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CHOLERA.*

A FEW PRACTICAL REMARKS ON ITS PREVENTION,
BY
R. T. GODFREY, M.D.

Having been extensively engaged in the treatment of cholera during its several visitations, it affords me much pleasure to offer the following remarks, which I trust will be found useful in the prevention of this disease. It therefore may not be out of place to state my views of the often-asked question: What is cholera? I believe the disease to be due to the entrance into the blood of a poison, animalcular in character, communicated generally through the alimentary canal by means of the water we drink. This water having been contaminated by this specific poison.

When the choleraic poison finds entrance into the system its germs multiply themselves indefinitely like all other animalcular disease, until nature in making an effort to throw off the disease, pours the serum of the blood into the alimentary canal, and, as a consequence, the blood becomes so thickened that it cannot circulate through the smaller blood-vessels. The circulation is therefore impeded, cramps ensue, followed by collapse and death.

Every casual observer must have noticed that cholera travels inland, along the different navigable

* Dr. Godfrey has kindly furnished us with the above extracts from his paper read before the Medico-Chirurgical Society of Montreal, January 26th, 1866.

rivers and canals; in its several visits to this country it has always followed this course. First going up the St. Lawrence and down the Mississippi, next adopting the opposite routes or by whichever channel the stream of emigration travelled. It has also been frequently remarked that the inhabitants of one side of a river have been decimated, while those on the opposite side have escaped. Along some of our canals it had been so fatal, that men could be obtained with difficulty to open the locks for navigable purposes.

During its visits to this city it was a remarkable fact that what might be called one of the healthiest localities, the east end, where the soil is high, well-drained and gravelly; also along the banks of the river for several milesⁿ down, where the banks are high and the locality free from stagnant water the mortality was greatest; caused by the fact that the residents drank the water that was taken from the side of the river, below where the shipping was moored and where the city drainage entered. In 1854 the new water works were completed to the south side of Papineau Square. Below this line the mortality was greatest. In this year three rafts were moored on this side of the river below the toll gate, and two on the Longueuil side; while those on this side lost nine men from cholera, those on the opposite shore did not lose a man.

These circumstances, with many others, have convinced me that cholera is propagated through the water we drink, which has been previously contaminated by diseased dejections from a cholera

patient, and I consider that this choleraic poison, when thrown into water increases its contagious power so rapidly as to affect a river for miles down.

Should the cholera again visit this city we may safely predict it will not be so fatal as on former occasions. In consequence of the supply of water from the new water-works being obtained above the source of contamination, it will be confined almost exclusively to persons engaged on the river, and who do not use the proper precautions for preventing their being affected by the water.

Presuming the disease to be taken from the water, we would naturally ask ourselves the question, what is the most simple and efficacious method of making the water fit for use and destroying the poison it contains? In reply I would say, simply, by having all water boiled before using it.

Every householder should have a jug of water that had been previously boiled and allowed to cool standing on the side-board, or in some convenient place ready for use, and should be particular that no water is drunk by any individual until it has been thus prepared. Boiling destroys all possibility of any contagion remaining in the water, no matter how infectious the water may have hitherto been. Should the plan of boiling be adopted there will not be the slightest necessity for brandy, whiskey, camphor, sulphur, charcoal or any other prophylactic being put into it.

Before closing these remarks, I may add one more hygienic observation that I trust will be useful. Where the out-buildings are in close proximity to the back of the dwellings, it will be necessary to have a ventilator of sufficient size taken below the seat of the water-closet or carried a sufficient height above the roof to secure a good draught. By observing those simple precautions both you and your patients that are not already affected will be as safe in the midst of cholera as if there were not a case within a thousand miles of you.

Gentlemen, should it be agreeable to you, I shall be happy to read on a future occasion a few observations on the treatment I have found most successful in this disease.

1360 St. Catharine St.,

MONTREAL.

Society Proceedings.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

Stated Meeting, Nov. 21st, 1884.

T. J. ALLOWAY, M.D., 1st Vice-President, in the Chair.

Dr. SUTHERLAND exhibited two pathological specimens.

1. *Myeloid Disease*, involving all the tissues of one thigh, in a girl aged 18. When first seen, the symptoms were those of sciatica; a fortnight later a small lump was felt, which, in another two weeks, had enlarged to double its size. A lance was plunged into it, as it felt like an abscess; only blood came away. About a month after, she was admitted into the hospital; but too late for surgical interference, there being no healthy skin left in the neighborhood.

2. *Heart having warty Aortic Valves*.—This was removed from a man aged 30, a hospital patient, in whose brain was also found softening of the parts supplied by the right middle cerebral artery. About ten months previous to entering hospital he had recovered from an attack of hemiplegia. In this case there was a history of repeated attacks of acute rheumatism.

Abnormalities.—Dr. WM. GARDNER described two abnormalities which he had lately come across in his practice. The first was a case of double uterus, os and vagina, the latter being divided equally by a septum. Patient was a young married woman, not pregnant. The second case was one of absence of the urethra in a sterile married woman. Where the urethra should be is a pit about one inch deep, at the end of which is an opening with a fringe-like border leading into the bladder. The opening was large enough to easily admit the finger into the bladder. She has never suffered from incontinence, except during the past few months, and then only when in the upright position.

Dr. TRENHOLME had lately seen a woman with a double vagina, os and bicornuated uterus.

Idiopathic Neuritis of the Brachial Plexus.—Dr. STEWART showed a well-marked case of this disease. The patient is a man aged 35, and, until seven months ago, when his neuritis suddenly set in, enjoyed perfect health. There is complete

paralysis of all the extensors of the fingers and hand, also of all the flexors except the ulnar, which is only in a paretic state. There is complete loss of the thumb movements. He cannot flex his forearm, neither can he pronate or supinate it. Shoulder movements normal. There is marked atrophy of the paralyzed muscles. The deltoid and the spinati are also in a state of atrophy, but it is slight compared with the wasting of the paralyzed muscles. The paralyzed muscles do not respond to the faradic current. There is both quantitative and qualitative change to galvanism. The A O Z < K S Z, while the A S Z = K S Z. The skin of the paralyzed hand is glossy, and at times presents bluish spots. There is marked *anæsthesia* in the ulnar region of the fingers and hand. All other parts are perfectly normal in their sensation. Very slow improvement is taking place from galvanism.

Tait's Operation.—Dr. TRENHOLME reported six cases of removal of the uterine appendages, with their results. The operations were made during the year ending April 1st, 1884. The similarity of these cases renders it unnecessary to give details of each, the symptoms being intense pelvic suffering directly connected with the continuance of the menstrual function. In all the cases the ovaries were enlarged and diseased; in some the tubes were also affected. The operations were made without the use of the spray, but the hands, instruments and sponges were cleansed in a weak solution of carbolic acid and water. The ligatures used were of shoemaker's white thread, No. 20, carbolized over night. This ligature has always been the doctor's favorite in abdominal surgery, and although he has tried silk he would not do so again. The plan followed was to use single ply of the thread, and where the tissues to be embraced were more than could be safely included in a single ligature, he resorted to the application of several ligatures, rather than use double or multiple thread. This thread, untwisted, is a safe ligature, never has failed in his hands, and has never given rise to any perceptible irritation, even when as many as forty or more have been left in the abdominal cavity. Dr. Trenholme also discards abdominal bandages, trusting to the deep silver sutures to secure coaptation. Horse-hair is used for the superficial sutures, the wound is dressed with carbolized gauze, and over all two or three strips of strong adhesive plaster are placed to lessen the tension on the sutures. By carefully

dividing the sheath of the rectus muscle (on either side), and not wounding the muscle itself, and also by carefully excluding the muscular tissue from the deep sutures (*a la Goodell*), we secure, as well, perfect union by first intention. This was the case with all the reported cases where this plan was carefully followed. In all these cases a slight metrorrhagia occurred on the second or third day lasting several days; also, all the patients suffered for several months afterward from flushes of heat and hot perspiration. In one case the patient had a slight bloody discharge on two separate occasions, of about 3i. each time. As to the results, cases 1 to 3 have been followed by satisfactory results, the patients being now capable of performing the household duties appertaining to their respective stations in life. In all but one of these cases the cure has been complete, and even in the exceptional one, the return to health continues to advance with progress of time, the chief impediment being due to hernia of the bowel. Cases 4 and 5 were complicated with mental disturbances. No. 4 has not been appreciably benefited by the operation. There is still needed to determine what improvement may yet take place. Case 6 is of special interest. Here suicidal mania followed long-continued disease of the uterine appendages. With the supervention of the mania, the pelvic suffering ceased. Both ovaries were diseased, and their removal has been followed by most gratifying results to patient in every way. Her mind has been greatly improved—no more mania—and her physical condition so improved that she is able to take an active part in the duties of a farm life.

In the discussion which followed, Dr. Trenholme advocated the study of mental diseases in connection with disorders of the generative organs both male and female, and said he believed a great field was opened up worthy of further exploration. He also spoke of the great benefits to society that would result from the castration of tramps and confirmed criminals.

Dr. H. V. HOWARD said he believed in a physical cause for mania. In case No. 6, operated on by Dr. Trenholme, *anæmia* of the brain may have been caused by menorrhagia. He said men have become maniacal the first night of their marriage from *anæmia* of the brain, being produced by peripheral irritation. Good food, air and exercise will cure such cases. Cases of mania produced by *anæmia* of the brain are more curable than if caused by hyperæmia.

Dr. GARDNER congratulated Dr. Trenholme on the result of his cases, and on being one of the pioneers of an operation which has attained such a good position in surgery. He had operated in four cases. One, a very difficult case, with numerous adhesions and troublesome bleeding, proved fatal from peritonitis. In two of the remaining three the result was satisfactory, but the recovery slow. The third still suffers very much, probably from pelvic inflammation, set up by a long cold drive on her way home after the operation. There could be no doubt of the propriety of the operation in cases of palpable disease of the appendages, with local symptoms, with or without neurotic symptoms sufficiently severe, and in which other treatment failed to relieve. As to cases with purely neurotic symptoms, aggravated at the menstrual periods, there is room for doubt as to the propriety of the operation. Hegar and other eminent German authorities, at the last International Congress, had declared in favor of it while Spencer Wells and others were opposed to it. The neurotic element, in many of the cases, must be recognized and treated. The successful gynecologist must also be in some measure a neuropathist. It is probable that certain cases reported cured by this operation might have been spared the mutilation, and cured by a treatment mainly tonic and neuropathic. Every gynecologist must admit that there are cases of enlarged diseased ovaries in women capable of a good deal of activity—mental and bodily. All his patients had suffered more or less from the disturbances, vascular and other, which attend on natural meno-pause. In none of them had ventral hernia occurred, but he had taken care that each patient was fitted with an efficient abdominal supporter before being allowed to leave her bed.

Dr. ARMSTRONG said he had operated twice for removal of the tubes and ovaries. His first case was a success every way, though recovery at first was very slow. His second case has fully recovered from the operation, but sufficient time has not elapsed to say what will be the permanent effect.

Stated Meeting, Dec. 5th, 1884.

T. G. RODDICK, M.D., President, in the Chair.

Dr. SHEPHERD exhibited a large tumor which he had lately removed from the left parotid region.

The patient was a woman aged 47. Tumor appeared as a small lump below the ear four years ago; it increased slowly, but was not painful until lately. The tumor, during the last six months, had grown more rapidly, and had produced some facial paralysis. There was no interference with the circulation. The tumor was partly beneath the sternomastoid, and firmly fixed by the parotid fascia. The removal was tedious and difficult, owing to tumor not being very well defined. The external carotid artery was tied, and the fascial nerve had to be sacrificed. The patient recovered rapidly, and had no elevation of temperature. On examination, the tumor was found to be a fibro-adenoma. The second day after the operation an ulcer developed in the cornea, which took some time to heal. This was probably caused by an edge of the bandage coming in contact with the open eye.

