

## Technical and Bibliographic Notes / Notes techniques et bibliographiques

The Institute has attempted to obtain the best original copy available for scanning. Features of this copy which may be bibliographically unique, which may alter any of the images in the reproduction, or which may significantly change the usual method of scanning are checked below.

L'Institut a numérisé le meilleur exemplaire qu'il lui a été possible de se procurer. Les détails de cet exemplaire qui sont peut-être uniques du point de vue bibliographique, qui peuvent modifier une image reproduite, ou qui peuvent exiger une modification dans la méthode normale de numérisation sont indiqués ci-dessous.

- |                                     |   |                                     |   |
|-------------------------------------|---|-------------------------------------|---|
| <input type="checkbox"/>            | Coloured covers /<br>Couverture de couleur  | <input type="checkbox"/>            | Coloured pages / Pages de couleur   |
| <input type="checkbox"/>            | Covers damaged /<br>Couverture endommagée   | <input type="checkbox"/>            | Pages damaged / Pages endommagées   |
| <input type="checkbox"/>            | Covers restored and/or laminated /<br>Couverture restaurée et/ou pelliculée   | <input type="checkbox"/>            | Pages restored and/or laminated /<br>Pages restaurées et/ou pelliculées   |
| <input type="checkbox"/>            | Cover title missing /<br>Le titre de couverture manque  | <input checked="" type="checkbox"/> | Pages discoloured, stained or foxed/<br>Pages décolorées, tachetées ou piquées  |
| <input type="checkbox"/>            | Coloured maps /<br>Cartes géographiques en couleur  | <input type="checkbox"/>            | Pages detached / Pages détachées  |
| <input type="checkbox"/>            | Coloured ink (i.e. other than blue or black) /<br>Encre de couleur (i.e. autre que bleue ou noire)  | <input checked="" type="checkbox"/> | Showthrough / Transparence  |
| <input type="checkbox"/>            | Coloured plates and/or illustrations /<br>Planches et/ou illustrations en couleur   | <input checked="" type="checkbox"/> | Quality of print varies /<br>Qualité inégale de l'impression  |
| <input type="checkbox"/>            | Bound with other material /<br>Relié avec d'autres documents  | <input type="checkbox"/>            | Includes supplementary materials /<br>Comprend du matériel supplémentaire   |
| <input type="checkbox"/>            | Only edition available /<br>Seule édition disponible  | <input type="checkbox"/>            | Blank leaves added during restorations may<br>appear within the text. Whenever possible, these<br>have been omitted from scanning / Il se peut que<br>certaines pages blanches ajoutées lors d'une<br>restauration apparaissent dans le texte, mais,<br>lorsque cela était possible, ces pages n'ont pas<br>été numérisées. |
| <input type="checkbox"/>            | Tight binding may cause shadows or distortion<br>along interior margin / La reliure serrée peut<br>causer de l'ombre ou de la distorsion le long de la<br>marge intérieure. |                                     |   |
| <input checked="" type="checkbox"/> | Additional comments /<br>Commentaires supplémentaires:  |                                     | Continuous pagination.  |

# THE CANADA MEDICAL RECORD.

VOL. XIV.

MONTREAL, MAY, 1886.

No. 8.

## CONTENTS.

<b>ORIGINAL COMMUNICATIONS.</b>			
Clinical Lecture.....	505	Chiene's Contributions to Practical Surgery.....	518
<b>PROGRESS OF SCIENCE.</b>		Nitro-Glycerin in the Cold Stage of Intermittent Fev'r.....	519
Treatment of Acute Infantile Bronchitis.....	507	Pneumonia Treated by Intraparenchymatous Injections.....	519
Headache.....	511	Massive Doses of Digitalis in Lobar Pneumonia.....	520
On the Treatment of Furuncles.....	513	Some Points in the Practice of Artificial Respiration in cases of Still-birth and of Apparent Death after Tracheotomy.....	520
Diarrhœa and Dysentery in Childr'n.....	514	Diabetes Mellitus Successfully Treated with Boracic Acid.....	520
The Treatment of Profuse Hemoptysis.....	515	A Hint on the Treatment of Ringworm Tubercular Meningitis cured by Iodoform.....	521
The Management of Placenta Prævia.....	516		
Treatment of the Chancroid.....	516	The Prevention of Mammary Abscess.....	521
A New Method for the Removal of Foreign Bodies from the Nose.....	517	Dover's Powder and its Modifications.....	522
The Prevention of Baldness.....	517	Pruritus of Women—Local Treatment.....	522
Vaccination.....	518	Hypodermic Injections of Cold Water in Sciatica.....	522
		Hot Water in Acute Prostatitis.....	522
		Venesection.....	522
		Modification of Dover's Powder.....	523
		<b>EDITORIAL.</b>	
		Montreal General Hospital.....	523
		Proposed Change in the Quebec College of Physicians and Surgeons.....	524
		Alexander's Operation.....	525
		College of Physicians and Surgeons, Province of Quebec.....	525
		Personal.....	527
		Local and General.....	528

## Original Communications.

### CLINICAL LECTURE.

Delivered at the Montreal General Hospital February 23rd 1886.

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

(Dean of and Professor of the Theory and Practice of Medicine in the Medical Faculty of Bishop's College.

#### ECZEMA.

GENTLEMEN,—The woman now before you came to the Out-door Clinic yesterday, complaining of the rash on the back of her neck, which I now show you. She has had it for some time, and its irritation has been the source of much annoyance to her. The disease is eczema, which may be acute or chronic, and has several sub-divisions,—usually four: 1. Eczema Erythematosum. 2. Eczema Vesiculosum. 3. Eczema Papulosum. 4. Eczema Pustulosum. The case now before you is of the first variety, viz., Eczema Erythematosum. It is a distinct inflammation of the skin, characterized by a somewhat inflammatory surface—some infiltration, swelling and itching, and terminating in desquamation or shedding of the skin. It is perhaps the most common variety which we meet with, and has a strong tendency to become chronic. Slight moisture is, upon rare occasions present, but as a rule the disease remains dry throughout. The disease is curable, and the means used must be both constitutional and local. In cases of not very long duration saline aperients, as sulphate of magnesia, cream of tartar and Rochelle salts, should be given. When the disease occurs in children, hubarb is especially recommended. Diuretics are also

advised, as acetate of potash and liq. potassæ. Various mineral waters, as the Saratoga, Vichy and Carlsbad, are beneficial. In worn-out, debilitated subjects, iron, quinine, and cod liver oil, are very valuable. Arsenic should be given in very small doses—ii. gr. three times a day after meals. Local treatment must always be followed. In the variety now before you the following lotion will be prescribed, and I believe will act beneficially:

R. Acid carbolic, ʒ ss; glycerinæ gtt. xv; alcoholis, ʒ i; aquæ, ʒ iv. M. ft. lotio. Apply several times a day by means of a small sponge.

This patient, gentlemen, possesses a double interest to us, inasmuch as while coming to get relief for one disease our attention is attracted to a second disease from which she is suffering. Although the disease is considered a surgical one it is rarely bad enough to fall into the hands of an operating surgeon. Most generally the physician is called upon to treat it, and for this reason I draw your attention to it. As she bares her neck you will notice a distinct swelling over the front of the throat—that is over the situation of the thyroid gland. This disease is known as goitre or bronchocele, and is much more common in women than in men. In fact during all my experience I can only recall two or three cases in males, while I have seen many hundreds in females. The cause is thought to have some connection with the locality in which the patients live. It is said that low, moist situations favor it, while high, airy places are exempt. In this city it was very common some years ago, and is still often met with on the flat which commences where this hospital stands, and which ends at the foot of the hill—which terminates at Sherbrooke street. It was believed to have been

caused by drinking well-water which was largely impregnated with lime; and its comparative rarity now is said to be due to the fact that in very few places do wells now exist, so that the water-supply is almost entirely obtained from the river. It is met with in animals. Its size varies from a walnut to an adult head—the first is not troublesome, the latter serious, from its interference with respiration, and will most likely demand surgical interference. The gland has two lobes, both are generally affected, but not equally. It is not painful, and the general health is not impaired. As a rule, the enlargement is slow—but I have known it to increase in size very rapidly.

The treatment of goitre is unsatisfactory, except when the tumor is so large as to interfere with respiration and removal is demanded. If the patient survive the result is most satisfactory. The medical treatment is the application of iodine paint, the use of leaches, blisters and purgatives. I prefer to use the compound iodine ointment instead of the tincture. The latter blisters speedily, so as to necessitate its discontinuance, the ointment does not. You may give iodine internally, also iodide of potash, and some advise the protoiodide of mercury, to the extent of slight salvation. In India the biniodide of mercury ointment is used as a local application, the patient subsequently exposing the neck for a considerable time to the rays of the sun. It has been tried here and with a certain measure of success. Ergotine internally and the hypodermic injection of ergotine into the tumor is spoken of by several writers as acting well. As the patient does not give any heed to the affection I will not waste medicine by attempting treatment. As she came for the skin disease I have taken advantage of saying a word or two upon the other.

#### NEURALGIA OF THE FIFTH PAIR OF NERVES.

The patient now before you has been twice at the Out-door Clinic. She is 23 years of age, and not by any means a robust constitution, in fact, I question much, from her development, if she has ever since attaining womanhood enjoyed what is known as "robust health;" she has been suffering for some time from a feeling of debility, a disinclination to attend to any work, with shooting pains over various portions of her head, which within a few days have largely centred over that portion of the face and head which is supplied by the ophthalmic division of the fifth nerve, viz., the side of the nose, the eyelids, the lachrymal gland, the globe of the eye, the conjunctiva, the forehead and

the scalp. The most severe spot in this case is at the supra-orbital foramen, where the nerve passes out to ramify on the forehead and scalp; and the paroxysms of pain are paroxysmal and of a sharp, lancinating character. Any mental or physical exertion increases the pain, which not unfrequently causes nausea and vomiting. We do not often meet with this affection before the period of puberty is reached, and it occurs most often in females. There is unquestionably very often a transmitted hereditary influence. Neuralgia is very common in marshy districts, due to malaria. In women it often follows the exhaustion which ensues from prolonged lactation, also from menorrhagia or profuse menstruation. Mental anxiety and exposure to cold are also causes. Cases which may be improving under treatment often relapse from a careless exposure to a damp, cold wind.

The treatment is constitutional and local. If the disease is believed to be of malarial origin, quinine in doses of gr. ii. every four or six hours is the appropriate remedy, arsenic, Fowler's solution, (liquor arsenalis) in doses of four drops, twice a day, after meals, largely diluted. If it does not yield you may increase the dose gradually to eight drops. The arsenic may be injected hypodermically. This method is strongly advised by Dr. Hammond of New York. General tonics, as cod liver oil, iron and strychnia, are beneficial; ergot is also a valuable remedy. The pain is sometimes so unbearable that the following combination, prepared by John Wyeth & Brothers will be found, under such circumstances, of decided advantage: ℞ Quinine sulph. gr.  $1\frac{1}{2}$ ; morphia mur., gr. 1-20; strychnia, 1-30; ext. aconite, gr.  $\frac{1}{4}$  in a pill. The well-known physician, Dr. Brown-Sequard, has recommended the following pill, which I have often used with advantage: R. ext. hyosciami 2-3 gr.; ext. conii 2-3 gr.; ext. ignat. amar.  $\frac{1}{2}$  gr.; ext. opii.  $\frac{1}{2}$  gr.; ext. aconite 1-3 gr.; ext. canab. ind.,  $\frac{1}{4}$  gr.; ext. stramon, 1-5 gr.; ext. belladonnæ, 1-6 grain. If you do not think it necessary to give opii, which you will notice is in the above combination, you may use the following: ℞ Quin. S. gr. ii. strychnine, 1-30 gr.; acid arsenius, 1-20 gr.; ext. aconite,  $\frac{1}{2}$  gr., or the same with the addition of  $\frac{1}{4}$  gr. of morph. sulph. The diet must be full, generous and nutritious, the sun bath and pure fresh air.

The local treatment consists of anodyne liniments, composed of tincture of opium, chloroform and tincture of aconite or of tincture of veratria, the application of blisters along the course of the

nerve. The latest local application is the application of the menthol pencil. Electricity is rapidly assuming an important place in the therapeutics of this disease; the best form is that of the primary galvanic current, which should be applied for at least thirty minutes, and should be repeated daily for several weeks. Sometimes the pain is so severe that the hypodermic injection of solution of morphia or, of Batley's sedative solution is demanded. It should if possible, be injected along the course of the affected nerve. This patient I have placed on two grains of quinine 3 times a day, and given her iron, in the form of the saccharated carbonate of iron, which is one of the ferruginous preparations which is easily assimilated.

## Progress of Science.

### TREATMENT OF ACUTE INFANTILE BRONCHITIS.\*

By J. LEWIS SMITH, M.D.,

Clinical Professor of Diseases of Children, in the Bellevue Hospital Medical College.

Infantile bronchitis is probably the most frequent disease which the physician is called upon to treat. It is usually mild and readily controlled by proper remedies, but in other instances, especially when neglected or improperly treated, it becomes by extension downward to the minute bronchial tubes, or to them and the alveoli, one of the most fatal maladies of infancy. It is, therefore, very important that bronchitis in the infant receive timely and proper treatment.

A brief glance at the clinical history of this malady will help to a correct knowledge of its therapeutic requirements. Acute bronchitis is in most instances preceded, and in its first stages accompanied, by coryza, which first arrests the attention of the parents, but within a day or two the inflammation extends to the larger bronchial tubes, and is announced by a cough. The bronchitis is often limited to these tubes throughout the attack, under which circumstances it is so mild that treatment is scarcely required, but between this mild disease and that severe form in which the minute bronchial tubes are involved, there is every grade of severity.

