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The Canada Medical Record

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CONTENTS.

Original Communications.

CASE OF GONORRHŒAL SALPINGITIS AND GONORRHŒAL RHEUMATISM.

By A. LAPTHORN SMITH, B.A., M.D., M.R.C.S., Eng., Lecturer on Gynecology, Bishop's College, Montreal.

Mrs. X., young married woman, with one child, a year and a half old, and nearing the end of her second pregnancy, called at my office on 14th April, '90, complaining of severe pains all over her body, which were especially marked about the region of the bladder. On being questioned she stated that she had a profuse yellow discharge; she was also obliged to pass water very frequently, and it scalded her while doing so. Her temperature was 103° F. I gave her antipyrin, 10 grs. every four hours, and ordered her to syringe with hot water. On calling next day at her house I found that the powders had afforded her no relief; the pains increased in severity, while hypodermics of morphia made her much worse, although alkalies and hyoscyamus relieved the bladder troubles. On the 17th April the pains which had been general over the whole body became distinctly localized in the joints, the wrist and knees especially becoming very much inflamed, and she could not bear the slightest movement. It was clear that I had a case of acute rheumatism to deal with. I placed her on 10 grs. of salicylate of soda, 5 grs. iodide potash and 10 min. aromatic spirits of ammonia every two hours, assuring her that within three days the pains would be gone. In this I was disappointed, for in spite of this treatment the pain extended to other joints and also to the heart, necessitating the application of sinapisms over the precordial region. It was not until the 26th April—twelve days from the beginning—that the pain was controlled and that she was able to move the affected joints. On inquiring I ascertained that the occupation of her husband was that of conductor on a sleeping car. This coupled with the discharge above mentioned, made me suspect that the case was one of gonorrhœal rheumatism, and this was the reason why it had so long resisted a treatment which I had never known before to fail in ordinary cases of rheumatic fever. On mentioning my suspicions to her she confirmed them by saying that her husband was under treatment with another doctor, which necessitated the use of a syringe. I had him call at my office, where he acknowledged the truth? On the 28th April she was prematurely delivered of a dead child. She was frequently douched both before and after delivery. Nevertheless, the infection seems to have spread up the uterus, through the right tube into the peritoneal cavity, for

a few days after she had an exudation, which distinctly pressed upon the nerves coming from the sacral plexus, causing her right leg to be almost completely paralyzed. This exudation yielded to proper treatment, and on the 22nd May she had regained the use of her right leg. The salicylate treatment was kept up during six weeks but in greatly lessened doses after the first two weeks. She is making a good recovery, there being no heart murmurs, temperature only one degree above normal and the discharge almost stopped. As I have met with only two or three cases of gonorrhœal rheumatism in the female I thought it might be of interest to record this one.

WARMING MEDICINE BEFORE ADMINISTRATION.

Lewin recommends the warming of medicines before administering, and of subcutaneous solution as well. The absorption, he points out, is much quicker and the doses necessarily smaller.—*The Medical Age.*

PRESCRIPTION FOR PSORIASIS.

The favorite prescription of Mr. Jonathan Hutchinson for psoriasis is:

℞.—Acid. chrysophanic,.....gr. x.
Liq. carbonis deterg. (Wright's)...ɱ x.
Hydr. amm. chlorid..... .....gr. x.
Adip. benzoat..... .....ʒj.
Misce fiat unguent.

At night the patient should wash the diseased surfaces free from all scales, then standing before a fire rub on the ointment, devoting, if possible, half an hour to the operation. This proportion of chrysophanic acid is not irritating, and stains the linen but slightly. With some cases even a weaker chrysophanic ointment is entirely sufficient. Internally, Mr. Hutchinson prescribes arsenic, though he is not convinced that it is an important adjunct.—*Archives of Surgery*, 1889.

POWDER FOR PAPULAR ERYTHEMA.

The following powder is recommended by Besnier, in *L'Union Médicale*, for the treatment of papular erythema:

℞.—Powdered boric acid.....ʒss to ʒj.
Chalk
Oxide of zinc .....āā ʒiij.
Powdered starch

This is to be dusted over the part. If the irritation is intense, a mild solution of boric acid is first to be applied and followed by the powder.

Society Proceedings.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

Regular Meeting, May 10th, 1890.

Dr. Armstrong, President, in the Chair.

Present: Drs. Major, Richard Macdonell, Kenneth Cameron, A. D. Blackader, E. H. Blackader, Spendlove, Jack, Rollo Campbell, Finley, Wesley Mills, J. J. Gardner, Lapthorn Smith, Shepherd, James Bell, James Guerin, T. W. Campbell, McKechnie, H. Bell, Shanks, Birkett, Trenholme, W. Gardner, Proudfoot, England, Allan, Hutchison, Reed, DeCow and McCarthy.

After routine the following pathological specimens were shown:

(1.) Duodenal ulcer, by Dr. Geo. Ross.
(2.) Renal calculus, by Dr. Shepherd.
(3.) Tumor of brain, by Drs. A. D. Blackader and Finley.

Dr. Shepherd said that he had performed the lumbar operation; that before the operation the patient had been reduced in weight to 90 lbs., but that after the removal of the calculus she had gradually gained in weight till she had reached 230 lbs.

Dr. Major showed a rhinolithe, the nucleus of which was a piece of sea-shell introduced into the nostril 25 years ago. For some time past it had given rise to no discharge, nor to ozæna, there being simply obstruction. Dr. Major also placed on record a case of papilloma of the larynx.

Dr. Macdonell showed photographs of a woman, the subject of exophthalmic goitre; it was interesting from the fact that there were areas of pigmentation in the face near the eyes. This, though rare, has been already described.

Dr. Macdonell then read the history of a case of aneurism of the arch of the aorta. He said that the patient was walking across the hall of the hospital when he suddenly became cyanosed and clung to the bannister of the stair to save himself from falling. He was taken to his bed and, after a consultation, Dr. Major performed intubation. Next day he was somewhat better and the tube was removed. It was learned that he had no history of syphilis but that he had been employed in a warehouse where there was heavy lifting to be done. He was a very large man, being tall and very fat. Before this attack he appeared to be in good health. There was no tracheal tugging; and the pupils were equal. There was a great deal of difficulty in respiration which was not, apparently, due to obstruction. In the course of a few days he grew weaker and weaker and then died. At the autopsy there was found an aneurism of the arch of the aorta about three by four inches in size, the walls of

which were lined with fibrous deposits. There was first rupture of the aneurism hemorrhage into the posterior mediastinum which had torn through the œsophagus and then filled the stomach and intestines. There were also infarcts in the left lung, but the larynx was normal. The site of the rupture, which was a quarter of an inch in size and triangular in shape, was situated at the level of the bifurcation of the trachea. As regards treatment, the diagnosis of aneurism having been made by exclusion, iodide of potash in 15 gr. doses was given three times a day. Inhalation of chloroform was tried without relief. Bleeding might have relieved him, but was not tried. The reason why the symptom of tracheal tugging was absent was that the pressure was from behind and below, and not from above downwards.

Dr. Major then read the following paper on this case :

On being called in consultation had found the case as stated by Dr. Macdonell.

Intubation was decided upon but did not afford much relief. The tube was withdrawn and larynx examined. The left vocal cord was fixed at the middle line, showing left abductor paralysis with spasm of the antagonistic abductors. Right vocal cord movable but inclined to abduction. This pointed directly to pressure on the left pneumogastric In paralysis due to pressure on one recurrent laryngeal the vocal cord of the same side only is affected, whereas in pressure on the vagus or main trunk of the nerve abductor paralysis of both sides is observed.

The value of laryngoscopic examinations should not be disregarded, as it often happens that the laryngeal are the only signs available. In the throat department of the Montreal General Hospital ten or a dozen cases of aneurism are met with in the course of a year, whose only ailment has been a slight dyspnœa or loss of voice. Tracheotomy was not performed for the following reasons : 1st. Intubation failed to give the immediate relief it should have done if the case were one of pure obstruction. 2d. There was an absence of the usual signs of laryngeal dyspnœa.

Under certain conditions where you can exclude reduction of the lumen of the large air passages and are satisfied that laryngeal stenosis is the chief factor in the case, tracheotomy should be resorted to, not only for purposes of breathing but because the difficult breathing has a deleterious effect upon the aneurismal sac.

Dr. Mills asked what was the condition of the nerve fibres.

Dr. Lapthorn Smith asked what was the exact cause of death.

Dr. Macdonell replied that the nerve fibres had not been examined ; that the cause of death was undoubtedly a succession of hemorrhages from the aneurismal sac into the stomach and intestines.

Dr. Mills thought that the imperfect circulation through the lung was one of the causes of the rupture. He also thought that dyspnœa was due to pressure on the vagi. He remembered a case which was under the care of Dr. Geo. Ross with urgent symptoms of angina ; there was alteration of voice ; decided paralysis on left side, but the cause could not be found, although there was nervous cough and dullness of the arch of the aorta. As he did not improve he went to consult some New York specialist, who, however, did not diagnose aneurism, of which disease, however, the patient ultimately died.

Dr. Lapthorn Smith related a case in which he had seen the right pneumogastric ligatured accidentally by a great London surgeon, who ligatured the common carotid, and in which death ensued a few days later from pneumonia of the right lung. It was the opinion of the staff that the pneumonia was directly due to the injury to the vagus.

Dr. Mills was glad that Dr. Lapthorn Smith had mentioned this case, as it proved that section of the vagus caused trophic changes in the lungs.

THE ANTISEPTIC TREATMENT OF ACUTE GONORRHŒA.

Dr. Castle (*Gaz. des Hopitaux*) gives his opinion of the antiseptic treatment of gonorrhœa in the following conclusions :

1. Antisepsis always has the result of maintaining the urethra in that state of asepsis which modern surgery seeks to obtain in all cavities which suppurate, as a condition favorable to the cure of the suppuration.

2. In a certain number of cases the antiseptic treatment brings about a remarkably rapid cure.

3. It is exceptional that when well done it does not bring about a more prompt subsidence of inflammation and a shorter duration of the acute stage.

4. It hastens the time when balsams can be used with success, and thus shortens the whole course of the disease.

5. Begun early, it diminishes the chances of extension of the blennorrhœa to the deep urethra, and makes vesical, prostatic, and testicular complication less frequent.

In exceptional cases he advises an attempt at abortive treatment by the injection of nitrate of silver.

As a non-irritating and effective antiseptic, resorcin is recommended. After the inflammatory stage is passed he employs balsamics alone, or in conjunction with the injections.—*Journal Cutaneous and Genito-Urinary Diseases.*

Progress of Science.

MONTREAL GENERAL HOSPITAL.

CLINIC OF DR. F. W. CAMPBELL.

Several patients with well defined epilepsy lately presented themselves. They were all treated with drop doses of a one per cent. solution of nitro-glycerine, taken three times a day in a teaspoonful of water. A 40-grain dose of bromide of potash, with 15 grains of chloral, was given in an ounce of water at bed-time. In all the cases the results were most satisfactory, the attacks being at once markedly reduced in frequency and severity. Dr. Campbell thinks that upon the whole, the treatment of epilepsy by nitro-glycerine gives better results than does any other.

Several cases of cardiac dropsy having presented themselves, Dr. Campbell stated that, as a rule, the accumulation of fluid began in the lower extremities. That when it first presented in the abdomen it was generally due to diseaee of the liver, and that when the dropsy was general it was due in most cases to disease of the kidneys. One case of cardiac dropsy was treated with large doses of liquor ammonia acetatis and infusion of digitalis, and the dropsy entirely disappeared. Dr. Campbell considers quinine almost a specific for whooping cough. He gives it in solution and insists on the absence of syrup in the mixture, and that anything of a syrupy or sweet character must not be given for at least half an hour after the taking of the quinine. To a child a year old he gives a grain every two or three hours. The cough is reflex, and is due to the micrococci adhering to the back of the throat. The quinine stimulates the glands there to pour out a large amount of secretion, and the spores are thus removed. The majority of cases can be perfectly cured in a month.

A severe case of asthma in a rheumatic patient was speedily relieved by 10 grains of iodide of potash every four hours.

