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THE

CANADA MEDICAL RECORD:

A Monthly Journal of Medicine, Surgery and Pharmacy.

EDITOR:

FRANCIS WAYLAND CAMPBELL, M.A., M.D., L.R.C.P. LONDON,

Consulting Physician Montreal Dispensary, Attending Physician Women's Hospital.

EDITOR PHARMACEUTICAL DEPARTMENT:

ALEXANDER H. KOLLMYER, M.A., M.D.,

Professor of Materia Medica and Therapeutics, Bishops' University.

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LIST OF CONTRIBUTORS, VOL. VII.:

W. E. Bessey, M.D., Montreal.	George Wilkins, M.D., M.R.C.S. Eng., Montreal.
Carr H. Roberts, L.R.C.P. Lond., London, Eng.	George W. Nelson, M.S., Montreal.
A. Laphorn Smith, M.D., M.R.C.S. Eng., Montreal.	Thomas Johnson Alloway, M.D., M.R.C.S. Eng., Montreal.
Richard A. Kennedy, M.A., M.D., Montreal.	J. F. T. Jenkins, C.M., M.D., Brantford, Ont.
Thos. H. Gage, M.D., Worcester, Mass.	Casey A. Wood, C.M., M.D., Montreal.
Aaron Ansell, C.M., M.D., Falmouth, Jamaica.	Francis W. Campbell, M.D., L.R.C.P. Lond., Montreal.
Thomas A. Rodger, M.D., Montreal.	Andrew Clarke, M.D., F.R.C.P. Lond., London, England.

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Progress of Medical Science.

LACTOPEPTINE.

This valuable aid to digestion has been before the public for several years, so long, in fact, that there are probably few physicians practising in cities who have not already tested it thoroughly. To these it is unnecessary to say anything in commendation. To the country practitioner, however, it may be well to again refer to it.

At first sight the combination may not appear to be an effective one; it may be supposed that the action of the stomach upon the constituents calculated to aid intestinal digestion would be such as to prevent any influence being exercised in any way upon the alimentary bolus after it has been subjected to gastric digestion, that is to say, pancreatic would probably be *digested* along with other articles of food. Although we might come to some such conclusion *a priori*, yet experience teaches us that fats are more easily and completely digested and absorbed when Lactopeptine is taken after meals containing such articles of diet then after taking any of the preparations of pepsin, even when combined with the acids, in connection with food. This fact is of the utmost importance in the treatment of wasting diseases, especially in children.

In the summer diarrheas of children we have found Lactopeptine of the very highest value. It is probable that weakening of the digestive powers is a very important factor in the causation of cholera infantum. We have found Lactopeptine a most important help in restoring these cases when they have passed through the worst stages of that disease, as well as in warding it off when its onset seemed almost inevitable.

In the exhausting vomiting of pregnancy we have found it of very great value in enabling the patient to obtain some nourishment from the food ingested even if it remained but a short time in the stomach. In the nausea and indigestion and cardialgia which cause so much annoyance, even if no great danger, in the later months of gestation, Lactopeptine has proved itself almost a specific.

The article used was that manufactured formerly by Reed & Carnrick, now by the New York Pharmaceutical Association.—*St. Louis Clinical Record.*

ANTI-TOOTHACHE.

Mr. James Merson, L.D.S., writes to the *Brit. Jour. Dental Science* that acute pain can often be suppressed by pungent aromatics, just as we know essential oils are popular remedies for toothache, as are creasote, peppers, spirits, &c. But, better still, he tells us that combined with chloroform and aconite they will prevent the pain of tooth extraction. Hundreds of patients told him they did not feel the pain. Here is his formula for a local anæsthetic to supersede chloroform, ether, the gas, &c.:—

R Chloroform pur.,	3 iij;	
Tr. aconiti (Fleming's),	3 iij;	
Tr. capsici,	3 j;	
Tr. pyrethri,	3 ss;	
Ol. caryoph,	3 ss.	
Gum camph,	3 ss.	Misce.

The tooth and surrounding gums are to be previously dried, and then four or five drops of this applied with cotton wool. Then without delay use the forceps, but the instrument *must be warmed*. This is most important. We have felt the pang of the cold steel, and whether the anæsthetic or not be used, agree with the pro-

priety of using warm instruments. For tooth-ache, a pellet of cotton wool soaked in the above may be introduced into the cavity, and is said often to give speedy relief.

CASES ILLUSTRATING THE TREATMENT OF BROMIDE RASH WITH ARSENIC.

The beneficial effect of arsenic on the bromide rash deserves to be more widely known than it appears to be, and the following cases reported by Dr. GOWERS (*Lancet*, June 15, 1878) illustrating it, may be of some interest. They are briefly reported from the out-patient practice at the National Hospital for the Paralyzed and Epileptic:—

S. S., a man aged thirty-eight, had taken bromide of potassium certainly for five years, on account of fits, and during the whole of that time he had had a large amount of acne upon the face. In the summer of 1877 the face was covered with coalescent acne pustules, and presented a most repulsive appearance. The eruption was also abundant on the chest. The addition of a small quantity of sulphur to each dose did a little good; the rash improved for a short time, but it soon got worse again. Sulphide of calcium was then tried, but with no further improvement, and it made him sick. The dose of bromide was then lessened from twenty to ten grains three times a day, and the acne lessened considerably, but the fits became worse, and on again increasing the bromide the acne became more abundant, and soon was as bad as ever. On Sept. 28, five drops of arsenical solution were given twice a day. In a fortnight all the spots of acne were gone from the face, and those on the chest had faded. The arsenic was continued for some time, and then reduced, and ultimately discontinued. The skin remained healthy for a time, but a month afterwards the face was covered with a fresh bromide rash, red elevations, with several points of suppuration in them. Many large spots of similar kind were on the back of the neck, chest and arms. This eruption commenced a week after the discontinuance of the arsenic. It again disappeared when the arsenic was resumed.

A. E. W., a female, aged twenty, epileptic since infancy, who had taken bromide of potassium for some months, without any rash, presented acne on the face and chest for the first time after bromide of ammonium had been substituted for bromide of potassium. The rash was of the form in which there is a large white centre containing fluid, and a narrow red circumference; and the spots were separate and confluent into larger patches. Most were on the forehead. Other spots were on the shoulders and back; there were none on the abdomen. Arsenic was added, and on March 4th the spots were much better; there were no fresh pustules,

and the old ones were fading. On April 18 all spots were gone from the face and back, and only three scars remained.

A. C., a female, aged twenty-four, who had suffered from epilepsy and scarlatina four years before, on Oct. 20, 1877, having taken bromide of potassium (twenty grains twice daily) for some years, presented a large number of acne spots upon the face, especially on the cheeks and temples, none being on the forehead; there were also many on the back and chest. Three drops of arsenical solution were added to each dose. On Nov. 3 there were no fresh spots, and the old ones were slowly fading. The only signs of recent spots were one or two minute vesicles on the cheeks. The improvement was as marked on the trunk as on the face.

W. H., a man aged twenty years, who had suffered from epilepsy for seven years, had taken bromide certainly for three years, and on the 8th of October, 1877, presented much acne upon the face, small pustules, and old scars of former spots; there were also a few spots on the trunk. He had been taking for four months thirty grains of bromide of ammonium each night. Three drops of arsenical solution were added. On Nov. 5 the spots of acne on the face were much better, but those on the trunk were not. The pustules gradually disappeared everywhere, and two months later the arsenic was omitted. A few weeks after the omission of the arsenic, the rash re-appeared.

J. L., aged eighteen, epileptic for eight years, and known to have taken bromide for at least two months, presented on Feb. 26 many spots of acne on the face. Three drops of arsenical solution were added. On April 8 there were only a few old spots, and on April 29 none were to be seen, old or new.

E. H., a woman aged forty-one, who had suffered from fits for a year only, and had taken bromide (fifteen grains three times a day) for three months, presented first on Feb. 18 some spots of acne on the face, one or two large red prominences with a small white centre, and some smaller ones. Two drops of arsenical solution were added to each dose. On March 11 not a single spot of acne could be seen on the face, except one small hard spot on one cheek.

S. D., a woman aged thirty-two, while taking bromide of ammonium, presented acne on face, arms, and shoulders, and small pustules without much redness around. Two drops of arsenical solution being added, in three weeks the spots on the face were much better, but those on the back were said to be about the same. The dose of arsenic was therefore increased to three drops, and in a few weeks the spots were all gone from both face and back. The arsenic was then omitted, and in a few weeks some spots re-appeared.

L. S., a woman aged twenty-six, suffering from long-standing epilepsy, had for years been disfigured by continuous bromide rash, large suppurating pustules. No treatment had availed to lessen the eruption except discontinuance of bromide, but the rash recurred when the bromide was resumed. The addition to the bromide of two drops of arsenic removed every trace of the rash in the course of five or six weeks.

E. F. R., a young man aged twenty-eight, who had had fits for sixteen years, and had taken bromide for several years, presented, on March 21, many spots of acne on the face. Three drops of arsenic were added to the bromide of ammonium, of which he was taking twenty grains three times a day. In a fortnight the face was quite free from acne, but in three weeks, while still taking the arsenic, many fresh spots appeared, similar to the preceding ones. The dose of arsenic was then raised to five drops, and in a month the face was almost well.

E. W., a boy aged six, who had had fits for three years, presented a curious eruption, which seemed probably due to bromide, a month after he commenced attendance; the possibility that he had previously taken bromide could not be excluded. The skin on the back and left side of the chest was covered with a fine pustular rash, resembling closely minute miliaria, each minute white point having a fine red halo around it. Among these, on the nape of the neck, were several large pustules, with extensive red bases, like small boils. A drop of arsenical solution was added to each dose of the medicine, and, a fortnight later, the rash had almost disappeared. There were still some minute pustules on the side of the neck, but they had gone from the back and chest. The large pustules had subsided into the characteristic red swellings of bromide acne. Three weeks later both these had subsided, and only the faintest trace of the finer rash could be detected.