Bronchitis in the infant is primary or secondary. Two diseases are always accompanied by it, in a form so severe that the cough which it causes is a prominent symptom in each, to wit, measles and pertussis. It occurs also in a mild form in typhoid fever, and is present in tuberculosis, and in many cases of diphtheria. It requires, in a measure,

different remedies according to the conditions in which it occurs, but the treatment may be most conveniently considered under the two headings of mild and severe bronchitis.

Bronchitis can probably be aborted or rendered milder in some instances by an emetic employed when the first symptoms appear. Its effect is more certain if the patient drink warm water at the same time, and take a warm foot bath or general bath. The syrup of ipecacuanha is perhaps the best medicine for this purpose. It promotes bronchial secretion and diminishes the force of the circulation. But ordinarily the physician is not summoned until the bronchitis is established, and measures designed to abort it are inadequate.

*Treatment of mild Bronchitis.* The inflammation is limited to the larger tubes, or to these and those of medium size; if to the larger tubes, it gives little inconvenience, and often passes off without treatment. The patient is said to have a cold. In mild bronchitis, the respiration is but slightly accelerated, the temperature not above  $102^{\circ}$ , the cough not painful, or attended by a slight degree of soreness in the upper sternal region; the thirst is moderate, and the appetite not notably diminished.

In this form of bronchitis, in which there is no increase of symptoms from day to day, demulcent and mild expectorant medicines are sufficient to cure the disease. Even domestic remedies are sufficient. It is of such cases that the late Dr. James Jackson, of Boston, in his advice to a young physician, wrote as follows; "For young children I employ the following: Take of either almond or olive oil, of syrup of squills of any agreeable syrup and of mucilage of gum-acacia, equal parts, and mix them. Of this mixture, a teaspoonful may be given to a child two years of age, a little less, if younger, and increase if older, so as to double the dose to one in the sixth year."

Of the mixtures officinal in our pharmacopœia, the *mistura glycyrrhizæ composita* is perhaps the best for mild bronchitis, and it is largely used. It is beneficial not only in the primary disease, but in the secondary or symptomatic bronchitis of measles and pertussis. The small amount of tartrate of antimony and potassium which it contains,  $\frac{1}{4}$  grain to the drachm, has a slight sedative effect on the action of the heart without causing nausea, and it promotes expectoration. The paretic in this mixture being one part to eight, is useful if the infant be restless, and deprived of the needed sleep. A patient of one year can take one-third of a teaspoonful, and one of two years half a teaspoonful, every two to four hours. The *syrupus ipecacuanhæ compositus* of the French pharmacopœia is also one of the most beneficial remedies for mild bronchitis. It is slightly laxative, and it produces no narcotic effect. It consists of the ipecacuanha and senega roots, thyme, the blossoms of the red poppy, which I believe are not narcotic, orange-flower water, white wine, sugar and a small amount of sulphate of magnesium. An infant of eight months can take half a tea-

\* Read before the Section of Obstetrics and Diseases of Children, New York Academy of Medicine, January 28, 1886.

spoonful every second hour, and one of eighteen months or two years one teaspoonful every second or third hour. I have prescribed this syrup during the last two years, and mothers who have observed its effects have commended it. As is seen from its composition, it promotes expectoration without any of the ill effects which sometimes result from the use of those mixtures which contain opiates. If it were introduced into our pharmacopœia it would probably be largely used in this country.

If the temperature rise to 102° or above with the respiration in a corresponding degree accelerated, the cough painful, and the pulse frequent and strong, indicating extension downward of the inflammation, the following prescription I have found useful:

℞.—Spts. ætheris nitrosi,  
Syrupi ipecacuanhæ . . . . . aa ʒij  
Ol. ricini . . . . . ʒii  
Syr. bal. tolut . . . . . ʒj.—M.

Sig. Shake bottle, and give half a teaspoonful to an infant of one year; one teaspoonful to an infant of two years.

Mild bronchitis, with the use of such remedies as have been mentioned and with the external treatment of the chest which will be described hereafter, gradually abates in most instances. But the physician should be prepared for the other alternative, namely, an increase in the severity of the symptoms by extension of the inflammation to the smaller tubes, and the change of a mild into a severe bronchitis.

*Severe or grave Bronchitis.* The inflammation has extended to the minute bronchial tubes: the mucous membrane of these tubes is hyperæmic and swollen, and actively secreting. On account of the small size of the tubes, many of them become occluded by muco-pus, which acts as a ball-valve, allowing the escape of air upward from the alveoli, but preventing its entrance into them. Hence the alveoli connecting with these closed bronchioles become less and less distended with air, undergoing partial collapse, and some of them pass into a state of complete atelectasis. This occurs most frequently in the posterior and depending portions of the lungs.

Another equally serious pulmonary complication often occurs. I refer to catarrhal pneumonia. The inflammation in its progress downward in the most severe forms of the disease passes from the bronchioles to the adjacent alveoli, usually in more places than one. With the occurrence of this complication, the symptoms are aggravated, the suffering increased, and the prognosis is obviously the more unfavorable the greater the extent of this complication. Broncho-pneumonia thus occurring is indeed one of the most dangerous diseases of infancy, and one that requires the utmost vigilance on the part of the physician, and the most skilful use of remedies, to save the life of the patient. The respiration in severe bronchitis is greatly

accelerated, numbering 60, 80, or even 100 or more per minute, and each inspiration is usually accompanied by a moan. The pulse is in a corresponding degree accelerated, and is often feeble; the countenance is anxious and indicative of suffering, and the patient restless.

In this form of bronchitis the indications for treatment are: 2. To promote expectoration, and prevent clogging of the tubes; 1. To diminish the inflammation, and prevent its extension; 3. To strengthen the action of the heart and prevent exhaustion.

In employing measures to fulfil the first indication it should be borne in mind that the cough is useful as the only means of expelling the mucus, and that patients never do well with severe bronchitis that do not cough often. When asked by parents to prescribe something to diminish the cough, I inform them that the safety of patient depends on the strength and frequency of this symptom, and that it would be dangerous to put a stop to it by the use of opiate or other medicines, and I now very seldom combine an opiate with the cough mixture for severe infantile bronchitis. If the infant be allowed to cough every five or ten minutes, and the cough be rendered as loose as possible by appropriate remedies, it will do better, according to my observations, than when the cough occurs at longer intervals. If it requires sleep, I give medicine separately once or twice daily, as in the following formula for a child of one year:

℞.—Liq. opii compositi (Squibb's) . . gr. xij.  
Potassii bromidi . . . . . ʒj.  
Syr. rubi idæi (raspberry) . . . . . ʒss.  
Aque . . . . . ʒiiss.—M.

Sig. Dose, one teaspoonful.

I have seen much harm done by employing stupefying agents which, while they produce sleep, also cause suspension of the cough, upon the strength and frequency of which the safety of the infant depends. The very prevalent opinion among the laity that the cough does no good to the infant unless mucus is ejected from the mouth, needs to be corrected. In order to obtain their full co-operation, I often find it beneficial to explain to the mother or nurse the process of expectoration in the infant, so that they understand that the tubes are freed from mucus as effectually when it is swallowed, after the cough, as when it is received upon the handkerchief.

Among the agents to fulfil the first indication mentioned above—that of promoting expectoration with the least possible loss of strength—the first place must be given to the ammonium salts; of which the two in common use are the carbonate and muriate. The carbonate is both a stimulant and expectorant, but its irritating property is such that it should not be prescribed in a larger dose than one grain to the drachm; a larger dose frequently repeated may produce gastritis, especially if there be little food in the stomach. It has been known to produce gastritis in animals when administered in considerable quantity, and its

irritating action on the fauces can be noticed by any one who swallows a solution of two or three grains to the drachm. The Curator of the Foundling Asylum has noticed in the cadaver the ill effects of the more irritating ammonium preparations. In one instance in which the aromatic spirits of ammonia had been employed, it was supposed with sufficient dilution, the extent and severity of the gastritis were such that it seemed as if this agent might have hastened the fatal result. The preferable way of employing this valuable agent, to prevent its irritating action upon the stomach, is to prescribe it dissolved in water, and order each dose to be administered in a tablespoonful of milk. The muriate does not possess the irritating property of the carbonate, and it can be safely administered in double or treble the dose of the latter, and at short intervals. It is therefore, I think, to be preferred to the carbonate in most cases of severe bronchitis, except at an advanced stage, when an active stimulant of the heart is required.

In this connection, I will state my conviction that the ammonium salts, whether the carbonate or muriate, are not given in sufficiently frequent doses in the practice of most physicians, in severe forms of the disease which we are now considering. If there be marked dyspnoea, and urgent need that the mucus be expectorated from the tubes which it is obstructing, I think that the effect is better if the dose be administered every half hour instead of every second or third hour. Half-hourly doses are not inconveniently given if the vehicle be milk.

The muriate of ammonium may, like the carbonate, be administered in milk, but the following is with me a favorite formula :

R.—Ammonii muriat. . . . . ʒj.  
Syr. bal. tolut. . . . . ʒij.—M.

Fifteen drops, which contain one grain of the muriate, should be given to an infant of three months, and thirty drops, or two grains, to an infant of six months. Physicians, in my opinion often defer too long the use of the ammonium salts, using for the first days depressing remedies instead. The infant suffering from dyspnoea, and requiring a strong and frequent cough to expel the mucus, may, according to my observations, take the muriate from the first day of the sickness with benefit; and every half hour or hour when it is awake. No harm can result from the use of this agent in frequent doses, and for several days, such as might result from the carbonate.

The ammonium salts tend to increase the frequency of the cough, perhaps by the slight irritation which they produce upon the fauces in the swallowing. The muriate may be employed so long as an expectorant is required, and usually with as much benefit as can be derived from any drug.

As regards the use of those other common expectorants which have long been employed, particularly senega and squills, those have been better observers than myself who have witnessed any marked benefit from them.

It is so necessary, as a means of relieving the dyspnoea, to assist the infant to expel the mucus with which the tubes are clogged, when the respiration is much embarrassed, that an emetic is sometimes proper. One should be selected which causes little exhaustion. The syrup of ipecacuanha may be employed, given with an alcoholic stimulant, as brandy or whiskey. Infants a few months old I have sometimes temporarily relieved by moving with the finger or a swab the mucus that collected upon the fauces. This simple operation produces a forcible cough, and sometimes vomiting by which a large amount of mucus is expelled.

The necessity of sustaining the strength of the patient, and, at the same time, of reducing the fever, has led to the employment of quinine by many, perhaps most, physicians in the treatment of severe infantile bronchitis. I cannot say that I have noticed any marked reduction of temperature from its use in bronchitis or broncho-pneumonia, but it has seemed to me that it has been useful as a heart tonic. Much harm may, however, be done by employing quinine in the treatment of infants, by the use of doses too large. In the adult, according to the sphygmographic observations of Dr. M. Putnam Jacobi, while quinia in a dose of five grains increases the strength of the heart's contraction, a dose of twenty grains enfeebles the contractile power of the heart in a marked degree. According to Stillé and Maisch, "Poisonous doses occasion dyspnoea and noisy respiration, which is also jerking, interrupted, retarded, and finally arrested" (*National Dispensatory*). A dose too large, therefore, would be likely to produce just such symptoms as occur in severe broncho-pneumonia. To an infant aged one year, with this disease, I do not give larger dose than one-half grain to one grain of the sulphate of quinia, every fourth hour, as in the following formula :

R.—Quiniæ sulphat. . . . . gr. xij.  
Ext. glycyrrhiz . . . . . ʒ ss.  
Syr. pruni Virginianæ . . . . . ʒ ij.—Misce.

Quinine, however, administered to an infant is very likely to cause vomiting from its bitterness, a result which I do not regret in the treatment of capillary bronchitis, because it causes the expectoration of considerable mucus. The second or repeated dose is usually not vomited. It is difficult to appreciate the beneficial effects of quinine in this disease, but that it does increase the contractile power of the heart seems probable.

If the temperature rise above  $103^{\circ}$ , if the infant have a full and strong pulse and flushed face, and if the lungs are not involved, or but slightly inflamed, antipyrin may, according to my experience, be safely administered, in proper dose, and with beneficial effect as regards the febrile movement. It should not be administered at stated intervals, but according to the temperature, so that, perhaps, only one or two doses daily may be sufficient. When the lungs are implicated, and the patient has severe broncho-pneumonia, I have seen such pallor from a single dose of antipyrin, in one instance, that I did not dare to

repeat it. It seems to me, therefore, that there should be a careful discrimination in regard to the cases in which it should be employed, so that, while vigorous infants, with severe bronchitis, without pneumonia, or with but slight pneumonia, are benefited by its use, feeble infants, with weak pulse or with extensive pneumonia, and young infants, incur too great risk to justify the employment of this agent, until its exact therapeutic effects are more clearly ascertained.

When the pulse is becoming more rapid and feeble from the extent and severity of the inflammation, the use of digitalis is indicated as a heart tonic. Not infrequently in severe bronchitis, with the minute tubes clogged with muco-pus, the heart is taxed to the utmost to carry on the circulation. Digitalis may furnish the needed assistance by increasing the contractile power of the ventricles. It is, therefore, an important remedy in a large proportion of cases of this form of bronchitis. Two drops of the tincture of digitalis may be given every second hour to an infant of eighteen months, during three or four days, or longer, if the action of the heart be oppressed so as to require it. But no one of the medicines which I have mentioned is more urgently needed in severe infantile bronchitis than alcoholic stimulation. It may be employed at an early stage when the heart begins to fail, without fear of increasing the inflammation.