The changeful weather of the spring brought to the clinic several cases of severe bronchitis in very young children. They were treated with vin. antimonialis in small doses, combined with liquor ammonia acetatis and the application of compresses to the front and back of the chest. Dr. Campbell remarked that mothers as a rule objected to the application of mustard to young children, but when they saw the great benefit which followed its employment their objections vanished. To a child under two years his rule was to make the sinapism of two parts of flour and one of mustard, and allow the first one to remain on four minutes, subsequent ones about two minutes. They should be applied night and morning for at least three days. After two years of age he used equal parts of mustard and flour, and increased the length of its application a minute.

A case of taenia solium or tape worms in a woman aged 48 years and of a full habit of body was successfully treated by an emulsion of the Canadian pumpkin seed. Three ounces of the seed was bruised and mixed with 10 ounces of water, and allowed to stand a few hours. It was then passed through coarse muslin and the whole taken in three doses an hour apart, the patient having had previously a dose of sulphate of magnesia and lived for twenty-four hours on milk. The patient had several times previously been treated by male fern, but the head did not come away. The whole worm came away after taking the pumpkin seed. The improvement of the patient was marked.

Several children presented, who were irritable and feverish from teething. Dr. Campbell said that the relief in such cases was often most marked after scarification of the gum, but before using the gum lancet one should be well satisfied that the advancing tooth will fully present by the cut gum receding. If this does not occur the gum heals over and the cicatrix makes it more difficult for the tooth to force itself through. A solution of twenty grains of bromide of potash to the ounce of water, applied over the swollen gum, often gives great relief. Teething children should be closely watched, for brain symptoms often develop in them, especially when there is a tubercular history.

Dr. Campbell has repeatedly drawn the attention of the class to what he terms "the physiognomy of disease. Its recognition can only be acquired by practice. Phthisical patients, he says, have large eyes, often sunk deeply in the orbits, prominent malar processes, and ears standing well out from the head, face elongated and nose somewhat pinched. The asthmatic face is swollen and rounded without being œdmatous, the eyes prominent and inclined to be brilliant. In Bright's disease the face is puffy, and the capillaries distended.

Quite a number of cases of myalgia or myodynia have presented of late. The chief and in fact the only symptoms was pain on movement. It is often miscalled muscular rheumatism, for it has not any essential relation to the rheumatic diathesis. It is in truth a disease of nutrition, pain produced in a muscle compelled to work when it should be at rest. The most common cases are overwork, and as a familiar illustration of such cases Dr. Campbell mentioned the pain in the adductors of the thighs after a hard ride when out of practice. The indications for treatment are: (1) relief of pain; (2) physiological rest for the affected muscle; (3) restoration of the balance between the nutrition of the muscle and the work it has to do: (4) constitutional remedies, such as quinine, iron, lime and cod liver oil.

For tinia versicolor, of which some half dozen cases have been seen since Christmas, principally on the chest, a lotion of an ounce of hyposulphite of soda to the pint of water was prescribed, to be applied night and morning. The discoloration was generally removed within a week. In one case it returned several times when the lotion was discontinued, but was eventually conquered by a persistent application of the same lotion.

Several children who came with mumps were ordered to be kept indoors and have the swollen glands rubbed twice daily with camphorated oil and laudanum, and then swathed with *red* flannel. Hospital patients think that there is more virtue in red flannel than in any other, and Dr. Campbell was quite willing to cater to this belief.

Dr. Campbell has frequently drawn attention to the distress which accompanies a cough without expectoration, in other words a dry cough. In such cases he invariably prescribes, as a constituent of the cough mixture, an $\frac{1}{8}$ of a grain dose of tartarised antimony. This drug would, he says, seem to have a specific action on the mucus membrane, lining the large bronchial tubes. As a rule, within a day or two a copious expectoration follows its administration. The relief to the patient is very marked.

In cases of vomiting, especially if it has resisted other remedies, he recommends tinct. of iodine and carbolic acid, equal parts, of which one drop in a teaspoonful of water should be taken every two or three hours.

PRACTICAL POINTS ABOUT SURGICAL DRESSINGS.

In a report of four months' service at the Albany Hospital (*Albany Medical Annals*) Dr. A. Vander Veer says that in all 133 operations were done. In 168 cases of surgical lesions treated, there were seven deaths: 2 due to peritonitis, 2 to uræmia, 2 to the exhaustion of the disease, and 2 to shock. The death rate was four and one-sixth per cent.

With regard to the dressings used in these cases, he says that the methods have been very simple, and the antiseptic agents used neither new nor novel. To begin with, all the gauze used was of home manufacture; that is, plain gauze medicated chiefly with bichloride of mercury. Plain absorbent gauze can be bought, he says, in two-hundred yard lots at four and a half cents per yard. This can be conveniently cut and folded in five-yard pieces and treated as follows: It is immersed in a solution consisting of one part of bichloride of mercury, fifteen of tartaric acid, 150 of glycerin, and sufficient water for 1,000 parts; enough eosin is added to give a fair tint. After remaining in this solution for twelve hours the gauze is wrung dry and packed in stone-ware jars ready for use. The addition of tartaric acid and glycerin he regards as very advantageous, increasing both the antiseptic and absorbent power of the gauze.

The bichloride gauze was used for making "Gamgee" pads for bandages, and for iodoform gauze, by rubbing iodoform in its mesh. Iodoform and boric acid were used in dressing ulcers, both in powder and in ointment. Boric acid solutions were used in washing the bladder and urethra before and after operations. A one-half per cent. solution of hydrogen peroxide, he says was very satisfactorily used about the mouth and nose. It acts also as powerful deodorent. For flushing wounds, 1-2000 or 1-3000 bichloride of mercury solutions were used. In Dr. Vander Veer's abdominal work hot water took the place of all antiseptics, except in the dressing. The spray was used in the room for three days before opening the abdomen. No poisonous effects were observed during the four months from the use of antiseptics, except in one case in which a slight iodoform erythema appeared upon the abdomen after an abdominal section.

HINTS ON THE TREATMENT OF DYSMENORRHÆA.

BY JOHN M. KEATING, M. D.,
PHILADELPHIA.

I desire to call attention to two or three matters that I think of interest in connection with the treatment of some of the diseases of women.

There is a certain class of cases—that of dysmenorrhœa—which is accompanied by dragging pains in the back and limbs, that are undoubtedly relieved by vaginal distension, false dilatation of the uterine canal, and the use of a cotton pledget, possibly saturated with glycerine, which depletes the mucous membrane, diminishes the catarrh, and at the same time gives the uterus a certain support and relieves in that way the pelvic circulation. I think these cases are very often greatly improved, if we can use for a certain time a stem-pessary, which will tend to keep the canal straight and pervious, and at the same time support the uterus.

A great deal has been said against the use of stem-pessaries, and my own conviction is that, when abused, they are certainly productive of a great deal of harm; but, when used with care, they certainly can accomplish much good.

Some years ago I had made for me, by Mr. Snowden, a flexible metallic stem, which I used also for the purpose of straightening the uterine canal, by placing a plunger within the stem after it had been introduced, thus making a repositor out of it. I succeeded in using this in a number of cases with a good result; but the difficulty was that it had to be used with a

great deal of caution, and it was a difficult instrument to duplicate, from the fact that the spring of the plunger had to have a certain degree of elasticity which was hard to obtain; but I found that by placing this pessary in position the natural tendency which it had to straighten itself was of great value.

I would like to call attention to a modification of this instrument—made by Snowden—of a simple metallic (German silver) stem, made on the same plan as Gross's prostatic catheter. I believe that this instrument can be worn without inconvenience and will serve a most excellent purpose in proper cases.

I desire also to call attention to another point. The usual material used for vaginal packing in these cases has been cotton-batting, or antiseptic absorbent cotton, or some antiseptic wool. I have recently been using with considerable success the small cup sponges that come into the market. These are extremely soft, well-shaped, can be made thoroughly aseptic by soaking in a solution of bi-chloride, then being thoroughly dried and a small silk ligature passed through the fundus, the cup portion filled with whatever medicament is desirable and inserted as required. The great advantage that these sponges have over the cotton—and, in fact, over the wool even, but especially over the cotton—is their natural resiliency and the more thorough support they give, acting like an air-cushion pessary. I find that they can be retained, when thoroughly aseptic, for at least two or three days, especially if a little iodoform or Listerine is used with the medication. When with-drawn they may be placed at once into boiling water and thoroughly scalded, and when so treated they may be used over again a number of times.

The cases in which this form of treatment is most available are usually those that are most annoying to the practitioner, as they occur most frequently in individuals who are unable to go to a hospital for treatment or possibly have no means that will permit them to lie by for a day or two, and have their treatment thoroughly made at their own home. These are mostly office cases, and my own experience is that a material such as is at present used is extremely difficult to introduce in a form of a tampon in sufficient quantity to be serviceable, whereas the softness of the sponge permits it to be rolled into a very small mass and inserted through a speculum with great ease.

In the cases where there is abundant leucorrhœa, I find a solution of permanganate of potash more useful than any other that I know of, both for washing purposes and as a local application.—*Med. and Surg Reporter*

The odor of cancer can be removed from the hands by applying oil of turpentine after a thorough cleansing with water and bichloride.

A NEW OBJECTION TO THE USE OF CHLOROFORM FOR ANÆSTHESIA.

Americans have steadily kept their allegiance to ether as an anæsthetic in surgical procedures, for various and good reasons. Now comes from Germany a discovery that must needs confirm their belief in the advantages of this agent. Dr. Zweifel, in a late issue of the *Berliner Klinische Wochenschrift*, calls attention to the danger which exists in the administration of chloroform by gas or lamp-light. It appears that the vapor is decomposed, giving rise to an irrespirable and irritating gas which promotes respiratory lesions which dangerously complicate the operation. Of nine laparotomies performed under the conditions already mentioned, only two remained free from bronchial and pulmonary troubles, such as bronchitis, tracheitis, and catarrhal pneumonia. In one case the fatal termination could be directly ascribed to a pneumonia produced in this manner. As soon as the use of chloroform was abandoned, and ether substituted for it, these complications ceased to occur, but were renewed in one case in which chloroform was administered by mistake. Hence the author pleads for ether anæsthesia in such case as must undergo operation by gas or lamp-light. He is in the habit of inducing anæsthesia in the sick room with a mixture of chloroform, ether, and alcohol, and continues the anæsthesia during the operation with ether alone, thus avoiding completely the dangers of chloroform vapor.—*Internat. Jour. of Surg.*

THE DIAGNOSIS OF CANCER.

Although the introduction of antisepsis and the progress made in our operative technique have greatly improved the prognosis of cancerous diseases, it must be confessed that our diagnostic means are still far from satisfactory. This is to be the more regretted, since an early diagnosis greatly enhances our chances of effecting a permanent cure in these cases. At the late Congress of the German Surgical Society, Professor Esmarch spoke of the uselessness of statistical studies in affording us information as to the etiology and diagnosis of cancerous diseases. He called attention to the fact that syphilitic tumors, especially of the tongue and throat, are not infrequently confounded with malignant growths, and proposed that the old term, "gumma," be abandoned, since these syphilomata—as he terms them—more often resemble in structure the fibromata and sarcomata. In fact, a large number of the sarcoma group, especially those of the muscular tissue, are to be regarded as syphilomata, and may be cured by internal treatment alone, whilst some forms of malignant keloid and some of the malignant lymphomata, may also be placed in this class. During the past year, Prof. Esmarch

classified all the cases of sarcoma of the muscles occurring at his clinic, and found that at least one-half of them were true syphilomata which promptly responded to specific treatment.

Tuberculous tumors—tuberculomata, the author calls them—not infrequently have given rise to errors of diagnosis, and it should be remembered that masses of pure tubercle may exist for long periods in the tongue, breast, and larynx without going on to ulceration. Of course, in the case of actinomycosis mistakes are not uncommon, since the disease has been known only for the last ten years.

To avoid these errors of diagnosis, it is plainly our duty to make a thorough microscopical examination of the growth before a radical operation in undertaken. For this purpose it may be sufficient to remove repeatedly superficial portions of the tumor, but if the results prove negative, it may be necessary to perform exploratory operation of magnitude, even laparotomy, laryngotomy, trephining.

In doubtful cases where the microscopical examination shows only granulation tissue and spindle cells, Prof. Esmarch recommends an energetic and long continued anti-syphilitic treatment.