H. B., a boy aged seven, epileptic since two years of age, had taken bromide for about three months, when his face, on March 5, presented five or six spots, each about a quarter of an inch in diameter, almost covered with minute foci of suppuration. On some of the more advanced of these a crust had formed, occupying almost the whole of the raised red area, of which only a narrow ring showed around the crust. The latter was thin, and, at a distance, the spots looked very like those of psoriasis. One drop of arsenic was added to the ten grains of bromide of potassium which he was taking three times a day, and in a month the spots were well, only the red stains remaining.

A. S. F., a girl aged eleven, epileptic since six months old, and taking twenty grains of bromide of potassium twice a day, presented,

on April 1st, many small spots of acne on the forehead and cheeks. Four drops of arsenic were added, and on May 28th every spot had disappeared.

Remarks.—It is surprising that in recent discussions on the subject, the occurrence of bromide rash was mentioned as a rarity. At the Queen-square Hospital, where, of course, bromide is largely given, the rash is common enough, and is frequently seen in most severe form, causing great disfigurement. Since, however, the value of arsenic in the affection has been known, an example of bad bromide rash has not been seen.

The common form of the rash is, as is well known, pustular, the red swelling being large and the point of suppuration small. As frequent, however, and more so in the commencement of the rash, are small pustules with little redness, together with papules which do not always reach the stage of pustules. Occasionally large pustules are seen with extensive suppuration, either in very minute foci or in one or two large and superficial areas. It has been said that the white centres of the bromide pustules do not contain pus, but only caseous material. This is sometimes the case, but often there is true pus within them. Occasionally actual boils occur.

It is to be noted that the rash occurs equally with the bromides of potassium and sodium, and still more readily with bromide of ammonium. Some of the above cases illustrate this. The rash occasionally first shows itself when the ammonium salt has been substituted for an equal dose of one of the others. This may be due to the fact that the ammonium salt contains a larger quantity of bromine. The amount of eruption may be observed to vary with the amount of bromide given.

Many observers have noted the beneficial influence of arsenic, and these cases fully corroborate it. They show, moreover, that, irrespective of age, the dose of arsenic required to remove the rash varies in different cases, and the dose required does not always depend on the amount of rash. The dose which cured some cases only effected a slight improvement in others, which did not yield until a large dose had been given. They show that the arsenic affects the rash on the face more readily than that of the trunk. A dose of arsenic which removed the rash from the face had to be increased before that on the trunk disappeared.

The effect of arsenic only continues as long as it is given. Bromide still being administered the rash returns when the arsenic is stopped. Several cases illustrate this, and illustrate also how rapidly the recurrence may take place.

Many other agents for the treatment of the rash have been tried, but none has been found of value comparable to that of arsenic. The external applications useful in ordinary acne

are almost useless in the bromide rash. The internal administration of sulphur or sulphite of calcium has also little influence.

DISEASES OF THE ALIMENTARY CANAL.

Lecture delivered by AUSTIN FLINT, M.D.,

Professor of the Principles and Practice of Medicine and of Clinical Medicine in the Bellevue Hospital Medical College.

Sporadic Dysentery—Indications in Treatment—Treatment with Ipecac—Important Principles Affecting the Diet of the Patient and the Use of Opium—Epidemic Dysentery—Value of Opium and Alcohol in its Treatment, and the Degree of Tolerance sometimes seen in their Use—Chronic Dysentery—Subacute Enteritis—Chronic Enteritis—Subacute Gastritis.

GENTLEMEN:—The first question we shall consider to-day is the treatment of acute dysentery. It is very desirable, in making observations with reference to the effect of remedies in the treatment of any disease, to determine if there be any intrinsic tendency in that disease towards recovery. This knowledge can never be obtained by observing cases which are under potential medicinal treatment. Some years ago it occurred to me that, to my knowledge at least, this observation had not been made with reference to acute dysentery. I therefore resolved to collect, as far as possible, cases in which no treatment of any activity had been resorted to, and to study them analytically. I found this to be a somewhat difficult task, for many patients had acute dysentery associated with other diseases, and many cases had received treatment before entering the hospital. I succeeded, however, in collecting *ten* cases in which the disease was allowed to pursue its course without interference. A report upon these observations was published in the *Am. Journal of Med. Sciences* for July, 1875, and the result of the analysis of those cases was as follows:

In no case did the disease prove fatal. The duration of the disease, from the time the diarrhœa began up to the date of convalescence, varied from 6 to 21 days—the shortest 6, the longest 21. In one case diarrhœa existed 14 days before the dysentery occurred.

If we exclude the last case, it is found that the average duration of the disease was 10½ days, or, with the last case, 11½ days. It has seemed to me that these cases, although the number is not large, establish the fact that acute dysentery is a self-limited disease. I do not think that very much would be gained by repeating these observations and collecting a larger number of cases. Here, then, we have a disease which has a natural tendency to self-limitation, and, in that respect, it corresponds with the essential fevers. But it does not follow, because we have a disease which, if left to itself, will either prove fatal or cease at a certain time, that we are not to employ treatment, for by treatment we may abridge the duration of the disease, mitigate the suffering of the patient, and conduct the case more happily and more pleasantly to a favorable termination.

In the first place, then, we will consider the indi-

cations in the treatment of a case of sporadic acute dysentery. What are the objects to be kept in view? The first indication is to effect a complete evacuation of the alimentary canal, provided that has not already been accomplished by a spontaneous prodromic diarrhœa. You can ascertain whether or not the intestinal canal has been completely evacuated by inquiry concerning the quantity and character of the dejections, and by manual exploration of the abdomen. We can explore the colon externally very satisfactorily, throughout the greater part of its extent, and in that manner ascertain whether it is full or empty. You are to be guided, then, with reference to the first indication, by the character and the number of evacuations and the quantity of matter evacuated, and by the results of manual examination of the colon.

If we have reason to conclude that feces are retained in the large intestine, it is a rational procedure to first take steps to secure a complete evacuation of such an accumulation. This may be done by the use of various remedies. Castor-oil is a remedy which has long been employed, and is one well suited to meet the indication in these cases. Salines have been used for the same purpose, and perhaps are to be preferred, because they are far more easily taken, and afford more relief. Having fulfilled the first indication, what is the next? Upon the general principle that an inflamed organ should be kept at rest, the next indication is to keep the inflamed intestine perfectly quiet. How is this to be done? It is best accomplished by the use of opium. These are the two objects to be attained in the treatment of sporadic dysentery.

There is another principle of treatment applicable to certain cases of sporadic dysentery, but still more so to those cases embraced under the epidemic form of the disease; and that is to render the system tolerant of the local affection. In all diseases which involve more or less constitutional disturbance and tend towards a fatal result by exhaustion, if we place the patient under the influence of an anodyne, assuming that the effect of the anodyne is good, that it does not produce nausea or disturbance of the digestive system by idiosyncrasy, we render the patient better able to support the affection; there is less constitutional disturbance than would be the case if the drug were not employed. By rendering the patient free from uneasiness and promoting sleep, we diminish the tendency to fatal result, if there be any such tendency by way of exhaustion. Opium, in the treatment of dysentery, may be administered by the mouth, by the rectum, or hypodermically. Perhaps we succeed better in securing quietude of the large intestine by the use of anodyne enemata than by the use of opium, either by the mouth or hypodermically—the effect upon the large intestine seems to be more direct. After a day or two it may be found that the alimentary canal is again more or less loaded, and, if deemed necessary, the salines or the oil can be repeated. From time to time various methods have been recommended as extremely efficacious in the treatment of this disease. Accordingly,

large and small doses of calomel have been used; salines, various kinds of injections, applications of cold and heat, etc., etc., have been suggested; but the more recent plan of treatment is that recommended by Dr. McLean, and consists in the use of *ipecac*.

I have been led to employ this plan of treatment in a certain number of cases. It is recommended by Dr. McLean to administer twenty-five or thirty grains of powdered *ipecac*—preceding it for a little time by a full dose of laudanum. If the *ipecac* be retained, it is to be repeated in diminished doses every eight or ten hours.

I have seen this plan of treatment employed in quite a number of cases, and I must say that it sometimes has a very marked effect upon the disease. At the same time, I should say that, according to my experience, without giving accurate data, in the larger proportion of cases the *ipecac* treatment fails. There is no objection, however, to making a trial of the remedy, because it will do no harm if it do not succeed.

The *diet* for this class of patients should be restricted, theoretically at least, to those articles of food which are as completely digested as possible. This is done upon the principle of keeping an inflamed part at rest. Our object is to prevent, as far as possible, the exercise of any function by the large intestine; that is, we administer nourishment which leaves but little residuum to pass into this portion of the alimentary canal. Cold water and ice applied to the rectum sometimes relieves the tenesmus. Warm, soothing applications over the abdomen usually afford a certain measure of relief.

In 1874 I received a letter in which is given an account of the personal experience of a gentleman with reference to a rather novel way of treating dysentery. He was encamped in the army four miles from Washington. He had suffered severely from pain and tenesmus, as well as frequent mucus and blood discharges from the bowels, for forty-eight hours, and was greatly exhausted. He was unable to retain much food upon his stomach, and because of his irritable stomach had abstained from food for nearly eighteen hours. About that time an old negro came into camp, peddling oysters, and they were prepared and eaten with vinegar and salt. He says he felt a craving for this article of diet with its accompaniments, and that he ate freely of the oysters, and having heard an old physician say that vinegar and salt was an excellent remedy for dysentery, he gave them plenty of that kind of dressing. He writes that he was almost at once perfectly relieved, and that that was the last of his dysentery for that year. He also writes that he had frequent opportunities to recommend the same plan of treatment in his own and other regiments, and that it had uniformly been attended with the same success.