Tumor of Bladder.—The PRESIDENT exhibited a cystic papillomatous tumor which he had some weeks previous successfully removed from the bladder. A microscopic section of the tumor was shown. The history of the case is as follows:—Geo. T., age 53, was admitted into the Montreal General Hospital, Oct. 27th, complaining of much pain and difficulty of micturition, and pain over the region of the bladder, with frequent over-distension. Symptoms began ten years ago with occasional difficulty in micturition. Three years ago, noticed blood in the urine for the first and only time. At this time he made water every hour, with pain before the act; pain chiefly referred to the end of the penis and neck of the bladder. Catheterization now became frequently necessary. When admitted into hospital, made water every hour, but from a bladder distended to the extent of a couple of pints would evacuate three or four ounces. There was constant hyper-distension of the bladder, forming a distinct tumor, extending sometimes to near the umbilicus. There was great pain in the left iliac region, especially during the act of micturition, Prostate very slightly enlarged. The bladder was sounded carefully, but nothing definite could be made out. Dr. Roddick thought the case was either one of encysted stone or tumor of the bladder, so decided to explore the bladder carefully, after the manner of Sir Henry Thompson. This he did on Nov. 12th. A staff was introduced, and the membranous portion of urethra cut down upon. The finger was then introduced through the pros-

tatic portion, and almost immediately something was felt. On examining more carefully, Dr. Roddick discovered a pediculated tumor attached to one side of the neck of the bladder. This he freed with his finger-nail and extracted. The tumor was almost as large as a hen's egg. For a few days the man had some elevation of temperature, but now he was convalescent, and was passing his water by the urethra. Dr. Roddick remarked that he had several times explored the bladder as in this case, but that this was the first time he had ever discovered a tumor.

Dr. MOLSON presented to the Society two large calculi which had been lately passed by one of his patients, who had had frequent attacks of renal colic and bloody urine.

Lead poisoning.—Dr. MIGNAULT then read a paper on two cases. The first case was well marked. Patient, a young woman, came under his care at the Hotel Dieu Hospital, suffering from wrist drop, constipation, colic, and distinct blue line of gums. There was also extreme wasting of the extensor muscles, and also of the muscles of the ball of the thumb; this wasting had been rapid. The source of the lead poisoning had been traced to some pickles which the patient had eaten in large quantities three or four times a day, having been advised to do so for loss of appetite. Lead was found in large quantities in the vinegar used to preserve the pickles. There had been several similar cases in the neighborhood where the woman lived which had all been traced to the eating of pickles. In the second case, the poisoning was also due to the eating of pickles. In this case, besides the wrist-drop, blue line, colic, &c., there was marked melancholia and mental depression.

Dr. F. W. CAMPBELL looked upon mental depression as frequently present in lead poisoning. He advised large doses of iodide of potassium to be given—half to one drachm doses.

Dr. GURD explained that the common kinds of pickles were kept in glazed earthen jars before being bottled, and that oxide of lead was used for glazing the cheaper earthenware; this, when brought in contact with vinegar, was dissolved out in the form of the soluble acetate of lead, and so poisoned the pickles.

DRS. GARDNER, L. SMITH and MOLSON, each reported a case of lead poisoning. Dr. Molson's case ended fatally, and delirium was a marked symptom from the beginning. The man had been employed mixing paints for some two months, and

the attack commenced with colic, later there was constipation and mental depression, then delirium. The wrist-drop only came on during the last three weeks. Patient died of exhaustion.

Dr. JAS. BELL said that there were two kinds of lead poisoning—acute and chronic—and he had, whilst medical superintendent of the Montreal General Hospital, seen many cases of both kinds. He believed, in the chronic form wrist-drop was a remote symptom, and not accompanied by colic, as in Dr. Mignault's cases. The blue line could be caused by other sulphides than lead. He thought the rapid wasting of the muscles not a common symptom in lead poisoning, and suggested that Dr. Mignault's first case was not one of lead poisoning at all, but due to some trophic changes. It looked very much like a case of polio-myelitis of spinal cord.

Dr. JAS. STEWART asked if the deltoid muscle was affected. He said in any case of paralysis the extensors were the first to suffer, and, last of all, the intrinsic muscles of the hands. If these were affected early, he thought Dr. Mignault's first case might not be entirely due to lead poisoning.

Dr. HY. HOWARD wanted to know how the iodide of potassium acted, and the effect of the lead on the nervous system. He said: It is a remarkable fact that in all cases of muscular atrophy and paralysis of parts from poisons, so much depends upon the poison as to how the nerve centres are attacked. For example, in the case under consideration, lead poison, the highest centres—that is, intelligence—although the lowest organized, is the last attacked; the first being the afferent or peripheral sensory nerves, rendering the parts anæsthetic. Now, because the trophic nerves are paralyzed; they can no longer perform their function; and, in accordance with the natural law of waste and supply, or of evolution and dissolution, it is all waste and no supply, consequently atrophy of the part that has been deprived of its supply. The next stage is the natural consequence of the first, the peripheral nerve lesion—that is, motor paralysis—and why? Because the roots of the motor nerves leaving the spinal cord, as well as the cord itself, are supplied by these trophic nerves, consequently these parts lose their supply, and the waste causes paralysis of the motor nerves. Thus do we account for the atrophy and paralysis of a certain group of muscles from the toxia of lead poisons, and, I have no doubt, for other functional symptoms that we find in cases of lead

poisoning, remembering that all functional symptoms are due to structural cause. With regard to toxia from alcohol, it is a fact that the first organs affected are the highest nerve centres—viz., intelligence. A man first becomes a fool from the poison, than the sensory nerves become paralyzed, and he is anæsthetic—that is general anæsthesia; and the last stage of the poisoning in both is hemiplegia.

Dr. MIGNAULT, in replying, said that the symptoms of the acute and chronic forms might exist together, the one passing insensibly into the other. In the first case the deltoid muscle was apparently normal. He was certain that the muscles of the thumb atrophied early and rapidly.

Hydrochlorate of Cocaine.—Dr. BULLER, on being asked to give his experience with this new local anæsthetic, said:—On the 7th of November I commenced using the new local anæsthetic (cocaine) in operations upon the eye, and have had an opportunity of testing its merits in quite a variety of cases. Under its influence I have performed iridectomy five times, extracted two senile cataracts, removed four tarsal cysts, discision of capsular cataract twice, opening of the canaliculi twice, and operation for obstruction of the lachrymal duct once. I have always used a four per cent. solution. The results have been gratifying, but not entirely satisfactory. The first iridectomy was for artificial pupil on account of a central leucoma of long standing. Two instillations at an interval of five minutes. Ten minutes after the first instillation, grasping the conjunctiva with fixing forceps caused no discomfort. The operation was performed in the usual way. In reply to my question, "Did you feel any pain?" the patient, an intelligent man, said "No, I cannot say that I did." In iridectomy for lamellar cataract, preliminary iridectomy for senile cataract, and for acute glaucoma, I was equal fortunate. In one case of iridectomy for commencing staphyloma following ulceration of the cornea from purulent ophthalmia, the patient complained considerably of pain during the operation, notwithstanding four applications of the drug at intervals of five minutes. There was in this case an incomplete anæsthesia, ascertained by testing the relative sensibility of the conjunctiva of the other normal eye. Perhaps the still somewhat infiltrated and swollen conjunctiva had been rendered less susceptible to the action of the drug by the recent inflammatory process. In one case of senile cataract, the anæsthesia was all that could be

desired; in the other, the patient became restive before completion of the incision, and gave me a good deal of trouble before the operation was satisfactorily completed. In both, the result of the operation was perfectly satisfactory; and I may say that I have not observed the slightest ill-effect from the use of cocaine up to the present time. In one case of discision of a partially absorbed traumatic cataract, repeated instillations failed to produce any anæsthetic effect, and the patient complained of pain quite as much as if no anæsthetic had been used. The same solution had proved perfectly efficacious upon another patient a few minutes previously. It would therefore seem that some eyes cannot be rendered anæsthetic by the use of a 4 per cent. solution of cocaine. For the removal of tarsal cysts, the pain was only trifling after three or four instillations of the solution; so also in slitting the canaliculi, and was certainly diminished even in the operation of opening the nasal duct.

Dr. GARDNER had removed a urethral carbuncle without producing pain by means of cocaine.

Dr. ALLOWAY had opened a large retro-vaginal abscess painlessly with a 4 per cent. solution of cocaine.

The PRESIDENT reported a painless operation upon himself by means of cocaine. He had, in fact, pulled out one of his own double teeth. He applied a 4 per cent. solution by means of two bits of lint for some 15 minutes before "putting on" the forceps. The tooth was firmly fixed, and he only felt a slight pain towards the end of the operation.

Neuritis of the Brachial Plexus.—The discussion on this case (exhibited at the last meeting by Dr. Stewart) now took place.

Dr. HY. HOWARD said: Whether the etiology of this case be idiopathic or traumatic, or, more properly speaking, whether it be due to chemical or mechanical lesion, it is a case in proof of my theory that peripheral, or trophic, or sensory paralysis is followed by muscular atrophy and motor paralysis. This case went to prove the now established physical fact that alterations or change of animal organisms—that is, of structure—creates change of function, and that change of function is necessarily followed by change of conduct. These truisms explain how the sane man of yesterday is the insane man to-day; how the rascal of yesterday is the saint of to-day; the immoral of yesterday the moral of to-day; the irreligious of yesterday the sanctified

of to-day ; and how so many people deceive themselves, mistake structural and functional changes for supernatural cause of effect.

Stated Meeting, Dec. 19th, 1884.

T. G. RODDICK, M.D., President, in the Chair.

PATHOLOGICAL SPECIMENS.

Dr. KENNEDY exhibited some inky black sputum expectorated by a middle-aged man, a painter, who enjoys good health. He has been expectorating this black sputum for about seven years ; never much at a time, but lately is rather worse. It comes just after a slight cough, and is at first viscid. He has never inhaled carbon. There are over his body several melanotic spots. Dr. Kennedy suggested that he may be eliminating pigmentary matter from the lungs. It was not chemically examined. Dr. Kennedy promised to further investigate this case, and bring it again before the Society in the form of a paper.

Malignant Disease of the Oesophagus, causing stricture.—Dr. Ross exhibited the specimen and related the case :

J. W., aged 54, was admitted to Hospital Dec. 10th, 1884, suffering from a severe attack of acute pleurisy, with effusion, commencing twelve days before. *Previous history*—Difficulty in swallowing for six months previously, beginning with sudden obstruction in swallowing glass of hot spirits ; since then was unable to swallow solids, but could readily take liquids ; was a hard drinker, and a subject of constitutional syphilis ; no family history of cancer. Owing to patient's serious condition, no examination by bougies was made, but he stated that three months before admission Dr. Perrigo had treated him for stricture of gullet, with some benefit ; he stated also that he had lost weight rapidly since beginning of illness. Patient, from the first, was very weak, gradually sank, and died on Dec. 17th. *Autopsy*—Right pleura contained 40 ozs. thick, yellow, very turbid serum. Right lung collapsed ; surface covered with a thick sheeting of lymph ; no pneumonia. Left lung normal. Heart normal. Oesophagus, at level of bifurcation of trachea, presented a large, deep ulcer with shreddy bases measuring three-quarters of an inch by one-and-a-half inches ; edges not indurated, but rather excavated, although base is thickened and a small lump of glands beneath base were enlarged and firm, and projected into left bronchus, shewing beneath the

mucosa (which is intact) as a firm mass the size of a large bean. No secondary nodules elsewhere. No signs of syphilis. On microscopical examination, base of ulcer showed an epitheliomatous growth, the cells being arranged in columns and nests.