These views of the distinguished author merit serious attention. There can be no doubt that in the case of tumors a positive diagnosis is frequently not made until after their removal, and cases are probably not rare in which a microscopical examination of deeper sections of the growth than have heretofore seemed necessary might have prevented dangerous and disfiguring oeprations.—*Intern. Jour. of Surg.*

IODIDE OF POTASSIUM.

At a meeting of the French Academy of Medicine, Dr. Germain Sée read a very interesting paper on "How Iodide of Potassium acted on the Heart." He commenced by saying that although ten years had elapsed since he introduced into medical practice the treatment of asthmatic and cardiac affections by iodide of potassium, yet nobody has ever inquired how it acted in such cases. All the actions of the two salts were not the same; that of potassium excited the heart and the vaso-constrictor nerves, and consequently raised the pressure of the blood, while the iodide of sodium did not do this. Injections of both salts into dogs were made, and the blood pressure in the femoral and carotid arteries recorded. The injection was made into the saphena vein. With the iodide of potassium the blood pressure arose immediately several centimetres and remained stationary for a considerable time. At the end of an hour a gradual descent took place. The vaso-constriction is to be attributed to the potassium, and the vaso-dilatation to the iodine. Iodine usually provokes a congestive condition of the bronchial mucous membrane, this being due to the vaso-dilatation of the vessels. The first and principal of these therapeutic congestions is that which occurs in the respiratory organs, producing a veritable hyper-secretion. Thus it results that the viscous and adherent exudation of mucus which characterizes the troublesome expectoration of asthmatics is softened and replaced by a liquid secretion, and consequently the air penetrates more freely and the dyspnœa ceases as soon as the iodine commences to act. The cardiac organ is materially strengthened, the circulation of the coronary arteries receives a considerable impulse as well as in the whole arterial system, as a result of its action on the nervo-muscular system and the myocardia in particular. The phenomena due to the iodine soon appear, in which are manifested the general vaso-dilatation, and, as a consequence, the heart, in order to propel the blood through its own arteries and into its own tissues, is no longer obliged to furnish the same amount of work as in the former state, as the tonicity of the arteries, the natural obstacle, is modified. Hence the organ, far from being depressed and weakened, beats with renewed energy and strength, and the sphygmograph indicates a full and strong pulse. For a long time Dr. Germain Sée has recognized the utility of iodine in several heart affections, and only in cases where it determined hemorrhage or gastric troubles did he refrain from prescribing it. When the dyspnœa is pulmonary from venous congestion, or œdema, iodide of potassium is given with best avantage. The cardiac affections which are mostly benefited by this treatment are adiposis, fatty degeneration, weakened heart, cardialgia, nervous organic irregularity of the heart. As to the aneurism of the aorta, iodide of potassium is the only remedy that gives real satisfaction. In conclusion the author said iodide of potassium was the true cardiac agent. Far from being a depressor, it was particularly useful in mitral lesions with debility. It raises the energy of the heart and the vascular pressure. Then, in dilating the arteries, the flow of blood is facilitated and the organ recovers its contractile powers.—*Medical Press and Circular*, October 23, 1889.

EXTENSIVE BURN OF THE LEG TREATED BY GRAFTING WITH THE SKIN OF A DOG.

Mr. Alexander Miles, at a meeting of the Edinburgh Medico-Chirurgical Society, on December 4, 1889, showed a case which may prove of interest from two points of view: on the one hand, because of the extreme frequency with which such cases are met in practice; and, on the other hand, in view of the somewhat unusual means adopted for the relief of the patient. The patient suffered from an extensive ulcer on his left leg, extending from the middle

of the patella to the ankle, the result of a burn. One month after the receipt of the injury he applied for treatment. By means of boracic-lint poultices, for a fortnight, the whole surface was covered with healthy granulations, but there was no attempt at cicatrization. A *young* greyhound, 7 days old, black and white in color, was obtained and killed with chloroform. The whole of the anterior surface of the abdominal walls and flanks was shaved, and the whole flap of skin thus mapped out was dissected up, leaving the subcutaneous fat. Meanwhile the leg had been thoroughly cleansed, and all bleeding from the granulations stopped. The skin taken from the puppy was cut into strips about 6 inches (15.0 centimetres) long by ½ inch (1.25 centimetres) broad, and firmly pressed into the ulcer in the long axis of the limb. Smaller grafts, about 1 inch (2.5 centimetres) square, were used to fill in the spaces left between the larger ones. A considerable area over the inner side of the knee still remained bare, and to cover it the skin from the pup's tail was dissected up—unshaved. The dressing consisted of small pieces of protective applied next the grafts, with the edges overlapping to facilitate removal as well as the escape of discharge, and outside this a few layers of unprepared gauze, moistened with weak boracic solution, the whole dressing being kept moist by a layer of gutta-percha tissue. Over all a good layer of sublimate wool and a firm bandage were applied. On the third day after operation the ulcer was dressed; cicatrization had begun round the margin of the ulcer, and also round the island of skin in the centre. Two days later the grafts had become firmly adherent. Healing went on rapidly; in six weeks the ulcer was entirely healed. Seven months later the leg was as useful as ever. No contraction or cicatrix, except where the tail skin was planted, and there it was very slight. The color of the skin was normal; no evidence of hair or of cutaneous secretions. Sensation and temperature normal. —*Lancet*, March 15, 1890, p, 594.

SYCOSIS.

For the treatment of sycosis, or barber's itch, Dr. Rosenthal recommends that the seat of the affection be closely shaved every day, and that the following ointment be rubbed in twice a day:

℞ Acidi tannici,		gr. xlv
Sulphuric precipit.,		ʒ jss
Zinci oxidi,	āā	ʒ iv
Vaselini,		℥ j

M. Sig.—Use twice daily.

In a month, he says, nothing remains of the eruption but a very slow disappearing erythema. —*Med. and Surg. Reporter*.

VON BERGMAN'S TREATMENT OF WOUNDS.

Bramann has recently given the method and results of the treatment of wounds in the surgical clinic of von Bergman. Although these methods are of very different form from those in vogue in this and other countries, and the results can scarcely be better than those attained elsewhere, but more especially in America, yet those of the German surgeon would seem in many cases to subject the patient to much more discomfort, manipulation, and pain at the very least. Gauze is almost universally employed. It is sterilized by running steam at 212° F., and after being dried is impregnated usually with corrosive sublimate of iodoform. The simple sterilized gauze is used in all small, simple, and non-exudative wounds. For wounds from which is expected more profuse secretion the corrosive gauze is employed. All cotton, sponges, instruments, and other appliances coming in contact with the wound are likewise simply sterilized by running steam. Steam sterilized sutures of silk are used on the surface, but cat-gut is used out of alcoholic solution of bichloride and water for deep, relaxation sutures and ligatures. The patient is prepared for operation by means of full baths, local shaving and cleansing with soap, water, ether, and a final douche with 1-1000 to 1-2000 corrosive sublimate solution. Instruments are used out of three per cent. carbolic acid solution. The wound is from time to time during the operation douched with 1-2000 corrosive sublimate solution, but in all abdominal, bladder, mouth, rectal operations salicylic acid 1–1000 or boraric acid 1-200 is employed. The wound is usually at the end of operation given a coating of iodoform crystals by means of squirting a jet of saturated solution of that drug in ether over the exposed surfaces. The greatest care is taken to thoroughly arrest even the most minute bleeding points, as, next to antisepsis, this is regarded as the most important agent in attaining primary union.

After hemorrhage has finally been absolutely arrested the wound is carefully sutured with or without drainage, as the case may be; provided that it is known to be thoroughly aseptic. In those cases in which it is impossible to absolutely arrest hemorrhage, or which are known or suspected not to be thoroughly aseptic, the wound is loosely packed with strips of iodoform gauze, several-feet in length and as many inches broad, whose ends hang out of the angles of the wound. At the end of that time the patient is again etherized and the necessaay sutures introduced. Up to this time the tamponed wound is kept well covered in with large amounts of corrosive gauze and cotton and retained by a gauze bandage, which may be changed at any time during the next two days that it may

become saturated with exudation; but the iodoform strips are invariably allowed to remain throughout the whole two days. It is then removed by gentle traction on the out-hanging ends, when the wound is usually found clean, unirritated, and absolutely dry. Invariably careful suturing has resulted in primary union. Drainage is occasionally necessary; but even with this, or in cases where on account of hemorrhage from large vessels the tampons are allowed to remain for six days, primary union after suturing is the almost invariable rule.—*Univ'ty Mag.*

CHLORALAMIDE AS A HYPNOTIC.

Dr. Langaard of Berlin reviews in the *Therapeutische Monatsschrift* the present state of our knowledge of the action of chloralamide—one of the latest of the various hypnotics that have from time to time been recommended to the notice of the profession. According to most observers, the new drug is a less powerful hypnotic, weight for weight, than hydrate of chloral. Kny considers that 3 grms. of the amide is only equivalent to 2 grms. of the hydrate. The ordinary dose for healthy adults may be put down as from 30 to 45 grains. Women and delicate patients should be given decidedly smaller doses than strong men. According to Lettow's observations in Professor Mosler's clinic, the best way to give it is as an enema. Sleep comes on in from half an hour to three hours after the drug has been taken. Lettow found the time required to induce sleep was in twenty-nine cases one hour; in twenty-three cases, two hours; and in three cases, three hours; the duration of the sleep being four to six hours in seventeen cases, two to four hours in two cases, and two hours only in two cases. Chloralamide shows itself to the best advantage where the sleeplessness is of a purely nervous origin, but it is by no means useless in numberless cases where there is some definite affection—that is to say, if it be not accompanied by pain of too severe a character. It will, however, act when the insomnia is due to the lightning pains of locomotor ataxy, also when there is a moderate amount of cough, and in a number of mental affections which are not accompanied by any very considerable degree of excitement. It has proved very serviceable in delirium tremens; and in one case of cardiac asthma—myocarditis due to arterio-sclerosis—Hagan and Hüffler believed that it produced a real amelioration of the disease. There is very little to be said as to any undesirable by-effects; as a rule these are very slight, and are confined to a feeling of drowsiness and fatigue, with headache and giddiness of slight amount and short duration; but, notwithstanding the belief entertained by most writers on the subject that chloralamide is devoid of all action on the respiration and circulation, Dr. Langaard was able to demonstrate, by a number of careful experiments on animals, that it makes the respirations shallow and diminishes the arterial tension, though more slowly than chloral hydrate. He therefore cautions medical men to be very careful in prescribing it in cardiac affections. It is best ordered an hour or more before going to bed, and may be taken as a powder, washed down with milk, water, or coffee, or in solution with syrup, or it may be dissolved with wine or beer.—*Lancet*, Dec. 7th, 1889.

TREATMENT OF ACNE OF THE FACE.

The most rational treatment of facial acne should be based upon the following two principles; first, to allay the congestion of the skin as far as possible; second, to remove all causes which could give rise to the hyperæmia of the face. To obtain these results, both internal and external remedies may be used. The direct care of the skin demands the principal attention. Every morning and evening the face should be washed with a fine sponge. The temperature of the water should be as high as the patient can possibly bear it. After washing, the skin should not be dried. Such a washing renders the skin extremely hyperæmic. As soon as the water begins to evaporate from the face, the superficial blood-vessels become contracted, and gradually regain their lost tone. In many cases, this simple treatment will be all that is needed, and a speedy recovery will follow. In severer cases, however, the following solution may be employed:

℞ Hydrarg. bichlor. corros.,
Ammon. muriat, āā gr. xv
Emuls. amygdal. amar, ʒvij
M. et fiat lotio,
Sig. Apply morning and evening.

The following formula will be found to be of equal if not of greater efficacy:

℞ Aquæ destil, ʒjx.
Sulphur. sublim, ʒj.
Aetheris sulfuric, ʒiij–ʒjv.
M. et fiat lotio. Sig. Apply morning and evening.

The practitioner may, however, come across cases of such a stubborn nature that even these lotions will fail to effect a permanent cure. In such cases, the only remaining course of treatment is scarification. This procedure never fails to quickly relieve the congestion of the skin, and also causes the acne pustules to rapidly disappear.

