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# THE CANADA MEDICAL RECORD.

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### *Original Communications.*

#### ROCK AND RYE IN ACUTE AND SUB-ACUTE BRONCHITIS.

By HEBER BISHOP, B.A., C.M., M.D., BOSTON, MASS.

I have had excellent results in the administration of rock and rye in acute and sub-acute forms of bronchitis, and have found it of particular value in children. The ease with which the ordinary patient will take the drug renders it worthy of a trial.

As a proof of its efficacy I will cite one instance (that of a child two years old). I was called to the patient at 5 o'clock in the evening, found that the child had commenced with an ordinary coriza, running from the nose, which had been observed for two or three days; the night before had commenced to cough, which during the day had become so severe that I was summoned in the afternoon.

The general appearance of the child was indicative of capillary bronchitis respirations 72 per minute, pulse 150, temperature 102° the *alæ nasi* dilated and the face turgid and purple with that frightfully distressed appearance. Urine scanty (had not micturated for 18 hours); with each cough the child would cry out.

Upon listening with the stethoscope coarse, harsh, rales were heard over both lungs, with some fine mucous crepitation over a portion of the left lung behind. I immediately ordered linseed meal poultices to be applied, enveloping the chest and back completely, and prescribed a mixture of syr. ipecac. (min. 5) syr. Acacia (min. 15) and Morphia (gr. 1-50th.) to be administered every four or five

hours; and directed that a teaspoonful of rock & rye and glycerine be given in as much water every two hours. At my visit next morning found the child better and sleeping quietly, did not disturb her. Discontinued the syr. ipecac. Acacia and morphia but continued the rock & rye and glycerine at regular intervals of two hours.

At my evening visit found the child sitting up and playful, all acute symptoms subsided, pulse 118, temperature 99. Respirations 33. This remarkable change had occurred in 24 hours.

In nearly every case of bronchitis that I have given it, rock & rye controlled the cough besides acting as a stimulant, and in young children it does not bind up the bowels the same as Brandy will often do. In winter cough (so called) it exerts a very soothing effect.

#### UNIVERSITY BISHOP'S COLLEGE.

##### THE ANNUAL DINNER OF THE MEDICAL UNDERGRADUATE'S SOCIETY.

The annual dinner of the Undergraduates of the Medical Faculty of the University of Bishop's College came off on December 9, 1886, in the Ladies' ordinary of the Windsor Hotel, and was marked by much cordiality. Some seventy-five gentlemen, some representing the other universities, sat down to an excellent dinner, to which full justice was done. Dr. F. W. Campbell, M. A., M. D., L. R. C. P., London, Dean of the Faculty, occupied the chair. On his right were seated Mr. Heneker, Chancellor of the University, Dr. Anderson, United States Consul General; Dr. McEachran, Mr. J. S. Hall, M.P.P., Dr. George Ross, representing McGill, and Dr. Proudfoot. On the left of the

chairman were Dr. Adams, Principal of the Bishop's College School, Lennoxville; Alderman White Acting Mayor, Dr. Hingston, Messrs. Alex. Murray, David Burke, I. H. Stearns and Dr. Laphorne Smith. After dinner Messrs. Rholler (sole), Tait, Jubb, Clarke and Fairfield sang in a very acceptable manner "Thy face I never see." The secretary of the committee, Mr. Albert E. Phelan, then read letters of regret at inability to be present from the following—Sir John A. Macdonald, the Lieut-Governor of Quebec, General Sir Frederick Middleton, the Lord Bishop of Quebec, the Lord Bishop of Montreal, the Mayor, Rev. Cannon Norman, D. C. L., R. N. Hall, Q. C., M. P., L. H. Davidson, Q. C., the Faculty of Trinity College, Rev. James Hepburn, Dr. Roddick, Dr. R. P. Howard, Dr. James Bell, Dr. Sirois, Three Rivers; Dr. Freligh, Dr. Spendlove, Magog; Dr. Thomas, Green Bay, Wis; Dr. McEachran, Dr. Chas. McEachran, Dr. Stevens, Durham; J. M. Kirk, Ald. H. R. Gray, Hon. S. P. Stearns, former U. S. Consul, Major Vidal, St. John's Infantry School, Dr. Lafontaine, Chambly, and Dr. J. B. Saunders.

THE QUEEN.

"When I forget my Sovereign  
May my God forget me."

—*Tharlow.*

In proposing this toast, which was drunk with enthusiasm, the chairman paid a high tribute to Our Gracious Sovereign, and expressed the hope that Montreal would honor her jubilee in a becoming manner. The company sang the national anthem.

THE GOVERNOR-GENERAL.

"Not a hero but a man and a brother."

—*Thackery.*

This toast was also given by the chairman, who remarked that he remembered all the Governor-Generals of Canada since Lord Elgin, and he was glad to say that none were more accomplished and scholarly than Lord Lansdowne. The toast was duly honored, the guests singing "For he's a jolly good fellow."

"PRESIDENT OF THE UNITED STATES."

"The government of the people, by the people and for the people shall not perish from the earth."—*A. Lincoln.*

The chairman, in giving this toast, stated that the relations existing between the peoples of Canada and the United States were of the most cordial nature, notwithstanding the fact that the Canadians wanted to catch all the fish within the three miles limit. [Laughter.] The line which separated them was but an imaginary one. Canadians had the highest respect for their great neighbors, who

had been especially fortunate in selecting good men to represent her here. In appointing Dr. Anderson President Cleveland had selected a worthy and accomplished gentleman, while at the same time honoring the medical profession to which they were all glad to belong. The toast was heartily honored, the orchestra striking up "Yankee Doodle."

Dr. Anderson was given a very cordial reception on rising to respond. He remarked that he had just finished reading the Fisheries correspondence and felt in a warlike mood (laughter) when he had been called upon by a delegation and invited to be present at the dinner to answer to the toast to the United States. He was glad to observe that hardly an event of this kind was allowed to pass without a toast being given to the United States. This indicated that an amicable feeling prevailed here for his country. As a citizen of the United States he thanked them most heartily for the honor done him. Dr. Anderson closed with some humoristic allusions at the expense of the profession to which he and the guests belonged.

MAYOR AND CORPORATION.

"The best laid schemes of mice and men gang aft agley"—*Burns.*

The chairman in proposing this toast observed that if Montreal did not receive her fair share of representation in the Legislature she certainly was well represented in the City Council. Each ward had three aldermen. At the present rate of annexation this body would become as numerous as the Dominion Parliament. [Laughter.] After paying a compliment to the Mayor for his conduct in trying circumstances, he called upon Ald. White to respond.

The acting Mayor thanked the company on behalf of the Mayor and his colleagues of the City Council for the toast drunk in their honor. As the corporation was growing rapidly he hoped too many of its schemes would not "gang aft agley." He hoped that that body would always do all in its power to further the interests of the great educational interests of the city with which his hosts were so intimately connected. He concluded by again thanking them for their kindness and wishing all success to Bishops' University.

ALMA MATER.

"May youth and honor  
court thy hallowed shades."

Dr. R. A. Kennedy proposed a toast to "Alma Mater" in appropriate terms. In the course of his remarks he stated that it had often been asked

why the Medical Faculty of Bishops' had been established in this city. Those who had questioned the usefulness of this undertaking found an answer in the good work which it was now doing, and in the success which had crowned its efforts. The Faculty had done a great deal to elevate the standard of medical education, which was every day becoming more extense. There were now over 1,000 medical students in the Dominion of Canada in 1885 and 231 graduates. The men who had been trained in Bishops' were a credit to the profession. He closed by referring to the statement which had been circulated, that it was contemplated to remove the University from Lennoxville to Montreal. He hoped this was true, and would be accomplished. He called upon the Chancellor to respond.

The Chancellor was very heartily received on rising. To answer to such a toast, he said, was an easy task as it had the full sympathy of all. The subject, however, was so large and included so many ideas, that he did not know exactly which one to touch upon. Two points, however, had come prominently before him, and to these he would refer. As to the idea of removing the University into Montreal, he would say that nothing was known of the project at Lennoxville. If the scheme could be carried out, however, it would open for the University a larger sphere of usefulness than that to which it was now limited by being situated in the country. It was a matter which was well worthy of consideration. They could rest assured, however, that as long as the University remained at Lennoxville it would do all in its power to turn out men second to none. (Applause.) They would look more to quality than quantity. With regard to the Divinity Faculty, an important scheme had been discussed in the last Synod, and this consisted in bringing all divinity degree conferring powers under one organization. While Bishops' was determined to maintain its full rights, as granted by its Royal charter, it would like to see the formation of an Examining Board, made up from the different universities, which would stamp upon divinity degrees that character which would make them respected the world over. Some years ago an appeal had been made by Bishops' University to the sister universities, to join in the formation of an Examining Board in the arts; but, unfortunately, had met with no response. If the standard of Bishops' was not sufficiently good they were willing to raise, but if, on the other,

that of the other universities was not what it should be, it was for them to elevate theirs, and the consequence would be that Canada would turn out in divinity men who would be respected everywhere. The same was the case in the medical profession. Bishops', which possessed the same rights as Oxford, Cambridge, London and Durham Universities, would be inconsistent if it gave up an iota of its rights. He felt that the best interests of Canada required that its higher education should be respected the world over. - A general Examining Board would achieve this desirable result. If a man went out of the universities in Canada after having undergone an examination before the General Board, that man would at once be favored with the confidence of the public. (Applause.) The second point to which he desired to refer to was the want of representation in the governing bodies of the country of interests of higher education. At Quebec there were lawyers and physicians but the learned bodies were unrepresented. The suffrage had been so lowered here as well as in the old country, that the ignorant classes were fully represented, while nothing had been done to secure representation for the learned classes. In England the universities were represented in Parliament, and why should not the same thing exist in Canada? (Hear, hear.) The subject was such an important one that pressure should be brought to bear on the Government to consider it. Whether the universities should be represented in the local or federal parliaments was, of course, a matter for thought. Under the present system the general interests of education were in the hands of a Council of Education at Quebec and a Minister of Education at Toronto. Both, however, gave up all their attention to the common schools and had nothing to do with universities. If the universities of the country were brought more closely together the alliance would partake of a more general character and this would, perhaps, be a reason why these learned bodies should be represented in the Dominion Parliament. Without hurting any one's feelings he could well say that there was less intelligence, as a rule, in the Legislatures than in the Dominion House. There was a more pressing need of elevating the intellectual standard of the Legislatures, and there was no reason why the highest class of intelligence which was to be found in the universities should not be represented. (Applause.) The chancellor closed by stating that the University took the greatest interest in

the medical school and hoped that it would continue to prosper. It always had sent men all over the country, to the United States, the West Indies, and even China and Japan, and everywhere the name of Bishops had been honored and respected. He wished them all the success which they deserved.

Principal Adams also replied to the toast, and thanked the Chancellor for the very valuable suggestions which he had made. The present year was a very encouraging one for Bishops', and and there was a larger entry at both the Lennoxville school and the medical school. He was glad to see that many of the art students of the school had joined the Montreal school, and concluded by wishing every success to their Alma Mater.

Dr. Proudfoot then sang "Me Ain Bonnie Mary."

#### DEAN AND PROFESSOR.

"Men who their duties know, but know their rights, and knowing dare maintain."

This toast was proposed in suitable terms by Mr. W. E. Fairfield, the vice-chairman, and was duly acknowledged by Dr. Wood in a very amusing speech.

#### SISTER UNIVERSITIES.

"Their cause I plead, plead it in heart and mind,  
A fellow feeling makes us wondrous kind"

—David Garrick.

This toast was proposed by the vice-chairman, and heartily honored.

Dr. George Ross, representing McGill, responded in an appropriate speech. He said the kindest feeling existed between universities. They worked together in the greatest harmony, and McGill took great interest in Bishops', to which many of its graduates were now attached as professors. He congratulated them upon their success, and hoped that their friendly rivalry would always be stamped with good fellowship.

Responses were also made by Mr. Ferguson, of Kingston University, Mr. Edgar, of McGill, Mr. C. T. Moral, of Victoria, and Mr. J. Mount, of Laval.

#### HOSPITALS.

"I was sick and ye visited me."

This toast was proposed by Dr. Trenholme, and responded to by Dr. Hingston, who expressed the kindest feeling for Bishops' and paid a high compliment to the general excellence and earnestness of its undergraduates.

Dr. Perrigo also acknowledged the toast on behalf of the Western Hospital.

#### SISTER FACULTIES.

"Who shall decide when *Doctors* disagree?"

"Possession is *nine* points of the *law*"

"O! star eyed *science* hast thou wandered here."

"Healthy *religion*, a sound mind in a sound body."