Dr. PERRIGO said he had passed a bougie down this man's oesophagus on two or three occasions, with relief to the dysphagia for a time.

Dr. MILLS said that German investigators had proved by experiments that a band of muscles of the oesophagus or intestines may be excited into contraction and remain so for a long time, like a tetanic spasm of a voluntary muscle.

Dr. SMITH said this patient came to see him about three or four months ago, complaining of difficulty in swallowing and cough. He diagnosed malignant disease, and sent him to Dr. Perrigo.

Dr. MIGNAULT said he had a patient, a nun, who has periodic attacks of dysphagia, which he was always able to relieve by a hypodermic of morphia. His patient, ten years ago, drank by mistake a strong solution of potash. He believes there is an old cicatrix in her oesophagus, which becomes irritated and sets up spasm.

Dr. CAMPBELL said that a duodenal ulcer will at times allow food to pass over it and at other times will not. He related briefly the history of a patient of his who died from hæmorrhage of an ulcer in the duodenum, in whose case these symptoms existed.

Dr. R. L. MACDONNELL read a paper entitled "*A Year's Medical Work in the Out-patient Room of the Montreal General Hospital,*" in the course of which he read very many reports in brief of some of the more instructive cases he had met with during the year ending May 31st, 1884, together with remarks upon the clinical features peculiar to the cases noted, as well as to those met with in out-patient practice generally. The paper included more particularly remarks upon three cases of lead palsy, in two of which no distinct history of metallic poisoning could be traced, while in the third, colic and wrist-drop had followed the prolonged use of tinned vegetables. Two patients with locomotor ataxia had presented themselves, and one of tabes in its pre-ataxic stage, symptoms present being recurring gastric attacks, one with hæmatemesis, at first supposed to be caused by alcoholism, followed by temporary derangement of vision (Argyll-Robertson

pupil), slight numbness of the feet, and loss of knee-jerk. There was a history of syphilis in all. A case of primary lateral sclerosis of the cord, in a boy aged 12, was also described.

Fissure of the Anus—Dr. KENNEDY related a case which he was treating by passing a rectal bougie. The use of hydrochlorate of cocaine renders the operation painless.

Stated Meeting, January 9th, 1885.

T. J. ALLOWAY, M.D., First Vice-President, in The Chair.

Case of Hernia, with great hypertrophy (elephantiasis) of scrotum.—Dr T. D. REED showed photographs and gave the following account:—The patient, a French-Canadian, aged 60, applied at the Montreal Dispensary recently for treatment of œdema of left leg. On examination, he was found to have a very large pyriform tumor projecting from the pubis, reaching to within one inch of the patellæ, measuring $14\frac{1}{2}$ inches in length and 30 inches in great circumference. The man had had an irreducible hernia of the right side of several years' standing, and thought the scrotum had been increasing in size for about fourteen years. The dragging of the mass, the estimated weight of which was 14 lbs., on the pubic tissues had resulted in burying the penis completely, which could be traced from a groove on the side of the tumor. Dr. Reed considered the mass to be in the upper third, hernia; in the middle hydrocele; and the lower hypertrophied scrotal tissue. There was a sinus in the solid portion from which exuded a watery fluid. The surface of this part was uneven, and the skin adherent. The patient had no difficulty with the bowels, and the belly was rotund. To urinate, the patient would elevate the mass with the hands, and pushing himself against some object, as a chair back, bring out the glands. The urine was examined for albumen, with negative result. Under treatment, the œdema of the leg diminished. Surgical interference with the tumor was refused. The patient could walk long distances at a moderate pace.

Removal of an enormous stone from the bladder.—Dr. HINGSTON exhibited to the Society an enormous calculus removed by him from the bladder by the lateral method. He said his object in doing so at so late a period was in consequence of the advocacy on this and the other side of the Atlantic of the supra-pubic method for stones of

large size, an operation which, even with Petersen's modification, he considered a serious one. He said the *Medical News* of Philadelphia had mentioned the removal of a stone weighing three ounces by the supra-pubic as worthy of record; and Sir Henry Thompson, in the *British Medical Journal* for July, had stated; "no incisions can be made in the region which belongs to that operation" (the lateral) "through which a calculus of three ounces or more can be extracted." The calculus Dr. Hingston exhibited weighed five ounces and five drachms when removed in July, 1873, by the lateral method. It was a somewhat flattened ellipse, and measured in breadth, $2\frac{1}{4}$ inches; length, $3\frac{3}{8}$ inches; thickness, $1\frac{1}{4}$ inches; greatest circumference, 9 inches. It was composed of uric acid, with one end covered with a half-inch coating of phosphates. The patient, a young man, 21 years of age, made an excellent recovery, and returned to his home in Syracuse, in the State of New York.

Dr. WOOD exhibited a man with only one leg, the tibia of which, he thought, had had a piece knocked off by the man's having fallen on a shovel.

Dr. HY. HOWARD said it was difficult to be sure, as everything was healed up, and there was no other leg to compare it with.

Dr. ALLOWAY related the history of a case which he stated was of more interest from its extreme rarity than of serious importance to the patient. The patient, a young married lady, mother of two children, youngest about four years of age, consulted him about one year ago concerning a pain in her right side, backache, and general decline in health. On making a vaginal examination in Sims' position, a large cyst-like, bluish body occupied the whole of the posterior fornix space, and so overlapped the vaginal portion of the cervix and os uteri that it was with difficulty the cervix and os could be at first discovered. The cyst proved to be purely submucous, and its fluid contents separated the mucous membranes from the submucous tissues from a point extending from the os up the posterior surface of the vaginal cervix, and down a short distance on the posterior vaginal wall. At this time there was a slight catarrhal condition of the cervix, but no evidence of there having been ulceration or previous attack of pelvic inflammation. He kept the patient under observation for nine or ten months, and observing no change having taken place in the cyst during that time, concluded that it probably resulted from injury

incurred during the last confinement, and had existed ever since. From its size and position, it was quite possible for it to have acted as a bar to conception during all this time. A piece of the wall of the cyst on the cervix was removed with the scissors, and about an ounce of greenish limpid serum escaped. The fornix and vagina were packed with cotton, and the patient kept in bed for a week. There is a slight discharge of serum yet, and it may require, at some future time brushing over internally with iodine or other irritant to complete the obliteration. The abnormal symptoms complained of at the time by the patient have disappeared. Dr. Alloway exhibited a diagram showing the position of the growth, and said he had never met with a like condition, nor had he been able to find such an one recorded.

Stated Meeting, January 23rd, 1885.

T. J. ALLOWAY, M.D., First Vice-President, in the Chair.

PATHOLOGICAL SPECIMENS.

Broncholiths.—Dr. SMITH showed two small calcareous masses about the size of half peas which had been expectorated by an old man having senile catarrh. He has been expectorating four or five of these daily for the past eight or ten years.

Dr. BELL said he thought these little masses may have come from calcareous bronchial glands similar to some he has met with in the post-mortem room of the General Hospital.

Large Tonsillary Calculus.—Dr. SMITH removed this from a boy aged 10 years. It weighed forty grains and measured 2 by $1\frac{3}{4}$ inches.

Dr. BELL said he had removed a calculus from Wharton's duct which had caused so much inflammation as to mislead some other doctors into believing the patient had malignant disease.

Uterus with Fibroid Tumor; Tait's Operation.

—Dr. TRENHOLME exhibited the specimen and related the case. The uterus was removed, post-mortem, from a woman aged 30, upon whom he had performed Tait's operation on the 7th of this month. She had suffered for years with pain on the left side and dysmenorrhœa in spite of all treatment. An examination revealed a uterine fibroid of the left side, with an enlarged ovary, and the parts about were thickened. Before the anæsthetic was administered a hypodermic injection of 1-6 grain of morphia and 1-1000 of atropine

was given. The operation was a difficult one. There was an inch and a quarter of adipose tissue before the sheath of the rectus was reached. When the hand was got in, a membrane was felt, which was perforated by the fingers. The right ovary, twice its natural size, was first removed along with the tube. It was much more difficult to get the left into view. It was removed (not enlarged) with but the fimbriated end of the tube. There was smart hemorrhage, which was, after a time, controlled, and the wound brought together. Peritonitis set in twelve hours after. In forty hours it was thought there might be fluid, so the wound, which had healed completely, was opened, when five or six drachms of pus escaped. The wound was left open and the pulse improved for a time, but she died 76 hours after the operation. She had urinated naturally, but there had been no escape of flatus. She died from peritonitis and septicæmia. Drs. Armstrong, Wood and J. J. Gardner were present at the post-mortem. The uterus was found anteflexed, and on its left cornu was a small fibroid tumor.

Dr. J. J. GARDNER, who performed the post-mortem, said there were the signs of a general peritonitis; pus was all over the intestines. Both sides of the omentum were adherent to Poupart's ligament. The perforation made by Dr. Trenholme was seen.

Dr. CAMERON, who assisted Dr. Trenholme, said there were present evidences of previous inflammation, and that a great deal of handling and forcing were needed. The situation of the tumor and the adhesions made it difficult to sponge all the blood out. The fibroid tumor, from its situation, made it at first appear as if they had a double uterus to deal with.

Dr. STEWART asked why a drainage tube was not used.

Dr. TRENHOLME said he had never yet used one. He would have used it in this case, but thought it was not needed.

Dr. STEWART said it was the practice for surgeons who do not use full antiseptic precautions to use a drainage tube. This patient died from suppurative peritonitis.

Dr. HY. HOWARD asked if a surgeon would not be justified in staying his hand from proceeding further when so much difficulty and danger presented themselves.

Dr. W.M. GARDNER said that if adhesions con-

traindicted operation, only about half the cases operated on would be attempted.

Dr. ALLOWAY remarked that this case showed how difficult it was to prevent sepsis in cases where old inflammations existed. The symptoms here tally with Emmet's views, viz., that the dysmenorrhœa is due to a parametritis.

Ovarian Cysts from a case of Double Ovariectomy.—Dr. GARDNER exhibited the sacs of the two cysts removed by him from a woman aged 31, unmarried. They were of slow growth and began on the right side. The only distress had been pelvic pain. The right side of the abdomen was distended to about the size of an adult's head. The left tumor was the size of an orange, and the uterus lay between them. The first cyst was easily managed. It was much more difficult to get at the second, as it lay below and behind the uterus in Douglas' fossa, and was adherent to the uterus. It burst, and the contents being a tarlike fluid it was not easy to remove it all. Warm carbolic acid solution was used, but did not dissolve it. The fluid in both cysts was of a dark-brown color, from old hæmorrhages into them. A glass drainage tube was used. Patient died the third day of peritonitis. No pus escaped till the very last. About two ounces of bloody serum came away each day. The operation was performed under strict antiseptic precautions. It is the experience of all that long operations are very fatal. Sir Spencer Wells' percentage of deaths in double ovariectomies is 34.15. Mr. Lawson Tait's figures give a better shewing.

Dr. Alloway exhibited a *decidual cast of the uterus about twenty days old*. The points of interest where the distinctness with which the embryo-formation could be seen through the membranes, and the formation of the decidua reflexa as it arched over the ovum-sac, but which had not been quite completed, leaving a transparent facet looking towards the interior of the uterus and through the membranous walls of which the embryonic cell formation could be distinctly seen. Dr. Alloway drew attention to the evidence this specimen bore towards the correctness of Costa's views in regard to the formation of the decidua reflexa.

A LOCAL ANÆSTHETIC.