A rule with me is to give two or three drops of brandy or whiskey for each month in the age of the infant after the third month. It should be given hourly, or each second hour, by day and by night, when the infant is awake.

*Local treatment.* The external treatment of infantile bronchitis has changed greatly within the recollection of the older members of the profession. Thirty-five years ago the pernicious teachings of Broussais still had some influence, and the application of one or more leeches to the chest was recommended in the text-books. Leeching did apparently cause some alleviation of the suffering, and, according to my recollection, an easier breathing for a time; but any good which resulted from it was more than counterbalanced by the loss of strength, as indicated by pallor of the countenance and a feebler pulse. It has been properly abandoned during the last twenty-five years, and is not likely to be employed again as a remedial measure. The same may be said of vesication. Under the teaching of the schools and the books, vesication was employed after the bleeding from the leech bites had ceased. Witnessing the restlessness and increase of suffering which the fly-blisters produced, I abandoned its use in the first two or three years of my practice, employing instead the cantharidal collodion, applied in points or small patches, half an inch in diameter, over the anterior part of the chest. It is now many years since I have used the Spanish fly in any of its forms, or witnessed its use in the practice of others in infantile bronchitis, and the

disrepute into which it has fallen is not to be regretted.

But how shall the chest be treated? Writers mention the benefit derived from revulsive measures applied to the chest. Prof. Henoeh, of Berlin, whose opinions have great weight with all who are familiar with his writings, recommends dry cupping for its revulsive effect. Says he, "Instead of leeches, I now apply wet, and especially dry cups (four to eight, according to the age), as these have at the same time a revulsive effect." The question may be properly asked. Does revulsion do any good? How can producing an afflux of blood to the surface of the chest diminish the severity of the bronchitis, since the bronchial tubes derive their supply of blood from a different branch of the aorta from that which supplies the walls of the chest? However it may be explained, slightly irritating applications which produce moderate redness of the surface of the chest, do seem to assuage in a measure the suffering of the patient, and aid in procuring the needed rest. After observing their effects for many years, I have found no better mode of external treatment for infants under the age of two years, and for all weakly infants whatever their age, than the application of a flaxseed poultice properly prepared. But instruction should be given in the preparation and application of the poultice with all the details which Abernethy was wont to give to his class. A poultice which, in a few hours after its application, lies in a mass upon the epigastrium with the chest bare, does more harm than good. The poultice should be of uniform thickness, of about a line, between two thickness of linen, or thin muslin, and so moist that it wets the hands in holding it. For infants under the age of six months, camphorated oil should be thickly smeared on its under surface; for those between the ages of six and eighteen months, instead of the camphorated oil the flaxseed should be mixed with one-twentieth its weight of pulverized mustard, and for those above the age of eighteen months the mustard should be one-sixteenth part. In all those cases in which the respiration is not only hurried, but painful, and accompanied by a moan, and in which the cough is painful, the whole chest should be covered by two poultices, as thin as mentioned above, one over the anterior and the other over the posterior surface, fastened together over the shoulders, and under the arms by small safety-pins, and covered externally by a snugly fitting oil-silk jacket. The poultices thus made should be reapplied morning and evening. They usually cause redness of the surface without pain, but they have never, in my practice, vesicated. They should be continued during the active period of the inflammation. Repeatedly, I have observed the breathing become easier by their use. At the same time, if the febrile movement be so great that it requires to be reduced, an ice-bag may be placed upon the head, and the hands and forearms be frequently sponged with cool water or alcohol and water.

Cool water dressing applied to the chest has its advocates, and, although I believe that the poultices give most relief to the majority of infants, it does not seem improbable that robust infants over the age of twenty months with high temperature may sometimes obtain relief from its use. Prof. Henoch writes: "I strongly advise hydro-pathic applications to the chest from the neck to the umbilicus. A napkin or diaper is dipped in water at the temperature of the room, well wrung out, and then placed around the chest, without exercising any compression, so that the arms are free. This is surrounded by a roll of batting, and then covered by a layer of oil-silk or gutta-percha paper." If the temperature be high, this application should be renewed every half hour, and it may be continued several days. If it be renewed at long intervals, its effect is obviously like that of a poultice.

If the patient begins to convalesce, the application to the chest, whether water or the poultice, can soon be omitted, and bathing covered with oil-silk be substituted for it. Finally, the position of the infant, when there is marked dyspnoea, indicating extension downward of the inflammation, should be frequently changed, since a change in position tends to prevent pulmonary congestion, and aid the expectoration. If the infant be placed over the shoulder or upon the lap of nurse with face downward, its expectoration is often facilitated. Moisture in the room, as that produced by boiling water, also aids the expectoration, probably by rendering the muco-pus thinner and less viscid. When bronchitis occurs in a constitutional disease, as measles or pertussis, as an element of it, it continues as long as that disease lasts, but it can be made milder or less annoying to the patient by remedies such as those mentioned above.

## HEADACHE.\*

By DR. W. R. CHITTICK.

The study of headache is as interesting as it is difficult. It is a complication that we meet with in the majority of cases, and in many of them it is the most prominent symptom complained of.

The study of this trouble by itself has been neglected, I think, more than any other prominent disorder. If we turn to the text-books for information on the subject we find much less than we wish we could, and when we have done with our search we can sum it all up in a very small space. This may be owing to the little importance which some authors regard the subject, or it may be due to a want of a clear understanding of so really difficult a matter.

Headache is usually a sympathetic disorder. But there are cases where it is a prominent symptom of organic disease.

The main cause of headache is a disordered cir-

ulation, or, we might say, a disturbance of the vaso-motor system. Another cause is the presence of some toxic substance in the blood. These with that condition called "nervous" will in a rough way, cover the ground of causes of headache.

But they may be still further divided, and for the sake of convenience I will so consider them.

*Congestive Headache* is one frequently met with. It is caused by an excessive amount of blood in the head. It is known by a flushed appearance of the face, congested eyeballs, a full, bounding pulse. The pain is throbbing in character, is made worse by stooping or moving the head quickly. There is distension of the arteries going to the head, or there may be a diminution in the calibre of the veins which prevents a return flow of blood through them. This may be due, and I think it is, to some irritation of the nervous centres. A vitiated atmosphere, by reducing the amount of oxygen, and causing a retention of waste product in the blood is often the cause of it. This will sometimes account for those headaches which patients have on awaking in the morning.

Fresh air, cloths rung out of hot water, caffeine, bromide of potassium, ergot, digitalis, aconite and other arterial sedatives, are the remedies most useful in this form of headache.

*Anæmic headache.*—This form of headache is due to a lessened amount of blood circulating through the cerebral arteries. It is usually caused by spasms of the arteries, and may be removed by the horizontal position and such remedies, as will relieve the spasmodic action of the blood vessels. Nitrate of amyl, nitroglycerine, cocaine, codeine, and belladonna, are among those that are the most useful.

Headache due to general anæmia should not be confounded with those due simply to passive anæmia of the brain only. In this disorder there is an impoverished condition of the blood. Persons laboring under this condition of things will often try to do more work than they are capable of, and, therefore, force an illy-nourished and nervous system beyond its capacity.

Anæmic blood is like watered milk—is decreased in nourishing qualities; therefore it is easy to see how an organ like the brain, with its numerous nerves, will suffer when compelled to work on poor food.

Anæmic headache usually effects that part of the head that is nearest the arteries that supply the brain, namely the temples, brow, occipital region, etc.

Iron is of course indicated where there is anæmia. The preparations that I like best are Bland's pills, made freshly; liquor ferri nitratis, perchloride and persulphate of iron, and last, but not least, Rabuteau's pills.

Headache caused by cerebral exhaustion is probably the most difficult to treat. Cerebral exhaustion is caused by over-work of the brain. This is peculiarly an American difficulty. Men and women will work, worry and wear themselves away in spite

\* Read before the Detroit Academy of Medicine.



of all the advice physicians are willing to give them.

Business men are worried by financial troubles; wives are worried about social matters; young men and boys are worried in regard to school and college matters, or perhaps dissipate; girls are asked to do more in schools or shops than is reasonable to ask of a young and developing female. In these days of railroads, telegraph, telephones, fast machinery, and other methods of rapidity and competition, there can be found causes enough for overwork. Whatever the cause the effect produced is annoying and dangerous. The brain is in an irritable condition and forms a central point for general irritation. All sorts of ills, fancies and conditions are produced, and little can be done until the cause is obliterated.

The treatment of such cases is, first, proper food; not only the digestion but the assimilation must be looked after. In the meantime medicine must be administered. The best drugs for this condition are the alkaloid caffeine, (the citrate of caffeine is said to be only a mixture), monobromide of camphor, codeine, nux vomica, quinine, gelsemium, guarana, fluid extract camellia; iron and other tonics.

*Intermittent headache* is due to some malarial derangement manifested in this manner. Quinine is the most prominent remedy and may be aided by other remedies.

*Habitual headache* is due to some derangement of the systems usually of the stomach or bowels. When we enter upon the discussion of the so-called "stomach" headache we simply enter upon a discussion of the disorders of digestion. Headache arising from indigestion is sympathetic and reflected through the pneumo-gastric nerve, or is the result of toxic material (ptomaines probably); produced by some fermentative changes in the stomach and taken up in the general circulation. It may be a derangement of the liver that causes the headache; then it is called *bilious* headache and is sometimes very severe. Obstruction to the free escape of bile or interference with the normal functions of the liver—either an increased or diminished secretion are among the causes.

Reflex irritation from *genito-urinary* organs is also a source of headache. This is noticed in some patients about the period of menstruation. In others displacements and disorders will cause pain in the head, usually on the top of the head.

*Astigmatism*, if not corrected, will almost always cause headache if the eyes be used much. The disturbance in these cases may become so great as to cause disturbance, through the nervous centre of the stomach. Ear troubles also sometimes cause headache, but as I do not recollect treating any cases from this cause, I will have to pass over it.

External pains of the head, often called headache, are due to a variety of causes. Syphilis often causes headache, if the membranes of the brain are affected. Rheumatism of the scalp is often mistaken for headache. Neuralgia of the supraor-

bita, occipital or auricular nerves is at times very troublesome. These require anti-neuralgic treatment.

A few words on the remedies used in the treatment of headache and I am done. Caffeine is a very valuable remedy in this disorder, but should not be given in doses of more than two grains at a time; large doses are apt to produce nausea.

Codeine has many valuable qualities. It seems to me to have an action like opium and the bromides combined. Its cost, however, (\$12.00 per oz.) makes it an expensive drug to use.

Monobromide of camphor, in doses of two to six grains, is excellent for slight nervous headache.

A combination of caffeine and codeine is very good, but do not put monobromide of camphor with them—it will surely produce nausea. Guarana is an excellent remedy for hyperæmic headache and has some advantages over caffeine.

Fluid extract of camellia and of coffee owe their usefulness to the caffeine they contain.

The bromides are probably used more than any other class of remedies in headache. Their use should be confined exclusively to congestive headaches, except where they are used in conjunction with other remedies.

Ergots and digitalis are useful when we wish to tone up the blood-vessel or diminish their calibre, or to steady the action of the heart itself.

Aconite is occasionally indicated when it is necessary to get control of the heart.

Quinine, salicylic acid, opiates, hyoscyamus, belladonna, gelsemium (particularly where there is neuralgia), and nux vomica, are often indicated, and, when used in combination with some of the remedies first mentioned, will add to their effectiveness.

Nitroglycerine in small doses is very useful in headaches due to spasm or anæmia of the brain. Its acts very promptly.

Cocaine, on account of its peculiarly soothing and quieting action, is excellent in headaches due to cerebral exhaustion and other nervous conditions.—*Detroit Lancet*.

Constipation in infants is thus treated by various writers in the *British Medical Journal*:—

Dr. W. R. Cossham has generally found much benefit from ordering the infant to be fed every morning with a cupful of gruel, which may be sweetened with treacle or honey. Further help is obtained by giving a teaspoonful of cod-liver oil twice a day, and using friction over the bowels every night with olive-oil on the palm of the hand. An occasional morning draught may also be necessary, such as tinct. podoph. mij (gr. ii ad 3i); pulv. ipec. gr. ¼; glycerini 3i; aquam. anisi ad ʒ ss.

L. suggests two or three meals of "Mellin's food" daily. He has found this useful, and has long since dispensed with drugs as much as possible in the treatment of some troublesome cases.

If the infant is being nursed, two or three meals a days will be sufficient, and these may be dispensed with as soon as the object is attained, and resumed if necessary; but if it be living upon artificial food, "Mellin's food" should be substituted.

Mr. E. Gibson Berkley says that the liquid extract of cascara sagrada, combined with minute doses of tincture of nux vomica, and made palatable with a little syrup of lemon or glycerine, will be found very useful. It should be given two or three times a day.

Sign-Post recommends feeding the infants on well-made oatmeal gruel and milk, in proper quantities, and at intervals. For an infant from four to six months old, he advises half the feeding-bottleful of milk, with the same quantity of oatmeal gruel, to be given every four hours. The directions for preparing the gruel are as follows: Take a teaspoonful of the common coarse, but sweet (not bitter), oatmeal; let this soak in a little more than a tumblerful and a half of cold water for some hours, say all night; then place this meal, and the water, in a clean, covered saucepan capable of holding double the quantity of the liquid poured in; place the saucepan near the fire, so as to heat the contents slowly, and after a time place it on the fire, and stir the contents, until, and for a minute or so after, it boils; then pour the contents on to a horse-hair sieve; the creamy gruel is made.