This toast was proposed by Dr. Trenholme, and after being duly honored, was responded to in suitable terms by Mr. Hamilton of the arts faculty.

#### OUR GUESTS.

"Happy to meet sorry to part."

Mr. Heneker, in responding, expressed the hope that all would attend the annual dinner of the Alma Mater, which would be held shortly in Quebec.

#### OUR GRADUATES.

"To-morrow, to fresh woods and pastures new."—Milton.

The toast, which was enthusiastically honored, was proposed by Mr. James M. Jack and suitably acknowledged by Dr. R. Wilson.

Other toasts followed to the "Class of '87," "Be ready for all changes in the future." "Our Freshmen"—"With smiles that were childlike and bland."

#### THE LADIES.

"A perfect woman nobly planned;"

"To warn, to comfort and command."

"The Press"—"The pen is mightier than the sword."

The proceedings were concluded by the singing of the National Anthem.

The following gentlemen forming the committee are entitled to great credit for the success attained: Dr. F. W. Campbell, chairman, W. E. Fairfield, '87, vice chairman, Dr. R. A. Kennedy, Dr. J. B. McConnell, Dr. H. L. Reddy, Dr. A. L. Reddy, Dr. A. Smith, Rollo Campbell, '87, F. H. Pickel, '88, Jas. M. Jack, '89, C. E. Elliott, '90, and Albert E. Phelan, '87, secretary.

Gruendwald's orchestra was in attendance and contributed a select programme.

## Society Proceedings.

### MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

Stated Meeting Oct. 22nd, 1886.

PRESIDENT, IN THE CHAIR.

#### Aortic Aneurism.

The president called on Dr. M. C. McGannon, of Brockville, who was present, to give the history of an interesting specimen of double aneurism of the arch of the aorta shown by him to the society.

Dr. McGannon said that the patient was well six months ago. First symptoms were those of a severe bronchitis. Resonance was complete on both sides but absence of breathing on the right side, patient at that time had no pain, temperature and pulse were normal, and heart sounds slightly accentuated. Later a pulsation could be discerned to the right of the sternum. Temperature went up and the lungs became consolidated, patient lost appetite, cough with expectoration increased. But at no time was there any peculiarity of the voice or any signs of pressure, except on the bronchi.

In reply to Dr. Smith, Dr. McGannon stated that the patient died from exhaustion. Dr. Ross asked if there was any tugging at the trachea perceptible. Dr. McGannon replied in the negative.

Dr. Johnston said that the specimen showed that both aneurisms were of very rapid growth, and in neither was there any signs of lamination in the clot.

Dr. Gardner exhibited the following pathological specimens obtained during the previous ten days.

I. A submucous myoma was removed by enucleation. The patient was the mother of several children, the last born 5 years ago, and had suffered from uterine hemorrhage ever since. After dilating the uterus the capsule was slit up, the tumor grasped with a vulsillum, separated by the finger and dragged from its bed. The shreds of capsule trimmed off, the cavity well douched with hot water, and Churchill's iodine freely applied. No drainage or irrigation was practiced. The patient made an easy and rapid recovery.

*Cystic tumor of the labium.*

II. A cyst of the left labium magus of five years growth and the size of a hen's egg. It was easily enucleated entire. This was probably a degenerated gland of Bartholine extirpation of a cancerous uterus.

III. A cancerous uterus from a patient of 49 years. Patient had interior pelvic pain and the other usual symptoms of malignant disease of uterus. Examination before the operation proved that within the broad ligament near the pelvic glands were seriously involved. The removal was performed by the vaginal method.

The patient being placed in the lithotomy position, and so retained by Clover's crutch, the uterus was drawn downwards and forwards to the pubes and the vaginal mucous membrane incised all round the cervix. Then the base of each

broad ligament was ligatured by transfixion with a curved needle carrying strong silk. Next the posterior cul-de-sac was opened into the Douglas pouch and the bladder separated completely. The uterus was then retroverted through the posterior cul-de-sac. After this the broad ligaments in their upper parts were clamped on each side with Terrier's clamps for the purpose, and the amputation of the uterus completed. Some bleeding points were secured and the operation completed by a T drainage tube laid in the Douglas pouch. The clamp forceps were removed at the end of three days and the drainage tube a day later. The patient recovered without a bad symptom.

*Ovarian Cystoma.*

IV. A mulleocular ovarian cystoma removed from a lady of 68 years. In this case, 48 hours after the operation, the patient developed a pleuresy of the right side, which extended to the left two days later. The pulse reached 175 per minute, and was irregular and intermittant. This was promptly checked by ten minute doses of tincture of digitalis every 4 hours. No symptoms referable to the operation appeared, the alarming chest complication soon amended and rapid and complete convalescence took place.

*Ovarian Cystoma.*

V. A mulleocular ovarian cystoma from a young lady of 22. There were some adhesions, and troublesome bleeding from a rent in the broad ligament as oozing continued after applicature of a continuous suture; a drainage tube was used for 48 hours. The second ovary was found cystic and removed. Dr. Gardner remarked that Schroider formerly saved any portion of the second ovary not seriously involved, but of late had discontinued the practice. Dr. Schroider cites a case where pregnancy took place after removal of one ovary and part of the second.

*Discussion.*

Dr. Trenholme referring to Dr. Gardner's method of extirpation of the uterus, stated that his method of procedure usually consisted in retroversion of the uterus, and, after ligation, removal of it piece by piece, separating the anterior wall from the bladder with the finger. As the disease returned in two cases this year, in his practice, after removal of the uterus he has lost faith in the operation of extirpation of the uterus for malignant disease.

Dr. Kennedy thought that cutting through the

posterior cul-de-sac shortened the operation, and that the Terrier's clamp would greatly simplify it.

He asked Dr. Gardner for statistics of the operation.

Dr. Gardner in reply stated that the mortality after total extirpation of the uterus, was not more than 10 to 12 per cent. on the continent, but it was to be remembered that in France, especially, the uterus was frequently removed for other causes, e.g., incurable prolapsus, etc.

*Stated Meeting, Nov. 5th, 1886.*

J. C. CAMERON, M.D., PRESIDENT, IN THE CHAIR.

*Abscess of the brain.*—Dr. PROUDFOOT exhibited specimens from a case of abscess of the brain, and gave the following account of the case:—

This patient, female, aged 20, was admitted to the Western Hospital, under Dr. Perrigo, July 4th. At the time of admission she was suffering from intense pain in the head and distressingly loud tinnitus aurium, with discharge of pus from the meatus. There was also constant retching and vomiting, the patient being unable to retain any food upon the stomach. Dr. Perrigo examined the patient, and finding a large polypus blocking the meatus transferred her to my care. The polypus was removed under ether, and the tympanic cavity thoroughly cleansed by a stream of warm water, there being a large perforation of the membrane through which the polypus passed. The polypus was the ordinary mucous variety. The after-treatment consisted in syringing the ear with warm water every two or three hours and a 4-gr. solution of zinc sulph. dropped into the ear; and as there appeared a slight redness of the skin over the mastoid process, a small bag of ice was kept over that part. There was no vomiting after the removal of the polypus, and on the following day the patient seemed much better and was able to take some food, although the appetite was not good. All redness and tenderness over the mastoid process had entirely disappeared, but the pain in the head was still complained of, though not so severe as at first; the pain was always referred to the base of the skull on the affected side. There was no irregularity of the pupils, and their mobility was fairly good. The pulse remained about 60 and the temperature never above 100°. The discharge from the meatus was profuse. On the 9th the patient complained of increasing pain in the head, and there was considerable uneasiness. She was put upon potass.

bromid. grs. x every four hours, but the patient appeared to be getting gradually worse, and on the 13th I determined to remove the whole of the mastoid, if necessary, in hopes of giving some relief, although I was convinced from the first time I saw the patient that the brain had already become affected. She died suddenly at 6 o'clock the following morning. The nurse had syringed her ear and gone from the ward; when she returned in a short time she found the patient had drawn the bedclothes over her head and died without making the slightest sound. Previous to her admission into the hospital she had been treated by a physician for syphilis, and her breath had the mercurial tætor. I also found that she had complained of pain in the head and had been unable to retain anything upon her stomach for about two weeks before I saw her. It was therefore more than probable that the abscess of the brain had started before her admission to the hospital. The abscess was a large one, containing a large amount of fœtid pus, and extending from a perforation in the posterior part of the petrous bone, close to the semi-circular canals, right across the lobe of the brain, until it finally pressed upon the medulla, accounting for the sudden death of the patient. I am convinced that no operation would have saved the life of the patient.

Dr. JOHNSTON exhibited a specimen of *colloid cancer of the rectum*, which involved the whole circumference of the gut for five inches above the anus. Infiltration most extensive in anterior wall and involved the prostate gland. Inguinal gland, on both sides, infiltrated by colloid cancer. Recto-peritoneal glands uninvolved. One small cancerous nodule in lung, and an extensive acute softening tuberculosis.

Dr. SHEPHERD exhibited a *kidney with tubercular pyelitis*; also a large *calculus*, extracted with great difficulty from the pelvis of kidney. Weight of calculus 4 ozs. 7 drs. Patient doing well at date, one week after operation.

Dr. KENNEDY exhibited the *tubes and ovaries* which he had removed from a patient in the Western Hospital. The woman was 27 years old, and gave the following history: She was married at 18, and shortly afterwards became pregnant; at the same time had an attack of gonorrhœa. So far as could be ascertained, both conditions were coincident. She miscarried at the fifth month, was very ill and confined to bed for weeks afterwards, and has never been well since. Her

husband's death obliged her to follow the occupation of saleswoman, which aggravated the condition. Menstruation became frequent and painful, so that ultimately, at these periods, she was compelled to keep her bed and use narcotics. During the interval the pelvic pain was continuous. After some years she again married, but found sexual intercourse painful. She had for years sought relief, and being advised to try change of climate, had gone to Australia, and lately had come to Canada. About a year ago she applied to Dr. Kennedy, and various remedies were tried in vain. Local examination did not reveal anything positive beyond apparent enlargement of both tubes and extreme sensitiveness of the pelvic organs. As the patient was becoming a confirmed invalid, and the history and symptoms indicated diseased tubes, an operation was suggested and acceded to. On October 9th she was operated on, and the tubes and ovaries removed. The tubes are enlarged, with thickened walls, and perfectly occluded at the free extremity from agglutination of the fimbriae; cystic degeneration had also commenced in both ovaries. This patient could not possibly have again conceived. No pelvic adhesions were found, the uterus being freely moveable and smaller than normal. The patient progressed favorably, and is now fully convalescent.

Dr. WM. GARDNER read a paper entitled "Glimpses of Abdominal Surgery in Europe during the past Summer."

Dr. R. P. HOWARD thought the account of the two cases of laparotomy in puerperal peritonitis of extreme interest. He thought that physicians ought to be far less reluctant than at present in adopting this means of treatment. He also asked for Tait's treatment of peritonitis after operations.

Dr. HINGSTON had witnessed recently Keith of Edinburgh operate. His operation contrasted with those mentioned by being a slow one. He divides pedicle by actual cautery, and waits for all oozing to cease. His incision is a free one.

Dr. CAMERON wished to know if anyone would, in his opinion, be justified in neglecting antiseptic precautions in operating.

Dr. GARDNER, in reply, said that Mr. Tait attributes much of his success to the avoidance of opium, as it tends to bring about adhesions by keeping bowels quiet, and also makes constipation more difficult to overcome. For symptoms we are accustomed to recognize as those of commencing

peritonitis, viz., abdominal pain, tympanites and vomiting, he gives a saline cathartic and turpentine enemata of strength of one teaspoonful to 4 ozs. soap and water. Tait insists on absence of all fluids from the diet for 24 to 36 hours. Muller washes out abdomen in peritonitis with  $\frac{3}{4}$  per cent. solution of common salt. One secret of Tait's success was doubtless the wonderful rapidity of operating and the consequent short anaesthesia, the use of drainage-tube to avoid delay in case of hemorrhage, frequent washing out during operation in case of hemorrhage and to remove the contents of burst cysts, and also to his after-treatment. He did not agree with Tait as regards this avoiding the use of the nail-brush and the use of un-boiled water.

Dr. HINGSTON mentioned that recently, in the case of a burst cyst, he had, from urgency, been compelled to wash out the abdomen freely with common water from the tap. The patient had recovered without a bad symptom.

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## *Progress of Science.*

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### A SIMPLE METHOD FOR THE DIAGNOSIS OF ORGANIC VALVULAR DISEASES OF THE HEART.

By F. PEYRE PORCHER, M. D.

We will make no allusions in this paper to hypertrophy, dilatation, pericarditis, or other diseases of the organ.

