fixed by the different Railroad Committees of the country, at one and one-third fares for the round trip. Delegates must pay full fare coming, and will receive on application, from the Agent at starting point, a certificate, which when signed by the Chairman of the Local Committee of Arrangements will entitle them to the reduced return rate. No reduced return ticket will be issued unless the purchaser can show a certificate issued by the Agent from whom he purchased the going ticket, and signed by the Chairman of the Committee of Arrangements.

LE GRAND ATWOOD,

Chairman Committee of Arrangements

A NEW HYPNOTIC.—Dr. Jasch, of Vienna, has introduced another new drug—*urethran*, to the notice of the profession. It was Dr. Jasch who

brought forward thallin, and though urethran was first used by Schmiedeberg, the credit of first thoroughly testing it belongs to the former gentleman. It is an ethyl-ether and has for its formula $\text{NH}_2 \text{CO}_2 \text{C}_2 \text{H}_5$. It is a white, crystalline body, easily soluble in water, having no odor and a not unpleasant taste. Dr. Jasch experimented first on animals and then upon some twenty patients, making over a hundred separate tests. He found that fifteen grains acted as a sure hypnotic, that it did not produce nausea or any unpleasant after-effects. Its action resembles that of chloral but is milder. It does not affect the peripheral sensory apparatus, and does not therefore directly relieve affections of that apparatus. It produces natural sleep, is without danger, and he therefore thinks will be a useful drug, especially in the treatment of children's diseases.

THE TREATMENT OF PEDICULI.—Mr. W. Frazer, F.R.C.S.I. recommends the expressed oil of staves-acre as having in his hands "proved by far the most safe and speedy remedy" in *P. capitis* as soon as the embryo has escaped from its chitinous envelope. It can be applied diluted with six to twelve parts of olive or almond oil, and the mixture, if considered desirable may be perfumed with any of the aromatic essential oils, such as lemon, bergamot, lavender or rose. It is applied in the same manner as ordinary hair oil, and if liberally used a single application will kill every pediculus. The encapsulated ova which escape will become developed within a week or ten days, and an occasional application of the medicated oil at short intervals will destroy the entire race.

ONTARIO MEDICAL COUNCIL ELECTION.—Since our last issue we have been informed that Dr. Henry, of Orangeville, has come forward as a candidate for the representation of the territorial division of Saugeen and Brock in the Medical Council. There are therefore two candidates in the field: Dr. Herod of Guelph, and the above named gentleman. A spirited contest may be expected.

EFFERVESCENT ENEMATA IN INTESTINAL OBSTRUCTION.—The *London Med. Rec.* says that Dr. Vondrosky details a case of intestinal obstruction of five days' duration, in which all the usual means of cure having failed, success followed the

introduction of effervescent enemata every few hours. The enemata consisted of two injections successively administered, of \bar{v} ij of tartaric acid in a glassful of water, and \bar{z} iv of soda bicarb in the same quantity of water. The cure was complete.

MAURY'S OINTMENT.—The above named ointment has been in use in the Philadelphia Hospital for a number of years in the treatment of sores, ulcers, and venereal affections of the skin. It was first used by Dr. Maury, a former visiting physician of the Hospital. The formula is as follows:

R Ungt. hydrary nit. \bar{v} i
 Pulv. rhei.
 " opii aa \bar{z} ss
 Cosmolini ad \bar{z} i—M.

Rub the rhubarb and opium with the cosmoline and add citrine ointment.

LACTOPEPTINE.—We have used this article for some time in cases of indigestion, and can recommend it as a valuable remedy. Being a compound of the five active agents which are contained in the process of digestion, it cannot fail to aid the system in preparing the food for assimilation. It is an invaluable remedy in the summer diarrhoea of children. Owing to the great impairment of the vital forces, and feeble powers of the digestive tract, food frequently irritates and increases the difficulty. For such cases we have no agent in the materia medica as reliable as lactopeptine.

CARBOLIC ACID IN WHOOPING COUGH.—Dr. W. F. Cory writes to *The Lancet* that he has had remarkable success in the treatment of pertussis with carbolic acid, in as large doses as may be safely administered. He came to the conclusion that some antiseptic remedy would be beneficial from noting the effect that a greater or less amount of ozone in the atmosphere produced upon patients suffering from the disease, the whooping being aggravated when a small amount was present, and ameliorated under the contrary conditions. He advises that it shall be administered in tincture of tolu.

THE IMPROVED METHOD OF OPERATING FOR CLEFT PALATE.—One of the difficulties experienced in the operation of staphylorrhaphy, is the flowing of the blood into the stomach and lungs of the patient. It has been proposed to obviate this, as

well as to get the structures below instead of above the knife, by allowing the head to hang over the end of the table, or by so arranging the pillows beneath the shoulders as to bring the vertex of the cranium to rest upon the table.