Mr. M. F. Bush advises a spill of paper dipped in castor-oil about two or three inches, and inserted into the lower bowel. It should be used every day for a time.

## ON THE TREATMENT OF FURUNCLES.

The *Boston Medical and Surgical Journal* (Medical Age) writes:

Gingeot has contributed to the *Bulletin Général de Thérapeutique* (t. cviii.) a valuable series of articles on the treatment of boils and carbuncles, of which the following is a summary:

Brodie, in his lectures on pathology, published in 1846, advanced the view that the furuncle was a species of eruption analogous to smallpox, and a local expression of a poison circulating in the blood. Alphonse Guerin, in the article Anthrax in "Jaccoud's Dictionary" (1865), teaches that furunculosis is a septicemia, and assigns to it an intermediate position between the general affections which localize themselves, and those which, becoming generalized, result from a lesion primarily local.

The contagiousness of furunculosis was established by Startin in 1866. He proved (1) the auto-inoculation of the contagium by scratching; (2) the transmission from individual to individual by contact (as by occupation of the same bed); (3) the development of boils on the hands of surgeons and dressers consecutively to their being wounded with a bistoury which had been used in

opening a furuncle. Lannelongue inoculates patients with matter from boils, producing at the point of puncture furunculoid eruptions.

It is not only proved that boils and carbuncles can be transmitted from man to man by contagion, but the active principle of the contagion, according to Gingeot, has been discovered. For this discovery we are indebted to Pasteur, who, on applying to the furunculoid affection the same means of study as had been applied by him to the investigation of the pathogeny of splenic fever, fowl cholera, and other virulent diseases, "has been able to demonstrate that every furuncle contains certain microscopic parasites, and that it is to these that there are due the local inflammation and the pus formation." This microbe is called by Pasteur the *torula pyogenica*; this mycologist, moreover, identifies this bacterium with that of abscesses of the soft parts, of osteomyelitis, and of puerperal fever; certain it is, however, that the product of cultures of furunculoid origin has never given rise, by inoculation in animals, to anything but simple abscesses, never to furuncles. Gingeot explains this fact by referring to the peculiarity of the tissue, namely the glandular apparatus of the skin (and especially the pilo-sebaceous glands), where the furuncle has its seat; the inoculation of the microbe would have a different result according as such inoculation were made into a follicle, or into the subcutaneous cellular tissue. M. Lowenberg has repeated Pasteur's cultures and inoculation experiments, and has confirmed them; he has also shown the part played by hairs in the collection of germs. The view which he adopts, and which Gingeot indorses, makes furunculosis a parasitic disease resembling scabies, and the old humoral notions respecting the etiology of boils and carbuncles are repudiated. It is, however, certain that furunculosis is attached by many bonds of union to the other virulent affections. A certain predisposition of constitution is necessary; the torula does not thrive unless it finds a favorable medium. This predisposition is found in certain debilitated states of the economy from overwork, alcoholism, diabetes, lithemia, etc., in which there is such modification of the secretions of the skin as renders the piliferous and sebaceous glands a suitable habitat for the *torula pyogenica*.

The indications of treatment are: (1), if possible, to cause the furuncles to abort; (2) this indication being impossible of fulfillment, to moderate the amount of suppuration; (3) to antagonize the constitutional condition which favors furunculoid productions.

There are two principles laid down as the fruit of large experience: first, never to open early; second, seldom or never to open, even if suppuration has taken place, but to leave the boil or carbuncle to nature. Since the furuncle is a parasitic affection, the essence of the treatment ought to consist in destruction of the parasite. One of the first precepts is to apply no poultices. Even when put on cold, the poultice has no power to stay the

development of the furuncle, and when warm it can only favor such development, as heat and moisture promote the vital activity of the lower organisms; moreover, the organic substances of which the poultice is made furnish a contingent of food to the parasite. Even when the boil has gone on to suppuration, the poultice is rather injurious than otherwise, aiding the penetration of new follicles by the microbe, by spreading the pus over the skin and keeping it in contact with the glandular orifices dilated by the heat.

One of the external remedies likely to be most successful in the abortive treatment of furuncle, and which Gingeot highly recommends, is the tincture of camphor. Both the alcohol and camphor in this preparation are excellent parasiticides. The camphorated spirit is applied to the part by means of a compress, and allowed to remain in contact with the skin for a few minutes. Thus treated, boils, if taken at the commencement, are frequently made to abort. The application should be made three or four times a day.

Another good agent for fulfilling the same indication is tincture of iodine, which should be painted freely several times a day over the furuncle and a little beyond. If applied till epidermic desquamation takes place, the iodine tincture does no harm, and if it does not always prevent, it certainly moderates, suppuration, thus fulfilling the second indication and better than (perhaps) any other remedy. Gingeot believes that the iodine does good by its superlative parasiticide action; "the parasites can not escape contact with the liquid, which is introduced by capillarity into the glands, and by endosmosis into the acuminate vesicles of the top of the furuncle."

The same treatment is applicable in the early stage of carbuncle, and will often arrest its development; if, however, the progress of the carbuncle can not be stayed, a strong solution of carbolic acid (equal parts of the strong acid and glycerin) must be brought in contact with the diseased tissue, as Dr. Eade, of London, recommends.

The central cord or stem must be destroyed; this may be done by freely applying the carbolic acid through any opening which may exist in the center of the swelling, or a sufficient opening may be made with acid nitrate of mercury.

When the furuncle is opened and discharging, the usefulness of tincture of iodine is ended. Then there is nothing better than boric acid applied in the form of fine powder, which is freely dusted over the boils, or of the saturated aqueous or alcoholic solution which is kept constantly in contact with the diseased parts by means of compresses soaked in the liquid.

As for internal medication, Gingeot has nothing better to suggest than the recommendation to follow out the line of treatment several years ago indicated by Dr. Sidney Ringer, and endorsed by Dr. Duncan Bulkley. This consists "in the administration from the first of sulphide of calcium in small doses (one-sixth or one-fourth grain) every

two hours. It is worthy of note that in the excellent paper which Dr. Bulkley read at this meeting, he coincides very nearly with the line of treatment above briefly summarized.—*Cincinnati Medical News*.

#### DIARRHŒA AND DYSENTERY IN CHILDREN.

Diarrhœa in children is an increase in the frequency and amount of the alvine evacuations, with a thin or watery character, and admixture of fecal lumps, undigested food, and, perhaps, mucus. In children under one year the cause is often in the state of health or habits of the mother or nurse, from a faulty method of feeding, or resulting from cold or dampness. In children over one year the cause will be either dentition or errors of diet. Impure air or the direct effect of a high temperature in summer, may be considered as causative conditions. We may distinguish several varieties—Simple: where there is only a moderate increase in the frequency, amount and fluidity of the normal dejecta. Lienteric: the discharges similar to the preceding, but containing considerable portions of undigested food; occurring mostly in children badly fed, and pointing to an imperfect digestion. Choleric: the passages very thin and squirted from the anus as if from a syringe; these discharges do not have the normal acid odor, but are usually fetid, and have an alkaline reaction—the so-called cholera infantum. Mucous diarrhœa: the passages containing considerable mucus, some times streaks of blood, and attended with pain. These different varieties are more or less blended in most cases. Stools possessing a putrid odor indicate involvement of the mesenteric glands, and such cases usually terminate fatally. Bad methods of nursing or feeding are responsible, more than all other preventable causes combined, for the prevalence of summer diarrhœa. If a mother cannot suckle her infant, it is best to provide a wet nurse. When a wet nurse cannot be employed, milk is the only suitable food for young infants. It should be diluted with from one-half to one-fifth part of water, for infants under a year old, and add fifteen grains or half a teaspoonful of soda to each pint, which prevents the caseine from forming in such hard coagula and neutralizes any acidity which may have developed; or a tablespoonful or two of lime water may be used instead. It is well to test the milk with litmus paper as a guide to the quantity of soda or lime water to be added. In the case of children with very weak digestion, from five to ten grains of pancreatin may be added, first dissolving it in a little water, and giving the milk blood-warm. If, notwithstanding this, curds are vomited, or three-quarters pass through, the milk may be digested half an hour with pepsin at a temperature of about 100°, then strained through a fine sieve, and the whey given with or without a portion of the finely divided curd. It is best to sweeten the

milk with sugar of milk. In some cases of diarrhœa attended with vomiting, the white of an egg, diffused in a pint of water, will be well retained and afford a grateful and nutritious drink. The doctor has no great confidence in infants' foods. If cow's milk will not agree, he tries condensed milk, and alternates it with some of the semifarinaceous food in children three or four months old. Nestle's milk food he has found as reliable as any of its class. In the simpler forms of diarrhœa, a few doses of gray powder will often be the only remedy required. Calomel in small and frequent doses will be useful in case the discharge is devoid of coloring matter (white or chylous diarrhœa). No mercurial should be long continued. Lienteric diarrhœa, pointing to disorder of the primary digestion, will be benefited by nux vomica, drop-doses or less of the tincture. Green or mucous passages, with much griping, will find an appropriate remedy in ipecac in doses short of an emetic effect. Watery passages with pain and sleeplessness will be well met by a few efficient doses of Dover's powder combined with bismuth. Whiskey should be given when there is prostration. The doctor likewise uses a trituration of liquor arsenicalis, 1-100 to 1-200 grain to the dose, in great loss of vital powder. Where the nervous system is much disturbed, the doctor gives veratrum album, from one quarter to two drops every hour, with good results. Teaspoonful-doses of camphor water are good at the onset of a severe attack with liquid stools. Dysentery is more severe and dangerous than ordinary diarrhœa. It is often preceded for a day or two by malaise, fever, and dyspeptic trouble; then the bowels act more frequently and loosely than usual, and soon the passages become bloody and slimy. The classic treatment of opiates and laxatives will suffice for a cure in a majority of cases, but success will depend largely upon their judicious employment.—*American Journal Obstetrics.*

#### THE TREATMENT OF PROFUSE HÆMOP-TYSIS.

In discussing the treatment of hæmoptysis, of course only the cases in which the hemorrhage is profuse need to be considered, for slight hæmoptysis requires no definite treatment. In the treatment of the serious form the general methods employed must be the same as that for profuse hemorrhage from other parts of the body; and although containing no new points, the paper recently read by Dr. Samuel West before the Medical Society of London (*Brit. Med. Journ.*, January 16, 1886) contains the most successful methods, brought together in such a succinct way that it is worthy of being laid before our readers. Dr. West shows that rest, absolute of the body as a whole and of the diseased part so far as possible, is the main essential principle; and with this object in view the patient should be kept in a recumbent position,

speaking prohibited, cough checked, and excitement avoided, or, if present, controlled by drugs. These indications are best met by the use of opium, which Dr. West regards as indispensable in most cases of hæmoptysis. Of the so-called hæmostatic remedies two groups may be formed,—the topical astringents and the vascular constrictants. Chief among the former are the perchloride of iron, alum, gallic and tannic acids, and acetate of lead; but, powerfully as these remedies act when applied to the bleeding surface, it is difficult to see how they can produce the same local effect when administered by the mouth, for it is hard to comprehend how a few minims of dilute solution introduced into the stomach can produce an effect which the undiluted solution can effect only when applied directly to the bleeding surface; consequently, if they act at all, it must be by producing vascular constriction. Of the groups of remedies which produce vascular contraction, digitalis and ergot are the most prominent examples. Both of these drugs produce contraction of the peripheral arteries, and if hæmoptysis were due to capillary oozing they might possibly arrest the hemorrhage; but we know that hæmoptysis is not due to capillary oozing, but to lesions of fairly large vessels. Hence these remedies, instead of being useful, may be even dangerous, and increase the hemorrhage. Hæmoptysis always tends to stop itself, from the fact that the blood-pressure is reduced from the loss of blood, and the greater the reduction the greater is the tendency to form a clot. This fact has long been recognized, and therefore one of the early standard methods of treatment of hæmoptysis was to produce hemorrhage from other parts by free blood-letting; and although blood-letting is now believed to be indicated in but very few cases, an attempt may be made to reach this end, not by removing the blood from the body, but by detaining it in some part of the body distant from the seat of the hemorrhage. This may be, to a certain extent, accomplished by extensive dry cupping, or by dilating some of the vast vascular systems of the body, and making them act as temporary reservoirs for the blood. This might possibly be accomplished by producing purgation, or the cutaneous system might possibly be dilated through pilocarpine, or even nitrite of amyl; however, the possible objection to the use of these drugs is they dilate the vessels of the lungs as well. Then, again, the blood-pressure may be influenced through the heart, as by use of cardiac depressants, of which antimony is the most reliable; while, lastly, diet is of the very greatest importance. The principle of absolute rest and restricted diet should be applied in all cases of hemorrhage. It is thus seen that without giving a long list of drugs, or discussing in detail the various methods of treatment of hæmoptysis, Dr. West indicates the conditions which have to be fulfilled and the essential principles which should guide our choice of remedies. Our treatment of hæmoptysis is as yet extremely unsatisfactory, and perhaps the

following out of some of the lines of treatment suggested above may lead to valuable results :

#### EXPERIMENTS WITH NUMEROUS DRUGS ON THE BACILLUS TUBERCULOSIS.

If Koch's bacillus tuberculosis is actually the cause of infectious agent of tuberculosis, the labors of Sormani and Bognatelli to ascertain the effect of various drugs on the microbe are in the right direction to possibly advance the therapeutic aspects of this affection. We abstract from their papers, "Ricerche Sperimentali sui Neutralizzanti del Bacillo Tubercularea Scopo Profilattico" and "Ulteriori Ricerche sui Neutr. del Bac. Tuberc.," Milano, 1885, simply their general conclusions.