It is almost needless to say that the first effort of one who is desirous of knowing whether the valves and orifices of the heart are diseased is, obviously, to notice if there be any *derangement, aberration, or change* from the normal sounds!

He takes care to listen at the *base* and at the *apex*, paying *separate* attention to each point respectively; and also to the condition of the right and left cavities—in order if he does discover any *morbid* sounds (a modification of the natural being always a morbid sound) that he may isolate and designate the derangement or lesion which such morbid sound surely indicates. It simplifies the process very much to know that for the greater number of endocardial lesions or injuries (it is needless to give the figures) are found in the *left* cavities. He should keep in mind also that the structure of the valves or curtains at the *base* of the heart (the semilunar or sigmoid valves of aorta and pulmonary artery) are analogous in shape, and act similarly and simultaneously. They are placed at their respective gateways with similar intent; they close and open, give ingress and egress to the column of blood synchronously. The same is true of those at the point or *apex* (the bicuspid or mitral, and tricuspid). These, placed between the left and right auricles and ventricles respectively,



differ essentially in form and structure from those at the base of the organ—but they resemble *each other* in their general shape; they also open and close simultaneously, and perform analogous functions with each other in the economy of the organ.

So, in making a diagnosis in the case of a heart supposed to be diseased, we address our examination to, and fix our mind upon these *two sets* of valves separately, to see if any of them are diseased, and if so, to note both what is the nature of the change which exists in their own structure, and what modifications have been produced by their alteration form upon the *orifice* which they close and open. This essential method of procedure (covered with the statement made above regarding the very marked *infrequency* of diseases of the right cavities) already greatly simplifies the study of the diseased valves. It is practiced even by the novice in such inquiries; and when one is seen examining the heart at random—regardless of the above rule—it is clear to the looker-on that he has not mastered the first horn-book lesson upon the subject, and that it is impossible for him to form any accurate conclusions. He may know that the organ is diseased, but he cannot tell where the injury is.

Besides this, whoever is desirous of investigating a case of heart disease, must have, in addition to his anatomical knowledge, fully and clearly in his mind, the whole action and reaction in the cavities of the organ during its systole and diastole; he must know when and where the current is flowing out, and when and where its passage is estopped—whether at the back-gates, or at the front-gates, and conversely. For it is when those muscular and tendinous strings and cords at the apex, or those semilunar curtains at the base, which open and shut these orifices, are defective, i. e., when they close imperfectly, are *deficient*—(“*insufficiency*”)—and permit regurgitation when they should not; or when by fibrous or other deposits upon the valves the orifices are *narrowed or roughened* (“*stenosis*”), and thus *obstruct* the forward flow, and give rise to abnormal, morbid sounds; it is the consideration and explanation of this problem which is his object in every case which becomes the subject of critical inquiry.

It is essential then that besides a full appreciation of the currents and checks in the incessant working of the organ—the onward flow and the movements of the fleshy barriers which suddenly and rhythmically arrest the flow—he should first *know* the normal *healthy* sounds in order to detect the slightest *deviation* from them; and he should localize these deviations, for they are necessarily *morbid* sounds and *indicate diseased valves*.

It being necessary, then, for the observer to know the cause and rationale of the normal sounds, we will state them. It is pretty well agreed that the first sound (represented by the word “*lubb*”) is synchronous with the *systole* of the organ, and is owing to one or all of three causes, viz. the contraction of the muscular ventricles, the sudden

closure of the auriculo-ventricular valves which prevents the blood from regurgitating into either auricle, and the impulsion of the heart against the walls of the chest. At this moment a column of blood is driven forcibly through the aorta and pulmonary artery, and the auricles are silently filling with blood from the valveless *venæ cavæ* and from the pulmonary veins.

That the second sound (represented by the word “*dup*”) is synchronous with the *diastole* of the organ, and is due to the shutting up of the aortic and pulmonary artery semilunar valves.

The closure of these valves at this moment prevents the regurgitation of the blood from the aorta and pulmonary artery into the ventricles, when during the diastole of the ventricles these valves are being filled from the auricles.

During the prolonged interval of rest following (which is equal in duration to the first and twice the length of the second sound), we may suppose that the auricles are still silently pouring their contents into the ventricles, the portals of which are now wide open. During this period of apparent calm the heart endowed with a high degree of nervous energy derived from the cardiac ganglia of the sympathetic and the pneumogastric, wound round and enwrapped with bundles of concentrically interlaced muscular fibres, layer upon layer, as if encased with triple steel, and indeed the very “*cunningest pattern of excelling nature*” as respects endurance, strength and force, is preparing, like a wild animal gathering for its spring, for the next systolic paroxysm, when its contents will be forced into the delicate meshes of the lungs and be driven through the finest capillary tubes in the remotest tissues of the organism.

We will confine our attention at present, whilst attempting to describe the *morbid* sounds and the lesions they indicate, to what takes place in the left cavities, for whatever is true of the left is true of the right, so far as the circulation of the blood is concerned, and we will simplify matters much by so doing.

Now with the first sound (systolic) the blood is being driven through the opened aortic orifice at which moment the back-gate (the mitral or bicuspid) is shut. So, if we have a deranged or abnormal *first sound* heard with the greatest intensity at the *base* of the heart (and it is not a soft, inorganic, anæmic murmur, which is owing to the thinness of the blood, and which is out of the present question), there is necessarily a narrowing (stenosis) or roughness of the aortic orifice—an obstruction there by vegetations, atheroma, or other morbid condition preventing the natural flow of blood through the aortic orifice, and deranging or modifying the natural sound.

Hence a deranged first sound at the *base* of the heart indicates *narrowing* or obstruction *stenosis* in other words of the *aortic valves*.

But suppose this abnormal, morbid *first sound* has its greatest intensity at the *apex* of the heart.

It must be owing to this fact that the back-gate

has a chink in it—it is more or less open, in place of being tightly closed as it should be; the column of blood, instead of meeting with the normal resistance of the closed and perfect mitral valve (bicuspid), in order that it may be propelled through the aorta and reach the utmost boundaries of the tree of life—it is leaking back through the defective portals of the mitral—is regurgitating into the left auricle; and it gives out to the ear placed over the apex a morbid murmur, or noise, more or less *prolonged*, in place of the ordinary normal first sound (represented by the word "lub"). The valve is necessarily defective as a flood-gate; it is incapable of close shutting up; that its mechanism has become defective is indisputable, and we pronounced positively upon the subject.

So a deranged first sound at the *apex* indicates *insufficiency* of the mitral valve, caused by vegetations, or other result of endocarditis.

We have now disposed of derangements of abnormalities (which are always *morbid*) of the first sound of the heart both at the base and apex. They indicate nothing else but what we have said they do.

Let us now proceed to pronounce upon derangements of the second sound (diastolic), should they be noticed either at base or apex: If the second sound is deranged, its greatest intensity or disturbance being at the *base* of the heart, it must necessarily indicate the exact opposite condition to that which we stated that derangements of the first sound indicated, for exactly the reversed condition of affairs is taking place; the semilunar valves are shutting now, they were open then. The valves at the base are acting directly contrary to those at the point also; when one set are shut the other set are open.\* During the second sound we know the aortic valves are closing, in order to keep the blood temporarily from flowing backward into the left ventricle (which is a reservoir of supply). So if there is a morbid second sound (diastolic) at the base, the valves of the aorta are *insufficient*. The front gate has not closed tightly, there are vegetations, hardened *plaques* of fibrine, or bone, or cartilage, which interfere with integrity or pliancy of the delicate curtains which form this front floodgate; and the column of blood in the aorta, instead of remaining quiescent for a moment, as it should and does do in a state of health, regurgitates into the dilating ventricle and gives a deranged, morbid second sound. Therefore a morbid *second sound* at the *base* indicates *insufficiency* of the aortic valves.

Now suppose the deranged, morbid second sound its seat of greatest intensity at the *apex*, instead has of being at the base, it is very plain then that the back gate, the mitral bicuspid orifice, is narrowed,

\*—third well-known relation may very properly be stated here to complete the sketch of these antagonisms and contrasts. This regards the cavities of the organ. The ventricles and auricles are synergetic only with themselves, when the former are contracting the latter are dilating, and *vice versa*.

obstructed (stenosis), and the blood in passing through makes a noise. Because during the second sound (diastolic,) the mitral orifice should be wide open to allow the blood from the auricle to enter noiselessly and fill up the ventricle, otherwise there would be no supply for the next systolic effort of the heart. If the orifice is obstructed or narrowed the blood does not pass through noiselessly as in a state of health; the second sound is abnormal; there is a murmur. A disturbed second sound at the *apex* indicates then *stenosis* of the mitral orifice.

Our table now is very easily constructed, and being based upon eminently natural and scientific foundations, namely, the physical laws of the heart's structure, functions and actions, it must serve as a ready method, enabling us, or anyone else—even the most uninstructed—to make a diagnosis of all the uncomplicated organic diseases of the valves at the orifices of all the chambers of the heart. As it is necessarily true and correct, and though it may not seem very simple, it requires no thought to apply it to any case before us; nor is it necessary that we should at the time of applying it understand *why* it is correct:

The formula and the order of the words to be recalled are:

<i>Stenosis.</i>	<i>Insufficiency.</i>
<i>Insufficiency.</i>	<i>Stenosis.</i>

For example:

- |              |   |
|--------------|---|
| At the base— | A deranged 1st sound indicates <i>Stenosis</i> of the aortic or pulmonary artery valves.        |
|              | A deranged 2nd sound indicates <i>Insufficiency</i> of the aortic or pulmonary artery valves.   |
|              | A deranged 1st sound indicates <i>Insufficiency</i> of the bicuspid or of the tricuspid valves. |
| At the apex— | A deranged 2nd sound indicates <i>Stenosis</i> of the bicuspid or of the tricuspid valves.      |

All we have to do is to memorize these words in their order, as a formula, to elucidate at the bedside the valvular diseases of the heart. Observe what sounds are deranged at the base, then at the apex, and pronounce accordingly. Of course the known relative positions of the four valves must guide us in deciding which of the two valves at the base, or at the apex, the abnormal murmur proceeds from, so as to distinguish between the valvular derangements of the right and left heart.

#### IRRITABLE BRAIN IN CHILDREN.

In the London Medical Press, August 11, 1886, Dr. William H. Day reports five cases of this affection, from the study of which he draws the following conclusions:

These cases are common enough in young children, though frequently overlooked at an early stage, when the symptoms might be subdued. The disease is sometimes seen in children who are

rickety, and in whom dentition is delayed. Excitable and nervous children are prone to the disorder. This irritable state of brain may follow moderate exposure to the sun and also to cold, the head never becoming hot nor the face flushed. A long exposure to the sun's rays, or a greater degree of cold, invite an active form of cerebral congestion. If the congestion be moderate and promptly attended to, and the child is of good constitution, the attack passes off gradually and the usual health soon returns. It is in the initial stage that threatening mischief may be averted. This irritable state of the brain is, in many cases, primarily one of anemia of the brain, as already stated, for the vital powers are first depressed and lowered. The brain is imperfectly nourished. It ceases to respond. It has lost its tone. The little patient has pains in the head; his pupils are contracted, and he shuns the light; he is disturbed by dreams, and sleep is unrefreshing. The irritability persists until the congestive stage is reached, when it vanishes altogether, or is supplanted by lethargy and indifference. The distribution of blood through the brain in life is not uniform; some parts are more abundantly supplied than others; hence we come to understand why cerebral hemorrhage is common to certain situations, and softening of the brain in the adult from partial anemia in other parts, when the proper blood-supply is obstructed and the circulation is disturbed. In young children the peculiarities of the cerebral circulation are more noticeable, and by reason of the fact that ossification of the skull is incomplete and the fontanelles are open and elastic, the amount of blood within the cranium is subject to great variation. Partial anemia of certain parts of the brain, followed by local congestion of other parts, may possibly explain some of the symptoms I have described, and the influence which the circulation must have upon the functions of the brain.

Congestion of the brain in early life very frequently succeeds the stage of irritation, if it does not usually accompany it in a greater or lesser degree. This arises from the readiness with which the brain circulation is disturbed. Young children in good health, who go too long without food, or do not obtain sufficient sleep, get wayward, fretful, and exhausted. When food and rest are obtained, the symptoms subside, and, the circulation being strengthened, they pass away. This is a state of irritation, and exhaustion is its chief cause.

The *diagnosis* in cases of irritable brain is rarely difficult. Failing health, caprice of manner, fits of ill temper, lassitude, pallor, loss of appetite, and unrefreshing sleep are among the earliest and characteristic signs. But even these symptoms may mean little in a young child, as they are common to many slight ailments, and quickly pass away. At the same time we cannot be too watchful, as there is an ever-threatening danger while the brain is in active growth and development. As the disorder steals on, sleep becomes disturbed, and the cheeks occasionally flush. With these symptoms

there may be no elevation of temperature, and no acceleration of the pulse, for the nervous system has not yet transmitted any disquieting influence to the circulation. A considerable time may elapse before we know there is any headache, for the child may be too young to express its sensations; but if the hand is frequently raised to the head while it rolls from side to side on the pillow, we may be tolerably certain that it is uneasy and painful.