Regarding the best advisable diet to be pursued during the treatment of acne, little need be said, other than the highly spiced and heating foods should be avoided. *Hlly. Med. Central-Zeitung*, Oct. 9, 1889,—*Med. and Surg. Report.*

CREOSOTE IN PHTHISIS AND PULMONARY TUBERCULOSIS.

Prof. Sommerbrodt is an enthusiastic believer in the special virtues of creosote in phthisis and pulmonary tuberculosis. After an extensive use of the drug he gives us statistics of 5,000 cases he has treated in hospital. He claims for it the power of improving the appetite, limiting the secretions, and diminishing the irritable cough. Its primary virtue, however, is its anti-bacterian property, which checks the progress of the baneful disorder. He supports his belief by pointing to Guttman's bacterian experiments with the tubercular bacilli, which he cultivated in glycerine and destroyed with a 1 : 4,000 solution of creosote. From this experiment Guttman himself reasoned that, if he could get this quantity into circulation without injury to the organism, he might be able to arrest the progress of the bacilli; but when he considered that a man of 60 kilos (9 stone) contained 4,615 grammes of blood (9 lbs.) that would mean upwards of one gramme of creosote to be present in the circulation before any good effect could be expected.

From this data Professor Sommerbrodt postulates his treatment, and has capsules made, each containing 0.05 grm. (0.77 grain). Three of these capsules are given on the first day, four the second day, five the third day, and so on till twenty-one or twenty-nine, which he gave in three cases, are given, which would represent 1.35 gram. of the drug taken daily. This exactly completes Guttman's hypothesis of creosote, and Sommerbrodt believes that the facts of his results are perfectly consonant with Guttman's presumption. He points to a case sent him last year by a military surgeon. The patient was an officer in the army with marked tuberculosis, dulness over the fossa supra spinata dextra, rhonchi, emaciation, increasing cough, with spit, in which the bacilli and elastic tissues were to be found in great quantities. A year before this he had pleuritis sicca dextra.

On September 1 the creosote treatment commenced, and by September 18 he was using twenty capsules a day. On September 29 the morning sputa had very few bacilli with a few fibres of elastic tissue. On November 1 he returned to duty, general health improved, dulness disappeared, and morning cough left him in a short time. During the whole winter he attended to his duty in the midst of snow and rain, during which period he gained twenty pounds in weight. By the month of April this year every sign of tuberculosis had disappeared, and perfect health seems now to be established.

From September 1 to June 1 he had used 5,400 capsules, representing 270 grammes of creosote (nearly 7 ounces), and 1,080 grms. of balsam of Tolu (33 ounces) with which it was combined. He assures us that he has treated many other cases in the same way. Although actual experiments with animals do not confirm this opinion, Sommerbrodt is convinced that creosote does more than improve the digestion, according to Klemperer, or reduce the secretions, as Cornet believes. Sommerbrodt proposes that Koch should examine the blood serum of a patient after a month's use of gramme doses, and he thinks he will find that all bacilli have disappeared. He advises the creosote to be administered immediately after food, which may be taken either in the form of capsule, tincture, or wine. —*Med. Press and Circular.*

THE NEW HYPNOTIC, SULPHONAL.

In the discussion on Recently Introduced Hypnotics and analgæsics, reported in the *Journal* of November 2nd, great stress is laid on the fact that sulphonal, although in other respects one of the most useful of sleep producers, has the disadvantage of being only slightly soluble, and therefore slow in its actions and not easily administered. I have found that the ordinary dose (from 20 to 40 grains) can be readily dissolved in a cupful of hot tea or coffee, preferably the latter, and that no precipitation occurs till the temperature is below the body heat. Probably, therefore, if given in this menstrum the sulphonal will be absorbed in the liquid state, and thus act more quickly; more especially as it has been shown by Professor Kast that the presence of peptones hinders precipitation. Even if precipitation does occur the powder is then in a much finer state of division than can be obtained by mechanical means, and the rapidity of absorption should be proportionately greater. This method will also be found useful in nervous cases where, as often happens, the patient refuses or objects to take medicine. In these cases sulphonal is often of the greatest service, and its tastelessness gives a great advantage over paraldehyde and most of the other soporifics. In a severe case of melancholia I used it more or less constantly for a period of five months, at one time giving it every night for four weeks in doses of 30 or 40 grains without any ill effects. Most of the other remedies had been previously tried, large doses of chloral, bromide of potash, cannabis indica, urethane, paraldehyde (in 2-drachm doses), &c., having no appreciable effect, while a third of a grain of morphine, given subcutaneously on one or two occasions, only increased the excitement. In this case it was found that the sulphonal, given as a powder, acted more quickly when finely ground than when given in a coarser state, usually taking from an hour to an hour and a half to produce its effect. The torpor and lassitude referred to as usually following the night's sleep I found could be got rid of by careful gradation of the dose. So far from any bad effects occurring, the patient's appetite invariably improved when the drug was started

afresh, this being probably the result of the marked diminution of mental pain while awake, and of the sound sleep produced at night. There was practically no habituation, the dose merely having to be increased or diminished as the disease progressed, and no cumulative effect was produced, even by repeated doses of 40 grains. This case may also be of value as showing the safety with which sulphonal may be given in suitable cases for prolonged periods. —Dr. C. J. Morton (Edinburg) in the *British Medical Journal*, Dec. 14th, 1889.

THE ANTISEPTIC ACTION OF AMMONIA.

One of the facts now becoming abundantly sustained with regard to the effect of organisms on the organic bodies on which they live (albuminoids, etc.) is that the products of bacterial activity tend to limit and finally to destroy the vitality of the growing organisms. Not only is this so with bacteria, but it is well known, and can be readily demonstrated by experiment, that the products formed by digestive ferments from albuminoids or carbohydrates tend to "choke" ferment activity, which indeed revives when the products are removed, as, for example, by dialysis. Ammonia is one of the commonest products of putrefaction. It is formed not only by the action of putrefactive bacteria on albuminoids, but is a result of the decomposition of urea, which occurs from the action of the bacillus urea. Gottbrecht has lately tested the anti-fermentative action of ammonia. In his experiments he did not use the gas itself, but carbonate of ammonium, which, although less volatile than the gas, readily develops ammonia. It was found that a two per cent. solution of this salt delayed the decomposition of portions of fresh organs for nine days, a five per cent. solution for nineteen days, while a ten per cent. solution delayed it for thirty days. In mixtures in which decomposition had already occurred ammonium carbonate added to the amount of five per cent. after a time killed the organisms; while a two and one-half per cent. admixture of the salt diminished their activity. On the other hand, it was found that smaller proportions of ammonium carbonate, one-fourth to one per cent. not only did not diminish, but actually increased the activity of the organisms, so that putrefaction became more rapid. This is only another example of a very large class of substances, which in small doses increase activity, in large doses diminish it; many of the drugs which act on the heart have this action. It might be considered that the action of carbonate of ammonium on putrefactive changes was due to the state of alkalinity produced in the liquid; but that this is not so is shown by the fact that sodium carbonate added to the same degree of alkalinity does not possess any anti-putrefactive action.—*British Med. Journal.*

METHOD OF REDUCING DISLOCATION OF THE JAW.

Dr. Gerin, in a case of unilateral dislocation of the jaw, employed the following method. The patient, being seated, the physician stands behind him, and with the left hand placed on the patient's forehead, he fixes the head firmly against his chest. A compress folded to several thicknesses is placed over the lower teeth on the affected side. The surgeon then introduces his thumb between the dental arcades in such manner that the palmar surface of the thumb rests upon the molar teeth, while the other fingers grasp the horizontal portion of the lower jaw. Then bending a little forward over the patient he presses on the maxilla, combining with this downward pressure a slight backward movement. Almost immediately the bone is returned to its articular cavity.—*Bulletin Général de Thérapeutique*, March 30, 1889.

TREATMENT OF ASTHMA.

Within a recent period we have noticed in our exchanges many articles on the treatment of asthma. As to the remedies recommended for this disease, there is no end. With no intention of deprecating the value of several old and well-tried remedies, we shall only refer to agents which have recently forced themselves to the foreground. Of these, perhaps, citrate of caffeine stands first. The dose is 1 to 5 grains dissolved in warm water. It does not appear to be a very dangerous agent, since, in one instance, a patient took 60 grains by mistake, without fatal consequences. Caffeine is said to afford very prompt relief. Arsenic, in the form of 2 or 3 minims of Fowler's solution, is reported as making striking cures in appropriate cases. Arsenic has the peculiar property of supporting respiration, as, for example, in making ascents. Its beneficial effect in asthma is no doubt due to this property. Iodide of potassium is sometimes combined with Fowler's solution. A valuable combination in the bronchitic form is iodide of potassium and carbonate of ammonia. Chloral hydrate, either alone or in combination with bromide of potassium, is also followed by excellent results in certain cases. Cocaine in doses of $\frac{1}{6}$ of a grain of the muriate, given in the form of tablets, has been very highly recommended for the relief of the spasm. In the form of stagnant respiration, with congested lips and nose, and cold extremities, strychnia has been found highly useful. The liquor may be given in doses of from 3 to 5 drops, with dilute phosphoric acid. When defluction from the mucous surface is very profuse, belladonna probably answers best. Medium doses should be given every four hours. Grindelia robusta a short time ago was largely used, but failed to come up to expectations, and is now much less used. Quebracho is also a remedy in much repute.

We occasionally meet cases of continued distress, despite the use of ordinary means. In these cases there is usually much bronchial tumefaction and dryness. In cases of this class nothing can equal $\frac{1}{4}$ grain of pilocarpine with $\frac{1}{4}$ grain of morphine, administered hypodermically. The relief is prompt, the tumefaction subsides and is followed by profuse expectoration. As to change of climate, experience shows that the asthmatic should not seek a dry atmosphere. A warm, moist atmosphere is the most suitable. In mild cases a mere change from one locality to another may create immunity from this harassing trouble.

The remedies here mentioned, which are culled from a large number of remedies in use, seem to be the ones most relied on at the present time. It must not be understood that the remedies in this list are to be depended upon in symptomatic asthma, when the condition is merely a symptom of a disease usually of a much graver nature. The bronchial muscles are here in a normal condition, some probably serious organic trouble being the cause of the symptom, and requiring a separate treatment, as indicated by the pathological conditions.—*The Canada Lancet.*

VOMITING OF PREGNANCY TREATED WITH MENTHOL.

The most unpleasant symptom accompanying pregnancy is undoubtedly the vomiting which often occurs, and this is especially serious because our present knowledge of its therapy is most unsatisfactory, and, in many instances, the physician is at loss to know how to proceed. It is not unfrequent that all the therapeutic measures fail and relief is only obtainable by the induction of abortion.

Guided by the fact that the trouble must be regarded as a reflex neurosis, and that, theoretically, drugs which would depress the reflex excitability should also act beneficially in this comlication, Dr. Sigmund Gottschalk, of Berlin, has used menthol in this disorder with marked success. He employed a solution containing fifteen grains of menthol in five and a half fluid drachms of alcohol and five fluid ounces of distilled water. Of this he gave a tablespoonful hourly. In a case so treated, and reported in the *Berliner Klin. Woshenschrife*, October 7, 1889, the vomiting ceased after the third dose, although previously other remedies had been used unsuccessfully. The patient was able to retain food and subsequently made a rapid recovery. The drug was continued for three days, the dose being gradually decreased,

The use of menthol is continually widening and there seems to be good reason on purely theoretical grounds for expecting that the results obtained by Dr. Sigmund were not in the nature of a coincidence, but that they indicate a rational addition to the therapeusis of the vomiting of pregnancy.—*Echange.*

VARIOUS METHODS OF TREATING PSORIASIS.