There is no reason for discrediting the story which the gentleman relates, and certainly, from the writer's standpoint, the plan of treatment is somewhat novel. It is not probable, however, that the oysters produced any special benefit; nor is it any more probable that

the vinegar and the salt taken with the oysters produced any special remedial effect. But there is involved in the case a principle, which is perhaps worth mentioning. If we can find an article of diet which the patient desires and craves, and it can be taken and digested and assimilated, we benefit the patient by allowing him to have it, and also exert a controlling influence over the disease. This is the point which I wish to impress on you. We are to be guided, to a certain extent, by the instincts and desires of the patient, and I am willing to say that, in almost every disease, if the patient has a well-defined desire for any article of food, it is wise to allow it to be taken. We are much safer in following the instincts of the patient in this respect than in following out any set of dietetic rules with theoretical form. I cannot but think that, adopting the same general dietetic rules, and endeavoring to apply them to every case, is harmful.

TREATMENT OF EPIDEMIC DYSENTERY.

Next, with regard to treatment of the severer cases of dysentery which are usually epidemic, especially that form in which we have a history of early and abundant sanguinolent transudation, accompanied by marked prostration. In severe cases of epidemic dysentery, we have to deal with a very formidable disease. What are the indications in its treatment? In general, purgatives are to be avoided. Salines, which operate by producing a more or less abundant watery transudation, are contraindicated.

So far as medical treatment is concerned, our chief reliance must be placed upon opium. Administer opium early and persistently, and to the extent of absolutely quieting the intestines, but at the same time avoiding the risk of narcotism. It is a noteworthy fact that the quantity of opium which can be administered in these cases, without exposing the patient to danger from overuse of the drug, is sometimes very large.

We are to take into account the fact that, in certain cases at least, there is a wonderfully increased tolerance of opium. For example, I have given a patient, suffering from epidemic dysentery, a grain of the sulphate of morphia every hour—24 grs. per diem—and continued such doses for several days without producing the least manifestation of narcotism; and the patient was a person not accustomed to taking opium. That was an extraordinary case, it is true, but I have been repeatedly led to observe a greatly increased tolerance of opium in this class of cases.

Astringents may be administered, provided they are well tolerated by the stomach, with a certain amount of benefit—not marked, however—but they should never displace the use of opium.

Supporting measures must also be employed, and with regard to alcoholics, the same is true as with reference to opium—there is an increased tolerance. We cannot go too far, in severe cases of epidemic dysentery, in the use of alcohol, if we do not carry it beyond its supporting effect, and the life of the patient may depend upon its use. The persistent use of opium and alcoholics is the most essential feature of

the treatment of epidemic dysentery. If the disease be associated with other affections, additional indications may be derived from the latter. For example, if the disease be associated with malaria, the use of quinine is indicated, and other indications may be developed by complications with other diseases.

CHRONIC DYSENTERY.

Our next subject is chronic dysentery. In our climate we rarely see a case of this disease. It is essentially a disease of the tropical climates. With regard to sporadic and epidemic dysentery, as it occurs in this climate, there is scarcely any tendency to the supervention of the chronic form of the disease, whereas in tropical climates there is considerable tendency to this result.

The distinguishing feature of the dejections in chronic dysentery is the presence of inflammatory products, and our differential diagnosis is based upon that fact. If the dejections are liquid, and contain more or less of inflammatory products, we can infer that the affection is extensive; that it affects a greater part of the entire large intestine. If the patient has regular fœcal evacuations, and between them discharges of inflammatory products, it may be inferred that the disease is located in the lower part of the bowel. With the characteristic dejections there is generally more or less of progressive emaciation. If the disease is extensive, extreme emaciation is commonly developed.

It is important to make a correct diagnosis in these cases, but in hospitals it is not always made with accuracy, nor is it always easy to make a discrimination between chronic dysentery and chronic diarrhœa, the disease with which chronic dysentery is most frequently confounded. Chronic diarrhœa is a much less grave affection than chronic dysentery.

What are the indications for *treatment in chronic dysentery*? There are several remedies which have been supposed to produce a beneficial effect through their local influence upon the inflamed part. We have the nitrate of silver sulphate of copper, and bismuth in large doses, which are supposed to exert a favorable influence by coming in direct contact with the inflamed mucous membrane. With regard to nitrate of silver, and sulphate of copper it seems to me that it is simply an error to suppose that any doses of these remedies which the stomach will tolerate can be taken and pass through the stomach and small intestine and then act as local remedies upon an ulcerated surface in the large intestine. Whatever effect these remedies produce must be explained in some other way. It is easier to understand that bismuth, given in large doses, and continued regularly, may reach the large intestine and produce some local effect.

Bismuth is a palliative remedy, and one of considerable value in the treatment of chronic dysentery. Not unfrequently it diminishes the frequency of the dejections and the abundance of the inflammatory products which they contain. It is a remedy which can be given almost *ad libitum*. It is a remedy which frequently is given in too small doses to pro-

duce any curative effect. We should rarely give less than ℥i., and from ʒss. to ʒij. may be given without producing other disagreeable effects than the inconvenience which may arise from its bulk in the stomach. The various ferruginous and vegetable astringents may be given. They have been regarded by different observers as valuable in the treatment of this affection, and it is our duty to try them in succession.

These patients are to be sustained by tonic remedies and a nutritious diet. The diet should consist of articles which are as completely as possible digested in the stomach and small intestine, thus leaving the least possible residuum to enter the colon. You will be guided largely by the instincts and experience of the patient with regard to selecting articles of diet. More advantage may, perhaps, be derived from hygienic treatment than from any other. A change of climate is a most important element in the treatment of chronic dysentery. I am speaking particularly of cases occurring in a tropical climate. A change from a warm to a temperate or cold climate is beneficial. A uniformly cold and dry atmosphere is best suited to these cases. During the late civil war, and also during the Mexican war, we had occasion in New York to treat numerous cases of chronic dysentery contracted in the Southern States and in Mexico, and the most effectual measure for their relief was a change of climate; a change to even farther North than this city.

SUBACUTE ENTERITIS.

We meet with cases of enteritis which are neither acute nor chronic, but are subacute. Subacute enteritis is not uncommon. It is frequently connected with excessive eating, or with the action of an agent which interrupts the digestive process. Here we have to make a differential diagnosis between this disease and simple functional indigestion. Subacute enteritis is almost invariably induced by dietetic excesses. In accordance with general principles, then, the first thing to be done in the way of treatment is to remove the contents of the small intestine, as is done in the greater proportion of cases by diarrhœa. The alimentary canal is then to be kept quiet by the moderate use of opium, and the diet of the patient carefully regulated.

CHRONIC ENTERITIS.

Chronic enteritis rarely occurs in adults if we exclude the enteritis which is associated with tubercular disease—that form of chronic enteritis which occurs in connection with certain cases of phthisis.

If a patient suffering from pulmonary phthisis has a persistent diarrhœa, one perhaps which can be controlled by opium, but which speedily returns as soon as the effect of the opium passes away, and this continues for some time, we may safely infer the existence of tubercular enteritis, which will sooner or later lead to ulceration. Exclusive of these cases, and exclusive of the ulcerations which sometimes persist after recovery from typhoid fever, chronic gastritis is a rare disease in adults, but common in children. In young children, and during dentition,

especially in cities, the cases of chronic enteritis, acute and subacute enteritis are very numerous, and constitute the greater part of the cases known commonly as "summer complaint" and cholera infantum. As these affections more properly belong among diseases of children they will not be studied at this time.

SUBACUTE GASTRITIS.

With regard to subacute gastritis it is a very common affection, and one which exists in a large proportion of the cases which occur so frequently, and to which in this country the name "bilious attack" has been applied. "Gastric embarrassment" is also a name which has been given to the same condition. The term "gastric fever," a term which should never be used, but one which has received a popular recognition, has been employed by some physicians, and even by some medical writers in describing this disease. The symptoms which characterize a transient and subacute gastritis are loss of appetite, nausea, sometimes vomiting of a considerable amount of mucus, and perhaps bile, more or less of tenderness over the epigastrium, and a certain amount of fever; the thermometer rising as high perhaps as 100 or 101° F., and the pulse increased in frequency. This group of symptoms can frequently be referred to over-indulgence at the table, or to the effect of some agency, mental or physical, which, after the ingestion of food, has given rise to indigestion. The food undergoes chemical change in the stomach, and produces a certain amount of inflammation. This form of gastritis is not severe, and does not, as a rule, call for very active treatment.

It may be proper, if there is suspicion that the stomach contains indigested food, to produce vomiting.—*N. Y. Medical Record*, Sept. 14, 1878.

THE DETECTION OF FEIGNED INSANITY.

On this important medico-legal subject, Dr. W. H. De Witt writes, in the Cincinnati *Lancet and Observer*:—

The physician may be called upon to examine persons who feign insanity. This has been practiced in all civilized countries and in all ages. The vagrant finds the asylum a far better and more inviting home than the jail or work-house. The criminal, fearing the strong arm of violated law, assumes the garb of the imbecile, or raving madman, to shift his crime from his shoulder.

First of all, discover whether there can be any motive for feigning insanity; usually the examiner will experience little difficulty in determining the true nature of such cause. For if the disease is assumed, they are simply imitators, and, as such, they are generally ignorant of the peculiarities, symptoms, etc., of the form of insanity assumed, and must, therefore, of necessity, be very clumsy personators. Occasionally a talented, educated person will thus seek to escape, but usually criminals are found

in the lower stratum of society. If the person pleads at the time he committed the act he did not know it, or was unconscious of it, or stoutly denies having had any connection with it, the examiner should then carefully investigate his previous history, learn whether he has been an epileptic, or suffered from any other form of cerebral disorder, and, finally, whether he has received any injury to the head, sufficient to disturb the mental integrity. If the examination develops the presence of epilepsy, it should contribute largely in his favor.