Dr. LAPHORN SMITH read a paper on the use of a mixture of about equal parts of chloral hydrate and camphor as a local anæsthetic. He stated that when placed in the solid form together in a bottle they soon produced a clear, thick liquid,

which, when applied on a piece of lint, covered with oil silk, to a painful surface, complete analgesia resulted. He reported three cases in which he tried it with good success. The first was a whitlow of the finger, which the patient refused to have opened. Shortly after applying it the pain disappeared, and three days later it was lanced and the pus let out without the patient, a young lady, experiencing any pain whatever. The second case was a very painful bubo, which completely disabled the patient, a gentleman, from doing his work. The mixture of chloral hydrate and camphor was applied frequently on a piece of lint, with the result that a few hours after the first application he was so much relieved that he returned to his duties next day, and fluctuation becoming evident a few days later, it was opened, the operation causing only about a quarter of the usual amount of pain. The third case was an operation for the removal of a large sebaceous cyst of the face, which was removed after the frequent application of the local anæsthetic for several hours previously by means of a brush.

The incision in the skin was almost painless, but it produced no effect upon the deeper structures to which the cyst was firmly adherent. The action of the anæsthetic is much less marked on healthy than on inflamed and painful skin.

Dr. REED was familiar with the compound. G. E. Saunders of Montreal had shown that this is a simple mixture of the ingredients, and not a true chemical compound. Dr. Reed would suggest the solution in chloroform as a topical application.

Dr. STEWART had used a mixture of chloral and camphor for neuralgia, but now uses menthol.

Dr. GURD has found an ointment made by mixing half a drachm each of camphor and chloral hydrate to one ounce of lard of great benefit in pruritus.

Correspondence.

OUR NEW YORK LETTER.

A VISIT TO BLACKWELL'S ISLAND. THE LYING-IN HOSPITAL.

SIR,—Would your readers like to go with me to Blackwell's Island? If so, we will take the little boat called the *Wickham*, at the foot of East 52nd St., and land at the home of the pregnant, the abode of those whose sins have wrought their misery, (those affected with venereal disease), the place reserved for those who have violated the civil

code of ethics (the work house), the insane asylum and the pest house for smallpox, etc. I will spare you the visit to the last, and waive the visit to the work house and asylum until another time.

As we enter the obstetric wards we see a very much crowded but clean place, where women are admitted after the 4th month of gestation. Here their urine is examined from time to time and their general health attended to. As they near the time for labor an examination is made by touch and auscultation of foetal heart to make out, if possible, the position of the foetus. When labor has actually begun the woman is removed to a solitary ward in a solitary cottage; she is placed in a cot; her abdomen, thighs and external genitals are bathed in a 1 to 2000 solution of corrosive sublimate, her labor, if normal, is allowed to proceed until the head begins to press upon the perineum, when chloroform is invariably administered and the head delivered, between pains if possible. Ergotine is then administered, an assistant compresses the womb over the abdomen, and if the placenta be not delivered spontaneously in twenty minutes, he, by external manipulation, assists in its delivery.

If the introduction of the hand into the uterus were, for any reason, necessary, disinfected though it be, the organ is washed out with the corrosive sublimate solution by means of a fountain syringe. I will say here, however, that their last rule, although not expunged from the written regulations which govern the ward, is frequently transgressed, from the fact that several cases of salivation have occurred from the procedure. If, however, no such introduction of the hand has been resorted to, or if instruments have not been necessary, a piece of lint moistened with corrosive sublimate solution is placed over the vulva, over that a piece of oiled silk, and then oakum wrapped in a napkin is applied, so that it will absorb the discharge. This napkin is attached to the bandage and changed three times a day. Half a teaspoonful of fluid extract of ergot is given three times a day for a week, otherwise no interference is made if the discharge remains odorless and the temperature normal. If any signs of septicæmia develop the uterus is washed out with a solution of carbolic acid, using the fountain syringe and a single catheter. These injections are repeated every 3 or 4 hours until all septic symptoms have disappeared. Peritonitis is treated by morphia, and the application of the coil through which iced water passes. If at the end of nine days the woman is doing well she is returned to the ward from which she came, where

she remains in bed another week. The cottages in which the woman is placed after confinement have beds for five or six patients. These cottages are disinfected every two weeks; they are closed air tight and ten pounds of sulphur are burnt in each. After twenty-four hours they are fit for use.

I give these bare facts without any comments, more than to say that they about represent the status of the profession in this city at the present time, in this particular. And when I tell you that they have reduced the death rate (which has been as high as 15 per cent.) to almost nothing you cannot doubt but that there is *something* in obstetric antiseptics.

We will now pass into the venereal ward, not, however, so much for the purpose of learning the signs, symptoms and pathology of venereal diseases (for there has been little change in the teaching on those points), as to acquire a knowledge of the latest and most approved methods of treatment. As far as I can learn, more importance is attached to irrigation of the urethra than to any other remedy for gonorrhœa. A bottle containing a gallon of warm water is placed near and slightly above the patient. A catheter (about No. 6 in size) is introduced to the membranous portion of the urethra. To this instrument a tube passing from the faucet of the bottle is attached, and the water is allowed to run *ad libitum*. I think that the longer this is kept up and the oftener it is performed the more sure and speedy will be the cure. Chancroids are, as of yore, cauterized and dressed with iodoform. The chancre of syphilis is simply kept clean and dusted with calomel, and if the sore heals kindly no internal remedies, save such as might be indicated to put the patient's system in good condition to resist the disease, are used until other symptoms present themselves, and then the favorite remedy is the famous "pil. duo" which consists of one grain of sulphate of iron and two of blue mass, given three times a day. When, again, these symptoms have subsided the medicine is dropped. To make a long story short, instead of two years of mercury the symptoms alone are treated. There is much logic in this plan of dealing with syphilis, but all will admit that it is easier to carry it out in hospital than in private practice, especially when it is known that the much-dreaded rash may be prevented or masked by continuous treatment from the date of the initial lesion.

Blackwell's Island is well designed by nature for the purposes for which it is employed. The

winds and the waves are nature's best scavengers. In my next letter, although I shall probably date it among the fogs of the English metropolis, I shall try to give you an idea of the treatment of wounds, surgical and accidental, as carried out by the principal New York surgeons.

W. P. S.

122 East 27th St., New York.

Progress of Science.

PALATABLE PRESCRIPTIONS.

Dr. John L. Davis at a recent meeting of the Cincinnati Medical Society read an interesting practical paper, which we find in the *Lancet and Clinic* of that city. We reprint below the most important portions of the article. Dr. Davis says :

It is with the view of suggesting agreeable and appropriate vehicles for some of the most repulsive drugs that I offer the following prescriptions. They are the result of a great many experiments and most of them I have used in practice and can recommend as the best combinations possible without modifying the drug in such a way as to affect its action. I have attempted to marshal these unruly drugs under something approaching order; though I confess the classification is far from being a perfect one. A few drugs of each class will suffice to illustrate how the whole class may be improved.

1. *Bitter Drugs.*— These comprise a very large class of unpalatable medicines : the climax of bitterness is reached in the cinchona bark. The best prescription for masking the taste of quinine is :

℞. Quiniæ sulphatis..... gr. xxx.
Tinct. aurant. cort. recentis..... ʒ ij.
Ext. glycyrrhizæ fl..... ʒ vj.
Syr. simplicis..... ʒ j.

Or it may be given with the aromatic syrup of licorice. Simply chewing a piece of licorice root before and after taking the quinine will very effectually hide its bitter taste. The same methods for administration apply equally well to most other bitter medicines. In the *American Journal of Medical Science*, Dr. Samuel Ashhurst of Philadelphia describes an agreeable method for the exhibition of cinchonia. He uses the alkaloid rather than the more usual sulphate ; for, while being equally soluble in the stomach, it is less so in the saliva, and consequently its bitterness is less marked than that of the sulphate. His prescription is :

℞. Cinchonixæ..... gr. j.
Sac lactis..... gr. iv.
Sodæ bicarbonatis..... gr. v.

The soda renders the alkaloid less soluble in the mouth, while the sugar of the milk gives it an agreeable, sweet taste. Children take this powder without the least aversion.

The thick, viscid elixir of taraxacum is also a valuable vehicle for the administration of medicines. And finally it may be said of these, as of all medicines, that if taken very cold, or if a piece of ice is taken into the mouth immediately before the medicine, the objectionable taste will be less marked.

2. *Salty and metallic drugs.*—A large class of unpalatable drugs is included under this head. The best prescription containing iodide of potassium is the following :

℞. Potassii iodidi..... ʒ iij.
Tinct. aurant. cort recentis..... ʒ j.
Ext. glycyrrhiz. rad. fl..... ʒ j.
Syr. simplicis..... q. s. ad ʒ iij.

Of this each teaspoonful contains five grains, and the iodide is so perfectly disguised that persons who have been accustomed to its use fail to recognize its presence. For this combination I am indebted to Mr. Julius H. Eichberg, the skillful and efficient druggist of the Cincinnati Hospital. The vehicle is eligible also for the administration of the bromide of potassium. A syrup of coffee is highly recommended to hide the taste of the iodide—fifteen grains to the ounce. The same vehicle can be used for the bromide, except in cases where the stimulant effect of coffee is to be avoided.

A simple and somewhat effective way for administering the iodide and bromide, as well as salicylic acid, is in milk—ten grains to the ounce. Another mode for giving these drugs is to use as the vehicle slightly alkaline carbonated water, either natural or artificial.

The syrup of the iodide of iron is a useful medicine, which is best given simply with the fluid extract of licorice root : this is preferable to the ordinary succus glycyrrhizæ. A medicine peculiarly disagreeable to many persons from its bitter salty taste is magnesium sulphate. The following prescription offers an elegant means for its administration :

℞. Magnesii sulphatis..... ʒ ij.
Acidi sulphurici..... gtt. v.
Glycerinæ..... gtt. v.
Aquæ..... q. s. ad ʒ j.

Half of this, in a glass of water constitutes an agreeable dose of an ordinarily repulsive substance. By the addition of a drop or two of mint the mixture becomes not only palatable but attractive.

3. *Astringent drugs.*—Tannin is the representative of a class of remedies repulsive by reason of an astringent, acid taste. This may be materially improved by the addition of sugar of milk and aromatic powder. I have also ordered it with powdered licorice, which materially improves the taste. Salicylic acid may be given

in powder the same way. When alcohol is not objectionable, the following combination will be found useful and agreeable :

- ℞. Acidi salicylici..... gr. viij.
- Spir. vini Gallici..... M xl.
- Syr. acaciæ,
- Syr. limonis.....aa. M x.

Chloral, besides having an acrid taste, is burning and penetrating; and these qualities make it a most difficult substance to disguise. I have seen some alleged palatable prescriptions of this drug, in which the only thing disguised and perfectly hidden was the aromatic vehicle, the taste of the chloral being apparently reinforced and concentrated. The best combination containing this drug is a suggestion of Mr. Eichberg. It is thus :

- ℞. Chloral hydratis.....gr. v.
 - Glycerinæ..... ʒ j.
- Or, it may be still further improved thus.
- ℞. Chloral hydratis.....gr. xx.
 - Glycerinæ..... ʒ ij.
 - Ext. glycyrrhыз. rad. fl. ʒ j.

Each drachm of which contains six and two-thirds grains of chloral. These same vehicles may be used in giving croton chloral hydrate, a remedy which is remarkably beneficial in some cases of facial neuralgia.

Another convenient and agreeable vehicle is syrup of raspberry, a drachm of which covers the taste of three or four grains of chloral.

4. *Ethereal drugs*.—The syrup of raspberry is also valuable to conceal the disagreeable character of sweet spirits of nitre; when taken with this syrup in soda water, the drug is not tasted.

Sulphuric ether is best given on a lump of sugar; chloroform has a hot, burning taste, which is best modified by an emulsion; or it may be given with a large quantity of simple elixir.

5. *Odorous drugs*.—A certain class of drugs is disagreeable more from odor than from taste. Such are carbolic acid and creasote, very repulsive to some persons. The unpleasant character of the former is fairly hidden by simple elixir, five grains of the acid to the ounce. The best way to give creasote is with simple elixir or syrup and Madeira wine.