In typical cases of congestion of the brain in children there are, in addition to the symptoms I have enumerated, severe headache and often vomiting. Sometimes there is much oppression, lividity of the face, and a tendency to heavy sleep, hence the similarity to meningitis in its later stages. Usually, however, the two affections run a different course. In simple congestion, if the constitution is good and no convulsions occur, the fever is slight and the attack passes off in a few days. This is not the rule in meningitis.

If we turn to the temperature as a means of diagnosis, it is worthless if not taken in connection with other signs. The temperature in fatal cases of meningitis may not reach the height it does in simple irritation, but it generally does, and at the time of death is much higher. In the fifth case the temperature ran up to 104°, and yet the constitutional symptoms were nothing like so severe as in the first, second, and fourth cases. The temperature is exceedingly mobile in children of nervous temperature, rising and falling with extraordinary rapidity on very slight provocation.

In long standing examples of cerebral congestion and disturbance, vascular changes may be expected to occur in the optic disks. Active congestion is such a near approach to inflammation that the line of demarcation can hardly be drawn. The two conditions are generally blended, a minor degree of inflammation being mixed up with, or superadded to, the cases of irritable brain and congestion. It is in cases of purely irritable brain that ophthalmoscopic changes are generally absent, and according in nearly all the cases I have related none were found. Too great importance should not be attached to any ophthalmoscopic appearances that may be present in the cases I have been describing. We have seen that no optic changes were noticed in the cases that were *irritable* rather than *congestive*. As these are often absent in simple meningitis, and sometimes in the tubercular variety, even when it occurs, as it generally does, at the base of the brain, I think caution is needed before coming to a hasty conclusion.

*Treatment.* A favorable result depends in a great measure on meeting the symptoms with promptitude at the outbreak, when there are only slight headache, alteration of manner, and disturbed sleep to guide us in that early stage, when it is impossible to say what is the essential cause of the trouble, what is its exact nature, and what is its probable termination.

*Rest,* in these cases of irritable brain, is to be

strictly observed, since it checks the overexpenditure of nerve force by conducing to repose and sleep. The brain being sensitive, exhausted, and easily fatigued, absolute rest is as much needed for its recovery as it is for a broken limb or a dislocated joint. This simple precaution is seldom sufficiently insisted upon until it is too late. Strong light, noises in the room, and the presence of anxious friends tend to excite these young patients. Through the medium of the nervous system the circulation becomes disturbed. Physiological rest tranquillizes the circulation, allays excitement, and favors recovery.

If the head is hot (and this belongs to the *congestive* rather than to the irritative class) a cold lotion or ice-water rags may be applied to it. Cold continually applied to the head will often induce tranquillity and sleep, when bromide and chloral fail. Cold soothes the patient. If we dread the approach of meningitis, henbane, and even small doses of morphia in combination with hydrate of chloral, will prove of the utmost benefit in the early stages.

An aperient will generally be demanded. A grain of calomel, followed by a little syrup of senna, or by a few grains of sulphate of magnesia and nitrate of potash, will answer well if the strength is good and there is any heat of head. After this some bromide of potassium, with small doses of the iodide or hydrate of chloral, according to circumstances, should be given regularly. When the symptoms of cerebral congestion predominate the bowels can scarcely be kept too open, and if there be arterial tension aconite in combination with the bromide will tend to reduce it and calm the excited brain at the same time.

The feeding of these cases is important. It should be nourishing from the first, and in the absence of vomiting (which we have noticed in all the cases) milk and beef-tea are to be freely given. Food from the first, in a nourishing and readily assimilable form, should be given.

#### THE VALUE OF EXTERNAL APPLICATIONS IN THE TREATMENT OF CHILDREN—EFFECTS OF COLD WATER.

When one hand is immersed in cold water the temperature of the other hand also falls. Cold not only cools the surface of the body but affects markedly the condition of internal organs through the nervous system, especially in children.

Brown-Séguard has shown, by experiment, that cold applied to the lumbar region contracts the arterioles of the kidney, and consequently diminishes the blood supply to those organs. When cold water is applied to the surface of the body the *cutis anserina* immediately becomes manifest, the skin paler, the respiration is sobbing, and the pulse is becomes quickened. If the temperature be not too low the condition of reaction soon supervenes. The coldness is succeeded by a feeling of warmth, and

the depression by a feeling of exhilaration. The bath should not be continued too long for this *tonic* effect.

If the tonic effect is well shown the circulation is equalized and invigorated, tissue metamorphoses take place more rapidly; and with the increased tissue changes and activity of assimilation the appetite is increased and the body gains weight and strength.

The cold bath should have a temperature of from 40° to 70° F.

*Wet-Pack.* This is occasionally an efficient way of applying cold water. A large towel may be wrung out of cold water and wrapped about the little patient, and covered with a blanket. The sense of chilliness at first experienced is soon followed by an exhilarating glow.

When reaction is well established, the pack should be removed and the body vigorously rubbed with dry towels. Unless active diaphoresis be the object, the application of the wet pack should not continue more than fifteen minutes. If the little patient be enveloped with the wet sheet, standing and rubbed vigorously with the sheet, reaction will be more quickly induced.

When the pack is removed the patient should be vigorously rubbed with coarse towels.

*The douche* is where the water is poured from a height upon the patient. This means is rarely available in the treatment of children.

The external applications of cold water in the treatment of the diseases of children are many, and some of them very important,

In tonsillitis, diphtheria, and croup, the cold-pack applied to the neck will oftentimes give great relief. In laryngismus stridulus, the application of cold water in this way will sometimes quickly relieve the distress in breathing.

For spasm of the glottis, Morell Mackenzie recommends that while the child's body is placed in a warm bath, that cold water be dashed in the face.

In the first stage of laryngo-tracheal diphtheria, among other means, the same authority recommends that an ice-bag be applied to the throat.

One of the most important uses of cold water is in fevers, for its antipyretic effects.

Zeimssen's method, by placing the patient in a tepid bath, and gradually cooling the water, by the addition of ice, to the required temperature, which may be 60° F., or even 40° F., according to the height of the pyrexia and the rapidity of its descent, may be sometimes available in treating children. The bath may be used from one to six times a day, and continue each time until the temperature is brought down to the required limit.

In the treatment of children's diseases the wet-pack is, however, generally preferable, on account of the ease with which it is applied. The little patient may be put in the pack several times a day, and remain from five minutes to an hour. Hyperpyrexia often kills. The deplorable determination may sometimes be averted by the cold bath; and it

is in these cases that its remarkable effects are most conspicuously shown. In scarlatina, for instance, when the temperature rises to 105° or 106° and there are alarming symptoms, the cold wet-pack will prove of very efficient service. Most families have a prejudice against the application of cold water, especially in the eruptive diseases. It will, therefore, be necessary, usually to use that means least likely to frighten the patient and meet with opposition on the part of the family.

Trousseau, in the treatment of these cases with a high temperature, was in the habit of placing the patient in bath-tub, and directing that three or four pailfuls of water be dashed over him every one-fourth minute to one minute, after which he was put in bed, and covered with the bed-clothes, without being dried. The physician in private practice who should try this "dashing" process, would in most cases find himself unceremoniously dashed out of the house.

Zeimssen's method might be used in some cases; but the cold-pack or cool sponging will usually meet with less opposition and will be found very effectual.

J. Lewis Smith says that in most cases he prefers to reduce the temperature by the constant application to the head of a rubber bag containing ice. The bag should be one-third full, so that it may fit over the head like a cap.

If the temperature is above 104°, he makes a similar application over the neck at the same time, which not only abstracts heat, but diminishes the pharyngitis, adenitis and cellulitis.

A Jacobi, in an article on "Typhoid Fever in the Young," says: "To reduce high temperatures quinia has been frequently recommended, though it has not served me well in infectious diseases." I will add that I have found quinine not only useless in these cases, but under certain conditions, even with a high temperature, exceedingly dangerous. A rational empiricism is safer in the treatment of children than a blind adherence to scientific theories."

"The best antipyretic is cold."

"No cold bath for cold extremities; no more cold bath, when once after it the extremities remain cold or cool. In these cases the surface becomes colder than before, it is true; the interior, however, is warmer than it was."

"Warming-pans ought always to be used to the feet and legs when cold is to be applied."

In a very full and interesting article, William Perry Watson, after speaking of the various ways already mentioned of applying cold water, directly or indirectly, speaks of a rubber cot which he uses, made of rubber tubing and sheet-lead, which may be folded about the little patient.

In acute cerebral congestion, cold water may be applied to the head while the feet and legs are immersed in warm water, or covered with mustard and flaxseed poultices.

Cold to the spine is one of the most effective remedies in some cases of chorea. It is most

conveniently applied, perhaps in the form of an ether spray.

In infantile convulsions cold may be applied to the head, while the body is immersed in warm water.

In my experience, weekly cachectic children are best treated by the application of the morning cold bath followed by vigorous rubbing; and I believe it to possess more beneficial results, in most cases, than any system of medication without the external application. I have used it for several years in these cases with the happiest results. I am in the habit of prescribing at the same time small doses of Fowler's solution, as an aid to digestion and assimilation in these cases. This treatment should be continued for some length of time, if there are no contra-indications; the effect of two or three applications will be hardly noticeable. It is well to begin by using tepid water, and have it a little cooler at each succeeding application until a temperature of about 60° F., is reached. It is well to put a little salt in the bath.

Under the treatment indicated these cases will sometimes improve with astonishing rapidity; the weight will increase, the appetite become better, the color return to lips and cheeks, and the irritative cough, so common in such cases, cease.

Dr. Forchheimer, in speaking of the treatment of rachitis, says: "I rely upon these baths (salt and cold water) and upon fresh air as the main agents for curing this disease."

*Warm and hot water.* What is the effect when the body is immersed in warm water? It causes at first a pleasant sensation; the skin becomes red, the pulse increases in rapidity, but the tension is less, and a sense of giddiness and depression is soon experienced. Extreme muscular weakness supervenes if the bath be prolonged. Transpiration from the skin is increased. The temperature of the body rises. There is rapid disintegration of tissue. The warm bath should have a temperature of from 90° to 100° F., and the bath from 100° to 106° F.

It is not necessary to speak of the various ways of applying warm and hot water, the Turkish or Russian bath, the hot-pack, etc.

Extremely hot water is similar in its immediate effects to cold. The same remarks that were made in regard to the application of cold water to the neck in laryngismus stridulus, etc., may be applied to hot water.

In acute desquamative nephritis, warm fomentations may be applied to the back with good effects.

Wakefulness or restlessness of children may often be overcome by a warm bath taken just before bed-time.

In various diseases, as meningitis, cerebro spinal meningitis or threatened convulsions, the body may be immersed in warm water, or flannels wrung in mustard-water may be applied to the feet and legs with the happiest results.

I have again and again seen this simple means

followed by quiet and sleep, after bromide of potash—the child's opium—in large doses has been without effect.

Where there is congestion of the brain from any cause and a warm bath is required, the physician should see to the temperature of the water himself; for if it be too hot, it may defeat the end in view, and instead of relieving the engorged vessels the shock of the too warm water on the cutaneous nerves may cause a rupture of blood-vessels, a gush of blood may be from the nose, or sudden dilatation of one pupil, and sudden death; a very unpleasant result, one which I have known to happen, and which is likely to bring a valuable means of relief and cure into disrepute.

Flannels wrung from warm water and covered with dry flannels or oiled silk, make one of the neatest and best applications that can be made to the chest in pneumonitis or catarrhal bronchitis.

In treating pneumonia in children, L. Emmet Holt says he has little faith in drugs, and summarizes the treatment which he would recommend in these words: "Nourishment, opium, alcohol, local applications."

After tonsillitis has continued until abscess is almost certain, Morell Mackenzie advises the persistent application of warm poultices to the neck to encourage suppuration. I am satisfied that the persistent application of hot fomentations—preferably flannels wrung from simple hot water—from the start may hasten resolution and prevent abscess.

In entro-colitis, gastro-enteritis and the various inflammatory affections of the abdominal organs, heat is always indicated; and there is no doubt that in these applications, properly applied, the physician has a more potent, reliable, and easily controllable agent than in any remedy or class of remedies which may be administered *per os*.

Winckel says that permanent baths are indicated for those children who are extremely feeble between twenty-three and thirty-six weeks of age, and with those who are in a state of profound *asphyxia* in consequence of hemorrhage from the cord after *accouchement*.