INJECTION FOR GONORRHOEA.—Prof. Taylor recommends the following as an injection especially in the earlier stages of the affection:

R Bismuth. subnit. \bar{z} j.
 Morphæ sulph. gr. v.
 Zinci sulph. gr. x.
 Glycerini. \bar{z} j.
 Aquæ rosæ \bar{z} ij. M.

S.—Inject three or four times a day.

LOTION FOR DANDRUFF.—The *Med. World* gives the following as a good remedy for this troublesome condition of the scalp:

R Tr. capsici, 2 parts.
 Glycerine 8 "
 Cologne. 2 "
 Aq. 25 " M.

Sig.—Apply by means of a sponge every day.

FOR PAINFUL HÆMORRHOIDS.—Dr. Milx, in the *New Eng. Med. Monthly* gives the following as an excellent ointment for painful hæmorrhoids:

R Ext. hyose.
 Pulv. saffron aa \bar{z} ij.
 Plumbi acetat. \bar{z} i.
 Glycerol. amyli. \bar{z} i. M.

A CURE FOR QUINSY.—Dr. Fritzing, of Philadelphia, writing to the *Medical Summary*, says the following will "absolutely cure every case of ordinary tonsillitis" if promptly used:

R Pot. chlor. \bar{z} ii.
 Tr. guaiac. \bar{z} i.
 Mel. dep. \bar{z} i.
 Aq. \bar{z} iv. M.

S.—Shake well and take a desert spoonful every three hours in a tablespoonful of water.

CHLORAL IN WHOOPING COUGH.—This remedy says Joffroy (*Jour. de Médecine*), is the most reliable one we have for the treatment of whooping cough. He prescribes it in confection of currants which entirely disguises the taste. He considers 15 grains in twenty-four hours sufficient for children under 5 years of age, while in older children

30 grains and upwards may be administrated daily.

FOR ITCHING.—Dr. R. G. Gough (*Virginia Med. Monthly*), says the following will be found invariably successful in itching of cutaneous surfaces, whether the skin is whole or not :

R Sodæ bibeat. ℥i.
Acidi carbol. gtt. xv.
Glycerin. ℥i. M.

Sig. Apply as a lotion with camel's-hair brush.

COUGH MIXTURE FOR CHILDREN.—The following will be found an excellent cough mixture for children :

R Tinct. opii camph.
Spts. ammon. aromat. aa f̄ʒi.
Ext. ipecac., - - - f̄ʒss.
Syrup. pruni virgin., - f̄ʒi.
Aque q. s. ad - - - ℥iij.

Sig. A teaspoonful four or five times a day.

PAROTITIS AFTER OVARIOTOMY.—Metastasis, with implication of the genital apparatus, is a well known complication of parotitis, and from a number of cases reported by German and other observers, the reverse process appears to take place in certain cases after ovariectomy. Nine cases have been reported in which parotitis has followed the operation of removing the ovary.

SLEEPLESSNESS IN INFANTS.—The following is recommended instead of the usual sedatives :

R Cod liver oil, - - - ℥iss.
Syrup of saffron, - - - ℥ss.
Syrup - - - - - ℥j.

A tablespoonful four, five or six times a day. The therapeutic value of the above is due to the fact that the child is growing beyond its strength, hence the nervous wakefulness.

BUTTERMILK IN OBSTINATE VOMITING.—It will be gratifying to the profession generally, and to the country practitioner especially, to learn that buttermilk has been used (*Dr. J. H. Owings, N. Y. Medical Journal*) with entire success, in as many as fifty cases of this troublesome complaint. It is said to be especially valuable in vomiting brought on by debauch.

ONTARIO MEDICAL ACT AMENDMENTS.—Owing to the lateness of the session before the draft of

the bill was brought before the House of Assembly, Dr. Cascaden, who had charge of it, found it impossible to obtain the several readings before the adjournment. It was therefore withdrawn and will be re-introduced next session.

BROMIDE OF POTASSIUM IN OVARIAN MENORRHAGIA.—At a recent meeting of the Brit. Gyn. Soc. Dr. A. Meadows stated, that no drug is as powerful in its action on the ovaries as bromide of potassium, that it controls the overflow, and lessens the frequency of ovulation.

ERRATUM.—In the last issue of the LANCET, in Dr. Poole's article on Cheyne Stokes' Respiration, page 199, inside column, fourth line from the bottom, for the words "the nervous system," read "in the Venous System."

PERSONAL.—Dr. T. R. Buckham, of Flint, Mich., author of "Insanity in its Medico-legal Aspects," has been elected a Fellow of the Society of Science, Letters and Arts, London, Eng. We congratulate our old friend on this mark of distinction.

STRYCHNINE TO PREVENT FLOODING.—It is said strychnine and iron administered for a month before labor, has exerted a remarkable influence in preventing *post partum* hemorrhage where severe flooding has occurred in previous labors.