Iodoform has a very objectionable odor, and one method for disguising it is the addition of tannin. The compound has a less disagreeable odor than iodoform, but this improvement is effected by destroying the iodoform by the formation of a different substance. Such prescriptions of iodoform are improper. The offensive odor may be removed by the addition of various substances, without affecting in the slightest the physiological action of the drug. The best combinations are the following :

- ℞. Iodoformi..... ʒ j.
- Nitrobenzol.....gtt. iij.
- ℞. Iodoformi..... ʒ j.
- Ol. myristicæ.....gtt. ij.

- ℞. Iodoformi..... ʒ j.
- Eucalyptol.....gtt. iv.

All of these prescriptions are excellent; the disagreeable odor is perfectly removed; while the properties of the iodoform remain unaltered. Some samples of these combinations prepared two years ago show as yet no trace of the odor of iodoform, though the activity of the drug is unimpaired. The odor may also be hidden, though less effectually, by oleum myrciæ (oil of bay) and tonka bean, or its active principle, coumarin.

Nitrobenzol constitutes an agreeable cover for the odor of turpentine. The following is a prescription which I have used :

- ℞. Ol. terebinthinæ..... M x.
- Mucilage acaciæ syrupi..... m xxv.
- Nitrobenzol.....gtt. j.

In some cases turpentine may be best given in pill form. And the same may be said of many of the resins and gums.

Assafetida is a substance which the Persians use as a condiment, to give their food a pleasant taste. Personally I should prefer to take it in a gelatine-coated pill, which is the least disagreeable method for its administration.

Given in liquid form, it is an exceedingly repulsive drug, whose odor and taste cannot be effectually covered. By the addition to the tincture of a drop or two of oil of orange, and a few drops of aromatic sulphuric acid, its nauseousness becomes slightly less obtrusive. This is somewhat preferable—if there can be a choice in repulsive things—to the ordinary emulsions and mixtures containing licorice, tincture of orange, mint, etc.

Ipecac has a repulsive, acrid taste, even as syrup. If, however, instead of sugar, glycerine is used in making the syrupy mixture, the objectionable features are materially improved.

6. *Oils*.—Such oils as that of copaiba are best given in capsule. But some persons are so constituted as to be unable to swallow capsules, and for such our only refuge is found in emulsions, such as that of bitter almonds flavored with an essential oil.

Castor oil is most easily given with an equal amount of glycerine, and a drop of oil of cinnamon to the ounce. The oil is not recognizable, and the mixture has only the hot, sweet taste of glycerine, agreeably modified by cinnamon. This is the best way to give this valuable medicine to children. It is also readily taken by children when mixed with coarse brown sugar, and having the mass made firm by placing it for a few minutes on ice (*Berl. Klin. Wocheg.*)

A method for its exhibition suggested by Dr. Potain (*Le Practicien*) appears to answer the purpose. A spoonful of orange juice is poured into a cup, then the oil is added, and finally another spoonful of orange juice. When swallowed the presence of the oil is completely unrecognizable.

The following elaborate prescription has been

suggested : In a tumbler pour six drachms syrup of sarsaparilla, then add ten grains of bicarbonate of soda, and stir. Add then one fluid drachm of a saturated solution of tartaric acid ; the reaction will cause a heavy, viscid froth. Then pour an ounce of water gently down the side of the glass, so it will reach the bottom with the least disturbance of the other ingredients. Finally, the oil is to be added without agitation, and the mixture taken. It is undoubtedly perfectly palatable, but its preparation demands an unreasonable amount of work, and it is not practicable. Another very palatable mixture is open to the same objection :

℞. Ol. ricini..... ʒ j.
 Ol. alii,
 Chloroformi..... aa gtt. x.
 Shake, and add mucilag. acaciæ. ʒ ss.
 Shake again, and add water..... ʒ ss.

By far the simplest and most eligible palatable prescription containing castor oil is that made with the addition of glycerine, with or without cinnamon.

A very nauseating and unpalatable medicine is cod liver oil. Many attempts have been made to cover its taste. One of the easiest methods for its administration is with the yellow of an egg, a drop or two of an essential oil, and half a glass of sweetened water ; or it may be given with glycerine and whiskey, or glycerine and compound spirits of lavender. The oil may be much modified, and, to some tastes, improved, by the addition of ten drops of the tincture of eucalyptus globulus to the ounce.

The following method for making a palatable preparation is worthy of consideration and investigation ; I have not tried it, but the theory appears plausible :

Take of Cod liver oil 1,000 parts.
 Coffee..... 50 "
 Animal charcoal..... 25 "

Place in a well-closed flask, and digest on a water-bath for one hour. Set aside for three days, occasionally shaking ; then filter. The oil is then said to have an agreeable coffee flavor and a pleasant odor. (Carlo Pavesi.)

The medicines I have mentioned are those ordinarily most difficult to administer. I have spoken of them as we have them, without attempting any other improvement than can be made by the addition of various substances. But in most instances our medicines may be made still more agreeable by concentration, and by the use of the active principles, as the alkaloids of drugs.

And in some diseases, too, it will be found that medicine may be made not any less discomfoting to the patient, but of greater benefit, by giving it in smaller doses than are now common, though more frequently repeated.

A CLINICAL LECTURE ON REMEDIES FOR ASTHMA.

Delivered at the City of London Hospital for Diseases of the Chest.

By JOHN C. THOROWOOD, M.D., F.R.C.P.,

Senior Physician to the Hospital.

As a matter of observation and experience I find that persons, from the high to the low, are disposed to regard asthma as a complaint to be endured rather than cured. In support of this statement I can bring forward the sayings of paupers in the workhouse, and of more favored people enjoying time-honored titles and living in the best parts of London. Reflect, however—Are we worse off in our chances of curing asthma than we are in respect of many other chronic diseases? Is epilepsy often cured? Then gout again—"Strange thing," people sometimes say, "but the doctors can find no cure for gout." Pulmonary consumption is not so curable as we could wish, and there are, to my present knowledge, cases of skin diseases that baffle all the best therapeutic talent in London and many other large towns. The curative action of drugs is more critically tested in chronic than in acute disease. Diseases of an acute type, such as pneumonia, measles, &c., usually tend to a natural recovery, while with chronic disease the tendency is just the other way. Chronic disease slowly grows, as it were, into the very constitution of the patient, so that the disease appears to become a part of his very being, and he gets to regard it as his companion for life, accepting gratefully such remissions as circumstances or the art of the doctor may from time to time obtain for him.

Spasmodic asthma, though by no means a dangerous disorder, is cruel in the way it deals with its victims. Asthmatics are usually persons of ability and strong nervous energy, and often in the midst of daily and successful work, are seized upon by the asthma, and after a hard day's work the sufferer has to pass a night sitting up in bed, gasping for breath, and inhaling all manner of smoke and vapor in order to obtain ease for his respiration. In the morning generally the spasm remits, and then comes the routine of daily work after the preparation of such a night as that I have portrayed.

Therapeutic experiences in asthma can be obtained in an interesting form from the life-histories of some of the physicians of years long passed away. Floyer, who wrote on asthma in 1717, and who seems to me to have known almost as much of the mechanism and nature of the complaint as we do now, was a great sufferer. His medicines were chiefly of the evacuant class ; of anti-spasmodics he does not appear to have had a very high opinion. General Gent, on the other hand, who in 1802 introduced the use of stramonium smoke as a means of relief for his asthma, believed in its anti-spasmodic power as formerly, and resorted

to it so freely that he is said to have fallen a victim to the excessive use of his favorite remedy.

An intimate knowledge of pathology does not appear necessary or essential to guide us to a selection of a remedy for asthma. When we review the large number of remedies that find and maintain a good repute with the public for the relief of the asthmatic fit, such as Himrod's powder, Joy's cigarettes, the ozone paper of Huggins, and the like, we do not find the inventors of these much-prized remedies to have been men distinguished in pathological research. Nevertheless, it will help us in choosing a medicine to bear in mind that asthma is a spasm of the bronchial muscles which surround the smaller air tubes, with simultaneous congestion of the bronchial mucous membrane. The expiratory character of the dyspnoea in the case of old asthmatics with rounded chests should also be borne in mind. Very often such a patient will volunteer the statement that the difficulty is to get the air out of, not into, the chest. Sometimes we see spasmodic asthma coming distinctly as a secondary affection upon bronchitis. This may be called bronchitic asthma. I briefly indicate these distinctions, inasmuch as they bear on the matter of remedies for asthma with which our present purpose lies. The climatic treatment of spasmodic asthma can be soon disposed of in the purely spasmodic form of the complaint where the patient goes to bed in excellent health, and then is taken about three or four in the morning with sudden constriction of the chest, so that he has to sit up with his head bent down on his knees and gasp for breath, the best advice to give is to tell him when he comes to a place in which he finds he can sleep peacefully all night to stay there, for it is notorious that the finding of a fit climate for these cases is a matter of pure experiment. Many curious tales are told of the vagaries of asthma in seizing severely on one asthmatic on the very same spot where another is rejoicing in having escaped from his harassing enemy. Dr. Birkett relates the curious case of two asthmatics, one of whom could only breathe in London, the other could only breathe at Norwood. If they attempted to go, the one to Norwood the other to London, they were stopped on the journey by asthma. And very curious they were both stopped at the same spot, which was Camberwell Green. Individuals whose asthmatic seizures are caused by or essentially associated with, irritative bronchitis, have their line of climatic treatment more definitely marked out, for I believe I am correct in saying that these cases of bronchitic asthma will do well, and find their lives lengthened and more enjoyable in a place possessing a mild and equable climate, and in air that is not dry and exciting. Torquay and Bournemouth, Ventnor and Hastings are good resorts; especially during the Autumn and Spring months. I have heard of the case of a patient who was attacked by a severe bronchitis with much spasm during a bad London fog. He got no relief till he went to St. Leonards. While there he

coughed up much dark sooty-colored expectoration and recovery went on rapidly. The soothing air of St. Leonard's relieved the spasmodic state of the bronchial muscles; they were enabled to act rhythmically and so to clear the lungs of all the foulness of the London air that was clogging and oppressing them.

When we seek to relieve the urgent dyspnoea of asthma by inhalations, we generally use substances that have been found to act locally as relaxors of spasm. Chloroform cautiously employed is pre-eminently useful in giving prompt relief to the asthmatic fit. It is superior to and less dangerous than the nitrite of amyl, but the danger is that the patient becomes too fond of the chloroform, for the way in which I have known chloroform consumed by asthmatic men and women, has more than once caused me real alarm and apprehension. If nitrite of amyl be employed two or three drops should be inhaled from lint, and if the breathing be noted to become slower and deeper it will be a sign that the inhalation is likely to relieve before long.

Iodide of ethyl, or iodic ether was introduced as a remedy for asthma in 1870, by Mr. Huette. Our experience of its use in spasmodic asthma at this hospital has been favorable. Six or eight drops of the iodic ether may be inhaled from a piece of lint held on the palm of the hand. A former clinical assistant, Mr. MacDonald, was able to detect the presence of iodine in the expectoration, and also in the urine of those who had inhaled the iodic ether. In the dyspnoea met with in fibroid phthisis, and in old-standing bronchitis the iodic ether certainly is beneficial.

In the case of Annie E., æt. 16, from Tunbridge Wells, we found the sudden attacks of asthma to be decidedly relieved, and the frequency of their recurrence diminished, by the inhalation of ten drops of iodic ether as soon as the breath difficulty commenced. The cough was also relieved, and expectoration facilitated. The note speaks of nitrate of pilocarpine, gr. 1-24th, lobelia, and citrate of caffeine, given internally, not appearing to afford an amount of relief equal to that obtained from the iodide of ethyl.