He had a bath especially constructed, in which a child could be comfortably kept constantly for several days in succession in water at a temperature of 97° to 100° F.

Henry N. Read, Assistant Physician, Long Island College Hospital, in speaking of ephemeral high temperature in young children, after quoting Bouchut—who says in his work on Diseases of Children, "in the first stage of childhood there is no relation between the intensity of the symptoms and the extent of the material lesions"—writes "that the most intense fever, restlessness, and spasmodic movements, etc., may disappear in twenty-four hours, leaving no traces. The pulse and respiration may become extremely rapid, and the temperature run up to 105° or more." In these cases we can only explain the phenomena, as Dr. Read does, by the insufficient regulating power of the nervous system. The

nervous system no doubt plays an important part in the regulation of the body heat, although its action and exact influence is ill understood. In these cases I should put great faith in the sedative action of the tepid or warm bath. Dr. Read recommends the administration of chloral hydrate; Da Costa and Wilson, of Philadelphia, speak well of the same treatment.

*Poultices.* Some of the applications already spoken of might come under this head; in fact there is no better application, where simple heat and moisture are desired, the flannels wrung from hot water and covered with dry flannel or oiled silk. Spongipilline may be used in place of the flannel, or a layer of cotton batting covered with oiled silk makes a light and neat poultice, which may be left in place for several days. If it be desirable to produce a little cutaneous irritation in the case of children, a spice-poultice makes a light and convenient poultice. It is well to mix the white of an egg and a little glycerine with the spices to prevent them from becoming dry too soon. I prefer in most cases an ordinary flax-seed-meal poultice to which a little mustard has been added. If it be desirable to keep the poultice moist as long as possible, a little glycerine may be mixed with it.

The physician should always either give minute instructions in regard to making and applying any poultice ordered, or, better, see to it himself—as a poultice, unless properly made and applied, may do more harm than good.

A hop poultice is popular, but probably owes its good effects simply to the heat and moisture.

If the chest be covered with flannel and oiled silk in every case of measles, many lung complications might be avoided, says J. Lewis Smith.

Poultices should not be continued too long; for if kept too long in contact with a large surface they depress the vigour of the system, and lower the tone, so that recovery may be prolonged.

They, also, if kept in place too long, cause little abscesses which are very irritating.

*Inunctions.* Inunctions of fat are useful in most fevers, especially in scarlet fever, to relieve the dry condition of the skin. Cocoa butter is the best, perhaps, but lard or olive oil may be used.

Colbat advocates the use of inunctions of lard or vaseline, not only in scarlatina, but in variola, pneumonia, etc. His experience has been that the inunction is always followed by a period of calm and repose, and with a reduction of the body temperature from one half to two degrees.

I shall not speak of the various medicinal agents that may be put into the circulation by means of inunction, such as mercurials, cod-liver oil, etc. Neither have I spoken of the medicinal agents that may be absorbed from baths or vapors.

I will mention one means, however, which is very little used, and which is of great benefit in treating weakly children, who are sallow, and have pasty, whitish stools; and that is by general baths with a solution of nitro-muriatic acid one ounce to gallon.

*Counter-irritants.* In speaking of mustard, etc., in poultices, I have already mentioned some forms of counter-irritation. There are a few others that the physician who is called upon to treat children should bear in mind.

H. C. Wood strongly recommends the oil of amber as being especially valuable as a counter-irritant in the treatment of the *bronchitis* of young children, associated, as it often is, with marked nervous disturbance and tendency to collapse. The oil, diluted with from one to three parts of sweet oil, and applied to the chest as a sort of stupe, sometimes acts very happily in allaying nervousness as well as internal congestion.

For pertussis, among the thousand and one remedies, John M. Keating speaks well of counter-irritation as an important measure, and mentions croton oil, oil of amber, and oil of cloves, which may be mixed with olive oil, and rubbed on the chest three times a day, and the surface afterward covered with oiled silk. J. Lewis Smith also advises mild counter-irritation in pertussis. The same authority advises counter-irritation along the spine and nucha, after discontinuance of ice-bags in cerebro-spinal meningitis.

Dr. Faulkner, of Pittsburgh, advises as an efficient means of treatment in many cases of asthma, counter-irritation over both pneumogastrics with Churchill's tincture of iodine.

In tetanus infantum, Dr. Merriwether, of Alabama, says, if there is no improvement from the medicine which he orders, he applies a blister larger than a dollar, to the umbilicus, and with this treatment the child generally improves. Warm foot-baths and stimulating embrocations along the spine are proper adjuvants to the treatment. Trousseau sometimes used blisters to the legs in scarlatina dropsy with good effect in conjunction with hydragogue cathartics. Blisters are very seldom required in treating children, especially in the case of young or weakly children they should be used with extreme caution.—*Dr. F. H. Knickerbocker, in Archives of Pediatrics.*

## BISMUTH SUBNITRATE IN BURNS.

BY A. M. CARTLEDGE, M. D.

Professor of the Principles and Practice of Surgery, and Clinical Surgery, in the Hospital College of Medicine, Louisville.

Burns are among the most troublesome injuries the surgeon is called to attend. He has to exercise a degree of patience only equalled by the victim's pain. Nearly all the usual methods of treating burns locally are decidedly inefficient. About the only true principle advanced for centuries was, that air should be excluded from the burnt surface, and this no doubt was the suggestion of some suffering patient.

It is the usual custom in burns of the second, third, and fourth degree (and these constitute the largest class, and the varieties especially alluded to in this paper) to immediately smear the parts

with some substance, as flour, starch, or white lead. These dressings, by excluding air from the exposed nerve terminals, fulfill one indication of treatment, but in others utterly fail, and later do much harm. Suppuration occurs often as a result of the decomposition of the vegetable substances, and this together with the impediment to drainage favors very materially septic absorption.

In burns of much extent it becomes necessary to remove such dressings as early as the third day to prevent serious systemic symptoms; and now the real trouble comes. The pain inflicted in removing such a dressing, provided the burn is extensive, is simply appalling. I have observed it attended by not inconsiderable shock, even where the most careful precautions by way of soaking was practiced. It is generally customary after removing such a dressing as has been described to apply some oleaginous dressing either the old carron oil—linseed oil and lime water equal parts, or the more modern carbolized oil. Some have discarded the various powders and pastes and resort primarily to the carbolized oil.

This last has been my practice until recently. But the carbolized oil does not meet all the indications of treatment, and is I think much inferior either as a primary or secondary dressing to the subnitrate of bismuth. The principles involved in the treatment of burns does not materially differ from that in other open wounds. The application of principals in practice are somewhat modified by the peculiarities of the injury. The application of antiseptic methods to burns of great superficial extent is attended with considerable difficulty. However, patience and care with an anesthetic, if necessary, will accomplish much in this way.

The ideal dressing for a burn is the one that is thoroughly protective, hence comfortable, and one that can remain longest, viz., antiseptic. I think in the present state of our knowledge bismuth and absorbent cotton is the nearest approach to such a dressing.

*Mode of application.*—The parts should be as perfectly cleansed as possible with warm carbolized water on listerine. I usually puncture any large vesications in second degree burns. Then if the burn be small superficial extent powder it over with bismuth, over this a good thick layer of absorbent cotton, and over all a bandage. If the injury covers considerable extent, so as to render the too free use of bismuth dangerous, make a solution in water of the bismuth and paint it over the part. This last permits of a uniform distribution of a minimum quantity. I have used this dressing in several cases of burn, and in one extensive scald of the leg, second and third degree, and so far have not witnessed any evidence of bismuth poisoning.

The results have been very satisfactory, in two or three cases scarcely any suppuration occurring. I have not used it in burns involving as much as one-fourth of the surface of the body, but think with care it may be used safely. A dressing of this kind promotes to the greatest degree healing by



scabbing, which is the method to be desired in burns. After removing the cotton, because of suppuration it may be, it is not necessary to remove the bismuth scab entirely, but cleanse any point of suppuration and powder a little bismuth on, then reapply fresh cotton. This method saves the surgeon much labor, the patient much pain, and does much to save life from septic absorption and suppurative exhaustion. Finally by promoting healing by scabbing instead of by granulation, it will do much to lessen subsequent contraction in burn cicatrices.—*Progress, Louisville, Ky.*

### WEANING.

This important process has called forth the most careful thought on the part of such eminent men as Trousseau, Archambault, and Julius Simon, and others. If it is done prematurely, suddenly or at an unseasonable period of the year, one may expect as a result diarrhoea, gastro-enteritis, or cholera infantum, this result being due to the irritation which is caused to the organs which are accustomed to and adapted to the digestion of human milk. If an acute affection is produced, the symptoms are indigestion, diarrhoea, and vomiting, which may come on in repeated attacks and may quickly prove fatal. Acute gastro-enteritis sometimes takes the form of cholera infantum. Instead of the acute form there may be a sub-acute or a chronic one, the belly becomes enlarged and the stomach dilated and rachitis with its well known phenomena may intervene. In other cases the skin, the mucous membranes, and the lymphatic glands may be involved, and scrofula appear as the result of improper weaning. Two questions are to be considered in connection with this subject: (1) When (that is, at what age) should weaning take place; (2) how should it be done? Of decided importance, also, is a consideration as to the time of the year when this may best be accomplished. The summer is the least desirable season for it, for reasons which will at once occur. The most favorable is the winter, and then, in turn, the spring and the autumn. As to the proper age for weaning Trousseau made the mistake of laying down the general rule that it should be accomplished when the child had cut his sixteen teeth, whatever might be his age. But if a child has been nursed at the breast he will have his teeth when he is twelve or fifteen months of age; while, if he has been nourished in part at the breast and in part by the bottle, the first dentition will not be finished until he is two years or two and a quarter years of age. As to the disturbances which Trousseau attributed to dentition, or to weaning in the interval between the eruption of two groups of teeth, it is believed that they have been exaggerated. The age of eighteen months is considered as a good average for the period of weaning, modifying circumstances occasionally requiring an earlier time, but more frequently a later one. Should weaning be attempted earlier than the twelfth

month, it will be attended with danger to the child's life, and this attempt is in reality responsible for the great mortality among infants. When artificial nourishment must be adopted, milk alone should be used, and the author protests against the soups, panadas, and other more or less indigestible substances which are given to infants from four to six months of age under the pretext of preparing them for weaning. He considers that the advice of Trousseau and others upon this point has done great harm.

*How* are children to be weaned? If the child has reached the age of twenty months the question is easily answered. If he persists in wanting the breast, having already been fed, in part, upon milk, eggs, and other easily digested food, the nipple and the surrounding surface may be smeared with some saline or bitter substance, and this will speedily produce the desired result. Should weaning occur between the ages of twelve and fifteen months the difficulties will be greater, for diarrhoea, athrepsia, and rachitis are among the possible results. Milk should still form the basis of the child's diet, and this should continue for several months, soft-boiled eggs and light gruels being added. When the child must be weaned under the age of twelve months, the greatest care must be taken, mother's milk should be very gradually replaced by cow's milk or better by asses's milk. Should cow's milk be given, it must be heated over a water bath and fed from a cup—not from a spoon or a bottle. Any food excepting milk must be considered positively dangerous for children under the age of twelve months. Meat, vegetables, and other substances, has been which are fit only for strong stomachs, must be withheld for months after the breast has been entirely abandoned. Wine, coffee, beer, and cider must also be entirely withheld from young children.—*Archives of Pediatrics.*

### INSOMNIA IN THE AGED.

D. C. L. Dana (New York Bulletin of Clin. Soc.) has found the information contained in the text-books upon insomnia in the aged to be but very slight in amount. Insomnia was not frequent in the aged, but when it was present it was sometimes very intractable. In his experience iron did not relieve the anemia of the aged so as to produce sleep. Alcohol with food is another remedy, and many recommended hot gruel with alcohol before going to bed. While alcohol will relieve some cases, there are others in which the insomnia was increased. The bromides and chloral, even when given in enormous doses, often failed to give relief. Opium was another remedy. Good results have been obtained with a combination of cannabis indica and codeia; from five to six minims of the fluid extract of cannabis indica with one-sixth to one-eighth of a grain of codeia might be used. One-fourth of a grain of the extract of cannabis taken alone sometimes might



be effective. As a rule, however, the combination with codeia was preferable. Hyoscyamine was sometimes useful, but in nervous fidgety persons it would sometimes produce an actual delirium. Under ordinary circumstances the dose should not be increased above one-fourteenth of a grain to obtain the desired effect. The effect of these remedies, he thought, had been increased by addition of from two to three drops of tincture of aconite two or three times a day to relieve the tension of the blood vessels. Tincture of valerian and compound spirits of lavender sometimes acted like a charm in relieving insomnia. Large doses (D*i*-3*i*) lupulin were also often effective.—*New England Medical Monthly*.