WE regret to announce the death, on 13th March, of Dr. Austin Flint, Sr., of New York, also that of Dr. Angus MacDonald, of Edinburgh, on 10th February. Dr. Flint is well known to our readers as the author of a Treatise on The Practice of Medicine.

Books and Pamphlets.

THE USE OF THE MICROSCOPE, 2nd edition, by Dr. Carl Friedlaender, Privat-docent in Pathological Anatomy at Berlin. Translated by Henry C. Roe, M. D., M. R. C. S., L. R. C. P. (Lond.). New York : D. Appleton & Co. Toronto : Hart & Co.

The name of the author of this book is familiar to most English students, and we believe the present work will make it more so. Dr. Friedlaender has succeeded in presenting in a reasonably small compass all the important points as to microscopical examinations, conducted for

diagnostic and pathological purposes. He gives a concise statement of the processes employed in pathological histology, while the subject of examinations of Schizomycetes is treated exhaustively, which will, we are sure, be especially welcome to students at the present time. This edition contains a colored plate of the most important and characteristics chizomycetes. The book is printed as only Americans print books. The translator is to be congratulated upon the success with which he has done his work, as it reads not like a translation, but as though written originally in English. We are sure the work will be very acceptable, and useful to the large number of students now engaged in microscopy.

A TREATISE ON THE DISEASES OF INFANCY AND CHILDHOOD, by J. Lewis Smith, M. D., Prof. of Diseases of Children Bellevue Hospital Medical College, New York. 6th edition Philadelphia: Lea Bros. & Co.

The above work has been carefully revised, and some parts entirely re-written. This was rendered necessary, by the advancement of the knowledge of children's diseases, and their treatment. Since the issue of the last edition, croup, cerebro-spinal fever, scarlet fever and infantile diarrhoea have been entirely recast, and the treatment of the same thoroughly revised. The author has studied in successive editions to make the work more useful to the medical student, and to the physician in his daily practice, and the scope and character of the present volume, is evidence of the success which has attended his efforts. We heartily commend the work.

A HANDBOOK ON THE DISEASES OF THE NERVOUS SYSTEM, by James Ross, M. D., F. R. C. P., Senior Assistant Physician, Manchester Royal Infirmary, etc. Pp. 726, 184 illustrations. Philadelphia: Lea Bros. & Co.

This is a new volume on nervous diseases, and bears evidence of careful and thorough work on the part of the author. The work is divided into two parts,—general and special neurology. In the first part, the author gives a brief outline of the evolution and development of nervous structures and functions, and general principles of treatment. In the second or special part, is given with tolerable fulness the clinical features of the various diseases, and the means of differentiating between those which are clinically allied. The work is thoroughly practical, and will be found an excellent guide not only to the medical student,

but also to the medical practitioner, who wishes a comprehensive work on the subject.

LECTURES ON SYPHILIS, by C. Frank Lydston, M. D., Lecturer on Surgical Diseases of the Genito-Urinary organs, in the College of Physicians and Surgeons, Chicago, etc. etc., Pp. 176. Chicago: A. M. Wood & Co. Toronto: Hart & Co.

This is one of the best series of lectures on syphilis it has been our privilege to peruse. The author is evidently a high-class teacher, and presents his views in a most interesting manner. He has adopted the views of Otis, as the most logical and scientific which have yet been offered, in explanation of the pathological phenomena of the disease. The earlier chapters give a clear and comprehensive view of the pathology, which being read, leave a thorough understanding of the subject in the mind of the student. In the later chapters will be found a clear exposition of the treatment, with cautions as to the abuse of mercury. The book is well printed, and we can heartily recommend it to all who desire to get a plain and practical view of the subject, as taught by the most advanced pathologists and syphilographers of the present day, believing that it will prove more valuable to the student, than the larger and more comprehensive treatises usually read.

TABULÆ ANATOMIÆ OSTEOLOGIÆ. By Carl H. Von Klein, A.M., M.D., Dayton, Ohio. Cincinnati: Cincinnati Lithographic Co.

This is an anatomical hand atlas in Latin. The idea of the author is that the technology of medical science should be confined to one language. The engravings are excellent, and the work as a whole, one of great merit. We trust it will be appreciated by the profession, and such encouragement afforded the author as will enable him to complete the work. The present volume is devoted to osteology only.

DISEASES OF WOMEN, by Charles H. May, M. D., late House Physician to Mt. Sinai Hospital, New York, etc, etc., Philadelphia: Lea Bros. & Co. Toronto: Williamson & Co.

In this little work the author lays no claim to originality, but it will be found a careful compilation from the more extensive works of Thomas, Emmet, Mundé and others. It might well take the place of the student's notes, as all the contents as regards etiology, etc., are carefully tabulated. The book will be useful to students preparing for examinations, and to practitioners as a handy book of reference.