The *Medical Chronicle*, October, 1889, in reviewing several of the more usual external and internal measures for the treatment of psoriasis, says:

Most authorities prefer arsenic to any other internal remedy. It may be given in the form of pills or as Fowler's solution, either in the ordinary way or hypodermically, when filtered or combined with an antiseptic. Tar water, carbolic acid, turpentine, copaiba, phosphorus, and even cantharides are spoken of as remedies. Bulkley (*New York Medical Journal*, July, 1889) says that alkalies are often beneficial. "The best form to give them in is acetate of potassium, lithium, or calcium." Iron and cod-liver oil he finds useful. Oils and fats if digested, pure woollen clothing next the skin, and a warm equable climate he considers important factors in treatment. Gutteling (*Weekbl. van het Nederl. Tijdsch voor Geenesk*, No. 17, 1889, abstracted in *Wiener med. Blatter*) reports on the results of treating 22 cases of psoriasis vulgaris with large quantities of iodide of potassium. The remedy was given frequently and the doses gradually increased. Five cases were completely cured; in 5 the iodide had to be abandoned. There was a decided improvement in the 12 cases remaining. The largest quantity given in one day was 57 grammes (about 14 drachms), and the largest amount taken during the whole course of treatment by a single patient was 3684 grammes (about 7 pounds). Several patients gained weight whilst taking enormous doses of the iodide, whereas only a few of them had acne or iodic purpura. The drug is said to be especially beneficial in recent cases. Daily doses of from 10 to 20 grammes (about $2\frac{1}{2}$ to 5 drachms) are recommended. If, owing to failure, large doses have to be resorted to, the improvement will be incomplete. In the five cases which were completely cured, the course varied from fourteen days to four and one-half months. Barduzzi (abst. *Brit. Journ. Dermat.*, from *Gazetta d. Ospiiali*, 17, 1889) confirms the good results obtained by Dutchmen: "In three diffuse universal cases of very inveterate character, which had been treated with transient success by all the usual remedies, he obtained results from iodide of potassium which he never hoped for. In none of his cases was the amount of the drug larger than 7 grammes (105 grains) daily."

According to Bulkley, visits to mineral springs reputed to cure psoriasis lead only to disappointment. "He did not know of a single cure effected by sulphur waters, though the reputation of such waters was the highest of any." With regard to external applications, the treatment should vary with the cases. Bulkley has abandoned the use of chrysarobin, antharobin, and pyrogallol, because he has found that white

precipitate ointment answers better than these preparations. Besnier (abst. *Brit. Journ. Dermat.*) has recently recommended *B*-naphthol. He rubs in this ointment—*B*-naphthol 10, adipis 90—every evening. In the morning the ointment is washed off with warm water and soap, and the skin is powdered with starch. According to Kaposi, who introduced *B*-naphthol into practice some years ago, the fifteen per cent. ointment, which he prescribes, is a valuable application for the hands, face, and scalp, inasmuch as it does not discolor the skin or the hair. Bulkley believes that local applications used early prevent the development of the eruption. There is no doubt that treatment is most successful when the eruption is fading, and least so when the eruption is coming out, the spots rapidly extending and the exfoliation very great.

ANTISEPTIC TREATMENT OF OTORRHŒA.

In the *N. Y. Medical Record*, July 27, 1889, Dr. Robert L. Randolph of Baltimore says that he is every day, as surgeon in charge of a large ear clinic, together with frequent confirmations from his colleagues, being convinced of the positive good effected by the following prescription, in the treatment of otorrhœa :—

℞	Hydrarg. bichlor.,	gr. ss
	Acid tartar.,	grs. xx
	Aquæ,	q. s. ad f ℥ v

The patient is first required to syringe the ear out with warm water, and then to pour the sublimate solution into the ear till the latter is quite full. The fluid is allowed to run out after remaining in the ear ten or fifteen minutes. A piece of cotton is then moistened with the solution, and with it the external opening of the ear is closed. This treatment is repeated two or three times a day. As far as possible, then, the tissues of the drum-cavity, its remote connections, and the whole external auditory canal are kept in a condition unfavorable for the growth of organisms. A marked diminution in the discharge is seen almost immediately, and not infrequently a patient will remark upon the absence of odor after the first day's applications. In granulations and in polypi, sublimate solutions have only the effect of removing the fetor ; the discharge is not lessened to any extent. Such conditions demand special treatment. But in the ordinary otorrhœa resulting from otitis media, which affection forms so large a percentage of the dispensary patients, the acid sublimate solution has given him most satisfying results. About seventy-five cases have been collected by Dr. Randolph during the past year ; but he has been able to follow up only forty to the point of complete recovery.

As regards relapses, since he began treating the majority of suppurating diseases of the ear with an acid sublimate solution he thinks he can safely say that the good done here has been no less permanent than when the majority of cases were treated with boric acid or other agents. The greater part of the time a similar case was always kept on the boric-acid treatment, to judge of its relative merits, and in by far the majority of the cases the improvement was quicker when the sublimate solution was used. The fetor certainly disappeared more promptly when the latter agent was employed.—*Med. and Surg. Report.*

CREOLIN IRRIGATIONS IN DYSENTERY.

The encouraging results obtained by Kortum, Neudorfer, and Esmarch in the treatment of dysentery with irrigations of a creolin solution, have recently led Dr. Nicolaï P. Ossowsky to test its efficacy in a large number of cases of the disease occurring in soldiers. His experiences with the drug, which are reported at length in the *Gazette Hebdomadaire*, October 4, 1889, were most satisfactory. In every instance the treatment was followed by a speedy and complete recovery. In many cases all symptoms of the disease disappeared in two or three days ; in few only was it necessary to continue the treatment for a week.

The irrigations were made two or three times a day, according to the severity of the case, and a one-half per cent solution of creolin employed. Ossowsky used a long rubber catheter in giving the irrigations so that high portions of the bowel could be reached.

Dr. Kolokoff, of St. Petersburg, has likewise used the drug in a large number of cases with equally happy results.—*Medical and Surgical Reporter.*

CANCRUM ORIS, AND ITS SUCCESFUL TREATMENT BY THE LOCAL APPLICATION OF CORROSIVE SUBLIMATE.

Drs. Yates and Kingsford report in the *Lancet* of May 4, three cases of this fatal disease, which were successfully treated by corrosive sublimate in the following manner : the sloughs were immediately cut away, as far as possible, with scissors, and the surface freely swabbed with a 1 in 500 solution of perchloride of mercury, and dressed with lint kept constantly wet with a similar solution (1 in 1,000). This dressing was continued every twelve hours until the surfaces were perfectly clean and healthy, when the mercurial lotion was discontinued. The first of the author's cases was treated by the application of fuming nitric acid, without any marked result, and it was then decided to try the efficacy of the solution of the perchloride of mercury, on the assumption that the disease was probably due to some micro-organism.

THE TREATMENT OF CARBUNCLES.

E. P. Hurd, M. D., says: The method of crucial incisions has long been a favorite method of treating carbuncles, and certainly, when thoroughly done, greatly abbreviates the duration of the malady. Some time ago I remember to have read in some medical journal, a recommendation not to poultice a carbuncle when opened, but to apply a large sponge wet in some disinfectant solution, carbolic acid or corrosive sublimate. This is a very sensible procedure, as I can testify from experience. The sponge should be large enough to completely cover the carbuncle and may be cut into shape so as to fit over it like a cap. Before being applied, it is dipped into a sublimate solution, 1 part to 2000, or a two per cent. carbolic solution; a little iodoform may then be dusted into the cavity of the carbuncle, down to the bottom of the incision, and the sponge is then adjusted and confined by a few turns of a roller bandage. There is no need of poulticing, for pain and tension are removed by the incisions; the microbes are more effectually stopped in their destructive depredations by the antiseptic liquid which is thus enabled to penetrate every part, than they can be by any other method; the dead shreds of tissue will rapidly separate under the disinfectant dressing, and all the discharges will soak into the sponge and be kept from putrefaction. Night and morning the dressings are renewed; the sponge, full of purulent matter and debris, is thrown into a bucket of boiling water, and afterwards cleansed and again soaked in the sublimate solution for a fresh application. Simultaneous with the separation of sloughs, granulations make their appearance, and *restitutio ad integrum* rapidly takes place.—*Medical Age, May* 25, 1889.

THE TREATMENT OF ERYSIPELAS.

The treatment of erysipelas by the external application of germicides is certainly growing in favor. Carbolic acid, though used to some extent, has the disadvantage of being in itself an irritant if in sufficient strength to modify the disease. Creolin, which is undoubtedly a powerful germicide, is used by Dr. Koch, of Vienna, for this purpose. His formula is: one part of creolin, four of iodoform, and ten of lanolin. This is spread not only upon the erysipelatous area, but for an inch or more beyond its boundaries. To prevent rubbing off and to assist in absorption the whole is covered with thin gutta-percha paper. Dr. Koch believes that the iodine, which is set free in the combination, is, as well the creolin, an important agent. However this may be, the results are apparently good, and the method is worthy of careful trial.—*Therapeutische Monatshefte*, September, 1889.—*Med. News.*

ANTIPYRIN HABIT.

To the already long list of drugs, the use of which, under proper restrictions, is both beneficial and proper in combating the various ills to which flesh is heir, but whose abuse becomes a curse to humanity, another has recently been added. Scarcely have we learned to properly use antipyrin than the tocsin of alarm must be sounded against its abuse. The recent discovery of its value as a nerve tonic places it on the list with morphine, chloral, cocaine, etc., so seductive is its gentle, soothing influence upon the overstrained nerves. Its victims are already found, especially among society women, whose nerves, strung up to a high pitch by the overwhelming demands of a winter season of gaiety, seize eagerly upon anything that will afford relief from the headaches and other disorders arising from prolonged fatigue and overtired nerves. So pleasing is the effect that it is soon used for every trifling ill feeling, until the patient finds herself unable to live without it, and the fascinating "antipyrin-habit" is formed. Properly used as a nerve-tonic, its effects are admirable, but abused, the victim becomes even more hopelessly entangled than the morphine or cocaine victim. The effects vary with the dose. In large doses it produces complete relaxation with loss of reflex action. In moderate doses, continued, it induces convulsions. As a stimulant its effect is much like that of quinine.—*International Dental Journal.*

SACCHARIN.

Saccharin is said to be a powerful antiseptic. A solution of saccharin of a strength of 1 to 500 is an active germicide. A most efficient, and at once inexpensive antiseptic mouth wash can be made by preparing a six per cent. solution of saccharin in water. A teaspoonful of the drug to a pint of water would about make this proportion.—*Medical and Surgical Reporter.*

TREATMENT OF MALIGNANT DISEASE OF THE UTERUS.

Dr. G. E. Shoemaker (*Polyclinic*, May, 1889) states that from an operative point of view there are three periods in any form of malignant disease of the uterus.

1. Early, when operation should be immediate and as radical as possible, without extirpation of the uterus.

2. Intermediate, when, eradication being impossible, nothing should be done unless demanded by severe hemorrhage or extreme pain. The length of this period is indefinite, and depends on the rapidity of growth.

3. Late, when scraping and burning may be done repeatedly, to palliate symptoms and retard growth.

COCAINE IN VOMITING.

Dr. M. W. Everson, in the *College and Clinical Record*, September, 1889, speaks of the value of cocaine in the vomiting of pregnancy and the obstinate vomiting of gastric ulcer and cancer. He has also found it of use in the vomiting of entero-colitis of children, a disease which is so frequent in our large cities during the heated term, and in which vomiting is often so prominent a symptom. In the latter affection it is best given in combination with bismuth. To a child two years of age he gives 1-16 grain of the hydrochlorate at a dose, and repeats it every few hours *pro re natâ*.

In the vomiting of pregnancy $\frac{1}{8}$ to $\frac{1}{4}$ grain three times daily will generally be sufficient. A formula which has proved useful in the latter affection is the following :—

℞ Cocain. hydrochlorat.,	gr. $\frac{1}{8}$
Ext. nucis vomicæ,	gr. $\frac{1}{6}$
Pulv. asafœtidæ,	gr. ij.—M.

Fiat. capsula j.

Sig.—Three times a day, a half hour before eating.

Cocaine will be found of value where other remedies fail. Dr. Everson has found it successful in those cases of vomiting of pregnancy in which the so-called specifics, oxalate of cerium, etc., have failed. In gastric cancer it will often arrest the vomiting for days at a time, thus giving the stomach rest.

The formula he has used in a number of cases of cancer is the following :—

℞ Cocain. hydrochlorat.,	gr. $\frac{1}{8}$–$\frac{1}{4}$
Thymol,	gr. $\frac{1}{4}$–$\frac{1}{2}$—M.

Ft. pil. j.

Sig.—Three times daily.