### WINTER INDIGESTION.

In an opening address, delivered before the Section of Medicine at the Brighton meeting of the British Medical Association, Dr. W. H. Broadbent spoke as follows on the topic above indicated :

As cold and damp weather sets in, there are many persons who begin to suffer from pain after eating, and flatulence; or these symptoms may not set in until later in the winter, when the cold and short days have reduced the vital powers. Very frequently the connection between the indigestion and the season of the year is not recognized, and the subjects of it simply look upon themselves as liable to dyspepsia, which they associate with certain articles of diet instead of with the winter, or attribute it to want of exercise and fresh air. As is well known, however, cold, and especially cold with damp, will inhibit digestion, sometimes so completely that a hearty meal, eaten with avidity after a cold drive, will be vomited almost unchanged hours afterward; but this takes place more frequently in a minor degree, sufficiently to give rise to discomfort, and a sense of distention, or the cold will inhibit the hepatic functions, and cause constipation.

Now in all such cases it is not the food which disagrees with the stomach, but the stomach which disagrees with the food; and the appropriate treatment is not levelling down the nourishment to the digestive capacity of the stomach, but the bringing up of the functional energy of the stomach to the requirements of digestion, by extra food of a stimulating character, such as beef tea, or an egg-flip, between meals, by stimulants at meals, and by tonics. So with regard to winter indigestion, winter is not the time for cutting off food, when it is required in larger amount to neutralize the influence of external cold. What is wanted is protection from the depressing influence of cold, or the means of neutralizing it.

It is quite true that most people eat far too much, and, again, that with regard to the stomach, as well as to all other organs and parts of the body, the principle of functional rest is of primary importance in dealing with disease; and restriction

of food, and even temporary starvation, is often necessary; but we must distinguish, and not starve those who are suffering from inadequate nourishment, or employ treatment for catarrh, or ulcer, or organic disease, when nothing of the kind is present.

### BILIOUSNESS.

What is commonly known as an acute bilious attack is more properly an acute indigestion.

The treatment of biliousness is prophylactic, alimentary and medicinal. Prophylaxia is concerned with avoidance of all the known causes, whether of a toxic, malarial, or alimentary character. A plain diet of bread, milk, oatmeal, vegetables and fruit, with lean meat or fresh fish in moderation, and abstinence from alcoholic stimulants seems to be the ideal fare for the biliously predisposed. This kind of diet is especially applicable for hot weather when albuminoids are apt to clog the portal system, and pastries are an abomination, and when a broiled schrode, a little chicken or mutton broth with bread and stewed fruit will make a more healthful meal than the more sumptuous fare of a modern fashionable dining saloon.

Exercise in the open air is of recognized utility in promoting oxidation and elimination, enhancing the digestive and assimilative processes, and lightening the burdens of the liver. Moreover, exercise (whether by rowing, horseback riding, gardening, walking,) hinders absorption of bile by the hepatic venous radicals, and promotes the passage of that fluid into the duodenum, through the increased compression exerted on the liver by the diaphragm and abdominal muscles; this is in accordance with a recognized physiological law.

The victim of an acute bilious attack will generally get righted in a few days by, first abstinence from all food, then a diet of porridge and milk, or skimmed milk alone, and a very gradual return to solid food, which for several days should be restricted to toast, a little lean meat or broiled fish, with some succulent vegetables, or ripe fruit. As for medicines, saline aperients, such as sulphate of soda, Epsom or Rochelle salts in full doses in the morning, or the now fashionable tumblerful of Hunyadi Janos will generally suffice to clear the *primæ viæ*; the latter has especially a reputation for evacuating bile. The striking relief obtained by free bilious evacuation has often been remarked, and the veteran transgressor resorts to his blue pill or podophyllin with every recurrence of his malady. Of late euonymin has come much into use as a cholagogue.

Harley recommends to persons who seem to have a more than usual tendency to biliousness traceable to sluggish biliary secretion, and where there seems also to be defective nerve action, small doses of nux vomica or strychnia after their meals. This may be combined with belladonna and aloes as in the aloin, strychnia, and belladonna

pill. The bilious person is generally constipated, hence such a pill has a special utility. Fothergill's pill of ipecac, capiscum, and pil. aloes et myrrh, has done good service in such cases. Nitromuriatic acid and taraxacum have a reputation which is probably not altogether built on imaginary results. But bilious dyspeptics, while they should be attentive to the functions of eliminations (and doubtless the ancient predilection for purgatives has been justified by modern scientific research which finds in intestinal septicæmias and alkaloids of putrefaction many of the evils formerly attributed to peccant humors and atrabiliary disorders) should aim especially to be good hygienists and learn to live right; but this is counsel which everybody gives and nobody takes.—*Boston Med. and Surg. Jour.*

## THE DIETETICS OF PULMONARY PHTHISIS.

By ALFRED L. LOOMIS, M.D., ETC.

The dietetics of pulmonary phthisis is often the most difficult as well as the most important element in its successful management.

In the limited space at my disposal I can give only general rules and an outline of the practice which experience has led me to adopt.

Three things require consideration:

- 1st.—*The most suitable articles of food.*
- 2d.—*The time and quantity of its administration.*
- 3d.—*The use of artificial digestion.*

Since the object sought is the maintenance of the highest possible nutrition, and as this must often be done with feeble digestive and assimilative powers, the selection of food will not be determined solely by their relative value (chemically) as food products, but quite as much by the facility with which they are assimilated.

The best foods are those from which the system gains the most heat and force producing elements with the least proportionate expenditure of digestive and assimilative force.

Milk is undoubtedly the best food of all *per se*. but in many cases with weak digestive power more nutrition is gained from its weaker ally Kумыss.

Of the albuminoids, meats, especially beef, and eggs are the most valuable.

The best hydrocarbons are cod liver oil, butter, cream, and the animal fats. Sugars and starches should be avoided as far as possible, since they tend to fermentation, and cause both gastric and intestinal dyspepsia. Only occasionally will a patient be found who is benefited by their use. They should be employed therefore only for variety in diet and to avoid that disgust for all food so apt to be engendered by a monotonous diet.

Phosphorous, so important especially in tubercular cases, is secured in preparations of the phosphates, which should not be in the form of

syrops. Vegetables and fruits may be required in the earlier stages to avoid monotony, and later to satisfy a capricious appetite, but they should be restricted to the minimum and to such as contain the least saccharine elements.

Two very distinct classes of phthisical patients must be recognized, those under thirty and those over forty. It may be stated as a general rule that for the first class the basis of all dietetic treatment must be the hydrocarbons and phosphates. They are often the *curative* agents in young subjects.

On the other hand the albuminoids must constitute the principal food of the second class. It is worthy of note that often in phthisis the demands of waste and repair not only enable young people, who usually object to all forms of fat, to take and assimilate, but even cause them to exhibit a decided fondness for all forms of fatty food. Older subjects who in health use little albuminous food and more fat are able to digest large amounts of meat, while fats cause intestinal dyspepsia.

In selecting special articles of diet for these two classes it is important to remember that there are distinct stages which consumptive patients pass through as regards their digestive powers. The first covers the period during which digestion and appetite are unaffected. The second begins with the first indications of septic infection; is marked by intermittent pyrexia and gastric irritability. It extends to the time at which the stomach refuses solid food. The third covers the remainder of the patient's life. It is in the first stage that the best results are obtained.

*Systematic dieting* should be begun, therefore, upon the first suspicion of a developing phthisis. The diet can no longer be indiscriminate, but the rules given below should be strictly adhered to. For young patients meat must be and butter and cream are to be used freely. Milk should constitute the principal drink, in quantities of from two to four quarts per day. Other articles are to be taken sparingly simply to avoid monotony. Each meal is to be supplemented by a generous allowance of cod liver oil (3 ss 5 ii). The phosphates, so valuable to this class of patients, can be supplied in sufficient quantity only by special preparations. For patients over forty, meats should be lean rather than fat, and be taken in large amount. Two or three pounds of beef, three to four quarts of milk, and three or four eggs may be given to such patients in twenty-four hours.

In the second stages, changes are required in the method of preparing the food rather than of the article's employed. All the food must be given in fine division and prepared in the most palatable manner. Beef may be scraped or chopped with a dull knife, only the fine which adheres to the blade being used, and eaten raw or lightly or quickly cooked, the essential points being the removal of all coarse fibre and rendering it palatable to the patient. Milk may be taken raw, boiled,

cooked in custard, curdled or shaken with cracked ice and a little salt. Eggs are best taken raw or soft boiled. Kumyss may in part take the place of milk, and the various peptonoids of beef, milk, etc., will relieve the enfeebled digestive organs as well as afford valuable nutrition. Cod liver oil will require emulsification and fresh emulsions are to be preferred to the stock preparations. Practically I have found an emulsion of oil, pepsin and quinine available when others caused indigestion and offensive eructations.

In the third stage when only prolongation of life can be expected, the forced diet of the earlier stages must be abandoned. When a hearty meal causes cough and vomiting with consequent exhaustion better results will be obtained with smaller quantities of food. In such cases the food must be reduced in quantity, given more frequently, and should consist largely of artificially digested preparations.

It is quite customary to delay the use of the digestive ferments until the later stages of the disease, but since it is in the first stage almost solely that we effect a cure, it seems the wiser course to concentrate all our forces upon the disease at this time.

When we wish to crowd the nutrition twenty to thirty grains of pepsin with fifteen to twenty minims of Acid Hal. directly after eating, and ten to fifteen grains of pancreatine one hour after taking food will enable a patient to digest an amount of food, which otherwise would produce an acute dyspepsia. When the digestion of starches is at fault or requires assistance, the diastase alone may be given with or after the meal. In the second and third stages artificial digestion becomes a necessity.

Some of the most important rules which govern the dietetics of phthisis may be formulated as follows:

1. Every phthisical patient should take food not less than six times in the twenty-four hours. The three full meals may be at intervals of six hours with light lunches between.

2. No more food should be taken at any one time than can be digested easily and fully in the time allowed.

3. Food should never be taken when the patient is suffering from bodily fatigue, mental worry or nervous excitement. For this reason mid-day naps should be taken before, not after, eating. Twenty to thirty minutes' rest in the recumbent posture, even if sleep is not obtained, will often prove of more value as an adjuvant to digestion than pharmaceutical preparations.

4. So far as possible each meal should consist of such articles as require about the same time for digestion, or better still, of a single article.

5. Within reasonable limits the articles of any one meal should be such as are digested in either the stomach or intestine alone, *i.e.*, the fats, starches and sugars should not be mixed with the albuminoids, and the meals should alternate in this respect.

6. In the earlier stages the amount of fluid taken with the meals should be small, and later the use of some solid food is to be continued as long as possible.

7. When the pressure of food in the stomach excites cough, or when paroxysms of coughing have induced vomiting, the indigestion of food must be delayed until the cough ceases, or an appropriate sedative may be employed. In those extreme cases where every attempt at eating excites nausea, vomiting and spasmodic cough, excellent results are attained by artificial feeding through the soft rubber stomach tube.

8. So long as the strength will permit assimilation and excretion must be stimulated by systematic exercise, and when this is no longer possible the nutritive processes may be materially assisted by passive exercise at regular intervals.

The following may serve as a sample menu for a day in the earlier stage. The meat soup is made by digesting finely chopped beef (1lb) in water (Oj) and hydrochloric acid (5M) and straining through cheese cloth.

#### MENU.

On waking.—One-half pint equal parts hot milk and vichy, taken at intervals through half an hour.

8 a.m.—Oatmeal with abundance of cream, little sugar: rare steak or loin chops with fat, cream potatoes; soft boiled eggs, cream toast; small cup of coffee, two glasses of milk.

9 a.m.—Half ounce cod liver oil, or one ounce peptonized cod liver oil and milk.

10 a.m.—Half pint raw meat soup; thin slice stale bread.

11-12.—Sleep.

12.30 p.m.—Some white fish; very little rice; broiled or stewed chicken; cauliflower; stale bread and plenty of butter; baked apples and cream; milk, Kumyss or Matzoon, two glasses.

2 p.m.—Half ounce cod liver oil, or one ounce peptonized cod liver oil and milk.

4 p.m.—Bottle Kumyss or Matzoon; raw scraped beef sandwich.

5.30-6 p.m.—Rest or sleep.

6 p.m.—Some thick meat or fish soup; rare roast beef or mutton; spinach; slice stale bread; custard pudding; ice cream.

8 p.m.—Half ounce cod liver oil, or one ounce peptonized cod liver oil, and milk.

9-10 p.m.—Pint iced milk; cup meat soup.