Burning nitre paper fumes are so well known as a time-honored remedy for the asthmatic fit that I need say but little on the subject. The more sudden and spasmodic the attack the greater is the chance of relief from the nitrous fumes; and these must be furnished abundantly till the atmosphere becomes unbearable to a person whose lungs are healthy, for then it is that the asthmatic sucks in the medicated air with comfort and relief. Analysis of the nitrous vapor has proved in it the presence of cyanogen, nitrogen, carbonic acid and ammonia; whether the specific action of the paper when burnt is due to one of these bodies more than another I cannot say.

The nitre paper has been medicated in various ways and the addition of some iodide of potassium as in the ozone paper of Huggins is an advantage.

In cases of bronchitic asthma where there is some amount of actual bronchitis present in the air tubes, burning nitre paper often aggravates the distress of the patient. It is in these cases where iodic ether answers much better than the nitrous fume, and where preparations of arsenious acid or phosphorus internally are very effectual remedies. Of anti-spasmodic powders and cigarettes for inhalation there is an endless variety known to most of those present. Slade's stramonium cigarettes, and Savory and Moore's datura tatula cigarettes and powder, answer well in cases where there is much spasm and great inspiratory dyspnoea, as if the lung was closed and wanted opening. Belladonna and lobelia powders are also valuable anti-spasmodics. The celebrated Himrod's powder, so much used for asthma, does not seem to contain stramonium, probably it contains belladonna. The objection to these fuming powders and cigarettes is the dryness of the throat and headache, which so commonly follow their employment.

Of internal remedies I am bound to speak well of caffeine, usually, given in the form of what is known as citrate of caffeine, though chemists say there is no definite combination between the citric acid and the caffeine. Dr. Fowler, of Wakefield, first drew my attention to this citrate of caffeine, in 1878 on account of its marvelously curative action in his own case after the failure of an immense number of remedies. The citrate is best given in dose of 1 to 5 grains dissolved in warm coffee, and it very seldom fails to give relief to the asthmatic paroxysm. We want more investigation as to the mode of action of caffeine. M. Leblond says it regulates the heart, augments its force, promotes diuresis, and is safer and more certain in action than digitalis. In poisonous dose it is said to paralyse the medulla. While I find much said in English and French works on the value of caffeine in cardiac dropsy, I do not find anywhere mention made of its great power in relieving asthma. (a) I have heard of as much as sixty grains of citrate of caffeine, taken by mistake, producing muscular tremors, vomiting, and rather alarming symptoms, which were relieved by digitalis. The only case in which I have actually seen serious symptoms, follow on the use of caffeine was in the case of a young medical man, who had severe attacks of dyspnoea, resembling asthma. To him I gave one grain of citrate of caffeine, the effect was at once to relieve his breathing, and he was rejoiced at the speedy action of the medicine; but soon there came on a most deadly faintness, from which he was with difficulty restored. At the time one could not help thinking the caffeine might have been the cause of this faintness, but more extended observation of this case showed me that without warning very alarming fits of syncope at times attacked this patient, and I heard that he eventually died in one of these seizures. The case was one of those that now and then come

under notice as cases of asthma, but which are really indications of profound nervous lesion. Curious to say that three cases of nervous dyspnoea that have thus come under my notice have all been in the cases of medical men. Two died and one is yet alive, but hemiplegic on his right side.

The second edition of Dr. Hyde Salter's work on asthma was published in 1868, and I have vainly looked in it for mention of arsenious acid as a remedy for asthma. In 1869, among out-patients at this hospital, I accomplished some striking and durable cures of bronchitic asthma by means of arsenic in the form of 2 or 3 minims of Fowler's solution. Arsenical preparations give vigor and support to the respiration, and enable people to ascend mountains without confessing the toil by a single sigh; hence one judges that in many forms of asthma arsenical medicines may prove advantageous.

One case taken from several will give the indications for arsenic. Feb. 12, 1883.—C. W., æt. 14, has been asthmatic from the age of 2 years. He coughs violently, and when the asthma takes him his lower chest is drawn in. Tongue large, throat congested. Pulse 88. Respiration harsh and loud. Heart normal. At Kimberley, near the Orange River, he was quite free from asthma. He was ordered twice daily 2 minims of Fowler's solution with 2 grains of iodide of potassium in water. On March 19th I heard that he had not required any medicine for the last fourteen days, and seemed perfectly cured. The liquor sodæ arseniatis is a preparation that may be given with much hopefulness in bronchial and bronchitic asthma. I have never seen any unpleasant effects follow on the employment of arsenic, but when there is hæmoptysis and weakness of the heart I have found it fail to give relief. I wish time would allow me to enlarge upon the effects of arsenic eating, for they are curious. At Salzburg Arsenic Works the men who stand the fumes best eat arsenic daily with their food. A gentleman who came to learn assaying at the age of 17 years was advised to eat a bit of arsenious acid every day to enable him to bear the exposure to the vapor. He continued the practice up to the age of 50. "Twice (said he) I tried to give up my arsenic, but on each occasion I experienced faintness, sweating, loss of sleep, and violent palpitation of the heart. Inflammation of the lungs followed; I was laid up for nine weeks, and should have died had I not returned to my arsenic." Arsenic-smoking in a pipe is known as the Chinese remedy for asthma. Cauvin (*Lancet*, 1861), reports the case of an asthmatic lady, who in an experience of twenty-five years found no remedy equal to $\frac{1}{4}$ of a grain of arsenious acid three or four times a day, mixed in a stramonium cigarette.

I pass over many remedies for asthma, well known to most, to mention a new one that we have recently been employing—the *Euphorbia Pilulifera* from Australia. A decoction of the dried plant is made in the proportion of $\frac{1}{2}$ oz. to Oj. of water

(a) "Medical Society's Proceedings," Vol. VI., 405.

and when cool 100 mm. of spirit of chloroform are added. Of this decoction the patient takes a wine-glassful three times in the day. When it does not agree you may expect depression and faintness to show themselves. In bronchitic asthma, with emphysematous lungs, the euphoria seems of some service. I have notes of four cases in which we have tried it. In the case of Georgina M., æt. 20, living in London, and for three months an in-patient at the Middlesex Hospital on account of extremely severe paroxysms of asthma, with tendency to congestion of lungs, we found, for a time, the euphoria of service, while caffeine, belladonna, and an immense number of other medicines, including iodide of potassium in 15-grain doses, had no curative effect whatever. Emily K., æt. 32, from a marshy part of Essex, was twice in Victoria Park Hospital for bronchitic asthma, with occasional paroxysms of severe dyspnoea, when she turns livid in the face. The euphoria certainly answered well here. It kept off the asthma, while the cough and mucopurulent expectoration diminished under its employment. It did more good than any other medicine, and she left the hospital on December 29, 1883, very much relieved.

James B., æt. 40, with bronchitic asthma and tendency to congestion of lungs, was admitted October, 1873. He said he had taken every remedy that he had seen advertised for the cure of asthma. Euphoria suited him and gave relief, he did not seem equal to a combination of iodide of potassium and carbonate ammonium. His asthma and bronchitis were of nine years' duration, due to cold taken in his employment as a coachman.

There are cases, met with in persons advanced in years, where the chest is round and barrel-shaped; it is extra resonant on percussion, and this resonance extends very low down in the chest, giving the impression that the diaphragm does not move up and down as it ought to do. The diaphragm is mechanically pressed downwards by the over-distended lungs, and cannot rise to attain its proper position in expiration. A line or zone of congested capillary vessels can sometimes be traced on the skin along the line of attachment of the diaphragm. It is in very confirmed cases that I have noticed this sign present.

On auscultation we scarcely hear any inspiratory sound. The lungs are so distended that but little air can be taken in with inspiration. With this stagnant condition of respiration the patient complains much of coldness in his extremities, his lips and nose look dark and congested, and his general condition is one of dulness and apathy. At intervals the bronchial muscle is thrown into a state of rigid spasm, and thus attacks of asthma come on, and greatly distress the patient. Ordinary expectorants and sedatives are of very little use as remedies in this form of asthma, but I have seen much good done by liquor strychniæ or pills of extract of nux vomica. The liquor may be given in doses of three to five drops, with dilute phosphoric or hydrochloric acid. In cases where respiration is much prolonged,

and expectoration of phlegm difficult, I have seen much good done by the strychnia and the nux vomica.

In the case of a patient lately under my care with barrel-shaped, almost circular, chest and frequent asthmatic seizures, we were able, in consultation with Dr. Cayley, to try the effect of the inspiration of compressed air from Waldenberg's spirometer. The benefit was slight, and the trial of expiration into rarefied air of no benefit whatever. Subsequently I learned that the inspiration of oxygen gas had proved useful; but what did more good than anything else was going through a course of severe manipulation at the hands of a celebrated Swedish practitioner. The abdominal muscles were well rubbed and shampooed, and thus their action as muscles of expiration was roused and stimulated. The diaphragm also powerfully brought into play, with the result of curing the asthmatic seizures and bringing improved appetite and increased vigor to the circulation, so that the patient felt warm and cheerful.

Of the treatment of hay asthma and summer catarrh I have not much to say. The pollen of grasses and of flowers appears to be the cause of this complaint, and various respirators have been invented to protect the nostrils against the invasion of the pollen. A snuff, made by rubbing well together twenty or thirty grains of iodide of sulphur and 200 grains of powdered liquorice root, has seemed to me decidedly of service in some cases. The powder must be made as fine and impalpable as possible, and then a little of it may be snuffed into the nostrils. Gargling the throat and bathing the nostrils and eyes with a very weak solution of potassium permanganate in water is often very comforting. It is well to commence with five drops of the BP solution of the permanganate in a tumblerful of water, and the strength can be increased by degrees.

Of internal remedies I believe belladonna to be the best when the defluxion from the mucous surfaces is very profuse and distressing. From three to six mm. of the succus belladonnæ should be taken in water every four hours, and such experience as I have had of this remedy has been certainly encouraging.

THE NEW SPECIFIC FOR RHEUMATISM.

The New York *Medical Journal* publishes a paper by Dr. H. H. Seelye, of Amherst, Massachusetts, on the use of the oil of gaultheria in the treatment of the various types of rheumatism, the observations having been made in three of the wards of a large hospital where special advantages were offered for testing the merits of the drug.

The medicine can be administered in various ways, the most agreeable being in capsules, either alone or mixed with salicylate of sodium, or in soda-water as a flavoring. We gave it in an emulsion of ten minims of the oil to half a dram each of glycerine and water. If the patient had been

sick for some time, and the inflammation of the joints was extensive, we usually ordered two drams of this mixture every two hours during the day and every three hours throughout the night. Under this treatment almost invariably within twelve hours the patient would express great relief, and by the end of twenty-four hours the pain and swelling would have left all the joints, except, perhaps, a little in some one articulation, and there would only remain a slight stiffness of the previously inflamed parts, due probably to the distension of the adjacent tissues by reason of the swelling, which had now disappeared. Before or about this time, however, the patient would generally complain of some ringing in the ears and deafness, similar to that produced by large doses of quinine, but usually not so markedly annoying in character, and he would be apt to have some headache or a sensation of fullness in the head. These symptoms occurring synchronously with the cessation of pain, tenderness, and swelling from the joints, and with a sudden fall of temperature to the normal, were generally considered an indication for diminishing the dose of the medicine and it was therefore usually reduced to one dram every three or four hours, according to the relative amount of the cerebral and joint disturbance. If too much of the medicine was still given, its evil effects became more marked. The patient would now experience a loathing of the drug; nausea and vomiting would set in; the deafness, tinnitus aurium, and headache would increase; the muscles of the hands, limbs, and face would become tremulous; the countenance would be flushed, and the whole body be bathed in a profuse perspiration; and at length the patient would become delirious. These extreme symptoms, more or less modified, were observed by us in perhaps eight or ten cases of acute articular rheumatism, but they almost invariably occurred in patients who had been hard drinkers, and in whom the attack of rheumatism was most probably due to some unusual exposure to cold or wet while in a state of intoxication. In the large majority of cases only a little ringing in the ears was complained of, and this would soon cease upon the diminution or complete withdrawal of the drug. There were also very many cases in which no evil results were ever manifested, but the patient speedily recovered without experiencing any annoyance.