If, on approaching the patient, he should become loud and boisterous, remember that the real insane man, at the approach of a stranger, is generally quieter, and less demonstrative. It is a fact worth bearing in mind that feigned insanity is always over-colored. If, as they frequently do, he assumes the role of the acute maniac, he will very soon exhaust himself and sleep, for none but a genuine lunatic can withstand the constant strain and excitement. In the early stage of acute mania, patients seldom sleep, unless under the influence of powerful hypnotics. A valuable means of diagnosis in such cases is to be found in the administration of certain medicines. In real or typical mania there is a certain insensibility or resistance to the action of drugs, such as opium, chloral and emetics. The quantity required to produce sleep, catharsis and emesis, in the malingerer, would produce little if any effect on the real insane man.

NON-RESTRAINT IN THE TREATMENT OF THE INSANE.

Dr. W. Lindsay closes a long article on this subject in the *Edinburgh Medical Journal*, with the following conclusions:—

Among the general results of my own observation, correspondence, and reading, are these:

1. The use of mechanical restraint is advocated by at least ninety per cent. of physicians engaged in lunacy practice throughout the world.

2. The minority is not greater than is that of the general population who believe in and propagate such absurdities as spiritualism.

3. But the advocacy of mechanical restraint is one thing, its use another. For there are many strenuous advocates of its use who, nevertheless, in practice seldom or never have, or have had, occasion to use it.

4. What such advocates contend for is perfect freedom, both of opinion and action—unfettered liberty to employ or apply what they consider the best thing for a given patient under given circumstances, without reference to the current creeds of other people—to the tyranny of a false public opinion, or of a spurious public philanthropy, or to the amiable crotchets of mischievous enthusiasts.

5. The use of mechanical restraint is advocated, or it is itself employed, by the most eminent specialists of the day—by men as conspicuous for their advanced humanity or philanthropy as for their general culture and professional ability.

6. Mechanical restraint forms an occasional feature of treatment in those asylums which have the noblest history and the highest reputation.

7. In other words, it constitutes an essential feature in the most modern, most enlightened, most humane treatment of the insane; while

8. It is itself unquestionably the most humane mode of treatment that can be adopted in certain exceptional circumstances.

9. One proof of this is to be found in the fact that maniacal patients themselves are sometimes the first to recognize its benefits by requesting its application, just as they voluntarily, in similar conditions, betake themselves to seclusion.

10. The substitutes that have been introduced by those whose extreme views have led them to renounce everything savoring of mechanical restraint are productive of much more serious and numerous evils.

11. So much so that Conollyism has done an amount of mischief to the insane, and to society through them, compared with which all the evils of the old restraint, in so far as those evils were at all real, are a bagatelle.

THE OXALATE OF CERIUM IN PREGNANT SICKNESS.

Dr. Francis Edward Image writes to the *Practitioner*—Sir James Simpson introduced the oxalate of cerium, and prescribed it in ten-grain doses. The official dose is from one to two grains, which is, as a rule, so useless that the preparation has been stigmatized as the "oxalate of mud." As a general practitioner of seven years' standing, very many cases of pregnant sickness have naturally come under my care, and up to the present time I have not met with a case in which the nausea has not been very considerably relieved, and in most cases completely checked, by ten-grain doses of the oxalate of cerium. I have at the time of writing this a lady under my care, who, from the fourth week of her pregnancy till now, the eighth month, has suffered at intervals from this distressing symptom, but whose sickness has been invariably checked by from two to three days' administration of the oxalate in the dose I have mentioned. In severe cases I give it every four hours for the first day, beginning the first dose half an hour before the patient rises, and then, as improvement takes place, diminishing it to three times a day, but always giving the first dose of the day before the patient moves from the horizontal position—a point to which

I attach much importance. The formula I employ is—

R.	Cerii oxalatis,	grs. x	
	Pulv. trag. co.,	grs. x.	
	Tre. aurantii,	ʒ ss	
	Aquam. ad.,	ʒ vj.	M.

In Dr. Frowert's case he prescribed $1\frac{1}{2}$ grain doses, which were not "followed by the slightest remission of symptoms." I hold that this want of good result was from the insufficiency of the dose.

The oxalate of cerium I have also found most efficacious in restraining the nausea resulting from uterine irritation. I generally combine it with bromide of potash in these cases, but have found it succeed in combination where the previous employment of the latter drug by itself has been without appreciable effect.

CURARE IN EPILEPSY.

In the opinion of Kunze we possess in curare a remedy by means of which we may cure cases of epilepsy of long standing. He employs a solution of seven grains of curare in seventy-five minims of water, to which he adds two drops of hydrochloric acid. At intervals of about a week he injects beneath the skin eight drops of this solution, and in various cases in which convulsions had occurred for several years, he obtained a complete cure after eight or ten injections.

CHLORAL HYDRATE AND OXIDE OF ZINC IN ACUTE INTESTINAL DISEASES OF CHILDHOOD.

By JAMES L. TYSON, M.D.

High heat for the past six or eight weeks, together with the irritation of dentition and improper diet, or over-feeding, or both, have been prolific factors in the generation of that troublesome, and not rarely fatal, malady among children, in ordinary parlance cycled summer complaint, whether it presents itself under the form of simple diarrhœa, cholera infantum, entero-colitis, or dysentery. Though the unwholesome atmosphere of a city in hot weather contributes largely to its production and fatal result, I am inclined to think that unsuitable food, and too much of it, may in the country, from my observation of both localities, be pronounced almost as frequent a cause of its prevalence and fatality there as are the foul airs in the crowded alleys of a populous town. At all events, it has prevailed to a considerable extent in this county, and, as I have had a good many cases under my care, some of which were almost *in extremis* when first seen, I have been urged to present a brief abstract of the treatment instituted, though by no means new to many, which in my hands has resulted so satisfactorily. I am more particularly induced to refer to it now, from having read a note addressed to the editor of the *Medical Times*, by Dr. W.

L. Newell, of Millville, New Jersey, announcing the benefits which resulted from chloral enemata in his and his colleague's hands in cases of dysentery in adults. It is the employment of this agent in that form, along with other treatment, among children within the year.—say from six to nine months old.—whose claims to consideration I advocate and desire to enforce with all the earnestness that its merits demand. I was much gratified to learn from Dr. Newell's note that his treatment for adults so fully vindicated my preconceived impressions of its utility in cases of children. Simple attacks of the complaint in this vicinity readily yielded to a change or diminution of diet, and a cold bath two or three times a day. Others were of a much graver type, the discharges being henteric mixed with blood or bloody water, from twelve to twenty occurring in the course of a day, and in some cases the tenesmus so excessive that the moment an enema was administered it was expelled. This spasmodic action of the sphincter and lower bowels could only be controlled by repeated resort to the remedy, two or three applications being requisite before it could be retained, and then only by directing the nurse or mother to compress the glutei muscles on either side, close over the anal orifice, for two or three minutes. When thus kept in immediate contact with the inflamed, sensitive, and irritable tissue, the benefits were prompt and enduring. Tenesmus, or choreal spasm of the bowel, was arrested, pain and inflammation were allayed, and the little sufferer would rest or sleep comfortably for several hours. A repetition of the enema was made once, sometimes twice, in the twenty-four hours, with increased comfort and alleviation of all the symptoms.

In cases of this kind, as well as others, of course great attention was paid to the preparation of food, so that entozoa, infusorial, or bacterial spores in the fluid used were thoroughly sterilized. To accomplish this the milk was added to boiling water containing a little gelatin and arrow-root. The milk should not be boiled. A teaspoonful of lime-water should be put in every teacupful of this preparation, which should always be given cold. The amount of chloral used in each application was about two grains dissolved in one or two teaspoonfuls of starch water.

Along with this local treatment, two grains of oxide of zinc and three of lactopeptine in mucilage were given every five or six hours. This combination exerts a happy influence on the primæ viæ, enabling the child to digest its food more thoroughly, and controlling the number while it alters the character of the evacuations in a day or two. We are indebted to Dr. Brackenridge, of Edinburgh, for having first suggested the use of oxide of zinc in these maladies of children,—a detailed statement of cases in which he had successfully employed it

being published.—and to a more recent article in the *Glasgow Medical Journal* by Dr. I. Crawford Renton and inserted in the last number of *Braithwaite*. Some of the cases in which the foregoing treatment was carried out were of a desperate, apparently hopeless, character, but in all benefit was soon apparent, and the little patients recovered. In no instance was any preparation of opium or calomel resorted to; but I can well understand the advantages claimed for minute doses of mercuric chloride in a well-written article on "Acute Intestinal Catarrh of Infants," from the pen of Dr. Rudolph Ravenburg, of Washington, D.C., published in a recent number of a New York medical journal; and many cases might occur in which its employment, alone, or in conjunction with the treatment already detailed, might be clearly indicated.

Subjoined are the formulas used in the cases referred to.

I may add that the cold bath three times a day was invariably insisted upon, but never at a lower temperature than 80° to 85°.

℞ Chloral hydrate, ʒss;

Starch water (amylum), ʒij.

M. Ft. solut.

Sig.—Enema. One to one and a half teaspoonfuls to be thrown into the bowel from a small glass syringe.

℞ Zinci oxidi, ʒss;

Pulv. g. acaciæ et sacch. alb., aa ʒij;

Lactopeptin, ʒj;

Aq. cinnam., q. s. ut. ft. ʒi.

M. S. A.

Sig.—A teaspoonful every five or six hours
Montgomery County, August 16, 1878.