Both authors tested a number of chemicals, especially such which could be therapeutically considered as to their influence upon the vitality of bacillus tuberculosis. One c. c. (16 gtt.) of sputum, in which the presence of a large number of bacilli was previously ascertained, was, under the ordinary precautions, mixed with a certain quantity of the drug to be tested, the mixture preserved at a temperature of 35° to 40° (C.) one to two hours, then mixed again, and by means of a disinfected syringe injected in the abdominal cavity of guinea-pigs. These animals, unless they died sooner, were killed after two or three months and examined for bacilli. A large number of drugs showed no or a very slight pertinent action. An appreciable antibacillar effect was obtained from the following drugs in an ascending order: lactic acid, camphor, bromide of ethyl, naphthol, turpentine, chloride of palladium, creasote, carbolic acid, and corrosive sublimate. The following drugs showed likewise some antibacillar virtues; benzine, toluol, oil of carraway, essence of cloves, guajak, chinolin, menthol, and creasote.

#### THE MANAGEMENT OF PLACENTA PRÆVIA.

Dr. Malcolm MacLean offers the following rules as those which should best govern the treatment of placenta prævia (*Amer. Journ. Obstetrics*, March, 1886):

*First.*—In any case avoid the application of all chemical styptics, which only clog the vagina with inert coagula, and do not prevent hemorrhage. At the very first, the patient should be put in a state of absolute rest,—body and mind,—and a mild opiate is often desirable at this stage to quiet irritation.

*Second.*—Inasmuch as the dangers from hemorrhage are greater than all else to both mother and child, at the earliest moment preparations should be made to induce premature labor; and labor being once started, the case should be closely watched to its termination by the accoucheur.

*Third.*—In primiparæ, and mothers with rigid tissues, the vagina should be well distended, by either the colpeurynter or tampon, as an adjuvant to the cervical dilatation.

*Fourth.*—In the majority of cases generally, and in all cases especially where there is reason to believe that rapid delivery may be required, it is more safe to rely upon the thorough continuous hydrostatic pressure of a Barnes's dilator than on pressure by the foetal parts.

*Fifth.*—Where the implantation is only lateral or partial, and where there is no object in hurrying the labor, bipolar version, drawing down a foot and leaving one thigh to occlude and dilate the os, may be practised according to the method of Braxton Hicks, except in cases where the head presents well at the os, when,

*Sixth.*—The membranes should be ruptured, the waters evacuated, and the head encouraged to engage in the cervico-vaginal canal.

*Seventh.*—In the majority of cases, podalic version is to be preferred to application of the forceps within the os.

*Eighth.*—In some cases, in the absence of sufficient assistance or the necessary instruments, the complete vaginal tampon, in part or wholly of cotton, may be applied and left *in situ* until (within a reasonable time) it is dislodged by uterine contractions and the voluntary efforts of the mother. In case of favorable presentation,—occiput or breech,—the tampon will not materially obstruct the descent of the child, and in some cases the tampon, placenta, and child will be expelled rapidly and safely without artificial assistance.

*Ninth.*—The dangers of septic infection by means of the tampon or india-rubber dilators are so slight, if properly used, as not to be considered as seriously impairing their great value.

*Tenth.*—Whenever it is possible, dilatation and delivery ought to be deliberately accomplished, in order to avoid maternal lacerations.

*Finally.*—As cases of placenta prævia offer special dangers from post-partum hemorrhages, septicæmia, etc., the greatest care must be exercised in every detail of operation and nursing to avoid conveying septic material to the system of the mother.

Absolute cleanliness, rather than chemical substitutes for that virtue, should be our constant companion in the practice of the obstetric art.

#### TREATMENT OF CHANCROID.

The *Journal of Cutaneous and Venereal Diseases* learns the following from its French correspondent. M. Maurice Notta has put forth an article in *L'Union Médicale*, July 18, 1885, treating of the different methods which have been employed for the treatment of simple or non-infecting, non-syphilitic chancre—the chancroid of English and American writers. He divides them into two kinds—one in which only a topical and superficial action is sought to be produced upon the chancroid; and another which aims at its complete destruction from the very base, and its transformation into a simple sore. To the first class belong the applications of aromatic wine, tartrates of iron and pot.

ash, glycerine, dilute tincture of iodine, decoctions of oak or of Peruvian bark, chlorine-water, resorcine oxygenated water, tincture of thuja, guaco, perchloride of iron, sulphate of iron, silicate of potassium, chloral; also of absorbent powders, such as those composed of calomel, bismuth, camphor, oxide of zinc, quinine or ratanhia. All these agents may produce good results, but they are less efficacious than those which constitute the second class. A soft chancre may be destroyed either by excision, which is scarcely ever an advisable procedure, or by cauterization, the means usually adopted. Formerly, the arsenical preparations, Ricord's sulphocarbolated, Vienna paste, acids more or less diluted, etc., were made use of for this purpose. In France, at present, we employ a solution of nitrate of silver, 1.30, bichloride of zinc, in the form of pate de Canquoin, or a concentrated solution of iodoform—this last having been brought into favor by MM. Besnier and Lailier in 1867—salicylic acid combined either with wheat flour or with powdered gum (one part of salicylic acid to four parts of excipient); pyrogallic acid, 1.5 (Vidal); finally, the thermo-cautery. Quite recently, M. Aubert, at Lyons, has resorted, with success, to the administration of prolonged hot baths; and I have myself effected cures of phagedenic soft chancres by means of very hot cataplasms repeatedly applied. According to M. Aubert, a temperature of 38° C., if maintained long enough, will suffice to modify the chancrous poison, and transfer the virulent ulcer into a simple sore. M. Notta believes that the most efficacious method hitherto devised consists in the complete and simultaneous cauterization of all the patient's soft chancres by means of the thermo-cautery, followed by an antiseptic dressing. I refrain from further details on this subject, since the management of chancre is so admirably treated in the last edition of Bumstead and Taylor.

#### A NEW METHOD FOR THE REMOVAL OF FOREIGN BODIES FROM THE NOSE.

Dr. D. Bryson Delavan, of New York, writes to the *New York Med. Record* for January 23, 1886, as follows: "The presence of a foreign body in the nasal cavity is usually attended with marked swelling of the neighboring mucous membrane. Its extraction by any of the means in common use is accompanied with pain, often of great severity, and is often followed by a copious hemorrhage. The swelling offers, of course, a serious obstacle to the extrusion of a hard body, while one which has increased in size from the imbibition of water becomes all the more firmly impacted. Hence, in attempting the removal of the body, more or less laceration of the membrane is likely to occur. The pain, with difficulty tolerated by an adult, causes a child to become in almost every instance unmanageable, so that an anæsthetic is required. The hemorrhage is usually controllable after the lapse of a few minutes, but may, meanwhile, cause

considerable annoyance. From our knowledge of the physiological action of cocaine upon the nasal mucous membrane, it is evident that, by its use in these cases, all the above difficulties may be overcome; for applied to the nose, the mucous membrane becomes strongly retracted, the sensibility to pain lost, and the blood-vessels exsanguinated. Thus the calibre of the fossa is greatly widened, the irritation and consequent resistance done away with, hemorrhage prevented, and the removal of the foreign body thereby greatly facilitated. To carry out the method, the occluded nostril should first be cleansed with a spray or a gentle current of some lukewarm alkaline solution, after which a four per cent. solution of cocaine should be applied to the mucous membrane. When its effect has become complete, the extrusion of the body should be attempted by directing the patient to blow forcibly through the affected nostril. Failing in this, it should be drawn out by some suitable instrument. Should the patient be too restless to make this practicable, an anæsthetic may still be administered. In cases of invasion of the frontal sinus or antrum of Highmore by insects or larvæ, cocaine should be applied to the membrane before the administration of chloroform or ether, in order that the canals leading to these cavities may become as patent as possible, and thus the vapor of the anæsthetic be admitted very thoroughly to the intruder's presence. The insensitiveness of the membrane produced by the cocaine will, in these cases, certainly add to the comfort of the sufferer should it be necessary to inject, or, still better, to spray the nose with chloroform."

#### THE PREVENTION OF BALDNESS.

It has been estimated that one-half the adult men of American birth living in our cities are bald-headed. The estimate is not exaggerated, if it is applied to persons above the age of thirty, and it may be rather under the mark. If, now, it be conceded that one-half of our American business and professional men are bald at the present time, it would be interesting to speculate as to the condition of the heads of their descendants some hundreds of years from now. The probabilities point towards a race of hairless Americans, for baldness is extremely liable to be propagated in the male line, and to appear a little earlier in each generation. The American nation is threatened with the catastrophe of a universal alopecia.

It appears to be worth while, therefore to, consider the subject of prevention, since no means have yet been found for the cure. Why are so many men bald before their time?

The answer has almost always been that it is due to the excessive strain and ceaseless mental and physical activity to which American methods of business and modes of living conduce. From the visitors' gallery of the Stock Exchange, for example, one views a mob of shining pates belonging, as a rule, to rather young men.

Any reformer, however, who expects to prevent baldness by changing American habits may as well stop at once, for he will surely fail. Now, there may be, perhaps, help in some other quarter. The sons of prematurely bald fathers should bear in mind that if they wish to save their hair it will only be through industrious attention to their scalp. This much-neglected surface should be thoroughly cleansed at certain intervals. It should be carefully and regularly examined, and if it be unhealthy, dry, and scurfy, the proper applications should be made to it. The wearing of unventilated hats is one of the greatest sources of failure of nutrition of the hair, and these must be avoided. The beard never falls out, because it gets plenty of sunlight and air. These are what the hair of the scalp needs, also. Women are less bald than men, because, for one reason, their scalps are better ventilated. In fine, civilization has made the hair producing organs of the scalp delicate and feeble. They have to be nursed and cared for, or they atrophy and disappear. Young Americans who do not wish to lose their hair before they are forty must begin to look after their scalps before they are twenty.—*New York Med. Record*, January 23, 1886.

#### VACCINATION.

A week or so ago, in looking over the morning paper, our eye caught sight of a paragraph stating that a riot had occurred in a city in Lower Canada, in consequence of an attempt on the part of the authorities to enforce general vaccination. Some two hundred men had assembled together, and declared that under no circumstances would they submit to this protective operation.

The prevalence of such a sentiment as this explains at once the unusual fact of a summer epidemic of small-pox in Montreal and adjacent Canadian territory. We unhesitatingly say that wherever small-pox prevails in this age of the world it casts a sombre light on the civilization of that place and nation. It proves that the people are ignorant, negligent, or blindly bigoted; it shows that the authorities are feeble, or blind to their duties; it reveals a condition of intellectual darkness which is far behind what should be the average of the last quarter of the nineteenth century.

Were the precautions taken which all physicians and intelligent laymen are equally familiar with, epidemics of small-pox would never occur again. These precautions are all summed up in the word, *vaccination*,—vaccination with pure virus, preferably that derived directly from the cow, repeated often enough to render it certain that the vaccinated person is wholly unsusceptible to the specific action of the virus. This is all, and this is enough. Long personal observation, including a period during the war, when we had charge of a small-pox hospital, and in camps where small-pox appeared in a malignant form, has impressed most incisively

upon us the belief that vaccination, properly carried out, will conquer and prevent any epidemic of the disease, even under circumstances most favorable to its dissemination. Perhaps it will not eradicate it; but it will certainly reduce it to the level of one of the least to be dreaded of diseases which occasionally involve a fatal issue, and will positively prevent epidemics like this one in Montreal.

We urge, therefore, all physicians, all Boards of Health, all sanitary bodies, all intelligent laymen, to advocate frequent, and, if necessary, obligatory vaccination.

There is now not the slightest difficulty in procuring an abundant supply of pure vaccine matter. The methods of obtaining it from the animals have been carefully studied, and are nowhere carried out with more scrupulous and successful care than by those physicians in our own country who have devoted their attention to supplying this product. We should recommend that the virus be obtained directly from them or their agents, rather than through trade channels, as more than one instance has been creditably reported to us where the latter supplied humanized instead of pure animal virus.—*Phil. Med. & Surg. Reporter*.

#### CHIENE'S CONTRIBUTIONS TO PRACTICAL SURGERY.

Prof. John Chiene, in an admirable series of practical notes on every-day surgery, makes *inter alia*, the following suggestions:

In wounds of the face, the best stitch to use is horse-hair. Unless the wound is of considerable size, no form of drainage is necessary. The best dressing is a pad of salicylic cotton-wool, or corrosive wool, fixed in position with flexible collodion.

The introduction of the sharp spoon into surgical practice has greatly simplified the treatment of lupus. In the use of the sharp spoon, special care must be taken to scrape away the raised edges of the lupoid ulcer, as it is here that the pathological change is advancing. This is best done by scraping from the sound skin toward the centre of the ulcer. After the new formation is completely removed the best application is a powder which has been introduced into surgical practice by Dr. Mucas Championière, of Paris. It consists of (1) light carbonate of magnesia, which has been impregnated with the vapor of eucalyptus, (2) powdered benzoine, and (3) iodoform in equal quantities.