In every case in which it was used the vomiting and pain were noticeably lessened, and the patient was made vastly more comfortable

But regardless of the above special diseases cocaine is of use in vomiting from any cause The most desirable way to administer cocaine is in pill form, but it may be given in solution when a proper vehicle is added. The drug can be given in suitable doses without fear of depression.

TREATMENT OF GANGLIA.

Dr. Barth has successfully treated ganglia, lipomata, and other small tumors by injecting one or two drops of Fowler's solution, after disinfection of the surface. The injection is followed by considerable pain and swelling of the cyst and periphery, but these soon subside and the tumor diminishes rapidly in size. The procedure is indicated in the case of patients who are unwilling to submit to a bloody operation ; its chief disadvantage, the pain, may be prevented by adding to the injected fluid an equal quantity of a 1 to 2 per cent. solution of cocaine.—*Union Medic.*, No 17, 1889.

VOLVULUS AND ITS TREAMENT.

The following conclusions are arrived at by Dr. N. Senn at the close of an interesting paper upon the Surgical Treatment of Volvulus, in the course of which he deprecates the resort to any such attempts at taxis as those advised by Mr. Hutchinson, and recently published in his "Archives of Surgery." Dr. Senn gives a successful case of volvulus of the sigmoid treated by laparotomy : "1. The predisposing causes of volvulus are either congenital or acquired, and consist in elongation of certain segments of the intestine, abnormal length of mesentery, and adhesions. 2. Irregular distribution of intestinal contents and violent peristalsis are the most important exciting causes. 3. Volvulus is most frequently met at the sigmoid flexure and the lower portion of the ileum. 4. Secondary volvulus on the proximal side of other forms of intestinal obstruction is not a rare occurrence ; it is also frequently developed during an attack of peritonitis. 5. As a rule, the symptoms are more acute and intense if the volvulus is located above the ileo-cæcal region. 6. Vomiting in cases of volvulus of the sigmoid flexure is not a constant symptom. 7. The most important physical sign of volvulus is a circumscribed area of tympanites which corresponds to the location of the volvulus, but this sign is only of value before general tympanites has set in, and therefore enables the surgeon in many cases to make an early and positive diagnosis. 8. All cases of volvulus should be treated by laparotomy if reposition cannot be accompanied by rectal insufflation of hydrogen gas. 9. Reposition should not be attempted without evisceration. 10. Evacuation of intestinal contents by a free incision should be practised in every case where general distension of the intestines is present. 11. Enterectomy becomes necessary if any considerable portion of the intestinal wall has become gangrenous. 12. Irreducible volvulus should be treated by establishing intestinal anastomosis with permanent exclusion of the seat of obstruction from the active fæcal circulation. 13. Recurrence of volvulus can and should be guarded against by shortening the mesentery by folding it upon itself parallel to the long axis of the bowel and suturing the apex of the fold to the root of the mesentery.—*Lancet*, Dec. 21st, 1889.

ANTIPYRIN FOR HYPODERMIC USE.

Edlessen gives the following formula :—

℞. Antipyrini,	gr. xlv (3.0 grammes).
Aquæ destillatæ,	q. s. ad ʒ c (6.0 cubic centimetres).—M.

Each 15 minims contains about $7\frac{1}{2}$ grains of antipyrin. (These injections are very painful.) —*Pharm. Centrald.*, 1889, No. 46, p. 683.

SOME SOURCES OF ERROR IN SOUNDING FOR STONE.

Mr. Buckston Browne (*Harveian Society of London*) said his first proposition was, that in cases where the prostate was enlarged, stones are often missed when the bladder is examined, because the sound has not reached the bladder, but is arrested in the prostatic urethra. He illustrated this by several examples, and expressed an opinion that in many cases where the bladder was found contracted and the sound could not be turned, the real truth was that the sound had never entered the bladder. Next he proved that many stones were missed because the post-prostatic pouch is not explored, or not fully explored. It was shown that in certain cases it was very difficult to explore this pouch by means of instruments passed in by the urethra, and that in certain other cases it was impossible to do so, and that in these rare cases, the only way to thoroughly search was by means of supra-pubic incision into the bladder. Several interesting and important cases from the author's personal experience were cited in illustration. The sound described was of solid burnished steel, with a round smooth handle, a shaft ten inches long and equal to No. 7 of the English scale, ending in a smooth broad flat beak, exactly like the end of a broad flat-bladed lithotrite. The author asserted that the beak of this instrument allowed it to ride easily over the bar at the neck of the bladder, and that it was not caught in one or other prostatic sinus as the end of the ordinary sound was so prone to be, and that when in the bladder it slipped more easely than an ordinary sound under a projecting prostatic middle lobe, and so enabled the surgeon to thoroughly search that favorite habitat of a stone—the post-prostatic pouch.—*Med. Press and Circular.*

THIOL IN SKIN DISEASES.

In the treatment of eczema, pemphigus, seborrhœa, acne, dermatitis herpetiformis, and possibly other forms of cutaneous disease, the new drug thiol (if present results are borne out by subsequent trial) will be found valuable. While it is found in commerce in both powder and liquid form, the powder is preferable; it is best used with bismuth subnitrate or starch, or preferably thus :—

Thiol,	ʒj.
Oxide of zinc	ʒss.—M.

It is also readily soluble in water, and may thus be applied in all diseases where it is advisable. Its composition is almost identical with that of ichthyol, but it has none of the objectionable features of the latter drug.—*Lanphear's Medical Index.—Hosp. Gaz.*

LOCAL TREATMENT OF DIPHTHERIA.

Diphtheria at the present time seems to be rather active in many districts, and I therefore think it a good opportunity to lay before you the claim of the sulphur treatment, which by many has come into a certain amount of disrepute. I used the sublimated sulphur, and by three methods; to the third, however, I am inclined to give by far the greatest credit.

i. By means of a tube blow a portion, say half a drachm, of sulphur over as much as can be covered of the diphtheritic membrane.
ii. Gargle with a solution of the sublimed sulphur, or if preferred, with sulphurous acid mixture.
iii. By the inhalation of the fumes of burning sulphur. I recommend that the first means should be used twice a day, night and morning, and that the two latter ones every two hours.

Now I claim for the latter that no fungus can possibly exist under the fumes of burning sulphur, and that its action is to completely shrivel up the diphtheritic membrane, putting to death the micrococci as fast as they are formed, the membrane eventually pealing off, leaving a healthy healing surface.

I trust these remarks may be of service to some of your readers in causing them to persevere with the sulphur treatment, which I am afraid, in many cases, when tried is discarded too soon. So far, I myself am quite satisfied with its results.—Dr. Alfred Stanley (Birmingham) in the *British Medical Journal*,, Dec. 14th 1889.

THE TREATMENT OF LUPUS BY THE APPLICATION OF ICE.

Dr. Klaus Haussen, in the *Centralblatt für Chirurgie*, for September 7th, reports two cases of lupus, one of the lower lip and the other of the chin, both of which had been subjected to various modes of treatment, such as cauterization, the use of the galvano-cautery, scraping, etc. In spite of this treatment healing did not occur, and the disease continued to spread. In both cases the parts affected were most sensitive, and even the application of iodoform powder caused long-continued pain, which the use of cocaine solution was unable to mitigate. Haussen scraped the parts again, and treated the disease by applications of ice. The extreme sensitiveness speedily disappeared, and in the course of a few weeks both cases were entirely cured.—*Med. News.*

TREATMENT OF CANCROID TUMORS.

Salicylic acid, ʒj; alcohol, ʒj ether, ʒij; elastic collodion, ʒj. Paint over the excrescences once every three or four days by means of a brush.

LARYNGOLOGY AND RHINOLOGY.

THE CURABILITY OF CHRONIC NASAL CATARRH.

Dr. O. P. Douglas, in a very interesting paper on this subject, read before the New York County Medical Society, December 23, 1889, draws the following conclusions :—

1. The nose is not an unimportant organ, as some have seemed to suppose, but physiologically and pathologically, it is of the first importance.

2. Its position and function expose it to injury and diseases necessarily. Variable temperatures, chemical and mechanical irritants, as well as its normal fluxes—perverted—tend to produce disease.

3. Its diseases yield to proper treatment as certainly as those of any other complicated organ.

4. So-called catarrh is not a disease *per se*, but a symptom or result of other lesions.

5. " Chronic nasal catarrh " is usually due to nasal obstruction. By this I mean not necessarily an occlusion of a nostril, or even an obstruction to respiration, but simply an habitual contact of surfaces which are not normally so in contact.

6. Removing the cause is always the first step toward a cure, and this most frequently requires surgical interference. Local and general medication are of secondary, though by no means slight, importance.

7. The nose and its diseases are deserving of more study than has been given them by the profession generally, because the consequences of neglect are far-reaching and serious, and its surgery requires skill and experience.

8. Chronic nasal catarrh—so-called—is not so difficult to cure as by many has been supposed, for it is the result of removable causes in most cases—*New York Medical Journal*, March 22, 1890, p. 311.

IODOFORM IN BURNS AND SCALDS.

In the Moscow therapeutic weekly, *Novosti Terapii*, No. 10, 1889, p. 147, Dr. Afanasy S. Shtcherbakoff, of Rostov-on-Don, warmly recommends the local use of iodoform as an excellent and innocuous means for burns and scalds of any degrees and kinds, both in adults and children. He employs an ointment made of one drachm of iodoform to one ounce of white vaseline. Having freely spread the salve over a sufficiently large piece of iodoform gauze, he applies it to the part injured, covers the gauze with a layer of hygroscopic cotton wool, and fixes the dressing with a roller bandage. Having resorted to the treatment in a large number of cases, the author never yet observed any unpleasant accessory symptoms pointed out by Kœnig, Winiwarter, etc. Hence, he emphatically suggests to give an extensive trial to the method which, in addition to its being effective and safe, is very simple and convenient.—*Provincial Med. Jour.*, May 1889.

IMMEDIATE REDUCTION OF DEFORMITY AFTER TENOTOMY.

Noble Smith, surgeon to All Saints Children's Hospital, London, is an advocate of immediate reduction as offering the best results. All cases operated upon by him have been successful; that is to say, there has invariably been a perfect union of the divided tendon, the function of muscle (when not totally paralyzed) has always been improved, and, in short, all the benefits of tenotomy have been obtained without any drawbacks. The advantages of this method of procedure are : first, that it allows exact adjustment of the displaced part to a natural position, or (in cases where the resistance of other structures prevents it) to as near such position as possible ; secondly, that the after-treatment is very much simplified, so that the apparatus required need not cost a quarter as much as, and the visits to the surgeon need not be much more than, a tenth of the number necessary under the old system. The union of the cut end of the tendons is in all cases rapid. It is very necessary, of course, for the patient to wear a supporting apparatus for a time. He uses a very simple apparatus, allowing a tolerably free movement at the ankle, of whatever particular range of motion he thinks the case will require at the end of the first month or six weeks, and then a peg is inserted to fix this joint. Upon removal of the peg, when the tendon seems strong enough to allow it, the instrument is converted from one with a fixed to one with a movable joint. This treatment is applicable, not only to club-foot, but to all other similar contractions.—*Lancet*, March 15, 1890, p. 591.

TREATMENT OF LATERAL CURVATURE OF THE SPINE.

At the meeting of the Medical Society of London, held March 10, 1890, Mr. Richard Barwell read a paper on the treatment of lateral curvature of the spine by " rachilysis." He pointed out the changes undergone by the spine in the course of the deformity, resulting in the spine being bound down in its vicious position by ligamentous contraction. To remedy this he proposed to apply force, with the object of stretching the shortened ligaments. He displayed his apparatus, and demonstrated its use on two lads from the Cripples' Home, in Kensington, and showed, during the use of the power in one dose, an increase in length of $\frac{3}{4}$ inch (2.0 centimetres), and in the other a gain of $1\frac{1}{2}$ inches (4.0 centimetres). He mentioned cases in which very rapid amelioration had taken place under this treatment.

Mr. Keetley said if Mr. Barwell's conclusions were correct—and he supposed they were—his plan was a valuable contribution to the treatment of a very intractable variety of bodily deformity. *British Medical Journal*, March 15, 1890, p. 605.

PHENACETIN.