—*Philadelphia Medical Times*

ON THE NECESSITY OF CAUTION IN THE USE OF CHLOROFORM DURING LABOR.

Trans. Amer. Gynecological Society, *Amer. Jour. of Med. Sciences*: Dr. Wm. T. Lusk, of New York, read a paper in which he expressed his belief that "not a small number of persons have quietly abandoned chloroform as a pain-stilling agent because some incident in their practice has led them to suspect that in spite of statistics it possesses dangerous properties." The author divides his subject according to the following heads:

"1. *Deep anaesthesia, carried to the point of complete abolition of consciousness, in some cases weakens uterine action, and sometimes suspends it altogether.*" By this effect we secure the required muscular relaxation where version is to be performed; but after turning, this very condition should be regarded as a dangerous obstacle to the immediate removal of the fetus, the inertia of the uterus endangering hemorrhage; hence the importance of waiting the removal of action by the diminution of anaesthesia. We have

especially noted this effect in many cases of labor under ether.

"2. *Chloroform, even given in the usual obstetrical fashion—namely, in small doses, during the pains only, and after the commencement of the second stage—may in exceptional cases so far weaken uterine action as to create a necessity for resorting to ergot or forceps.* I think, if statistics were to be gathered together on this point, it would be found that those who habitually use chloroform in normal labor resort to forceps with somewhat increased frequency." An enquiry would no doubt also establish the fact that this adynamic effect in sulphuric ether in labor was the main cause of the large falling off in its use, the objection coming both from obstetrician and patient.

"3. *Patients in labor do not enjoy any absolute immunity from the pernicious effects of chloroform.*" It has been so strongly contended, particularly in Great Britain, that parturient women enjoyed a special immunity against the dangers of chloroform, that this heading throws down the gauntlet to many of our trans-Atlantic medical brethren. Dr. Lusk, however, is ready to back up his opinion with cases in proof, of which he gives five, all the patients being free from cardiac or pulmonary complications.

"4. *Chloroform should not be given in the third stage of labor. The relative safety of chloroform in parturition ceases with the birth of the child.*" Dr. Lusk believes the use of chloroform dangerous in cases of hour-glass contraction, placental retention, and where the perinæum is to be sewed up, as the uterine relaxation induced favors hemorrhage. He advises against the use of the anæsthetic in cases where there has been hemorrhage to any considerable extent, even if a day has intervened, the cerebral anæmia increasing very materially the risk.

"5. *The more remote influence of large doses of chloroform during labor, upon the puerperal state, is a subject that calls for further investigation and inquiry.*" When the system becomes as it were saturated with chloroform, to be removed by an eliminative process, the secondary depressive effect of the anæsthetic may endanger the life of the woman, especially if she has become anæmic by reason of post-partum hemorrhage.

MEMORANDA FOR DIAGNOSIS OF CASES OF
INTESTINAL OBSTRUCTION. BY JONATHAN
HUTCHINSON, F. R. C. S.

1. When a child becomes suddenly the subject of symptoms of bowel obstruction, it is probably either intussusception or peritonitis.

2. When an elderly person is the patient, the diagnosis will generally rest between impaction of intestinal contents and malignant disease (stricture or tumor).

3. In middle age, the causes of obstruction

may be various; but intussusception and malignant disease, both of them common at the extremes, are now very unusual.

4. Intussusception cases may be known by the frequent straining, the passage of blood and mucus, the incompleteness of the constipation and the discovery of a sausage-like tumor either by examination *per anum* or through the abdominal walls.

5. In intussusception, the parietes usually remain lax, and, there being but little tympanites, it is almost always possible, without much difficulty, to discover the lump (or sausage-like tumor) by manipulation under ether.

6. Malignant stricture may be suspected when, in an old person, continued abdominal uneasiness and repeated attacks of temporary constipation have preceded the illness. It is to be noted, also, that the constipation is often not complete.

7. If a tumor be present and pressing on the bowel, it ought to be discoverable by palpation, under ether, through the abdominal walls, or by examination by the anus or vagina, great care being taken not to be misled by scybalous masses.

8. If repeated attacks of dangerous obstruction have occurred, with long intervals of perfect health, it may be suspected that the patient is the subject of a congenital diverticulum, or has bands of adhesion, or that some part of the intestine is pouched and liable to twist.

9. If, in the early part of a case, the abdomen becomes distended and hard, it is almost certain that there is peritonitis.

10. If the intestines continue to roll about visibly it is almost certain that there is no peritonitis. This symptom occurs chiefly in emaciated subjects, with obstruction in the colon of long duration.

11. The tendency to vomit will usually be relative with three conditions and proportionate to them. These are: (1) the nearness of the impediment to the stomach, (2) the tightness of the constriction, and (3) the persistence, or otherwise, with which food and medicine have been given by the mouth.

12. In cases of obstruction in the colon or rectum, sickness is often wholly absent.

13. Violent retching and bile vomiting are often more troublesome in cases of gall-stones or renal calculus, simulating obstruction, than in true conditions of the latter.

14. Fæcal vomiting can occur only when the obstruction is moderately low down. If it happen early in the case, it is a most serious symptom, as implying tightness of constriction.

15. The introduction of the hand into the rectum, as recommended by Simon of Heidelberg, may often furnish useful information.

MEMORANDA FOR TREATMENT OF CASES OF
INTESTINAL OBSTRUCTION.—BY JONATHAN
HUTCHINSON, F.R.C.S.,

1. In all early stages, and in all acute cases, abstain entirely from giving either food or medicine by the mouth.

2. Use anaesthetics promptly. Put the patient under the full influence of ether; examine the abdomen and rectum carefully before tympanites has concealed the conditions; administer large enemata in the inverted position of body; and, if advisable, practice abdominal taxis. If you do not succeed at first, do it repeatedly.

3. Copious enemata, aided, perhaps, by the long tube, are advisable in almost all cases, and in most should be frequently repeated.

4. Fluid injections may be sometimes replaced by insufflation of air in cases of invagination, since air finds its way upwards better, and is more easily retained. It is, however, somewhat dangerous, and has, perhaps, no advantage over injections with the trunk inverted.

5. Insufflation is to be avoided in all cases of suspected stricture, since the air may be forced above the stricture, and there retained.

6. Saline laxatives are admissible in certain cases where impaction of faeces is suspected and in cases of stricture where fluidity of faeces is advisable.

7. Opium (or morphia) must be used in proportion to the pain which the patient suffers. It should be administered by the rectum or hypodermically, and should be combined with belladonna. If there be not much pain or shock, it is better avoided, since it increases constipation, and may mask the symptoms.

8. A full dose of opium administered hypodermically will put a patient in a favorable condition for bearing a prolonged examination under ether, and attempts at abdominal taxis.

9. In cases of uncertain diagnosis, it is better to trust to the chance of spontaneous cure or relief by repeated abdominal taxis, than to resort to exploratory operation, or, in desperate cases, iliac enterotomy should be done. Operations for the formation of an artificial anus in the right or left loin may be performed whenever the diagnosis of incurable obstructive disease in the lower bowel is made.

10. The operation for the formation of an artificial anus through the anterior part of the abdominal wall and into the small intestine should be resorted to only in certain cases of insuperable obstruction, in which the seat of disease is believed to be above the caecum.

11. In all cases in which the precise seat of disease is doubtful, but the large intestine is suspected the right loin should be preferred. If the colon here be found to be empty, the peritoneum may be cautiously opened,

and a coil of distended small intestine brought into the wound.

12. My last suggestion as to the treatment is one which, speaking as I do in a medical section, I feel some delicacy in making. It is, however, I believe, a very important one, and it is this, that cases of mechanical obstruction are really surgical and not medical cases. They require manipulative measures both for diagnosis and for treatment, and they require them early. It is difficult to explain why it has come about that, as a rule, a physician is called in first, and nothing but drug treatment usually adopted in the early periods: and it is, I am convinced, much to be regretted. The surgeon is but too often asked to see the case only in the last stage, when it is thought that perhaps an operation may be desirable. At this period the abdomen is distended, and an accurate diagnosis impracticable; but, what is worse, the stage at which abdominal taxis is most hopeful has passed. My remarks do not, of course, apply when the medical attendant possesses the knowledge and exercises the functions of both branches.—*Brit. Med. Jour.*

TREATMENT OF CHRONIC ALCOHOLISM.

Dr. d'Ancona, of Italy, concludes that:

1. Phosphorus is a very useful remedy in the treatment of chronic alcoholism.

2. The medicine is perfectly tolerated in doses which no one has dared to give heretofore—ten centigrammes (nearly $1\frac{1}{2}$ grains) a day for many weeks.

3. The remedy gives to drinkers a feeling of comfort and strength, and furnishes the force necessary to carry on their organic functions, which they have been accustomed to get from alcoholic liquors.

4. The medicine seems also to have the properties of a prophylactic and an antidote, for it causes very beneficial changes in the system, even when the use of liquor has not been entirely stopped.

He uses phosphorus in the form of phosphide of zinc.—*Druggists' Circular.*

HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

(Report prepared for the *N. Y. Hospital Gazette.*)

PELVIC CELLULITIS.

If the attack cannot be aborted by a full hypodermic dose of morphia and twenty grains of quinia by the mouth administered immediately after the appearance of the first symptoms, the abdomen is painted with iodine and a poultice is applied. In most cases the quinia is made a routine treatment, some thirty grains being given in the course of each day. Large doses of morphia are also continued. Where the case is one of marked plethora, neutral mixture and

some preparation of ipecac are combined with the morphia. Occasionally tonics are administered. If the local tenderness still persists at the end of a week's time, a blister is applied over the tender spot. In the later stages of the disease the following prescription is used with marked advantage, viz :

℞ Mist. glycyrrhizæ comp. ʒ vj.
Ammonizæ muriatis, ʒ ij.
Hydrarg. chloridi corrosivi, gr. i.
M. Tinct. aconiti radicis, gtt. xxiv.