In persistent hemorrhage from the nasal cavity, plugging of the posterior nares should not be done until an attempt has been made to check the hemorrhage by firmly grasping the nose with the finger and thumb, so as completely to prevent any air passing through the cavity in the act of breathing. This simple means, if persistently tried, will in many cases arrest the bleeding. The hemorrhage persists because the clot which

forms at the rupture in the blood-vessel is displaced by the air being drawn forcibly through the cavity in the attempt of the patient to clear the nostrils. If this air is prevented from passing through the cavity the clot consolidates in position, and the hemorrhage is checked.

In the reduction of a dislocation of the lower jaw, the patient should be seated on a low stool before the surgeon, in this way the surgeon gets a sufficient leverage, standing above the patient, and the reduction of the dislocation is simplified.

In the division of a tight frænum of the tongue, when a child is tongue-tied, care must be taken not to use the scissors too freely. All that is necessary is, standing behind the patient, to nick the anterior edge of the frænum with the scissors, and to tear with the finger-nail the remainder of the band. In this way hemorrhage, which is apt to be troublesome, is prevented.

In the removal of an elongated uvula after you have grasped the apex of the uvula, it is to be drawn forward and rendered tense before division. If it is simply grasped, and an attempt made to divide it in its normal position, it is not always an easy matter to effect the object desired. When it is rendered tense the operation is a very simple one. —*Edin. Med. Jour.*

#### NITRO-GLYCERIN IN THE COLD STAGE OF INTERMITTENT FEVER.

DR. CHARLES WEIL.—Articles on the therapeutic uses of nitro-glycerin, or glonoinum, have been quite numerous since its revival and application in disease, angina pectoris in particular, in which affection it has been used with remarkable success since its first employment by that distinguished investigator, Dr. William Murrell, of London. But in no article has the writer seen it recommended as a prompt and efficient remedial agent in the cold stage of intermittent fever, which it cuts short at once, as does morphine, for instance, or chloroform. I have employed it for this purpose in four different cases so far, with the desired result in each one, and without any unpleasant effect, aside from a little ringing or buzzing in the ears, which, as we all know, is part of the physiological action of this agent. The last case in which I used it was that of Mrs. L. F. G., a stout, married lady, twenty-six years of age. Under the greater part of the house in which she resides there was a pool of water, prior to the sewerage which has since been laid in the street. I was hastily summoned at about 7.30 o'clock in the morning of November 30th last, and found her covered with blankets, and with chattering teeth, in the cold stage of an intermittent fever. I gave her a hypodermic injection of morphine, which almost immediately cut the attack short. As she could not take quinine in any form, on account of an annoying eruption it would produce, I placed her on liquor potassii arsenitis, gtt. iv. *ter in die.* But this did not act as quinine would

doubtless have done, for between 3 and 4 o'clock on the following afternoon she had another attack, which was again relieved by the morphine. After that she was free from all attacks until the 16th of last month, when I was again hastily summoned. I took with me my one per cent. solution of nitro-glycerin, and dissolving gtt. ii, in aquam xv, injected the whole into her arm. It acted as promptly and as efficiently as it did on the previous occasions, or as morphine did.

I would recommend, however, that only one drop be used, instead of two, unless the condition and nature of the patient would warrant more. I would also state that I greatly prefer the solution to the pills which some of the manufacturing chemists have placed on the market; the one per cent. solution in alcohol or ether being the most advisable.

My object in writing this brief article is to call attention to this additional property of glonoin, which the few cases mentioned justify me in claiming for it.—*Therapeutic Gazette.*

#### PNEUMONIA TREATED BY INTRAPARENCHYMATOUS INJECTIONS.

The *Lancet*, September 5th, says: Boldness may certainly be necessary for success even in the treatment of disease. But what shall we say of Lépine's argument in favor of the local treatment of fibrinous pneumonia by intra-parenchymatous injections? (*L'Union Médical*, August 22d.) If, says Lépine, an injection of a few cubic centimetres of a very weak aqueous solution of corrosive sublimate be made into the hepatized lung on the third or fourth day of the disease, in three or four places equidistant a few centimetres from one another, and preferably at the periphery of the lesion, with a view of preventing the extension of the disease, the following phenomena are observed: (1) At the seat of infection an immediate diminution of the crepitant rales and tubular breath-sounds which are in part replaced by respiratory silence and some larger rales; (2) sometimes, later, a transient exacerbation of the temperature of body; (3) the next day a great improvement in the general conditions, and notably a precocious defervescence; and (4) a resolution which, to judge by the persistence of the "souffle," especially in the hepatized parts that have not been treated, takes place very much earlier than would have been the case under ordinary circumstances. As to the relative innocuousness of the intra-pulmonary injections in the doses employed (20 to 25 cubic centimetres of 1 in 40,000 solution of bichloride of mercury), when care is taken to keep away from the large vessels at the hilus of the lung, and not to penetrate the lung more than 3 to 4 centimetres, M. Lépine urges that he has not lost a single patient, and has not had one accident. The only inconvenience is the pain, but this is not great, and may be still further relieved by adding morphia to the solution. After the introduction of the sharp,



needle, and before the syringe is fitted on, a few drops of blood are allowed to escape; the injection must not be delayed, or the needle will become plugged. When the needle is inserted into healthy lung or into tuberculous lung, it does not as a rule yield blood. In the healthy lung such injections produce sufficiently defined lesions. Experiments on the lungs of healthy dogs showed that at the site of injection of a rather stronger solution than that mentioned above there was a circumscribed and indurated area, which was made up of blood and congestive oedema. The lesions were less marked with the 1 in 40,000 solution.

### MASSIVE DOSES OF DIGITALIS IN LOBAR PNEUMONIA.

In the hands of M. Petrescu, Professor of Therapeutics at Bucharest, (*Progrès Médical*) the dosage of digitalis has been carried far beyond the limits formally recognised. The disease under treatment was lobar pneumonia, occurring in one lung or in both, in some cases uncomplicated, in others associated with pleurisy. Some of the cases do not seem to have been severe from the first; the majority, however, were so. They were taken in hand, as a rule, either on the day of attack, or on the second day of the disease. It is also to be noted that the patients were soldiers in hospital, and therefore presumably men of good physique. The use of large doses of digitalis in pneumonia is not novel. M. Germain Sée has recommended that as large a quantity as seven grains of the leaves be administered per diem in such cases. Hirtz does not consider eleven to fifteen grains too much to employ during the same period, and gives the drug in a large quantity (100 parts) of sugar water, a tablespoonful of the mixture being taken hourly. M. Petrescu claims to have exceeded without hurtful effect, and with marked benefit to the patients, all former recorded measures. His material was selected from various drug stores, in order to avoid the risk of error dependent on the special quantities of any given sample and his results are briefly stated as follows, viz.:

1. The duration of the whole attack is said to be shortened, four days to one week.

2. Fever is strongly controlled and progressively diminished.

Sphygmographic tracings show that the pulse is rapidly and decidedly slowed, and dicrotism disappears in great measure and finally altogether, by absorption of the primarily separate dicrotic wave into the descending slope of the main pulse-wave. A regular action of pulse is maintained, as is also the arterial tension from first to last, in apparently due proportion to the heart action and stage of the disease. Respirations diminished steadily and gradually in frequency. M. Petrescu accordingly maintains that the doses he employs represent the true therapeutic quantities of this drug in pneumonia; that only when so given can its antiphlo-

gistic action be relied upon; and, further, that digitalis alone has been able to reduce the mortality from pneumonia to a minimum.—*The Practitioner*.

### SOME POINTS IN THE PRACTICE OF ARTIFICIAL RESPIRATION IN CASES OF STILLBIRTH AND OF APPARENT DEATH AFTER TRACHEOTOMY.

Mr. Francis Henry Champneys, in an article in the April number of *The American Journal of the Medical Sciences*, in which this whole subject is carefully considered, thus sums up to the treatment:

Never hurry, it is not a question of seconds, and success depends upon a fine exercise of the judgment. Make a good diagnosis, first as to life or death; secondly, as to the stage of asphyxia (if life is not extinct). If the child is macerated, it is obviously dead and past hope. If the heart beats, ever so slowly and feebly, it is not dead. If the heart is not beating, death is not certain, unless it can be proved to be inactive for some time. If the child is livid and not flabby, it will be probably come round, wipe out its mouth and pharynx, and rub it with a soft cloth down the spine, press gently on the cardiac region. If this produces no effect, inflate the lungs by the mouth, and then by Silvester's method. If air enter the lungs, well and good; if not, try Schultze's method, or insert a catheter. On the first sign of muscular action, plunge the child into cold water, or into alternate hot and cold baths. Vary the treatment between occasional inflation of the lungs, artificial respiration, pressure over the cardiac region, baths, irritation down the spine according to the judgment; remembering what may be expected of each method, and that no one will suffice for all cases. Watch for signs of resuscitation, namely, improvement in the color, in movements, in cardiac pulsations, as described above. Never be content until the child breathes regularly, and appears to be continually improving.

### DIABETES MELLITUS SUCCESSFULLY TREATED WITH BORACIC ACID.

F. A. Monckton reports, in the *Australian Medical Gazette* a case of diabetes mellitus cured by the use of this drug. He says, while pointing out the value of boracic acid as a diabetic remedy has only been proved in this one case, let me earnestly beg that those who have an opportunity of watching its effect will try it. When placed on the boracic acid the patient's urine had a specific gravity of 1.025. Seven grains of the acid were given three times a day, and at the end of ten weeks the specific gravity was 1.016; no sugar. He continues the drug, however, as it produces no unpleasant effects. No stringent dietary regulations were observed in this case.—*Medical World*.

## A HINT ON THE TREATMENT OF RING-WORM.

Dr. R. W. Leftwich writes to the *Lancet*, February 6th, 1886: Last August a lady asked me to examine her nurse-maid's head. I did so, and found a well-marked patch of ringworm about an inch and a half in diameter. The mistress was naturally unwilling to expose the contagion to her children, who presented no sign of the disorder, and almost equally unwilling to part with the girl for a time. After some reflection I told her I thought the difficulty might be gotten over with only very slight risk to the children, and treated the case in the following way. Having cut the hair close to the scalp, all round the patch, I first painted it with an alcoholic solution of iodide of mercury—an old fashioned but excellent remedy, obtained by adding calomel to tincture of iodine and using the supernatant colorless fluid. As soon as the slight soreness it produced had passed off I applied an iodine plaster, obtained from a formula in Beasley's book and attributed to Roderburg, an ounce of the plaster containing a half a drachm of solid iodine. This spread on kid, was carefully applied to the patch, which it overlapped all round. At the end of a fortnight it was removed and the ringworm appeared practically cured. To make sure however, it was again painted with the above-mentioned solution and a fresh plaster applied for another fortnight. Upon being taking off, the whole surface of the patch was found covered with short hairs. No other patch has made its appearance upon the head or elsewhere, and not one of the three children with whom the patient was in daily and hourly contact, took the complaint. Possibly the plaster alone would have been sufficient, but I thought it safer to use the paint in addition, and I feared that if I used a more powerful plaster the irritation might tempt the patient to remove it. I might also have used a plaster containing oleate of mercury, but doubted whether it could be made sufficiently adhesive. The advantages of this mode of treatment are obvious enough, for by its means the risk of the disease being spread by actual contact, by means of caps and by the common use of hair-brushes, is reduced to a minimum. I find no allusion to this method in the ordinary works on the subject, and therefore infer that, if new, it is not widely known.

## TUBERCULAR MENINGITIS CURED BY IODOFORM.

A Swedish physician, Dr. Emil Nelson alleges that he has cured an undoubted case of tubercular meningitis by frictions on the shaved scalp with iodoform ointment (1 to 10). The patient was a boy, aged 8, whose mother had a family history of phthisis, and four of whose brothers and sisters had died from tubercular meningitis. The symptoms in this child's case were similar to theirs—headache, torpor, convulsions,

strabismus, and pyrexia. He was at first treated with calomel and iodide of potassium, but did not improve; and, after having been under treatment a week, became distinctly worse, being unable to take food or medicine. The pallor of the face, which had pre-existed, gave way to flushes of the cheeks. The child threw himself out of bed, and presented severe clonic spasms of the limbs and of the facial muscles. The head was then shaved, and iodoform ointment rubbed in, an oil-skin cap being put on. The friction was repeated three or four times in the day, and the next day there was a decrease in the convulsive movements, the sleep was calmer, and spasmodic contractions, which had previously been excited by the slightest noise, now ceased to be so. Consciousness shortly afterward returned, and the child's face became of a more natural color. This, however, was accompanied by a severe coryza, redness of the lips, and irritable cough, the breath smelling strongly of iodoform. The ointment was discontinued, and syrup of iodide of iron given. The unpleasant symptoms rapidly disappeared, and the child was soon running about in good health.—*British Medical Journal*.—*Md. Med. Journal*.

## THE PREVENTION OF MAMMARY ABSCESS.

Philip Miall, Consulting Surgeon to the Bradford Infirmary, says in the *British Medical Journal*: A method of treating inflamed breast after delivery may be worth notice in connection with Dr. Edis's paper on the use of support by a bandage or towel. Dr. Edis appears to use his method after every delivery, and, by beginning it before lactation is established, assures success; but one occasionally sees cases where abscess is on the point of forming, either from neglect or injudicious treatment, and where, consequently, something more is required.