Phenacatin is one of the latest antipyretics that has come into professional favor; and although it is closely allied in action and in chemical composition to its twin sisters antipyrin and antifebrin, clinical experience teaches that it possesses certain peculiarities which places it in the first rank of this class of remedies. Like the two latter, it is not only useful as a fever reducing agent, but it also displays a remarkable beneficial influence in diseases of the nervous system. It is indeed very probable that all these substances exert their therapeutic properties by virtue of their strong affinity for the nervous system; notwithstanding the fact that this features was altogether unobserved when they were first introduced to the profession. It is always a cause for much congratulation, because it is an indication of normal development, when, as in this instance, independent researches, carried on in the different branches of the same science, yield evidence of a reciprocally confirmatory character. Previous to the discovery of the antipyretic action of these coal-tar products, there were investigations in progress which showed both from an experimental and a clinical standpoint, that the essential lesion of fever consisted in a disordered state of the heat-regulating centres of the nervous system. So long as fever was believed to be due primarily to super-oxidation of the bodily tissues, as was taught by the older pathology, the *modus operandi* of every antipyretic was more or less enshrouded in a cloud of darkness; but when subsequent observation demonstrated that phenacetin and its allies produced antipyresis by reason of their marked affinity for the nervous system, the neurotic theory of fever was so much richer on account of the additional evidence which is received from this quarter.

Whatever its manifestation may be, therefore, it is clear that the fundamental action of phenacetin is concentrated on the nervous system, and it is well to bear this feature of its action in mind while administering it. As an antipyretic it is in many respects superior to either antipyrin or antifebrin. This is true of it in acute as well as in chronic fever. In the experience of other, as well as in our own, it has been known to reduce acute fever in cases in which both of the latter agents had signally failed. Not only does it appear to be the most effectual antipyretic, but it also seams to be free from producing any toxic effects unless it is given in very large doses, while both antipyrin and antifebrin are prone to give rise to these—the former to a cutaneous rash, and the latter to a cyanotic condition of the blood.

Phenacetin is especially valuable in suppressing the fever of pulmonary consumption. In this as in every other chronic form of fever, large and probably double doses are required to achieve the same end as that in which is obtained in acute fever. Of course no iron-clad rule can be laid down as to how much should be given in any individual instance. The best guide that can be followed is to give it "for effect." In four or five grains administered every four hours do not suffice to bring down the temperature, there should be no hesitation in giving from ten to twenty grains, Ordinarily it will be found, however, that from five to ten grains is all that is required in such cases. It also has a modifying influence on other symptoms of this disease. Simultaneously with the reduction of fever, the cough becomes easier, the expectoration diminishes, and a general improvemet in the patient's condition follows. From this it will be seen that phenacetin does good, not only as an antipyretic in pulmonary consumption, but also as a constitutional tonic — a *role* which it undoubtedly plays through its action on the nervous system; and for this reassn it renders useful service, and its administration should be continued in three or four-grain doses three or four times a day after the fever has abated.

That which is true of phenacetin in pulmonary consumplion also holds true in chronic bronchitis, whooping-cough, migraine, neuralgia, neurasthenia, &c., when it is given in three of four-grain doses; and from all appearance it bids fair to out-rival antipyrin and antifebrin in the treatment of all adynamic conditions of the nervous system.—*Med. and Surg. Reporter.*

PILOCARPINE IN GLAUCOMA.

Drs. Saint-Germain and Valude recommend the following :—

℞. Pilocarpinæ, 0.40 gramme (gr. ivss).
Aquæ distillatæ, 10.00 grammes (ʒiiss).
Ft. collyr.

Sig. : This collyrium is employed alone, or in alternation with a solution of eserine, in glaucomatous conditions of children, when eserine does not agree with the patient.

L'Union Médicale, December 19 1889, p. 875.

A NEW TÆNIAFUGE.

Kaiser, in the *Med. Chir. Rundsch*, 1889 p. 572, gives the following :—

℞. Olei tiglii, gtt.j.
Chloroformi, ʒj (4.0 grammes.)
Glycerini, ʒx (40.0 grammes).

M. Sig. : To be taken in two portions half an hour apart. Fast the evening before taking.

—*Les Nouveaux Remèdes*, January 8, 1890 p. 3.

THE ANTISEPTIC TREATMENT OF ABSCESS.

The following method, given in the *Revue Générale de Clinique et de Thérapeutique*, as practised by Championnière, while it contains nothing unusual, may be practically useful. Before the operation, the region involved is washed with a solution of carbolic acid, made up as follows:

℞,—Carbolic acid..... .....750 grains.
Glycerine. .....900 grains.
Boiled water..... 1 quart.

The bistoury is rendered aseptic by immersion in carbolized water, and, after the abscess is incised, its cavity is washed out with an antiseptic solution until the liquid returns perfectly clear. If the size of the abscess be large, a rubber drainage tube is inserted, which is rendered antiseptic and contains a little cotton fibre, which is thoroughly soaked previously in the following mixture:

℞.—Glycerine
Crystalline carbolic acid } āā 375 grains.
Boiled water..... ..... 1 quart.

The position where the abscess occurred is now covered by a piece of rubber cloth over which is placed a bandage. Twenty-four hours later the wound is washed out a second time with the same solution as was previously employed, the drainage tube being replaced or left out according to the condition of the wound.—*Med. News.*

REDUCTION OF HERNIA DURING COUGHING.

It is an undoubted fact that coughing will produce or bring down a hernia; it is therefore somewhat surprising to hear that coughing may be useful in the reduction of such a displacement. M. Vandenabeele, however, has frequently found that herniæ which had resisted attempts at reduction by taxis alone, yielded when the patient was directed to cough during the manual effort of compressing the sac. M. Vandenabeele's observations included both inguinal and femoral herniæ, and were not confined to either sex. He believes that during the act of coughing the hernial ring dilates somewhat, and that if we l-directed taxis is employed at the right moment most cases will yield.—*Lancet*, 1889.—*Med. News.*

IODIZED GLYCERINE.

Dr. G. Hammond points out that a mixture of tincture of iodine and glycerine produces a greater effect on the skin than the pure tincture, possibly because the glycerine tends to prevent the evaporation of the iodine, and thus enables the whole of its powers to be utilized.—*Med. Recorder.*

THE TREATMENT OF FLATULENT DYSPEPSIA.

Pepper, in a clinical lecture, stated that flatulence may result from the excessive formation of gas. Under these circumstances, such remedies as sulphurous acid, which is a powerful antiseptic, will be found useful. It may be given alone or combined with small doses of strychnia. He prescribed as follows:

℞ Acidi Sulphurosi,	ʒiss vel ʒij
Strych. Sulph.,	gr. ss
Tr. Card. Comp.,	℥ss
Aquæ ad,	℥iv

Sig.—One drachm after meals, in water.

You may resort to a different class of remedies and give creosote. This is a local stimulant to the stomach, and in atonic cases is of service, It is at the same time a powerful antiseptic and antifermentative agent. Creosote is best given one half or one hour after meals, when the process of fermentation is about beginning. At this time the gastric digestion should have passed through the acid stage, and the contents of the stomach should be neutral or alkaline. Given at this time, the creosote may be advantageously combined with an alkali, as sodium bicarbonate.

℞ Creosote,	gtt. x
Sodii Bicarb.,	ʒij
Pulv. Acaciæ,	q.s.
Aquæ,	℥v.

Sig.—Two drachms one hour after meals.

In place of the sodium bicarbonate in the above formula the subnitrate of bismuth may be employed. If it is recognized that there is not only a state of atony with a tendency to fermentation, but that there is also a deficiency of gastric power, pepsin may be given. Pepsin is best taken in acid mixtures, and should be given at the acid stage of the digestion. At the same time, if the administration of the drug is postponed for a short time after meals, it comes at a time when the power of the gastric juice is about exhausted.

℞ Pepsin. fort.,	ʒj
Creasot.,	gtt. x
Bis. Sub. Carb.,	ʒijss

M Et ft. pulv. No. xxx.

One of these powders, in a small gelatine capsule, can be given one hour after each meal. Again, in this same line of thought, we have agents, like powdered charcoal, which act as absorbents of the gases, and are, at the same time, anti-putrefactive and anti-fermentative in their action. Powdered charcoal, with soda or bismuth, may be given a couple of hours after meals, and in the class of cases of which I have been speaking, may afford a great deal of temporary relief. When charcoal is given, the patient should be informed that it will cause blackening of the stools.—*The Polyclinic.*

ANÆSTHETIC MIXTURES.

Mr. Geo. M. Foy has been writing a series of articles on anæsthetics for the *Dublin Journal of Medical Science* from which we extract the following :

1. A. C. E. Mixture.

Alcohol sp. gr. .838	1 part.
Chloroform sp. gr. 1.497	2 parts.
Ether sp. gr. .753	3 parts.

2. Martindale and Westcott's Mixture.

Absolute Alcohol sp. gr. 0.795	1 volume.
Chloroform sp. gr. 1.498	2 volumes.
Ether sp. gr. 0.720	3 volumes.

3. Bilroth's Mixture.

Chloroform	3 parts.
Alcohol, Ether } of each	1 part.

4. The Vienna Mixture.

Chloroform	1 part.
Ether	3 parts.

By weight, Mix.

5. Buxton's formula for methylene.

Alcohol	1 part.
Chloroform	4 parts.

Mix.

To diminish the risk in cases of cardiac asthenia, the addition of nitrite of amyl to chloroform in the proportions of two drachms of the former to a pound of chloroform was recommended ; the combination, however, did not become popular and is never used.

DISINFECTION OF SPUTA.

In a lecture on disinfection by Dujardin-Beaumetz (*Therapeutic Gazette*) are a few valuable hints on the disinfection of sputa. Patients must expectorate in spittoons furnished with saw-dust which may be kept moist with any one of the following mixtures recommended by Vallin, although the destructive action of these antiseptic preparations on the bacilli of tuberculosis is not equal :

1° Chloride of Zinc (liquid at 45°C.)	3.2 oz.
Glycerin and water	1 qt.
2° Chloride of Lime	1.6 oz.
Water	1 qt.
3° Crystallized Carbolic Acid	77 gr.
Water	1 pint 14 oz.
Glycerin	3 oz. 3 drachms.
4° Crystallized Thymic Acid	30 grs.
Alcohol	1 oz. 5 drachms.
Water	1 pint 14 oz.
Glycerin	1 oz. 5 drachms.
Crystallized Sulphate of Copper	1.6 oz.
5° Nitric Acid	1.6 oz.
Water	1 pint 12 oz.
Glycerin	1 oz. 5 drachms.

At the end of the day the contents of the spittoon should be thrown in the fire.

VOMITING OF PREGNANCY.

In cases of incoercible vomiting due to pregnancy, M. Hubert (*Lyon Médical*) recommends the following :

R. Tinctur. Iodini	gtt. vj.
Kali Iodidi	ʒ jss.
Aquæ Destillat.	ʒ ivss.

M. ft. sol. Sig.: A tablespoonful three times a day.

ABORTING ABSCESSES.

Apply a yeast poultice to the affected parts, upon which equal parts of borate of soda, boric acid, salicylic acid, and powdered tannin should be dusted.

A moderate dose of calomel should be given internally. This treatment is usually sufficient to abort an abscess if it is resorted to when the local symptoms first make their appearance.

Frictions with the following ointment will also be found valuable (Medical and Surgical Reporter) :

Salicylate of bismuth.....ʒijss ;
Lanoline.....ʒvijss.

—*American Practitioner.*

SALOL IN BURNS.

Grätzer recommends a mixture of from 2 to 3 parts of salol with 50 parts of starch as an application to inflamed and painful surfaces, bruises, burns, and painful skin diseases of all kinds. The relief is said to be great and very prompt. The remedy is simply dusted on the surface.—*National Druggist*, Nov., 1889.

MENTHOL IN THE VOMITING OF PREGNANCY.

Dr. S. Gottschalk, of Berlin, reports a case of obstinate vomiting of pregnancy (*Berlin. klin. Woch.*, p. 872) which was promptly controlled by the internal use of menthol. The following formula was used :

R. Menthol	1
Alcohol	20
Water	150

M. Sig.: ʒ j. q. 1 h. *New York Medical Record.*

Equal parts of burnt alum and tannin sprinkled in powder upon venereal warts will desiccate them, and they can be rubbed off in a few days.—*Columbus Med. Jour.*

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IS SULPHUR A DISINFECTANT?