There would always be a certain number of cases which would yield promptly to the remedy, so far as relieving the acute suffering, reducing the inflammatory swelling, and lowering the temperature were concerned, but still a little pain on motion, or a slight stiffness, would hang about some one joint, usually the shoulder, wrist, finger, or ankle, and it would be several days longer before the patient could say that he was perfectly free from pain and felt well. Again, there would be comparatively few patients who, after being speedily relieved, would be up and moving about the ward for some days without taking any of the medicine,

and then there would come a sudden relapse, and the pains would return, though with less severity, in one or two joints. But here a renewal of the remedy usually induced a rapid recovery. In order to guard against such relapses and to be sure that the cure was permanent, it was our custom to keep the patient in bed and to continue the medicine in smaller and less frequent doses for at least two days after all symptoms of the disease had disappeared, then to retain him in the ward for two or three days longer without giving him any medicine but tonics, and then, if there was no return of the symptoms, to discharge him, cured. In a very large majority of cases the patients themselves asked, about this time, to be discharged, because they felt so perfectly well.

The one variety of rheumatism in which this remedy was found to be most efficient and rapid as well as permanent in its action, is what is commonly known as acute articular rheumatism; the more acute the attack, the more joints are involved, the more inflamed and swollen they are, and the higher the temperature, so much the more speedy and complete is the cure apt to be. It is, in fact, in these worst of all cases that the remedial power of this drug is most wonderful to see. Yet it must not be supposed that it is of insignificant value in the more subacute forms of the disease; for here too it almost invariably diminishes the severity of the suffering, and after a time often effects a radical cure.

In the chronic forms of rheumatism the action of the remedy seems to be limited in most cases to merely giving prompt relief from the acute pains and swellings attending exacerbations of the malady, and for this purpose it is very efficient. But, like most other drugs, it is powerless to correct the permanent damage done to joints which have long been undergoing inorbid changes in their fibrous and cartilaginous structures. The same statement is true, as a rule, in regard to those other obstinate forms of the disease known by the various names of gouty rheumatism, arthritis deformans, rheumatoid arthritis, gonorrhœal and syphilitic rheumatism, etc. In the active stage of all these some temporary relief will usually be afforded, while a complete recovery under its influence is very rare.

Muscular rheumatism, lumbago, coxalgia, sciatica, and the like, seem to be variously influenced. Some patients, after the medicine is begun, experience almost immediate relief, while others do not seem to be benefited at all. As regards the frequency of cardiac complications developing under this plan of treatment, it is certain that the liability to them is not increased.

HAY FEVER.—VALER. ZINC AND ASSA-FŒT.

Dr. Morell Mackenzie considers pills containing one grain of valerianate of zinc and two grains of assafoetida each very valuable in hay fever.—*Med. Chron.*

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THE BOARD OF HEALTH.

Since our last issue a new Mayor has been elected for this city. This gentleman, we are pleased to learn, has given considerable prominence to the necessity of dealing more effectually with matters affecting public health. The Board of Health has also acquired a new chairman, an appointment which we believe is endorsed by the Medical Profession. No member of the Board is better fitted to carry out intelligently the oversight of this department, and therefore we expect to see an improvement in its general management. In this connection we would mention having received from the Medical Health Officer his reports of the mortality of Montreal. From one of those reports we copy the following extracts :

"A fruitful cause of contagious diseases, and we may say of all zymotic diseases, as well as of the diseases of children, is to be found in the privy vaults, the most part of which are placed too close to dwellings, opposite doors and windows. These vaults are made of planks which become loose, and rain water readily flows into them, thus favoring the decomposition of their contents.

We know that human excreta contains a great quantity of sulphur and phosphorus, and that these two substances form, with the hydrogen of the water, sulphuretted and phosphoretted hydrogen, two very deleterious gases, the diffusion of which takes place abundantly in houses. We are aware

that the stools of patients affected with contagious diseases, and especially with typhoid fever, contain a great many germs of contagion. Therefore, as long as these vaults are permitted to exist we should not be astonished at the prevalence of contagious diseases.

But it may be remarked that the contents of a great many of the vaults flow into drains. This is very true, but it is to the detriment of public health; for pits emptying into drains connect with the latter at a certain distance from the bottom, the consequence being that a large quantity of the solid part of the matter remains at the bottom, and the pits thus become an incessant cause of nuisance. The question of privy vaults is difficult to solve. During the Washington Sanitary Convention, held on the 10th December last, this question was the subject (although seeming an abject one to the eyes of the vulgar) of a very useful discussion. It was then resolved that yard privy vaults should be done away with, and the system of water closets adopted as the safest guarantee to public health. We should then consider this question with the greatest solicitude, as tending to decrease the death-rate of the city and to prolong the greatest boon we possess—life.

To solve this question in a definite manner we would suggest that :

1. That the system of water closets be adopted in every street in which public sewers exist. This measure may not be immediately put in force, but should be in the near future.

2. That all yard privy vaults be emptied and disinfected within three months from the present time, and, if possible, filled up and replaced by a system which would allow the removal of the excreta twice a week. This object can be accomplished by using the already constructed wooden privy ; a tub, bucket or any other vessel, which could be easily removed, being placed under the seat."

These extracts should not be lightly passed over by the Board, although, from the apparently slight attention generally given to the Officer's reports we fear they will. The Medical Health Officer has gained the respect of his confrères for his indefatigable exertions in improving the sanitary condition of the city, and if the Board had more often heeded his suggestions and given him an efficient support in the past very many needed reforms would now have been accomplished.

PRIVY-VAULTS.

In Professor Pepper's System of Medicine, now being published by Lea Brothers & Co., is an article upon Drainage and Sewerage by George E. Waring, jr., the accomplished engineer of sanitary drainage, at Newport, R.I. The following extract will be of interest, showing his opinion of privy-vaults.

"Privy-vaults are the sole reliance for the disposal of fœcal matter, and often of chamber slops, of 95 per cent. of the population of this country and of Europe as well. It is curious in examining the recommendations of public health officers and the requirements of local boards of health, to observe the uniformity with which this most important subject is passed over, with the prescription that the vault shall be tight, sometimes that it shall be vaulted over, and sometimes that it shall not be within a certain small number of feet of a boundary line, or of a drinking-water well. These prescriptions are most absurd. It is safe to say that of the millions of privy-vaults in this country, not more than hundreds are really tight; that a still smaller number are so vaulted over as to prevent the free exhalation of the gases of decomposition; that those which are so vaulted over are in all respects of worse sanitary effect than those which have freer communication with the air, and that their possibilities of evil reach many times farther than the limits of distance usually required to intervene between them and the well or the neighboring property. In view of the universality of their use and of the completeness with which modern communities are inured to their presence, it seems almost hopeless to attempt to secure a proper realization of their great defects. They are always the seat of the foulest and even of the most dangerous decomposition. They taint not only the air and the soil, but the water of the soil which goes so often to feed our sources of drinking water and their local stench is of itself sufficient to sicken all who have not, by daily and lifelong habit, become accustomed to it. Taking the country at large, farmhouses and village houses, as well as the dwellings of cities, it is not too much to say that the best sanitary service that can be rendered by those interested in the removal of causes of ill-health would be in securing the abolition of those barbarous domestic appliances. In many ways the cesspool is as bad as the vault,

but in some respects the vault is *facile princeps* as a public and private nuisance of the most annoying and dangerous character. Wherever a public or private sewer is available, wherever disposal by irrigation is possible, and wherever even the crudest attention can be secured for an automatic or simpler earth-closet, the strongest effort should be directed to the absolute inhibition of the common privy-vault."

In another connection Mr. Waring refers to these nuisances as "the *fiendish* privy-vaults which prevail so generally." Such strong language, from a man so well qualified to speak with authority, should compel the attention of our local Board. We earnestly commend this important matter to their consideration.

The London *Engineering Times* says that: "Cholera, if it comes to us next summer, will be a good test for our sanitarians and our sanitary science. If the dread disease comes it will be curious to watch its effects upon our sanitary associations and boards of health. The health officers who are medical men may be depended upon to do their duty, as they are always ready to do in any emergency. The *Sanitary News* points out that it only needs time to show what those boards of health which are composed of non-professional men will do for their cities, in the line of intelligent prevention and courageous hopefulness. There will be much fright, nervousness, and foolishness on the part of the population. Whether the preventive work of our sanitarians can overcome the effects of it all is a question to be answered next winter."

SEWAGE FUEL.

Dr. C. H. Vonklein, of Dayton, O., has invented a chemical process which he claims will disinfect sewage matter and turn it into a useful fuel. Different chemical salts are used, the most expensive being nitrate of silver. The doctor states that two dollars' worth of such fuel is equal in heat-giving properties to a ton of coal. It is made into brick-like pieces, without odor, and gives out a strong blaze. As the Doctor will not patent his process here is a chance for our local boards of health to furnish cheap fuel to the poor.

PREVALENCE OF MEASLES AND WHOOPING COUGH.

From the fact that measles is a manageable disease, and its mortality slight, may be ascribed the little attention shown to its existence as an epidemic in Montreal. From inquiries, and as a result of our own experience, such it is. All through the past winter season the number of cases of which the writer is cognizant has been somewhat extraordinary, co-existing with whooping cough, which has also attacked large numbers. In very many cases children were affected with both at the same time. The mortality of measles, even when complicated with whooping cough, has been so slight as to cause no alarm, and many families have not thought it necessary to get medical advice or treatment. Pneumonia as a sequence has prevailed, but without very serious consequences. Both disorders apparently began in the south end of the city and gradually spread northward where the greatest number are now to be found. We were inclined to consider the cause of its assuming an epidemic form to the coldness of the winter, obliging householders to close their dwellings and deprive themselves of free ventilation, the atmosphere being thereby vitiated, depressing the vital powers of the young, together with intercommunication at school accounting for its spread. We find, however, that other cities have had a like visitation. In New York during the past four months there were reported 2,153 cases of measles, with 402 deaths, or nearly one death in every five cases. This is a large death-rate, but we presume that the reported cases formed but a small portion of the actual number that occurred. We have estimated that there must have been over three thousand children laid up with measles in Montreal, and so appreciably has this been felt by the attendance at the schools that public attention has been drawn to it. From December 1st to March 1st the number of deaths by measles was 91, and of whooping cough 17. No deaths from measles occurred during October and November.

Local and General.

The recent meeting in the Recorder's Court to consider proper quarantine for inward-bound vessels from cholera-infected ports, gave timely warning to the Government and the citizens.

It now remains to be seen whether the suggestions will be acted upon. The history of cholera and its travels plainly shows that the disease can be warded off our shores if the Executive be fully alive to the dangers of the situation, and if they will carry out in practice what experience has proved to be effective in such cases.

I wish I had room to give the whole of the article on therapeutic evidence, published in a recent number of the *Therapeutic Gazette*, by R. T. Edes of Harvard. However here are a few of the observations which will, I am sure, find an echo in the hearts of most of us: "One observation of recovery under any given treatment of any disease which is usually curable by many different plans proves absolutely nothing as to the positive value of such a treatment. It only goes so far to show that it is not fatal; and it may be that such observations can be considerably multiplied without gaining a great deal in force."

How many plans of treatment of pneumonia have been built upon series of cases terminating favorably in from seven to ten days, and yet such a result proves absolutely nothing as to any positive value in the treatment. Negative value they may have, for it is possible to do much worse."