S. A tablespoonful in water, every six hours. In making use of a poultice, if covered with oiled silk, or greased brown paper, one is found to remain soft for twenty four hours.

AMENORRHŒA.

In amenorrhœa from anæmia and chlorosis, the following prescription embodies the hospital practice :

℞ Pulv. ferri sulphat.,
Potassii carb. puræ, aa. ʒ ij.
Mucil. tragacanthi, q. s.
M. Et div. in pil. No. 48.

S. To be given daily in doses gradually increasing until three pills are taken after each meal.

This gives the large quantity of twenty-two and a half grains of the dried sulphate of iron per diem.

To counteract the possible costive effect of the sulphate of iron this aperient mixture is given :

℞ Pulv. glycyrrhizæ rad.
Pulv. sennæ, aa ʒ ss.
Sulphuris sublim.
Pulv. fœniculi, aa ʒ ij.
Sacchar. purif., ʒ jss.

S. One teaspoonful in half a cupful of water at bed-time.

Where the disease is due to torpidity of the ovaries this prescription is used :

Ex. aloës, ʒ j.
Ferri sulphat. ex. sic., ʒ ij.
Assafœtidæ, ʒ iv.

Signe. One pill after each meal. This number to be gradually increased to two and then to three pills after each meal. If the bowels are at any time over affected, return to the initial dose of one pill after each meal.

HABITUAL CONSTIPATION IN THE FEMALE.

At night the patient is given ten grains of blue mass, and this is followed by two tablespoonfuls of castor oil early the next morning. If this does not remove all the hardened fœces, a "gravity injection" is administered, filling up the entire lower bowel.

As regards after-treatment, the woman is taught to go to stool regularly every day, and to eat certain kinds of food only. If medicine be required the following prescription is ordered :

℞ Ext. colocynth. comp., gr. xii.
Pulv. rhei, gr. vj.
Ext. belladonna, gr. jss.
Ext. hyoscyami, gr. iij.

M.

Et in pil. No. VI divide.

S. a pill at bedtime.

In some cases $\frac{1}{20}$ of a grain of strychnia is added to each pill with benefit. Iron is eschewed entirely by reason of its very constipating effect. For local treatment the woman's groins and abdomen are daily rubbed several times with a flesh brush, or rough bag of camel's hair.

PERIMETRITIS.

The first thing done is to put the woman in bed and keep her quiet. Flying blisters are then applied locally over the abdomen. Cantharides and collodion are painted first on a spot about the size of a silver dollar right over the womb. As soon as the blister begins to draw, a mush poultice is applied. The loose skin over the blister is cut open, and if the skin comes away, cotton is put over the raw surface. After three days another blister is put on, this time, over the left side of the abdomen ; then another on the right side ; then a beginning is made again with a blister over the womb.

As regards internal remedies, one-twenty-fourth of a grain of the bichloride of mercury, with ten grains of the muriate of ammonia, are given three times each day in the mist. glycerh. comp. A pessary of cotton is constructed which can be so adjusted as to hold the womb up. This cotton is dipped in a solution containing three-quarters of a grain of morphia to the drachm of glycerine. The morphia allays the pain and reduces the inflammation, and the glycerine usually sets up a copious watery discharge from the vagina. Iron is not employed until late in the progress of the disease.

After the inflammation is subdued the patient is put upon the following mixture :

℞ Hydrarg. chloridi corros., gr. j.
Liq. chloridi arsenitis, f ʒ ss.
Mist. ferri chloridi
Acid. muriat. dil., aa f ʒ ij.
Syrupi, f ʒ iij.
Aquæ, q. s. ad f ʒ vj.

M.

S. On tablespoonful after each meal.

SCIATICA.

Where there is distinct local inflammation, large doses of iodide of potassium and minute doses of the bichloride of mercury are administered. To cause absorption of inflammatory matters inside the sheath, severe blistering, or the actual cautery, is employed. The actual cautery has great absorbent action and powerfully relieves over-sensibility of the nerves. Another treatment often employed is by hypo-

dermic injections of morphia and atropia into the adjacent muscular structures. For this purpose at this hospital from one-sixth to one-fourth of a grain of morphia, and from one-ninetieth to one-sixtieth of a grain of atropia are used. In some cases the most excellent results have been derived from the hypodermic injection of from eight to twelve minims of chloroform. In injecting this drug great care is had to keep the needle out of the way of the arteries.

Galvanism relieves pain very quickly in some instances. The mode of application is with the positive pole to the seat of the pain and with the negative pole along the nerve trunk. Where the muscles are wasted the Faradic current is the best.

TEMPORARILY IRREDUCIBLE HERNIA.

If the irreducibility is due to the distention of the sac by air, or feces, the endeavor is made to dislodge the sac's contents at once. The patient is placed on his back, his shoulders elevated, thighs flexed on the abdomen, and gentle compression instituted over the region of the tumor. This compression is made with great care and very gradually. If, at the end of fifteen minutes, a little yielding is felt and a slight gurgling sound heard, the prognosis is good.

If this gentle compression is not followed by good results it is stopped and something else tried. In the case of an inguinal hernia some leeches are placed over the course of the spermatic cord; if femoral, they are put above the saphenous opening, and a cold water dressing applied.

If the case is still obstinate, the patient is kept quiet on his back, and the following prescription given.

℞ Pulv. opii., gr. j.
Ext. belladonnæ, gr. ss.
Ext. aloes.
Pulv. rhei, aa. gr. ij.
M. Et in pil. No. IV divide.

S. One pill every hour.

The cold water dressings are kept over the part. In the course of eight hours an injection is given. In cases where the stomach will retain anything, castor oil is given in doses of two teaspoonfuls, every two or three hours, as a cathartic.

ERGOTIN SUPPOSITORIES.

The following formula is that very generally used by practitioners in Ireland:—

℞ Hard soap,..... ʒj.
Water,..... ℥xxx.
Ergotin, gr. xxxij.
Glycerin,..... ʒss.

Dissolve the soap in the water, with a gentle heat, and add the glycerin; evaporate, to get rid of the water, add the ergotin, and pour into moulds. By this manipulation a nice suppository is obtained, which is difficult to make with glycerin alone.—*Medical and Surgical Reporter.*

AN IMPROVED ANÆSTHETIC. CARRON OIL IN ANAL FISSURE.

This painful affection, which has heretofore resisted almost all forms of treatment by local applications, has been successfully managed by Carrère, who states in *Annales de la méd. de Gand* that he applies the mixture of lime water and linseed oil, so commonly used in burns. This is done several times daily, and in all cases he has obtained a cure in at farthest eight days.—*Allg. Med. Cent., Zeit., No. 2, 1878.—The Clinic.*

SICK-ROOM COOKERY.

Cooking for the sick is a branch of the culinary art differing in some important respects from that for people in health. Everything must be seasoned very faintly, and condiments and spices that would provoke appetite in a healthy subject will prove distasteful to a sickly one, and may even aggravate certain disorders. Little sugar, absolutely no salt, and pepper, if at all, in the smallest proportion, should be the rule; and the exception must be in cases where the nurse of her own knowledge, or acting under the doctor's orders, is certain that no harm will follow.

Vegetables are rarely suitable for invalids; stewed fruits, on the contrary, are medicinal, and often highly beneficial. Authorities differ greatly in their estimate of starchy foods, some of them going the length of saying they are in no sense nutritious, and if taken alone must lead to starvation. Miss Nightingale says of arrowroot "that it is useful only as a vehicle for administering wine," etc. But that opinion was formed some years ago, and we may reasonably suppose that she has since seen cause to alter it, for people have been known to live for a month at a time entirely on arrowroot and water, and have been grateful to starchy food ever after.

Arrowroot and corn starch, from the delicacy of their structure, are now believed to be most useful agents in the sick-room. Of the two relatively, arrowroot is found, on the whole, to be most nourishing, and corn starch easiest of digestion, but the former does not pall on the stomach so soon as the latter. Oatmeal gruel, however, as an invalid food, must be placed higher on the list than either arrowroot or corn starch.

When a weakened appetite turns at a too frequent repetition of the same food, the nurse should contrive some harmless novelty to tempt the sick palate. It is also her duty to regulate the patient's diet; and while attending minutely to the prescribed quantities of the medicines ordered, she may exercise her own discretion to a certain extent in regard to food, provided she has some knowledge of the effects of different articles of diet on the human body.

Beef-tea is too well known to need any special recommendations, but it is often spoiled in the making. One ounce of beef to six table-spoonfuls of water is a fair proportion for a good article. Cut the meat into dice, put it into a stewpan, and add the water cold. Certain components of the beef are soluble in cold water; therefore let it stand ten minutes, then put it to heat very gradually, and at last boil it ten minutes. Chicken for broth should be boiled six hours in a covered stone jar set into a pan of boiling water. Gelatine (which was for a long time considered as absolutely innutritious, but is now recognized by the best authorities as a valuable food) renders beef-tea or chicken broth more nourishing and, as a change, more acceptable to the patient. Soak a quarter of an ounce of gelatine in a quarter of a pint of cold water, add it to a cupful of the tea or broth, and stir it over the fire till the gelatine is dissolved; when cold it will be a firm jelly.

Tea, though included in the dietary of the sick room, is practically of little use there, and the experienced nurse hails it as a sign of returning health when the taste for it returns to the invalid, Cocoa is more generally agreeable to the sick, and also more nourishing.