This is an iconoclastic age, and the latest idol to be dashed to pieces, according to the New York *Medical Record,* is the fumigation of infected rooms with burning sulphur, whereby the latter is converted into sulphurous acid. We confess that we have always believed in this chemical agent as one of the most powerful destroyers of the lowest forms of life, and we still believe in it, the above learned authority notwithstanding. It has been lately suggested as an improvement to fill the room with steam first, so that the sulphurous acid gas may be held in solution on the walls and furniture. The editor goes so far as to say that it is surprising that scientific bodies continue to send forth directions for disinfecting with sulphur, as there is no evidence that sulphur fumes disinfect the rooms in which they are produced, or do any good whatever. We hope that our learned contemporary has good authority for making this statement, for on consulting several authorities, such as Quain's dictionary and the Encyclopedia Britannica, we find that "sulphur fumes destroy the activity of dry vaccine on points very rapidly, and even when much diluted stop the amœloid movements of living cells, kill vibrios and act deleteriously on vegetation." Baxter's experiments show that it is the most powerful disinfectant known. We therefore feel justified in advising our readers to continue the use of sulphur, "three pounds to a room ten feet square," until some better agent is discovered.

DISORDERS OF VISION.

It must be evident to any one who walks about the streets of our city with his eyes open, that there is a steady increase from year to year of those who wear glasses for the correction of some optical defect. We say advisedly for the correction of some optical defect, so as to exclude from this article those who wear glasses for purposes of fashion, or affectation. In other words we maintain that disorders of vision are decidedly on the increase. Some may deny this pretention and explain the more general use of glasses by the statement that the diseases themselves are not more common, but the knowledge of how to remedy or treat them is more widespread. In other words they say people used to have their abnormalities of vision just as much formerly as they do now, but they were neither recognized nor treated, while at the present time people know enough about the eyes to have them attended to at the first appearance of disease. So far has this knowledge been perfected that even symptoms, such as certain forms of headache, which were not suspected to have any connection with the eye at all, are now known to be wholly and solely due to disorders of the muscles of the eye, and to be promptly cured by correcting these disorders by suitable lenses. It may be asked to what is due this increase in the number of people (especially young people) suffering from ocular defects? Several causes tend towards them. Children are put to school younger and kept at their studies more assidously. Artificial light far inferior to day-light is used more and more, people

having acquired the habit of sitting up far into the night and sleeping far into the day. People read more than they ever did, and many people read in bed, which in compliance with some mysterious law of womankind must be placed with the head away from the window, so that reading can only be done at the cost of eye strain. We have often noticed, too, that young men of fashion, with very high collars, are nearly always obliged to use eye-glasses, aud we see by an exchange that one of the most recent authorities on the eye states that the high collar, by preventing the free flow of blood in the jugular veins, keeps up a constant passive congestion of the eye-ball, thus bulging the cornea and making the image to be formed in front of the retina. The hygiene of the eye is a very important subject, and one, we think, to which sufficient attention has not hitherto been paid.

TOO MUCH EATING.

We called attention last year in an editorial, which was widely noticed in our exchanges, to the fact that on this continent people do not drink enough water. We would like at present to draw more general attention to the amount of injury people are doing themselves by over-eating. Even medical men hardly seem to realize how much more people eat than they can possibly burn up, and that the consequences are deposits of fatty or nitrogenous compounds in various parts of the body where they do more or less harm The mere laying on of a hundred weight of fat would not be such a great misfortune were it not for the fact that a part of it will be accummulated on the heart, rendering exertion so distasteful to the owner that the muscular system soon begins to suffer seriously by degeneration. Then again, nitrogenous food should be completely converted into urea, for the removal of which the kidneys and skin are quite competent; but when there is more nitrogen in the blood than there is oxygen to convert it into urea, it forms intermediary products, such as uric acid, which are much less soluble than urea, and of which the blood at a temperature of one hundred can hold just so many grains to the ounce and no more. Now if this supersaturated blood should, while passing through the hands or feet, become cooled down to 90 or 80, or even less, it is clear that so many grains of acid will be deposited at the place of cooling. If this deposit be examined under the microscope it will be found to be composed largely of sharp pointed crystals, which getting in between the smooth and sensitive surfaces of joints and tendons and passing through fine tubules of the kidneys, cause pain and sometimes inflammation. We have here the key note to rheumatism, gout and Bright's disease. If we want to cure rheumatism we have only to cut off the nitrogen and turn on the oxygen and water, and immediately the uric acid will be dissolved out of the joints and turned into urea and passed out by the kidneys. Some physicians think that they are carrying out these directions when they put the patient in a hot, close room on a strictly milk diet, or as the patients themselves often say, they are left to starve on four quarts of milk a day, and not a bite to eat. But milk diet is about the very worst diet we could possibly give a rheumatic patient. The four quarts of water are all right, but the four thousand grains of cheese, three thousand grains of fat and two thousand grains of sugar are of no advantage to a person whose blood is overloaded with surplus products which have never had a chance to be consumed. The best diet for a rheumatic patient is four quarts of water made into gruel, without milk, by the addition of a very small quantity of well boiled oatmeal and a little sugar. This pacifies the eye, satisfies the stomach, and, above all, gets the saving four quarts of water into them while keeping the injurious meat, cheese, milk and other nitrogenous food out.

The fast of Signor Succi for forty days, which from all accounts seems to have been genuine at least, proves that people would not be in danger of death, as many of them think, because they went without food for a few hours or even a whole day. The hard working stone-breaker seems to be able to work ten hours a day on what others, who do no work at all, would think they were being starved on.

CO-EDUCATION.

In a late issue we made some remarks upon this question, which, we have reason to believe, have been well received by both the faculty and the students of Bishop's College medical school. We shall be happy if anything we have written should lead to the solution of the question,—where shall female doctors be educated? without adding one more to the medical schools of this city. Instead of the young women candidates going around begging for an endowment to start another college here, there is a school ready and willing to admit them on equal terms with their brothers. Of course some slight alteration in the college building would be necessitated, such as a separate dissecting room and separate retiring rooms, but that would be an easy matter. We understand that already a considerable number of young women in the city intend entering next fall if the suggested arrangements can be carried out. What will become of the girl doctors after they graduate? This is a question which both they and their young male confreres may ask with anxiety. We shall try to answer it. First of all there are hundreds of cases of midwifery to attend which are now being attended by ignorant midwives, simply because they cannot afford the charges of the young male doctor. These poor working women pay about four dollars for the confinement and subsequent attendance. The young male doctor wont attend them for that price, and even if he would they prefer a midwife, for the simple reason that they cannot afford a nurse to wash them and the baby for the first few days, and this the midwife does. Now, if the young female doctor will take hold of the work there is plenty of it to do, and she will not only earn a decent living but confer an incalculable blessing on her fellow women among the working class. Of course this will injure the more ignorant of the midwifes, some of whom are better suited for the kitchen and laundry, where they can, however, always obtain plenty of work. Then again, when the workingman's children are sick he does not dare to call in a doctor until the very last; a man with a large family, living on twenty-four dollars a month, cannot afford many dollar visits, which is the minimum fee that the young male doctor has been taught to take. The result is that his child dies for the lack of attendance, or else is taken to the overcrowded out-patient room at the Hospital, where the poor mother is sometimes obliged to wait three or four hours away from the rest of her little ones. The young female doctor will find lots of work which is now going a begging, and if her education does not drive away the tenderness from her woman's heart, her possibilities for doing good are almost unlimited.

Then again she may marry; nay, more, she may marry a doctor, thus forming one of the best of partnerships. She could help him to dispense his medicines, administer anæsthetics, and assist him in a hundred different ways, especially in the early years of struggling and before she has many children to absorb her care and attention. But if she does not marry a doctor she may marry some other man, to whom she will be none the less a pleasant companion, because she is highly educated. And if such a marriage should entail her retirement from practice still she may act as a valuable centre for disseminating useful knowledge among her female friends, in whom lifelong sickness and misery is often due to utter ignorance of the laws of health.

We are glad to see by the *Canadian*

Practitioner that Mr. Lawson Tait, of Birmingham, has ordered the most complete electrical outfit that could be purchased in New York. He has been one of the strongest opponents of electricity in gynecology in the whole world, and as anything he undertakes to do he does with all his might, we should not be surprised to hear within a few months that he has been even more successful with it than many who have been using it in a half hearted way ever since Apostoli brought it first into notice.

BOOK NOTICES.

THE DOCTOR IN CANADA, HIS WHEREABOUTS AND THE LAWS WHICH GOVERN HIM. A ready book of reference. By Robert Wynyard Powell, M.D., Ottawa. Published by the *Gazette* Publishing Co., Montreal.

This work fills a decided want and one which we have experienced many times ourselves. It is divided into ten parts, the following heads of which will give the reader some idea of what it contains: I. Medical Legislation. II. Sanitary Legislation. III. Medical Education. IV. Medical Appointments. V. Medical Journals. VI. Licensed Practitioners. VII. Medical Legislators. VIII. Medical Officers in the Canadian Militia. IX. Health Officers. X. Coroners. XI. Railway Medical Appointments. XII. Medical Examiners for Life Insurance. As long as each province has a different way of regulating the practice of medicine it is necessary that every practitioner should know at least the laws of his own province. The first hundred pages of the book are devoted to the medical acts of each province. The next hundred pages contain the anatomy acts and public health acts of each province. One of the most generally useful parts of the work is the one containing a list of the licensed practitioners in each town and each province. This will be found of great service to those who wish to reach the profession for purposes of collective investigations, &c. We trust that the book may meet with a large enough sale to warrant the publisher in bringing out a new edition every year corrected up to date. The price is reasonable enough to place it within the reach of all.

ELECTRICITY IN THE DISEASES OF WOMEN, with special reference to the application of strong currents. By G. Betton Massey, M.D. Second edition. Revised and enlarged. Philadelphia and London: F. A. Davis, publisher, 1890. Price, $1.50 net.

The author says in the preface to the second edition: "The exhaustion of the first edition of this work within a few months of its appearance is an evidence of professional favor that is most gratifying to the author. In preparing a second edition the opportunity has been taken for a thorough revision of most of the text, and the addition of new electro-therapeutic contributions to gynecology; and so considerable has been the progress of definite knowledge in the art that it was found necessary to rewrite the greater portions of chapters XI., XII., XIV. and XVI. and add new chapters on subinvolution and chronic inflammatory diseases of the appendages. The perusal of this work has afforded us great pleasure and profit, and we would strongly recommend every one to peruse it before making rash statements as to the uselessness of electricity in gynecology. The pitiful sight would not then be seen of prominent gynecologists stating that after trying Apostoli's method for fibroids with a one-celled battery they had proved it a failure.

AN EXAMINATION OF THE KNEE-JERK in sixty-two cases of interstitial inflammation of the cornea. By W. Lang, Surgeon to the Royal London Ophthalmic Hospital and Ophthalmic Surgeon to the Middlesex Hospital, and Casey A. Wood, C.M., M.D., late Attending Physician to the Western Hospital, Montreal; Late Clinical Assistant Royal Ophthalmic Hospital (Moorfields) London; Instructor in Ophthalmology, Chicago Post Graduate Medical School. Reprinted from the Royal London Opthalmic Hospital Reports, December, 1889. 1890. Walt. A. Lantz, Print., Chicago.

Dr. O. C. Edwards, a former esteemed Montreal confrere, and late president of the Medical Council of the Northwest Territories, is about moving to Ottawa to settle in practice at the Capital.

NEW NOVEL.

"The Bell of St. Paul's," by Walter Besant, has rapidly attained a large and deserved popularity. In it the author says, "This is an Age of Apollinaris Water," a very true remark, seeing that no less than fifteen million eight hundred and twenty-two thousand bottles were filled at the Apollinaris Spring in the year 1889.

The French Government has decided that hereafter foreign physicians (more especially English) will not be allowed to practice medicine in France, except "in those instances presenting very exceptional claims." This means that the English physicians can no longer undertake to practice in the Riviera, or at the various Mediterranean health resorts of France. If this rule is to be made to apply to Americans, it would be only fair to undertake reprisals. There are a good many French physicians who come over to practice in this country, and it is a poor rule that doesn't work both ways.—*Med. Record.*