I have repeatedly seen a hot, heavy inflamed breast, with redness of skin, throbbing, and deep-seated pain; the pulse being 120 in the minute, yet these symptoms have disappeared in the course of a few hours under fomentation with hot water and ammonia. An ounce of carbonate of ammonia is dissolved in a pint of boiling water, and, when solution is affected, the temperature will scarcely be too high for fomentation with cloths dipped in the liquid. These must be assiduously applied for half an hour at least, and repeated two or three hours later if necessary. It is well to protect the nipples, though I have never known them to be injured. Relief is immediate, and more than three applications are seldom required.

Unless applied too late, or improperly, or some foolish rubbing or drawing with the breast-pump be used, contrary to orders, this remedy may be thoroughly relied on. I am indebted for it to Mr. Douglas of Banbury; and as it has had a trial of thirty years in my hands, I can speak of it with some confidence.

## DOVER'S POWDER AND ITS MODIFICATIONS.

In the *Asclepiad*, 1885, Dr. Richardson speaks of Dover's powder: "In many cases there is no anodyne equal to Dover's powder, no other such a soporific febrifuge. If I could envy any one as a therapist, it would be the old physician who originally had the happy thought of blending astringent opium with relaxant ipecacuanha, and both with a diuretic and laxative. I suspect that Dover's name, though so little is known of the man himself, is more frequently quoted than that of any other physician. It is very often a good plan to modify Dover's powder by employing other salines than sulphate of potassa. The true Dover's powder contains nitrate of potassa as well as sulphate, four grains of each; and it often seems to me reasonable to revert to this form, as the nitrate of potassa in small doses is so good a diuretic. I also often venture to use other modifications with advantage. In acute rheumatic fever I usually substitute sodium salicylate for the potash salts; in gout, bicarbonate of soda; in remittent febrile cases, two grains of quinine with five of sodium salicylate; in tonsillitis and other febrile throat-affections, chlorate of potassa. It would surely be worth the time and skill of one of our scientific pharmaceutical brethren to prepare and bring out a series of Dover's powders in these modified forms."

## PRURITUS OF WOMEN.—LOCAL TREATMENT.

All acquainted with the incessant suffering which some women undergo from pruritus at the period of the menopause must be very desirous of being made acquainted with a prompt remedy for so distressing an affection. Whether it arise from the presence of prurigo, urticaria, eczema, herpes; or whether it exists without any eruption at all, it is alike difficult to allay, as the great number of remedies which have been proposed testifies. Of these veratria is by far the most efficacious. When the pruritus is localised at groins, arm-pits, walls of the abdomen, or behind the ears, gentle friction night and morning with an ointment, consisting of thirty parts of lard and a quarter of a part of veratria, usually gives relief. When the pruritus is generalised, the internal administration of the veratria is preferable. Two centigrammes should be made into ten pills with liquorice powder, of which from two to six should be taken daily, either half an hour before, or three hours after meals. Only one should be taken at a time, an additional one being given each successive day until the maximum of six (three milligrammes) is attained.—*Dr. Chénvô in Le Progres Medical.—Med Times.*

## HYPODERMIC INJECTIONS OF COLD WATER IN SCIATICA.

Dr. D. H. Lewis, of Lone Pine, Pa., writes to the *New York Med. Record* for January 23, 1886,

that he was consulted by a man 60 years of age, who was suffering greatly from sciatica. He had been treated for the past eight weeks by two physicians, and had run through the entire list of anti-neuralgic remedies. Being desirous of trying something which was at least new to the patient, Dr. Lewis determined to employ hypodermic medication, and having no drug handy which he cared to use, he filled the syringe with cold water and injected the fluid deep down behind the trochanter. The following day the patient returned and said he was feeling much better. The injections were accordingly repeated every third or fourth day for a period of three weeks, by the end of which time a complete cure was obtained. The writer has since treated a number of cases of sciatica in the same way, with equally gratifying results. He thinks that possibly many of those cases which have been reported as cured by the injection of certain drugs, such as cocaine, might have terminated in an equally favorable manner had simply cold water been used.

## HOT WATER IN ACUTE PROSTATITIS.

In *Lyon Medical* we find a recommendation of the use of hot water in cases of acute-prostatitis. Two cases in point are cited, in which the violent inflammatory phenomena were subdued within a few days.

In the first instance sudden dysuria became established in the course of a gonorrhœa. An enormous tumefaction of the prostate was found on palpation per rectum. A large swelling with smooth surfaces, of considerable hardness and pulsating under the examining finger was made out. The suffering was intense. At once compresses wrung out of hot water were applied to the perineum and hot enemata were given and order retained. The pain, the vesical and rectal tenesmus and dysuria became lessened at once. The swelling subsided and recovery was perfected at the end of the third day.

In the second case the same success followed rectal injections of hot water that were made at night and in the morning, together with hot water compresses applied to the perineum throughout the day.

## VENESECTION.

The critical time for relief of an actively congested or inflamed brain, or lung, is sometimes allowed to pass for want of a ready and certain method of opening a vein. A blunt-pointed and dull pocket-knife may be used in such an emergency. Having first put on the usual constricting bandage, to distend the veins, transfix the most prominent vein with a needle. Thus held securely, it is easy, even with a dull knife, to cut a valvular incision into the vein so that the blood will flow freely. (Levis.) A piece of broken glass would suggest itself in some cases.

## MODIFICATION OF DOVER'S POWDER.

Dr. B. W. Richardson, in the *Asclepiad*, suggests some useful modifications in the preparation of Dover's powder, for use in certain diseases. He recommends the substitution of sodium salicylate for the potash salt, in rheumatic fever; soda bicarbonate, in gout; quinine and its salicylate in infantile remittents; and potass. chlorate in tonsillitis and febrile throat affections. True Dover's powder contains both nitrate and sulphate of potash.—*Medical World*.

## THE CANADA MEDICAL RECORD

A Monthly Journal of Medicine and Surgery.

EDITORS:

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

Editor and Proprietor.

R. A. KENNEDY, M.A., M.D., Managing Editor.

ASSISTANT EDITORS:

CASEY A. WOOD, C.M., M.D.

GEORGE E. ARMSTRONG, C.M., M.D.

—  
SUBSCRIPTION TWO DOLLARS PER ANNUM.  
—

*All communications and Exchanges must be addressed to the Editors, Drawer 356, Post Office, Montreal.*

—  
MONTREAL MAY, 1886.  
—

## MONTREAL GENERAL HOSPITAL.

Dr. Godfrey having resigned from the Indoor Surgical Staff, and Dr. Simpson from the Staff of Assistant Surgeons, both were elected to the Consulting Staff, the former on the 12th of May, the latter on the 18th of May. Dr. Godfrey's vacancy it was well understood would be filled by Dr. Bell, (from the staff of Assistant Surgeon) being elected thereto. Two vacancies were thus created on the out-door staff for which McGill College put forward as candidates, Dr. R. J. B. Howard and Dr. Wm. Sutherland, and Bishop's College Dr. A. Laphorn Smith. The two former gentlemen were elected by large majorities, but Dr. Smith polled a most respectable vote, which we have no doubt will show a considerable increase when another vacancy occurs. The election, which took place in Nordheimer's Hall on the 20th ult., was a sorry exhibition of mismanagement, no attempt, so far as we could see, being made to prevent irregular voting. If a year ago it was thought necessary to mark off the name of each governor as he voted, surely this year, in a public hall, when other than governors could and were present, some more care-

ful method than simply passing around a hat to receive ballots should have been resorted to. After the collection had been made, and the scrutineers were busy at work, ballots by the half dozen were passed up in a most singular manner on to the platform, and conveyed in to the scrutineers.

We do not for an instant insinuate that any one voted who had not the right to do so, but there was nothing to prevent its being done. It was not till the chairman's attention was called to the fact that the ballot had not been declared closed that he took the steps necessary to do so. Now this is all wrong; either the ballot should be closed the moment the collection of votes is made, or it should be understood before hand that the ballot would remain open up to a certain hour. Once before, and that not many years ago, a candidate had good right to complain of injustice from a somewhat similar incident. Then, when the collection had been made, and the votes counted, a tie was the result, and it was subsequent votes taken in that in all probability changed the result of the election. The voting at every election should be conducted in a similar manner, and not in the fashion that may at the moment strike those responsible for it. Then the voting papers were a sorry exhibition of either carelessness or want of knowledge, for the various tickets were many of them wrong. Some contained names which should not have been on them, while others that should have been on, were absent. The chairman made an explanation, so as to have the errors corrected, but very serious and unfortunate results might have occurred. The question asked by Dr. Campbell at the meeting was a very pertinent one, and we are sorry that it was left to the chairman to make reply. Dr. Campbell inquired if the gentlemen (medical) who less than a year ago had so bitterly and unpleasantly opposed the claim of the assistant surgeons and physicians to election to the position of consultants after twelve years' service, had really been permanently converted, or whether, in promising Dr. Simpson not to oppose his election to the Consulting Staff (Dr. S. being an assistant surgeon, and only having served the twelve years), they had simply done so so as to serve a second vacancy. In other words, was this action of theirs a political move for the time. There were those present who could have answered this question much more satisfactorily than did the chairman, who said all he knew was that Dr. Simpson had resigned and that his promotion to the consulting staff

had not been opposed, but these gentlemen kept silence. We also think it our duty to protest against any candidate or candidates issuing a ticket somewhat like what is officially issued by the committee of management on the day of election, unless it contains the names of *all* the candidates. Such political trickery is unworthy of those who twice lately have been guilty of it. Other questionable means were made use of at this election, which we have heard many of the governors condemn.

#### PROPOSED CHANGES IN THE QUEBEC COLLEGE OF PHYSICIANS AND SURGEONS.

We would draw the particular attention of the profession in the Province of Quebec to the report which was presented to the Board of Governors of the College of Physicians and Surgeons of Quebec at their last semi-annual meeting, held in Montreal on the 12th of May. This report will be found in full in this number of the RECORD, and it will be brought forward for discussion at the approaching tri-annual meeting of the College. There can be no question that the profession throughout the Province are not in full and active sympathy with the College. They feel that it has been controlled by a few, who, gathering together a large number of proxies, make their own list of Governors for each district and elect them. In this way they claim the Board has consisted, not so much of representatives for each district, as of representatives from each district bound to follow and endorse the action of men to whom they owe their position. We believe the profession are right, and the sooner they take the election in their own hands the better. The method of election suggested is simple and easily carried out. It is a question, however, to which we draw attention, whether it is wise to continue the districts, as named in the report, which are the districts as now recognized, or whether we should embrace all the judicial districts in the Province. Whatever may be suggested in this way, there must be no attempt to increase the number of members on the Board, which are already quite numerous enough. Indeed, if any change can be made, it should be in the direction of reducing the number of Governors. The question of a Central Board of Examiners—as in Ontario—would have been endorsed at least seven years ago, had not Laval University positively refused to come into line. She has since recognized the error she then made, and is now strongly in its favor. All the

schools being now supporters of the scheme, we hope to see it soon an accomplished fact. The fact of the two languages spoken in this Province, and which of course had to be taken into consideration by the committee, was, we understand, a source of some difficulty in arranging details. A French and an English Board was out of the question, for each might, and very possibly would, claim superiority of their examinations. The suggestion of the committee to have double examiners, one in English and one French, and both responsible for the examination, although somewhat expensive, seems to us to be the only way of meeting the difficulty. The whole question will be brought forward at the tri-annual meeting of the College, which takes place in Montreal on the 14th of July next. In the meantime we ask our readers residing in the Province of Quebec to read the report carefully, and to come to the meeting prepared to discuss the various points raised by it.

At the meeting of the International Medical Congress, in Copenhagen, an estimate of the number of physicians in the entire world was made. The number was 189,650.

In the Lying-in-Hospital of Vienna, 9,000 women are confined annually. The rate of mortality is one-half per cent. for the mothers and 15 per cent. for children.

Prof. Turner, of Edinburgh University Medical Faculty, has been Knighted by the Queen.

#### ALEXANDER'S OPERATION.

During the past twenty years immense advances have been made in the treatment of diseases peculiar to women. Operations have been performed new to surgery, resulting in increased longevity and at the same time bringing comfort and happiness to many a woman who otherwise would drag out a miserable and shortened existence. The renown which certain of the specialists in this department have deservedly obtained and the prominence which their results have given to the subject has induced a desire in many to distinguish themselves by having their names attached to some new and otherwise original operation. The mind is burdened by being obliged to remember the names attached to operations, and though it is but right that the surgeon who first performs any operation should receive just recognition still it may be fair-

ly questioned whether it would not be better to know such operations under that name which would best convey its meaning to those interested. In proof of this many of our readers will no doubt ask themselves what Alexander's operation consists of. Upon reflection they may be able to recall having read in late journals what it means, and probably criticized the utility of its performance. Like the "Sigaultian" operation it will in all likelihood not long survive its birth, for it is a procedure which does not commend itself to the anatomist, and the *questionable* success which has been claimed for it is more than counterbalanced by the danger attending its performance. A western journal lately records one of these successful cases which the writer hastens to publish. The latter however in concluding his article naively adds that his patient is still wearing a pessary. The following timely remarks of M. Pagot, made at a late meeting of the Gynecological Society of Paris during a discussion upon the operation for shortening the round ligament will therefore meet with the approval of the majority conversant with the conditions sought to be relieved.