The following recipes for sick-room cookery are selected from English sources, and may fitly form an appendix to what has already been said on the subject:—

Restorative Jelly.—Put 1 oz. isinglass, a half-dozen cloves, 4 oz. pounded gum arabic, 2 oz. sugar, and half a pint of the best port wine into a bowl. Let the mixture stand covered up for a night: then put the bowl into a saucepan of boiling water, and let it remain till the isinglass and gum arabic are completely dissolved. Pour through a piece of muslin; let it stand till cold, then cut up into squares.

Invalid Custard.—The yolks of three eggs and the white of one beaten up with $1\frac{1}{2}$ gill of milk, put into a buttered teacup and steamed ten minutes.

Invalid Pudding.—While the ordinary cook always uses beef suet, the sick-room cook, if she knows her business, takes mutton suet as being lighter and more digestible. For the pudding, take 2 oz. of mutton suet, 2 oz. flour, 2 oz. bread crumbs, 2 eggs, and one small cup of milk; a little sugar may be added if the patient has no distaste to it; put the mixture into a buttered mould, and steam for one hour.

Arrowroot Pudding.—Beat a dessert-spoonful of dry arrowroot with a table-spoonful of cold milk, then pour a half pint of boiling milk over it, and stir well; when this has cooled, drop into it the yolks of two eggs; sugar to taste, and bake lightly in a buttered dish.

Invalid Lemonade.—Wipe the lemons, cut off the yellow part of the peel as thin as possible, and put it into a pitcher. Cut off all the white and throw it away, together with the seeds, or

the lemonade will be bitter: slice the lemons, and put them into the pitcher, with a few lumps of sugar, and pour about a pint of boiling water to each lemon over it. Cover closely and let it stand till next day.

Wash for the Mouth.—Dissolve a spoonful of black currant jelly in half a cup of hot water, and add two lumps of sugar. Keep in the mouth as long as possible, but do not swallow it. It will give relief when the tongue is dry or the mouth foul.

Oatmeal Tea.—This is a good drink in sickness, as it both nourishes and refreshes. Put three table-spoonfuls of meal into a quart jug with a small pinch of salt. Mix with a little cold water, and then fill up with boiling water, stirring briskly the while. Let it stand to settle, and use either hot or cold. This also makes a capital drink for the harvest or hay field, and the less salt put into it the better.—*Boston Journal of Chemistry.*

ENLARGED PROSTATE.

Dr. Atlee, in a paper read before the Philadelphia County Medical Society, on enlarged prostate, lays down the three following propositions, with remarks following:

1. That the prostate and its vessels are possessed of unstriped muscular fibre.
2. That the bladder is a hollow organ with an involuntary muscular coat.
3. That ergot will contract unstriped or involuntary muscular tissue, as it does in the uterus.

Therefore, as a corollary, ergot ought to be a remedy for enlarged prostate and its effects.

This was the theory upon which I based practice, and, whether the rationale is correct or not, my experience in the use of ergot in such cases had been most satisfactory. Several patients over sixty years of age have been treated with ergot, and have been able to lay aside the catheter after having been the victims of its daily use. When called to a case of retention from enlarged prostate, my rule is first to relieve the bladder by means of the catheter, and follow this immediately by ordering twenty drops of fluid extract of ergot every four hours, until the patient gets entire control over his bladder. Until this is accomplished, I continue to relieve him with the catheter every twelve hours. As his power of urination is restored, I diminish the frequency of the medicine, and gradually end in giving a dose every night. A gentleman, who died last month, at the age of ninety-two, was exceedingly ill in August, 1872, in consequence of retention of urine from enlarged prostate, and had to be regularly catheterized for relief. He was placed upon the above treatment, and in a few days was able to do without his catheter. His urinary organs were kept in a good condition by taking a dose of ergot every night, and he enjoyed much better health in consequence, and died recently of old age. I mention this case

in particular, because a post-mortem examination proved to me that the prostate had been diminished in size by treatment.

In these cases, it is very common for sedimentary deposits to accumulate in the bladder, which becomes a source of irritation and discomfort, and, if the organ should fail to expel its contents entirely, it is best every few days to introduce the catheter to remove them.—*Southern Medical Record*, Aug., 1878.

BORAX AND NITRATE OF POTASSIUM IN SUDDEN HOARSENESS.

These two salts have been employed with advantage in cases of hoarseness and aphonia occurring suddenly from the action of cold. The remedy is recommended to singers and orators whose voices suddenly become lost, but which by this means can be recovered almost instantly. A little piece of borax the size of a pea is to be slowly dissolved in the mouth ten minutes before singing or speaking: the remedy provokes an abundant secretion of saliva, which moistens the mouth and throat. This local action of the borax should be aided by an equal dose of nitrate of potassium, taken in a warm solution before going to bed.—*La France Medicale* and *Phil. Med. Times*.

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LACTOPEPTINE.

Referring to this valuable preparation, the *Western Lancet* (San Francisco) says: Amongst the many preparations being recommended to the Profession for the treatment of impaired digestion, gastric irritability, etc., we have found few to equal *Lactopeptine*. We have recently been prescribing it to impart tone to the stomach and allay that distress so commonly experienced after eating by those convalescing from gastric and enteric fevers with most satisfactory results. We have also been using it for some time amongst children suffering from impaired digestion, as the result of improper food, with very decided benefit, and, from our experience, desire to direct the attention of the Profession to its use where indicated, feeling confident they will agree with us in pronouncing it a most valuable therapeutical agent. *Western Lancet*, San Francisco, July, 1878.

THE HABITUAL MAGNANIMITY OF THE PROFESSION.

The London *Medical Examiner* of the 1st of August says:—

There is no class of men who so consistently "cut their own throats," so to speak, as the doctors. No class of men are so willing, nay, so eager, to give up their own advantage if they can only secure thereby the public good. A sharp epidemic of small-pox would bring thousands into the doctors' pockets, and yet it is the doctors who are the chief and the most persevering advocates of vaccination, when a little supineness on their part would soon leave the public unprotected. Nothing is more paying to the practitioner than a long case of typhoid, or a well-to-do family down with scarlet fever, and yet it is the medical profession which is most eloquent in preaching the sanitary gospel. A nice little income may be derived from the disorders incidental to young men, and yet the doctors are the only class who unanimously hold sound opinions on the Contagious Diseases Acts question. Cases of delirium tremens, again, are windfalls to the struggling practitioner, but he is doing all he can to abolish such cases forever. It is hardly necessary for us to add further instances of the single-mindedness which laudably distinguishes the medical practitioner; it is enough to say that the whole profession would, with one voice, cry out against one of their members who was caught in the act of preferring his own advantage to that of his patient, and that more than once doctors have been openly disavowed by their *confrères* on the mere suspicion of such conduct.

THE MICROPHONE DISTANCED.

Galignani's Messenger: The last scientific story is told thus: The *Saturday Review* once declared that the greatest benefactor of the human race would be he who could enable men to drink an unlimited quantity of wine without getting drunk. Such a man has been found. Dr. Bell invented the telephone, but its wonders pale before the telegastograph. This is an electrical machine by which the palate can be tickled and pleased by any flavor, and for any length of time, without fear of indigestion or inebriety. By putting soup or fish or wine into a receptacle connected with a powerful battery, the taste of the daintiest viands can be conveyed along a telegraph wire for miles,

and to an unlimited number of *bons vivants*. They have only to put the wire into their mouths, and they seem to be eating and drinking. They may get drunk or over-fed, but the moment the contact is broken the evil effects pass off, and nothing remains but "a delightful exhilaration." The inventor, however, keeps the *modus operandi* a perfect secret, and wishes to perfect his discovery before he discloses it to the world.

REVIEWS.

Transactions of the American Gynecological Society,
Vol. 2, for the year 1877. Houghton, Osgoode
& Co., Boston, Mass.

The handsome appearance of this work renders it attractive, while internally, owing to the soft tint of the paper and the clear and distinct printing, the reading matter is pleasing and does not fatigue the eye. Scattered throughout are numerous illustrations, among which are twelve chromo-lithographs of great beauty. This volume contains nearly 700 pages, being larger than the first by 150 pages. It is replete with excellent and instructive knowledge, and certainly after a careful perusal of its contents we feel convinced that no practitioner or gynecologist can well afford to be without it. Many of the articles alone are worth its cost, and its publication will bring upon the practice of American gynecologists the highest respect and renown, as the papers therein contained are generally the result of special study. Many of the authors have gained deserved eminence in this special branch of medical science, and from observation and experience are entitled authorities on the subjects discussed.

These papers were presented at the meeting of the Society held at Boston, May, 1877, and are printed in the following order, being preceded by the Table of Contents, a list of Officers and Fellows, and the Minutes of the past meeting.

The President, Dr. Fordyce Baker of New York, gave the annual address, his subject being Medical Gynecology. After alluding to the success and leading position which the Society had attained, and upon the value now belonging to the Honorary Fellowship due to the restriction placed upon the members elected, he called attention to the fact that the therapeutical treatment of uterine disorders has been com-

paratively neglected or overlooked. Without deprecating the value of surgical gynecology, he considered that surgical success was attended with dangerous tendencies, for the *éclat* of operations lead to unnecessary interference. In uterine displacements it was shown that such may exist without giving rise to any abnormal symptoms; that uterine pathology had little attention paid it in comparison to the mechanical treatment, for he found that since 1845, "102 men have sought immortality by devising new forms of pessaries." In referring to Battey's operation, two cases are cited which might be supposed to call for such interference, but which were cured by other means.

The Functions of the Anal Sphincters, so-called.
JAMES R. CHADWICK, M.D., Boston.

The author shows that the so-called internal sphincters are but a part of the general circular fibres of the intestines, are not under the control of the will, and their function is limited to the expulsion of the fæces. He deduces the fact that the obstructions met with in passing a bougie up the rectum are caused by the detrusor muscles which form pouches, and that such difficulty may be overcome by using a curved tube and rotating it during its introduction.