An old medical friend of mine, noted for his Hibernicisms and odd sayings, remarked to me one day: "I tell you that when there are many successful cures for a disease, there is really no specific treatment for it." If I were asked to formulate a rule by which to test the real curative value of a remedy I should say: where the average result of the treatment to be tested is in a thousand cases better than the average result of the "expectant" or hygienic treatment, the remedy tested has positive therapeutic value, and deserves a place in a Pharmacological text book.

I wonder what a Christian Scientist M.D. (or, for the matter of that, a Homœopathic or Hygienic M.D.) would do if called to attend a case of cholera morbus.

Intestinal cramp is not a thing that readily yields either to the influence of the mind, the tenth dilution of arsenicum or the regulation of the diet. In the present and empirical state of things a hypodermic injection of certain anodyne drugs will be found more efficacious.

But to return to Prof. Edes: "When observation as to the effect of new drugs in the cure of disease is to be considered, the first thing wanted is a diagnosis. The great feats of therapeutics are performed by those who trouble themselves little about this trivial point. Witness the results of sulphate of copper in cases of croup, supposed to have been "membranous"; or of sulphate of mercury in the same disease "if the doctor be called early enough." Anybody can make wonderful cures if he can have the naming of the disease without criticism, but if enquiries be pushed far enough the diagnosis may be found even more wonderful than the cure.

Think of the success of homœopathy in "diphtheria," of the cures of Bright's disease diagnosed by pain in the back and a deposit of urates in a cold chamber-pot. See the certificates of clergymen in the religious papers. Count the cancers cured by condurango."

A patient of mine, after having been treated for some months without success by a graduate (Heaven save the mark!) of the Christian Science College of Boston, proposed to the Spiritualistic medico that he shall offer himself up as an acceptable sacrifice upon the altar of a science which is not exclusively Christian, and allow a pin to be thrust under his thumb-nail so that she might, seeing him suffer no pain, have increased her faith in the curative powers of mind! This modern disciple of Gautama (for Christian Science is, in my opinion, but a poor attempt to revive some of the most objectionable parts of Buddhism) declined to allow this *experimentation crucis* to be made upon his vile body, and his visits abruptly terminated.

How true are the following sentences: "The earliest observation (of a new remedy) are almost certain to be favorable." "We all know the sanguine man whose therapeutics are those of the advertising pages, and who considers himself wide-awake and progressive on that account; and we know the other man who never believes anything as long as he can help it." "Accept the opinions of each, and print them both—if we have room enough—but give cases, too, that we may know which to believe next time."

In the above-mentioned article I fear Prof. Edes has not sufficiently considered the busy practitioner who endeavors at odd moments of leisure

to extract the grains of wheat from the bushels of therapeutic chaff that fill the store-house of every medical periodical. On the whole, I would say, let the enthusiastic optimist and the sceptical pessimist fight the battle, while the cool-brained independent sits on the fence and watches the conflict, and when the smoke of battle has cleared away he will find that probably neither was exactly right; that the truth lay somewhere *between* them, if perchance there were any truth really worth contending for.

The excision of a hard glioma from the upper part of the fissure of Rolando by Mr. R. J. Godlee, is a grand clinical and physiological triumph, and although the patient has since died his death has not been in vain. The operation was suggested by Dr. Hughes Bennett, and was followed by relief from the lancinating pains in the head, vomiting and convulsions affecting the limbs—the most annoying of the symptoms—which indicated disturbances of the hand, leg and eyelid centres.

This case proves with what accuracy diagnosis of obscure cerebral lesions, thanks to vivisection, may now be made. Whether we shall ever be able to follow up our increased diagnostic powers by corresponding contributions to surgery of the brain remains to be seen.

In the meantime it is not to be expected that when medical remedies have failed we shall sit with folded arms and allow a cerebral tumor to make life intolerable when it is possible to gain even temporary relieve from the symptoms by the removal of the cause.

I have often heard the question of the ownership of the prescription discussed, but I never knew it to be so practically considered as lately when an order for a pint of gin given by a Connecticut doctor was retained by the patient (?) who had it duplicated many times.

Our "separated brethren" in Halton might take a leaf from this man's book, and so do away with the necessity of getting an order for their daily drink repeated.

Dr. S. Weir Mitchell's "In War Time" is out, and is well worth reading. It is quite a different sort of book from Miss Jewett's "A Country Doctor," inasmuch as it deals more particularly with a wayward specimen of the male M.D., and does not touch the question of female practitioners.

I wish in his next essay in the novel line that the author will give us, in the same graphic style, a more pleasing, more attractive hero than Dr. Wendell.

After all, the United States Governments, Federal, State and Municipal, have done and are doing next to nothing to provide for the probability of a cholera epidemic. As the intercourse between the countries is very intimate, we are closely concerned in such action, and we would be clearly justified in shutting ourselves completely off from a country which neglects to do what it can to prevent such a dire calamity as a visit of Asiatic cholera.

General Grant's days are evidently numbered. The disease began as a foul and painful ulcer on the base of the tongue, progressed rapidly, and has destroyed the right anterior pillar of the fauces and part of the tonsil. There is also enlargement of the anterior cervical and sub-maxillary glands. The microscopical examination of fragments removed from the growth show the characteristic "nests" of epithelioma.

The patient is thin and anæmic, and yet in spite of the pain and the other distressing symptoms accompanying the disease he heroically works away at his memoirs of the great war.

Our City Council has decided to employ two medical men to do the public vaccinating. Their hours are to be the same as those of other city officials, and they will receive the magnificent salary of \$600 per annum.

I hope any corporation that expects men to give practically their whole time to this important work for such a consideration will succeed in obtaining the necessary amount of work for them to do. Either they will not keep the hours laid down, or else they cannot hope for private practice.

P. A. LAVER, M.D.

MONTREAL, March 18, 1885.

OBITUARY.

WILLIAM BRAITHWAITE, M.D.

Mail advices from England announce the death of the well-known English physician and surgeon, William Braithwaite, the founder of *The Retrospect of Medicine*, who died at his home in Leeds on January 31. *The Yorkshire Post* of February 2 contains the following:

He was the oldest medical practitioner in Leeds, and in his large and varied practice he was esteemed on all hands, both on account of his great knowledge and his sympathetic and kindly disposition. Dr. Braithwaite was born in 1807, and was therefore in his seventy-eighth year. His health for some time past has been such as to cause serious apprehension on the part of his family and friends, and his death on Saturday was not altogether unexpected. He was brought up by the Rev. Richard Hale, at Harewood Vicarage, and was apprenticed to the eminent surgeon, Mr. Thomas Teale, and afterward to his equally eminent son, Dr. Thomas Pridgin Teale, so that he pursued his medical curriculum under exceptionally favorable circumstances. He also studied at St. George's Hospital. The deceased gentleman began practice in Leeds on his own account in 1830, and filled the post of honorary surgeon to the Eye and Ear Infirmary and lectured at the Leeds Medical School on the diseases of women. Though occupied in the management of a large practice, he found time to add materially to the literature of his profession. In 1840 he began a medical work which has since become widely known. Its title is *The Retrospect of Medicine*. It is published half-yearly, and has now reached its ninetieth volume. It is republished in America, where it is widely known and as highly valued as here. During the last few years his son has been co-editor with him of this journal. He married a daughter of Mr. James Beardoe, of Ardwick Green, near Manchester, by whom he was survived. He also leaves three sons.

In 1840 Dr. Braithwaite's half-yearly *Retrospect* was republished by Daniel Adee, at \$1 per annum. At that time there were only two medical publications on this side of the Atlantic. Subsequently, by the gradual enlargement of its pages, the price for *The Retrospect* was increased to \$3. In 1850 *The Retrospect* became the property of Stringer & Townsend, from which year, by an agreement with its editor, advance copy of his work was received in this country in time to be issued simultaneously with the London edition, for which an annual royalty was allowed. W. A. Townsend, successor to Stringer & Townsend, has continued the publication to the present time, with a constantly increased circulation and popular demand. In May, 1881, Dr. Braithwaite wrote to his American publisher the following:

I little expected about forty years ago that I should live to see my eighty-second volume and that it still maintains its popularity. I am now seventy-four years of age, but feel uncommonly well, thanks to being a total abstainer from alcohol for nearly thirty years.

A letter just received by Mr. Townsend, dated February 3, from Dr. James Braithwaite says:

I grieve to have to inform you of my father's death, which occurred on January 31 last. He died without any suffering and from failure of the heart, which had been noticeable for twelve months previously. I shall carry on *The Retrospect* with the assistance of Dr. A. G. Barre, assistant physician to the Leeds General Infirmary. I have done all the heavy work of the book for twenty-five years, that is, all the writing.

It will be seen *The Retrospect* will be published, as before, under his editorial charge, assisted by able colleagues. Dr. James Braithwaite's name has appeared on its title-page connectedly with his distinguished father's for a quarter century.

REVIEWS.

Transactions of the College of Physicians and Surgeons of Philadelphia. Volume Seventh, Philadelphia. For sale by P. Blakiston, Son & Co.

This volume shows that good work has been done during the year by the members of the College of Physicians and Surgeons of Philadelphia. It contains sixteen papers and discussions thereon. All are of more or less interest, and show that much attention has been devoted to their preparation. We would suggest to the Editorial Committee of the College the advisability of having the leaves of future volumes cut.

A Practical Treatise on the Diseases of the Ear, including a Sketch of Aural Anatomy and Physiology. By D. B. ST. JOHN ROOSA, M.D., LL.D. Professor of Diseases of the Eye and Ear in the New York Post Graduate Medical School and President of the Faculty; Surgeon to the Manhattan Eye and Ear Hospital; Consulting Surgeon to the Brooklyn Eye and Ear Hospital; formerly Professor of Ophthalmology in the University of the City of New York, and Diseases of the Eye and Ear in the University of Vermont; formerly President of the Medical Society of the State of New York, etc., etc. Sixth Edition, Revised and Enlarged, pp. 718. New York: William Wood & Company, 1885

The fact that the American profession has called for six editions of this work in eleven years is sufficient proof of its high merits. The work has been favorably received in Great Britain and Ireland. The sixth edition is of the same high standard of its predecessors. The work is of a decidedly original character, conclusions being based upon an experience derived from over twelve thousand cases. It is fully illustrated, and will serve as a clear and reliable guide to the general practitioner, having charge of ear cases, as well as to those who devote themselves especially to that subject.

A Theoretical and Practical Treatise on the Hemorrhoidal Disease; giving its History, Nature, Causes, Pathology, Diagnosis and Treatment. By WILLIAM BODENHAMER, A.M., M.D. Illustrated by two chromo-lithographic plates, and thirty-one woodcuts. pp. 297. New York: Wm. Wood & Co., 1884.

This is a very complete and excellent work by one who has written a good deal on the diseases of the rectum, and who is entitled to speak with authority concerning the hemorrhoidal disease.

The author introduces a short and interesting Hebraic history of the disease, showing it to be the oldest mentioned in ancient history. It is mentioned in the Fifth Book of Moses under the name of Emerods, as one of the punishments of the children of Israel for their disobedience.

The pathology of the affection is clearly described, the author holding that the commencement of the disease is in the vessels of the rectum. The coats of these vessels first becoming diseased, and then the sanguine flexion occurring as a consequence of this weakened condition of the walls of the vessels and not as a cause.

Under the head of Etiology, the influence of heredity, temperament and climate, etc., etc., as predisposing, and of diet, constipation, mode of dress, etc., etc., as exciting causes, are very fully discussed.

The subjects of diagnosis and treatment are particularly full, explicit and complete. The advantages of the different methods of surgical treatment are compared, that by ligation as performed by Mr. Allingham being favored. The different modes of excision and injection are carefully explained in detail. The book is well worthy of a place in every medical library.