"When an operation is performed, of which death is a possible result, I am the first to approve of it, provided it has for its object the saving of a life absolutely in danger. I can understand how a surgeon may attempt the radical cure of a hernia, since hernia may, at any given moment, become a cause of death. But to-day such operations are resorted to under the pretext of correcting a displacement of the womb. Yet it would probably be impossible to cite a case where a woman died because she had a uterine displacement. It is true that in a pregnant woman retroversion may, if not remedied, produce death. But it is proposed, when the womb is empty, to expose the patient to this grave operation. While I accept extreme measures, undertaken to save a woman who has a uterine tumor, or an ovarian cyst, which may destroy life in a short time, I indignantly protest against dangerous operations undertaken for the relief of conditions which in themselves do not imperil life. Uterine displacements of themselves are insignificant, and produce no symptoms unless associated with uterine catarrh or other lesions of the womb. I believe that if the surgeon would fully and honestly explain to women the dangers of this operation, not one would be found willing to expose herself to so serious risks."

## COLLEGE OF PHYSICIANS AND SURGEONS, PROVINCE OF QUEBEC.

The semi-annual meeting of the Governors of the College took place in Montreal on the 12th of May. The attendance was good. Dr. Lemieux, the President, occupied the chair. A resolution of condolence on the death of Dr. Marsden, one of the oldest Governors of the College, was moved by the Hon. Dr. Robitaille (ex-Lieut-Governor of the Province of Quebec) and seconded by Dr. R. P. Howard. It was carried unanimously, and the Secretary was ordered to send a copy of the resolution to Mrs. Marsden. The reports of the assessors of the various medical schools were read and adopted. The report from the Board of Preliminary Examiners of the examination held on the 6th and 7th of May was not ready for presentation, and the Secretary for Montreal announced that this was due to three causes—1st. The death of one of the examiners, the late Prof. Miller of Quebec, thus throwing additional work on the rest; 2nd. The unusually large number of candidates; and 3rd. The fact that some difficulty had been caused by one of the candidates getting possession of some of the examination papers. On motion a committee was named to consult with the Preliminary Examiners on the subject, and to report at a special meeting of the Governors, which the President was authorized to call, to be held in Montreal on Tuesday, the 13th July, the day preceding the tri-annual meeting of the College; the report of the Preliminary Board to be presented at this meeting. A number of graduates presented diplomas from universities of this Province and received their licenses. Two gentlemen, Dr. Yeats, of Dunham, and Dr. Canfield, of Coaticooke, qualified on British qualifications. The most important business presented was the report of the committee appointed at the last meeting to consider the question of changing the method of electing the Governors of the College, as well as to consider the advisability of establishing a Central Board for the examination of all candidates, as in Ontario; also to suggest such amendments to the Medical Act as they might think desirable. The following is the report of the committee:—

The Committee appointed at the last semi-annual meeting of the College to consider the amendments necessary to put into force the report of the Committee on the Financial condition of the College, also to consider the suggestions made at the last Tri-annual meeting, with regard to the manner of electing the Governors, as well as the

notice of motion given by Dr. L. LaRue, regarding the establishment of a Central Board of Examiners, met in the City of Montreal on the 16th of February 1886. There was present Drs. Lemieux (president) Simard, Guay, L. LaRue, Lachapelle, Austin, Hingston and Campbell.

Several hours were spent in discussion when the Committee declared it was in favor of the College, having a Central Board of Examiners.

It also came to the conclusion to suggest that the following subjects be made part of the Preliminary examination, and that they be made obligatory—Moral and Intellectual Philosophy—Physics, Mineralogy, Geology, Astronomy and Botany.

Time for adjourning having arrived. It was moved by Dr. Simard—seconded by Dr. Austin, That a Sub-committee, composed of Drs. Geo. Ross, Hingston, Lachapelle, Leprohon and F. W. Campbell be named to complete the work of this Committee, concerning the alterations to be made in the Medical Act, all in conformity with the resolution passed at the last Semi-annual meeting of the Board. Carried.

The Committee adjourned *sine die*.

The Sub-Committee appointed by the general Committee, met on February 27th, March 1, 7, 10 and 15, also on the 7th of May.

They beg leave to submit the following as the result of their deliberations:—

#### CENTRAL BOARD OF EXAMINERS.

1. The Board shall be known as the Central Board of Examiners, and shall consist of two examiners on each subject, one English and the other French. Both shall assist at the examinations, but the immediate conduct of the same, shall be by the examiner speaking the language to which the candidate belongs.

2. The Central Board of Examiners shall consist of a representative from each medical school now recognised by the Medical Act, and of an equal number not connected with any medical school.

3. The Central Board of Examiners to be appointed annually by the Provincial Medical Board, the names being submitted by a nominating committee, which nominating committee shall be named by the President, subject always to the revision of the Medical Board. It shall consist of

one representative from each Medical School and an equal number selected from the members of the Board not connected with any Medical School. In case of a vacancy occurring on the Central Board of Examiners, either by death, resignation or removal, the said vacancy shall be filled by the President of the College.

The members of the Central Board of Examiners may or may not be chosen from among the members of the Provincial Medical Board.

The Central Board of Examiners shall commence their examinations on the second Tuesday in April, and they shall be held at Montreal or Quebec, as may be decided by By-law of the Board.

The fee to be paid to the members of the Central Board of Examiners, shall be \$10 per day, and mileage at the rate of five cents per mile.

The professional examination shall be divided into Primary and Final. The examinations shall be written and oral:

#### FEES.

Fee for Primary Examination .....	\$10.00
“ Final “ .....	10.00
“ Diploma of Membership.....	25.00

#### PRELIMINARY EXAMINATION.

The Preliminary examination shall be held in the first Wednesday in July, at Quebec or Montreal, as may be decided by a By-law (the suggestion of the General Committee of additions to the Preliminary examinations is not considered wise. The sub-committee are of opinion that no change should be made in the Preliminary examination.)

Graduates in Arts of any University in Her Majesty's Dominions, to be exempt from passing the Preliminary examination.

#### OBJECTION.

Dr. Hingston objected to the above clause on the ground, that it was incomplete, and moved the following addition.

“That any student who shall have attended a complete course of classical studies, and shall furnish proof of having passed an examination equivalent to an examination in Arts shall also be exempt from the Preliminary examination.

#### DATE OF PRELIMINARY EXAMINATION.

The Preliminary examination for admission to the study of Medicine shall be held on the first Wednesday in July.

## BOARD OF GOVERNORS.

The Board of Governors shall meet annually on the second Wednesday in July, the place of meeting to be definitely settled by a by-law of the Board. The sub-committee think it advisable that a permanent locality for this meeting be selected.

## METHOD OF ELECTION OF GOVERNORS.

That each District shall after these amendments become law, elect their own representatives.

The Registrar shall two months previous to the date of election, furnish the Secretary at Quebec, a list of all those qualified to vote in the City and District of Quebec, and District of Three Rivers; and to the Secretary in Montreal a list of those qualified to vote in the City and District of Montreal, and the District of St. Francis. If there be only one Secretary, then to the person holding that office. One month previous to the election he shall send out printed ballot papers, which shall be signed by the voter, sealed and returned within two weeks, to the Secretary whose signatures is on the Ballot paper who upon receipt of the same, shall place them unopened in a Ballot Box, which shall be placed locked, in the hands of the Secretary, and which shall only be opened in the presence of Scrutineers named who shall count the Ballots, and declare who has received the majority of votes.

A printed list giving the result of the Ballot, shall immediately be posted to each voter.

The election of Governors shall take place on the first Wednesday in June.

The Scrutineers shall be named by the Presiding officer, at the meeting of the Board, held preceding the tri-annual election.

The majority of the sub-committee are of the opinion, that the amendments regarding the Central Board of Examiners, shall only apply to those who enter upon the study of Medicine, after the 1st of May 1886. A minority are of opinion that they should come into operation at once.

The sub-committee also discussed and agreed upon certain amendments to the Medical Act, which amendments have in view the facilitation of legal process in the courts.

Copies of this report were ordered to be printed and sent to every member of the College, and its consideration was relegated to the tri-annual meeting of the College, which takes place in Montreal on the 14th of July next.

## PERSONAL.

Dr. Chandler, C.M., M.D., and Gold Medalist Bishop's College, 1880, is in practice in Boston, devoting his attention entirely to diseases of the eye. He has been elected one of the surgeons to the Boston Eye and Ear Infirmary, which is said to give the best ophthalmic and aural clinics outside of Moorfields, London. Dr. Chandler is rapidly rising in the special branch to which he is directing his energy, and promises before long to rank as one of Boston's most reliable specialists.

Dr. Bishops, C.M., M.D., and Gold Medalist Bishop's College, 1882, is also practicing in Boston. His office is in the Hoffman House. He is doing well. He has for some time held the position of Surgeon to the American Mutual Accident Association for Boston and vicinity. This occupies much of his time, and is considered a very valuable position.

Dr. Wolfred Nelson (M.D., Bishop's College, 1872) has for some time been Medical Inspector for South America for the New York Life Insurance Company. He was in New York early this month for a few days. His many friends will be glad to know that his health is remarkably good.

Dr. Godfrey has resigned his position of Surgeon to the Montreal General Hospital, and been elected on the Consulting Staff. Dr. Bell has been elected to fill the vacancy.

Dr. Simpson, Assistant Surgeon to the Montreal General Hospital, has, after twelve years' service, been promoted to the Consulting Staff.

Drs. Sutherland and R. J. B. Howard have been elected Assistant Surgeons to the Montreal General Hospital.

Drs. Armstrong, Wood and McConnell, professors in the Medical Faculty of Bishop's College, sailed for Europe in the Alaska from New York on the 19th of May.

Dr. Elder (M.D., McGill College, 1885) has commenced practice in Huntingdon, P.Q.

Dr. A. A. Browne has resigned the professorship of obstetrics in McGill University.

We are sure that the many friends of Dr. J. C. Cameron, who last year heard with regret of the serious symptoms which compelled him to resign the chair of Obstetrics and Diseases of Children in



Bishop's College, as well as all the active work in connection with this Journal, will learn with sincere pleasure that he has so far recovered as to justify his accepting the Professorship of Obstetrics in McGill College, rendered vacant by the resignation of Dr. Arthur A. Browne.

### LOCAL AND GENERAL.

Montreal appears to be rapidly assuming the airs and graces of a "specialist" centre, and as spring poetry is now in order I quote, without apology, a portion of a clever satire from the organ of the New York Post Graduate Medical School—*The Quarterly Bulletin*, which must be read by that secondary consideration, the general practitioner to be appreciated.

'Mid sulphurous fumes, in antiseptics rich  
Enough to please our Peters, cure the itch,  
Great Satan sat, dark frowns upon his face,  
As when one finds another's got his case.  
Fiercely he mutters: 'Twenty doctors more  
Within two days have come within my door,  
And now at last, the news quite strikes me dumb,  
The porter says some Specialists have come.  
Should old ambitions once these fellows seize,  
If they put out their signs, take in their fees,  
Sure all my toils of little use would be,  
Then I must go, this is no place for me.'  
The Demon rose, and shook from off his coat.  
The yellow films of *U.S. Sulphur lot.*,  
Uttered a cough which all Hell's regions racked,  
And ordered out his baggage to be packed.  
'I'll up to earth,' he said, 'for I must know  
Why doctors are now rattled on me so.'  
Out into space he shot, a curious sight,  
The Devil bent on setting things aright."

Knowing it would be of little use to try to keep the Old World Doctors out of the inferno Satan visits first Boston, then Philadelphia, and finally New York, about which last place he says:

"For sure unless all stories lie  
The doctors there are all much worse than I."

On his way thither he is blown up by an explosion, which inflicts a great variety of injuries:

"A much bruised party rose from up the ground,  
He'd every ill that's in the body found—  
A spine concussed, a fractured bone or two,  
A dozen sprains, his skin quite black and blue,  
Disordered function of each inner part,  
Uneasy stomach, damaged lungs and heart;  
But sweet philosophy some comforts bore,  
'I don't mind' he said, 'I've fallen before,'  
And sure the fates do in my cause enlist  
To fit me for each New York specialist."

Then he visits them all, the surgeons, the orthopædists, the oculists

"Who ply the art that's based on cocaine,"  
The disciples of Neuropathy.

"So great her science so small her art"

And, to conclude, the "womb doctors" receive the following attention:

Besides he found they'd stolen his own wares,  
And caught their victims all in painful snares;  
Some pleasures still in Satan's lot prevail,  
For he at least unquestionably is male,  
For him no gynecologist could seek  
Within persuasive specula to peek, or, with some  
learned name his troubles labelled,  
Like Parliamentary motions, have him tabled.  
I'm sure that once the Devil stopped and prayed,  
'Twas when he found he could not be spayed.  
O, gentle Art, I'm sure I am not blind  
To all the good you've done for womankind,  
But once 'twas woman's part to cut and sew  
While now to cut and sew her parts you go.  
Too oft perhaps might it not be a gain  
If you made less of womb and more of brain?"

The New York *Medical Record* "buds and blooms and blushes" in the following truly vernal style.

"Little drops of water,  
Little grains of milk,  
Make the little doctors  
Of the homœopathic ilk

Precious little bottles,  
Sitting in a row,  
Filled with potent liquid  
Known as H<sub>2</sub>O."

A drop of Mother Tincture,  
Humble though it be,  
Makes the tenth dilution  
When poured into the sea.

Of all the gulls delusive  
The greatest is to know  
Where lies the healing power.  
In a drop of H<sub>2</sub>O."

This also:

The Landlords who bloom in the Spring—  
The doctor who hunts in the Spring, tra la,  
For a bright pleasant office up town,  
Finds it rather a difficult thing, tra la  
To get a landlord on a string, tra la,  
And makes his rent figure come down,  
And that's what I mean when I say or I sing  
To the devil with landlords who bloom in the Spring  
Tra la, tra la, tra la, tra la,  
To the devil with landlords in Spring.