1-2 a.m.—Glass milk, if awake.

#### THE DIETARY IN INDIGESTION.

By J. MILNER FOTHERGILL, M.D., EDIN.

When I hear medical men denouncing a regulated dietary in indigestion, my surprise is excited. Is it malady to be combatted by drugs only? I do

not think anyone will support that proposition. Medicinal agents are not without their value; but the medicinal treatment of indigestion is surely but ancillary to the dietetic management. That a regulated dietary is too often a restricted dietary—so restricted indeed that the patient is practically half-starved—may be admitted. But need a regulated dietary necessarily be a very restricted one? I opine not; if the matter of the dietary of the dyspeptic be given a little more attention.

And for this it is well to keep the physiology of indigestion in mind. Digestion is solution by hydration so that the carbo-hydrates and albuminoids may pass through the wall of the alimentary canal; after which they are de-hydrated—else they would pass out by the kidney, giving glycosuria and peptonaria and leaving the body un-fed. But a preliminary to solution is disintegration. If mastication be not properly performed the “jumps” of food find their way into the stomach and offend it.

Pastry, pieces of hard potato, cheese, are notorious offenders. The solvent action of the gastric juice can exercise no disintegrating effect upon the substances, while they act as irritants and set up pain. A piece of meat comparatively unchewed is less objectionable, because the gastric juice acting upon the connective tissue allows the muscular fibrillæ to fall asunder. But even with muscular fibre there is a wide difference. Pork and veal are hard meats, and not readily falling to pieces in the stomach under the action of the gastric juice are held, and rightly too, to be indigestible. On the other hand a thin slice of well boiled ham, cut across the fibre, is very digestible. So is the loose fibre of a sheep's head. This is the mechanical aspect of the digestibility of food. Hard stringy meat is very indigestible. So are ill-cooked vegetables, and especially the cruciferae, so are hard boiled eggs.

Fish and especially white fish, whose fibres very readily fail to pieces, are in repute with dyspeptics for obvious reasons. Fish which are fatty are indigestible (because the fat resists the action of the gastric juice), as the flesh of the salmon, the mackerel and the herring. The short fibre of the whiting, “the chicken of the sea,” makes this fish especially digestible. Then come the flat fishes, the haddock and the cod. They all are best boiled, for if fried, care is requisite that the flesh be not soaked in fat—when it is highly indigestible. There are few more indigestible matters than a fried sole which has not been skillfully cooked. And the same holds good of birds. Chicken and game are indigestible, while the duck and goose, greasy-fibred meats, are as certainly indigestible.

Potatoes have an evil reputation, but that again is largely a matter of cooking. A potato which is imperfectly cooked has a hard centre. A “stone,” an Irishman calls it—and if palpable pieces of such hard indigestible matter be swallowed gastric distress is the intelligible result. But if the potato be well cooked and put through a sieve it ceases to

be indigestible from “the mechanical point of view.” It is the question of disintegration which militates against vegetables, and uncooked fruit. Pieces of hard apples are notoriously indigestible; while a baked apple will sit lightly on the most irritable stomach. The flesh of the grape is in great repute in all conditions of gastric irritability and debility, whether primary or secondary to some general sickness.

Fat is an offence to a susceptible stomach, even as liquid fat floating about in it; but still more as lumps of fat upon which the stomach can exercise no solvent influence. Hence many persons, children and adults reject sweet pieces of fat, and (after the meal) take some fishy oil. As the digestion of fat does not commence till the food has left the stomach, it is not well to give fat till its “time draws nigh.” Thin stale bread with butter rubbed well in and doubled is much more digestible than the same bread cut thick with a stout layer of butter plastered over it.

Pastry, when fat and flour are well rubbed together, forms a most indigestible compound resisting all disintegration except mastication. Suet puddings and dumplings also are indigestible.

On the other hand milk puddings, especially if made without an egg, are in repute, and not without reason for dyspeptics. They are light and sit easily on the stomach, the farinaceous matter being readily disintegrated, and what escapes disintegration is soft and does not give offence to the stomach.

There is another matter not of accult but of microscopic disintegration, or actual solution, which has yet to be discussed—a matter of vital importance. A savage man sat grinding the cereals which form so large a factor in human food, the action of the jaw produced a free flow of saliva, and as fast as the finer particles were broken off the seed, by the crunching of the teeth, diastase of the saliva converted the insoluble starch into the soluble dextrose and grapesugar. The toil of the miller produces disintegration and relieves the jaws of much of the labor. But disintegration is only the precursor of solution. The starch granule remains. By heat the cook cracks the starch granule so that the solvent diastase can readily act upon it. So far, so good; but heat does something more. It has an actual solvent action; and heat will, if sufficient, cause conversion of starch into dextrose. A thoroughly well baked flour, if subjected to the iodine test under a microscope, will readily show this.

When a large quantity of raw unconverted starch enters the stomach it is a burden to that viscus. The gastric juice has no effect upon starch and the starch granules merely embarrass the action of the stomach until they find their way out of it by the pyloric ring—and sometimes by the way they entered, viz., the gullet. Undigested starch hampers the stomach and makes the labor of that viscus a painful toil to it. New bread is a gross mechanical irritant, resisting disintegration.

The impediment caused by isolated but numerous starch-granules is another matter. Biscuits and crackers if insufficiently masticated cause indigestion. So do cakes which have not long been exposed to heat. The cakes which are held in such favor by the breakfast table in American households have been regarded as indigestible, and a glance at an American cooking book explains why. These cakes are exposed to heat for from thirty to forty minutes only. [The language of England sometimes requires translation. For cakes read rolls, and for biscuits read crackers.—ED.] A good biscuit or loaf is much longer in the oven. Potatoes are indigestible as ordinarily eaten, because they are not long exposed to heat. But if well mashed potatoes be put into the oven to brown, or be placed before the fire for that purpose, the longer exposure to heat tells upon the starch-conversion.

Hominy that is well-boiled or subjected to the final heating process of cooking is decidedly digestible. Cereals that have been steam-cooked are in repute with dyspeptics either for adding to meat teas, or for preparing milk-puddings. Some cooks who have to cater for dyspeptics boil all their rice, sago, and tapioca thoroughly before making these up with milk for a milk-pudding. In Germany pearl-barley thoroughly well boiled and passed through a sieve is in request as an addition to meat teas for invalids. The porridge of Scotland being made with coarse oatmeal is boiled a long time, while in England a short boil is enough with the fine ground oatmeal in vogue there.

The advantage of the numerous prepared foods—whether babies' food or invalids' foods—which are all more or less compounds of starch which has been to ascertain extent predigested either by baking or the malting process, lies in their ready digestibility: A touch of saliva is enough to complete the conversion of such carbo-hydrates and the soluble matters pass out of the alimentary canal, and the stomach is not burdened with a weight of undigested starch impeding its work.

Gross and fine disintegration of food and cardinal matters in the dietary of dyspeptics.

Mastication must be perfect else gross particles embarrass the stomach. Starch granules which have escaped the saliva interfere with the solvent action of the gastric juice on albuminoids. The dietary of dyspeptics must be conducted on the above lines; and if the dyspeptic were properly informed he could find a sufficient variety of food; but if he be told to diet himself upon a number of articles of food he soon begins to loathe them and often goes without food sooner than partake of them.

Of course there are dyspeptics and dyspeptics! Some only require to give a sufficiency of time to the process of mastication to be free from suffering. Others must eschew pastry, veal and pork. Others again have to abandon solid meat and vegetables and adhere to meat broths, with cooked

starch, malt-extracts, malted preparations, milk puddings and fish. When the stomach has been outraged or offended care is requisite for its restoration. When there is present condition of general exhaustion food will disagree which ordinarily can be taken with impunity. When a condition of acute indigestion is set up a very careful dietary for a few days is directly curative.

Ready disintegration and solubility of food constitute the base line of the dietetic treatment of indigestion.

### SORE NIPPLES.

Dr. Wilson, of Glasgow, recommends the following for sore nipples:

℞. Plumb. nitrat..... gr-xxx.  
Glycerini..... ʒj.

M.—Apply after suckling, the nipples being washed before the child is again put to the breast.

Dr. Playfair recommends:

℞. Sulphurous acid..... ½ oz.  
Glycerin of tannin..... ½ oz.  
Water..... 1 oz.

M.—Apply after suckling.

Dr. Barnes recommends:

After washing away remains of milk after nursing, smear with salve made of:

℞. Liquor plumbi..... 1 dr.  
Prepared calamine powder.... 1 dr.  
Glycerini..... 1 dr.

M.—Vaseline..... 7 dr.

—*Qr. Comp. Med. Sci.*

### CAMPHOR, CHLORAL, AND COCAINE IN TOOTHACHE.

Dr. K. Gsellfels recommends in toothache, with hollow teeth, a plug of cotton wool saturated with a mixture made by heating five parts of camphor, five parts of chloral hydrate, and one part of hydrochlorate of cocaine to boiling for some minutes. An oily liquid is obtained.

### THE USE AND ABUSE OF TEA.

A French observer has recently tabulated the evil results which, in many cases, follow the excessive use of what is now the favorite beverage of Teutonic and Slavonic nations. The list is a formidable enumeration of neurotic and dyspeptic affections, which are not the less worthy of attention because they are mainly functional disorders, tending to the embittering of existence rather than the shortening of life. English clinical teachers are somewhat divided on this question. Some make light of the alleged evils of tea-drinking, and regard the prohibition of tea as, in many cases, merely a professional fad. Others teach that the mischief, of which they admit the existence,

is due less to excessive use of tea than to the omission from the regular dietary of the really nutritive and sustaining elements. A third class regard tea-drinking as an evil almost comparable to alcoholism.

Tea has won its way to favor among civilized nations mainly, it would seem, as an agreeable nervine stimulant. As Sir William Roberts points out, in his interesting lectures upon dietetics, a crane-stimulation is one of the most marked characteristics of advanced civilization, although savage man is by no means devoid of this universal human instinct. The stimulants in common use are tea, coffee, tobacco, and alcohol—not to mention such agents as opium or *haschish*, which are perhaps less stimulant than narcotic. Of this group, tea and coffee are the favorites, as they suit the taste of both sexes; and their beneficial effects undoubtedly far outweigh the evils which occasionally spring from their abuse.

Tea is an agreeable cerebral stimulant, quickening intellectual operations, removing headache and fatigue, and promoting cheerfulness and a sense of well-being. It is known to all English speaking people as the "cup that cheers but not inebriates;" and it has long been a favorite with students, literary men, and others engaged chiefly in brain work. Tea is also a mild sudorific, and is largely consumed in hot countries, especially our Australial colonies, where it is found to exercise a cooling influence, after the preliminary effect due to the imbibition of a hot fluid has passed off. The influence of tea upon the digestive tract has not been so definitely made out, but the most recent observations seem to show that, while it somewhat retards primary digestion, it aids the absorption and metabolism of the food-elements. From such physiological facts, it is clear that tea is chiefly of service during or after physical or intellectual effort, and at the time when absorption of the products of primary digestion is in process. It cannot too strongly be asserted that tea is not in any exact sense a true food, and that its nutritive value, in itself, is practically naught.

As might be conjectured from the nature of the physiological action of tea, the effects of its abuse fall chiefly on the nervous and digestive systems. Nervous irritability, palpitation, insomnia, and sense of brain-fatigue are among the most prominent of the neurotic symptoms; and, although it is unquestionable that the symptoms are often etiologically connected with other sources of nervous disturbance as well as tea-drinking, it is not less clear that they are greatly aggravated by the excessive use of tea. The digestive symptoms are impairment of the appetite, pain and flatulence during the process of digestion and defective intestinal action—the symptoms, in fact, of one of the varieties of atonic dyspepsia. How far these symptoms are due the them contained in tea, and how far to its tannin, is a question. Sir William Roberts has shown that the most rapid

infusion does not prevent the dissolving out of a large proportion of the tannin, and we are disposed to conjecture that the digestive symptoms may to a large degree be safely attributed, not to any chemical action, but to the same cause which produces the neurotic disturbance, namely, the tannin.

The sufferers from excessive tea-drinking may be grouped into three classes.

First, there is the large class of pure brain-workers, who speedily discover that, while alcohol is pernicious to them, tea affords the stimulus which they desire. They indulge in it without fear of mischief, and often to an unlimited extent. Dr. Johnston's tea drinking was proverbial, and many distinguished writers could tell a similar tale. After a time, the neurotic symptoms enumerated above begin to make their appearance, and, in many cases, do much to impair temper, and to limit the capacity for sustained intellectual effort.

Secondly, there is the large class of women of the better classes who, beginning with afternoon tea, often end by using their favorite stimulant in the intervals between all the meals of the day, and as often as the humor takes them. The result is that appetite becomes impaired, and the prostration due to insufficient nourishment is combated with more potations of the ever welcome stimulant, until the vicious circle is well established.

Thirdly, in all our large manufacturing towns there are numbers of factory-operatives, especially women, finding it difficult to provide a cheap and appetising mid-day meal, fly to the teapot, and do large amount of severe physical labor on this miserable dietary. It is most important to impress upon this class, who are usually profoundly ignorant of everything concerning health and diet, that tea is not a food, and that the delusive sense of satisfaction which it bestows is a dangerous snare.

In addition to the above classes, there is a small group of persons to whom tea seems a positive poison. We know that idiosyncrasy accounts for the most extraordinary departures from the normal rule in matters of diet or the action of medicine; and the number of persons whose idiosyncrasy includes an intolerance of tea is considerable enough to make the subject worthy of professional attention.

Sufferers from the abuse of tea should abstain from its use, and substitute either coffee or cocoa. It will be found that many of those who are unfavorably affected by tea are equally susceptible to the action of coffee; but this is by no means universally true, and the substitution can often be made with decided advantage. Cocoa suits almost all cases, and, whatever may be its deficiencies on the score of palatability, it is a genuine food, and its modern preparations are becoming more and more elegant and pleasing to the taste.—*British Medical Journal*.

### PHYTOLACCA DECANDRA IN THE TREATMENT OF BRONCHOCELE.

Dr. J. D. Ely thus writes in the *Medical Age* :

Of course it is taken for granted that notice of any agent that is superior to iodine, biniodide of mercury, and other time-honored and much-used remedies in the treatment of bronchocele, and especially one that is free from the deleterious effect—such as iodism, derangement of the stomach, etc.—as frequently noticed and regretted of them, will be received by the profession with interest and profit.

Therefore it is with pleasure that I offer a few facts in regard to phytolacca decandra, which, I believe, is as near a specific for that troublesome disease as we have for any other.

In doing so, I wish it understood that I have tested thoroughly about all the remedies recommended by leading authors, and after comparing the effects and results of phytolacca with them, much prefer it.

It has been a favorite remedy with my father more than twenty years in the treatment of all glandular diseases.

It has never failed, in his hands, to cure all cases of bronchocele, curable by any means, upon which he has used it, and he has, because of his success, had more than the usual number to treat.

Before giving the report of a case illustrating its use, which I select from a number I have treated successfully during the past two years, it is important to note that much of the tincture and fluid extract of phytolacca on the market is worthless, and I have, from necessity rather than choice, prepared most of the tincture which I have used.

I would advise those who have given phytolacca a trial and condemned it, and any who may try it and not get satisfactory results from the article purchased, to prepare their own tincture.

The following method has always given us a reliable and satisfactory article; but before it I may note, for the benefit of those not acquainted with phytolacca, that it grows in abundance in nearly all parts of this State, and is known to most farmers by its common name, "poke root."

Procure the fresh roots, and, after washing them clean, slice and put to dry where they will get the sun, till the water is as nearly dried out as possible, then pack in a percolator—a fruit jar will answer—and cover with absolute alcohol, full strength.

(It is probable that many manufacturers of it do not get a good article because they use old, dry roots, and diluted alcohol as the menstruum.)

Let it stand at least fifteen days, press out, filter, and it is ready for use. Dose, from three to ten drops.

It should be borne in mind that it acts slowly, and is designed to, and in the doses recommended, as experience has proven, that in so using it the specific alterative effect desired is more safely and satisfactorily obtained.

Recent cases yield readily to the remedy, and are cured in from one to three months. Difficult cases of long standing, of which the following is a sample, will need treatment for a year or more :

Lizzie M., aged 16 years, consulted me June 17, 1885, for treatment of a bronchocele, the first appearance of which was noticed eight years previous. On examination, I found both glands and the isthmus involved, and so great was the enlargement that the circumference of the neck measured nineteen and one-fourth inches.

It was more uniform than generally seen, was very hard, and so tightly filled the skin that it could not be moved. Pressure upon the laryngeal nerve was so great that the patient wheezed as if suffering from asthma, and could not walk rapidly because of the interference with respiration.

She presented the characteristic appearance peculiar to scrofulous diseases, and there was history of similar troubles among the relatives.

Bowels were regular, kidneys all right, and menstruation, which had been properly established at 13 years of age, was regular, and had always been so.

I may add here that the menstrual irregularity, mentioned by some authors as always to be noticed in these cases, has not been found, by me, to exist in any I have treated, and I do not believe it is common or that the disease is, in any way, connected with disease of the reproductive organs, as claimed by some.

Recognizing this as a most difficult case, my prognosis was unfavorable; but the patient being anxious to try treatment, I consented to give it, and prescribed the following, which was used for about one year and with success :

℞. Tinct. phytolac. decand., ℥ ss.  
Syr. simplicis, ʒ iijss.

M. Sig.—One teaspoonful in water 3 or 4 times a day.

Also—

℞. Ferri dialyzati ʒ j.  
Glycerini puris.  
Syrup simplicis, aa ʒ iss.

M. Sig.—One teaspoonful in water after each meal.

Ordered applications of the tincture to the glands night and morning, to be diluted with pure rain water if it caused much irritation—as it will sometimes—and, if necessary, to discontinue it for a few days, and take plenty of outdoor exercise.

The only change noticed the first two months was that the glands had softened slightly. After that they decreased in size quite rapidly, and the improvement was marked in every respect, continuing till the neck became normal in size, the difficulty of breathing disappeared, and the patient considered herself cured, one year after beginning treatment.

She continued the application and tonic for a short time longer, at my request, however, to make



"assurance doubly sure," and to prevent any recurrence—a plan which I have always considered good, and recommend.

I have under observation patients who were treated with phytolacca successfully eleven years ago, and, so far, the cures are permanent.

In one case only has there been any return of the trouble, and that was due to the patient considering herself cured and stopping treatment too early.

It is very important, I think, to always use a tonic, when giving an alterative, and I never omit it.

I have, in a few instances where there was difficulty in getting the patient to take the separate prescriptions regularly for a long time, combined the phytolacca with the prescription containing the dialyzed iron, apparently with as good results, but prefer to give them singly, and generally do.

### THE TREATMENT OF BRONCHITIS.

This little boy, ten years of age, comes to us with a history of repeated colds. The present attack has lasted for two weeks, and is accompanied with cough and expectoration. It is important, where there is a history of repeated attacks of cough to examine with especial care the apices of the lungs, and observe whether or not there is percussion resonance above the clavicles. One of the most important signs of consumptive disease, whether of the tubercular or of the chronic pneumonic variety, is lack of resonance above one or other clavicle. In the present case the resonance above the clavicles is normal. On auscultation, I find mucous and sonorous râles. We have here a case of bronchitis tending to become chronic. This, in its origin, was acute; as a result of neglect, it has not been cured, but fresh attacks have supervened.

In the treatment of acute bronchitis, one of the first principles is to keep the patient in a warm room with a moist atmosphere. If the room be heated by a stove, a pan of water should be kept constantly boiling upon it. If the room be heated by a furnace, a wet towel should be hung in front of the register, with the lower portion dipping into a pan of water. The child should be kept in this room night and day. There is no principle in the treatment of bronchitis which is so important as this. If this be attended to, expectorants may be discarded. If this precaution be not observed, ipecac and its congeners are comparatively useless, and, in fact, their utility in any event is doubtful.

The indications in the treatment of acute bronchitis are to allay the fever, if present, and to soothe the irritated mucous membrane. The object is not to stop the cough, but only that portion which is useless. To soothe the mucous membrane and to allay nervous irritability, the remedy is opium. If there be fever, a small quantity of aconite may be given, or even a minute dose of antimony, which is better than ipecac. As a rule, it is not necessary to give much medicine during

the acute stage, provided the hygienic treatment is carried out. We shall give this child three grains of Dover's powder to be taken at bedtime. During the day he will receive a small quantity of potassium citrate with a little syrup of lemon. When the disease shows a tendency to become chronic, we must give something that will invigorate the mucous membrane and enable it to throw off the disease. The best remedy for this purpose is cod-liver oil. In this case, I should order a teaspoonful of emulsion of cod-liver oil with lime, to be taken half an hour after each meal. It would be of service to have the chest rubbed with a stimulating liniment. The ammonia and sweet-oil liniment will answer as well as anything. This may be applied three times a day, and if the child is hoarse at bedtime, a piece of flannel, on which some of the liniment is spread, may be applied to the front of the chest. The most important element, and the one to be insisted on most strongly, is that the child shall be kept in a warm room.—*Philadelphia Polyclinic.*

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## COLLEGE OF PHYSICIANS AND SURGEONS PROVINCE OF QUEBEC.

In answer to very many enquiries we beg to say, that the provisions of the proposed new Medical Act are not intended to come into effect till after January 1st, 1888,—that portion which refers to the alteration in the election of Governors will not, of course, take effect till a new Board requires election, that is, not till the summer of 1889.

### CREDIT WHERE DUE.

In the *Record* for November three articles appear, copied from the *Journal of Reconstruction* of New York, and without credit being given to



it for them. This we regret and apologize for. The articles were "The Dietary of Pulmonary Phthisis," by Dr. Loomis, page 36. "Shall patients eat what they crave," page 44. "The Milk Treatment," page 46. At page 32 same number, is an article on "The Treatment for the Vomiting of Pregnancy," which should be credited to the "Southern California Practitioner," published at Los Angeles.

#### SMALL-POX AT KINGSTON, JAMAICA.

Kingston, Jamaica, has been suffering from a severe epidemic of small-pox. On the 13th of October there was 362 cases under treatment, but under the energetic measures carried out by our friend Dr. James Ogilvie, the Health officer, the disease has been gradually declining. Under a late date Dr. Ogilvie writes us that in a few weeks the disease would be completely stamped out. Dr. Bronstorph (M.D. Bishops 1884) has been lecturing before the Young Men's Christian Association of Jamaica on small-pox and vaccination. His lecture was thought so well of, that the Association published it, and distributed it.

Lady Wilson, the widow of Sir Erasmus Wilson, died recently. The Royal College of Surgeons now becomes entitled to the legacy of \$1,000,000 left by Sir Erasmus.

The British Medical Association have decided to hold their annual meeting for 1887 in Dublin, and Dr. J. T. Banks, professor of Physiology in the University of Dublin, is the president-elect. The meeting will be held on August 2, 3, 4 and 5.

Some one has discovered certain points of similarity between a baby and a widower: he cries a great deal the first three months; after this he becomes quiet, and begins to notice; and it is with considerable difficulty that he is made to survive his second summer.

#### FORTY THOUSAND NEW DOCTORS IN TEN YEARS.

The *Medical Record* says that in the last nine years 103,598 persons have matriculated as medical students, and one-third of these, or 33,684, have become doctors of medicine. At this rate the total number of doctors for the decade will be

nearly forty thousand. For making these, the medical colleges must have received over twelve millions of dollars.

#### A CURIOUS WAGER.

The following is extracted from the *Indian Medical Journal* for July: "Two Mahometans in Hyderabad City made a curious wager the other day, which resulted in the death of one of them. The deceased accepted a challenge that he would stand facing the sun from 8 a. m. to 6 p. m. A certain day was appointed, when a large gathering assembled to witness the *tamasha*, as they styled it. The deceased took his stand, gazing at the sun from the agreed time up to 3 p. m., when suddenly he dropped, foaming from the mouth. Medical aid was soon summoned, but before assistance arrived life was extinct.

#### ON A MEANS OF RECOGNIZING THAT THE UMBILICAL CORD IS ROUND THE NECK OF THE CHILD.

Dr. F. R. Humphrys, in the *Brit. Med. Jour.*, says that in nearly all the cases of this occurrence he has come across, the mother has cried out, much the same as she would in the early part of the first stage of labor, and complained of sharp acute pain, which stands out in curious contrast with the bearing-down of the latter part of the second stage of labor (when the head is on the perineum), at which it is obscured. He has very rarely noticed this cry when the cord was not round the neck of the child.

#### TREATMENT OF INGROWING TOE-NAIL.

The *Philadelphia Medical Reporter* says that, Dr. Philip Miall writes to the *Brit. Med Jour.* that he has for many years used tannin for ingrowing nails, and does not find rest necessary. A concentrated solution (an ounce of perfectly fresh tannic acid dissolved in six drachms of pure water, with a gentle heat) must be painted on the soft parts twice a day. Two cases recently had no pain or lameness after the first application, and went about their work immediately, which they could not before. After about three weeks of this treatment, the nail had grown to its proper length and breadth, and the cure was complete. No other treatment of any kind was used, though formerly he introduced lint under the ingrowing edge in such cases.