Amputation and Excision of the Cervix Uteri.
JOHN BYRNE, M.D.

The difference between these operations are defined, an historical sketch being also given. The methods adopted are clearly put forth, especially the claims of the galvano-cautery being advocated. His successful experience of a large number of cases enables him to speak with authority. The value of such operations in malignant disease, in longitudinal hypertrophy and hyperplasia is shown by reported cases.

Report on the Corpus Luteum. JOHN C. DALTON,
M.D.

Illustrated by twelve valuable plates showing the exact appearance of the ovaries at different periods after menstruation and during pregnancy, accompanied by reports of the cases from which the specimens were taken post mortem. It is shown that during pregnancy, owing to an arrest in the development of the ova, only one corpus lutea is formed after the middle period, while during regular menstruation several are found to co-exist in the ovaries. This is a long and valuable paper.

Pathology and Treatment of Puerperal Eclampsia.

PROF. SPIEGELBERG of Germany. A translation.

The author states that true eclampsia depends upon uremic poisoning in consequence of deficient renal secretion due to renal disease, and that the increased arterial pressure is consecutive to the attack and not, as in the theories of Rosenstein and Traube, resulting from effusion and compression produced by a sudden increase of arterial pressure in hydromic patients. In the treatment chloroform is highly recommended. Bleeding occupies a prominent place, and morphia and chloral in combination are advised.

Dilatation of the Cervix Uteri for the Arrest of Uterine Hemorrhage. GEORGE H. LYMAN, M.D.

Five cases reported.

His opinion is that the hemorrhage is caused by constriction of the inner os, producing congestion and strangulation of the vessels above, and that dilatation relieves this condition.

Principles of Gynecological Surgery applied in Obstetric Operations. By DR. SKENE.

The advantages of the left semiprone position and the use of Sims' speculum are advocated in obstetrical operations, as it allows of using the sense of sight in difficult cases as craniotomy, prolapse of funis, &c. The suggestions are of great value to the obstetrician.

Researches on the Mucous Membrane of the Uterus.

By DR. ENGELMANN.

In this the assertion is made that in membranous dysmenorrhœa only the upper layers of the uterine mucosa and not the entire membrane passes off with the discharge.

On the Necessity of Caution in the Employment of Chloroform During Labor. DR. LUSK, of New York.

The danger of the too indiscriminate use of chloroform is pointed out. That if loss of consciousness becomes complete uterine action is weakened or suspended, and in some cases the use of ergot or the forceps is thereby obliged to be resorted to. It is also shown that, contrary to the generally received opinion, patients in labor do not enjoy any absolute immunity from the pernicious effects of chloroform: to support this a number of cases are reported where death was only averted by artificial respiration. Cases are also reported where no other cause of death could be found. He is also of the opinion

that it should not be given during the third stage of labor.

The Intro-Uterine Stem in the Treatment of Flexions. DR. VAN DE WARKER.

A valuable paper advocating its use. It is replete with information pertaining to this treatment. The discussion which follows covers twenty-eight pages, and is of the highest value, as it gives the opinions of many of the ablest American gynecologists.

A Case of Vaginal Ovariectomy. By DR. GOODELL.

Is there a Proper Field for Battey's Operation?

By DR. BATEY.

Sub-Sulphate of Iron as an Antiseptic in the Surgery of the Pelves. By DR. WILSON, of Baltimore, Md.

The author advocates the use of Monsell's solution as the best agent known as a prophylactic to septicæmia applied to wounded surfaces where union by first intention is not desired. He regards it as soothing rather than irritating, and considers its antiseptic power to be as great as its hemostatic, and uses it more for the former purpose.

A Case of Ovariectomy, followed by Fatal Tetanus.

DR. PARVIN, of Indianapolis, Ind.

A short paper to which is appended a table of cases occurring in the practice of different operators. The details show, out of sixteen enumerated, only one recovery. So few are the cases reported in proportion to the number of operations performed, that it is looked upon as a very rare complication and a fatal one.

Sarcoma of the Ovaries. DR. ATLEE.

Four cases of this rare disease are reported, and the conditions on which a correct diagnosis may be deduced are given.

The Value of Electrolysis in the Treatment of Ovarian Tumors. By PAUL F. MUNDÉ, M.D., New York.

This is a long and exhaustive treatise on the subject. Numerous cases are given, and the conclusions arrived at are adverse. He does not think that electrolysis can supplant ovariectomy, and that it is like trifling with lives to try these electrical experiments.

Congenital Absence and Accidental Atresia of the Vagina. By DR. EMMET, of New York, with reports of cases.

A Case of Sarcoma of the Kidney in a Negro Child. DR. GEDDINGS.

The Hystero-neurosis. By DR. ENGELMANN, of St. Louis, Mo.

In Memoriam Dr. C. E. Buckingham. By DR. LYMAN, of Boston.

The remaining papers were presented to the Council by the candidates elected to Fellowship of the Society at its second meeting.

DR. KIMBALL on *Cases Illustrating Important Points connected with Ovariectomy.*

DR. WILSON on *The Radical Treatment of Dysmenorrhœa and Sterility by Rapid Dilatation of the Canal of Cervix.*

The results obtained are satisfactory, and recommend this procedure as more safe and less tedious than by incisions, tents or bougies.

Dr. Uvedale West's Views of Rotation. By DR. REYNOLDS.

DR. JACKSON on *Vascular Tumors of the Female Urethra.*

DR. REAMY on *The Simpler Varieties of Perineal Laceration.*

He draws the conclusion that these lacerations are often unrecognized by physicians; that they never heal by first intention unless aided by surgical closure, and that cicatricial and other deformities are left as a result of healing by granulation. This latter condition induces bodily and mental disease. That to obtain a perfect cure an operation is required, and this should be done at the time of the accident or as soon as possible.

DR. GARRIGUES on *Lying-in Institutions, especially those of New York.*

This is an enquiry into the working of such hospitals, the general conclusion being that, when properly managed, large hospitals need not be feared.

DR. GOODMAN on *The Menstrual Cycle.*

At the end of the book a valuable Index of Gynæcological Literature is given, comprising all the works published from July, 1876, to January, 1877.

In conclusion, we would again recommend this work to our readers.

PERSONAL.

Dr. Osler, Professor of Physiology in McGill University, has been admitted a member of the Royal College of Physicians, London, England.

Dr. Craik, Professor of Chemistry, McGill University, returned from a four months trip in Europe early in October.

Dr. Stewart (M.D., McGill College, 1869), of Plainfield, Ont., sailed for Europe by Allan Line on the 12th of October.

Dr. John Brodie (M.D., McGill College, 1876) has been appointed Demonstrator of Anatomy in Bishop's University, Faculty of Medicine.

Dr. John A. Hutchison (M.D., McGill College, 1878) has been appointed Assistant Demonstrator of Anatomy in Bishop's University, Faculty of Medicine.

MEDICO-CHIRURGICAL SOCIETY.

October 4th, 1878.

The Annual Meeting of the Medico-Chirurgical Society of Montreal was held this evening in the Library of the Natural History Society.

The President, Dr. F. W. Campbell, was in the chair. There were present: Drs. Angus-McDonnell, Reddy, Hingston, Edwards, Kennedy, Oakley, Bessy, Proudfoot, Blackader, Osler, Roddick, Molson, McConnell, Ross, Armstrong, Guerin, Bell, Osler, Finnie, Richard MacDonnell.

The minutes of the last annual and of the last regular meeting were read and approved.

The Treasurer read his Annual Report, which showed the financial condition of the Society in a prosperous state, and this notwithstanding an unusually heavy expenditure.

It was audited by Drs. Molson and Blackader, and met with the approval of the Society.

Dr. OSLER exhibited three pathological specimens:

I. Congenital stenosis of pulmonary artery with enlarged ductus arteriosus.

II. Hypertrophy of the heart without valvular disease, with scarcely any emphysema. The patient, æt. 60, a carpenter, of very active habits, had died in the Montreal General Hospital.

III. Intestines in the 20th day of typhoid fever. There was no actual ulceration, but merely medullary infiltration of the patches.

Dr. HINGSTON read a paper entitled "Inflamed Joints."

In the course of discussion which followed, Dr. Kennedy mentioned a case of hip disease in

which there was very strong evidence to prove the tubercular origin of the disease. Dr. Roddick was of opinion that hip disease was generally, in fact almost always, purely traumatic in origin. Extension he considered absolutely necessary in diseases of ball and socket joints. Both too much extension and too little extension were mischievous. He was fond of using the actual cautery in joint diseases.

Dr. REDDY spoke in favor of the application of ice to inflamed joints.

Dr. PROUDFOOT mentioned that in Boston surgeons preferred extension to rest. Sandbags and weights were used.

Dr. RODDICK said that this was the practice in the Montreal General Hospital.

Dr. HINGSTON said that by the term inflamed joints he did not mean synovitis alone. Cases of synovitis tend to recover of themselves, and it is hard to say what part the treatment takes in the recovery. He spoke in favor of the traumatic origin of hip disease. More than once he has seen extension too long kept up produce injury of joints, permanent and incurable. He advocated counter-irritation in chronic cases only.

A vote of thanks to the reader of the paper was moved by Dr. Ross, and seconded by Dr. RODDICK.

The President, Dr. F. W. Campbell, delivered his annual address as follows:—

GENTLEMEN,—One year ago you honored me by electing me President of this Society—the highest position in the power of the profession of this city to bestow. The responsibility which was thus placed on my shoulders I have endeavored, during the past twelve months, to discharge to the best of my ability, and to-night I resign into your hands the charge with which you then entrusted me. The progress which our Society has made during that time has not been distinguished by anything very brilliant, and yet we have not been stationary. Very large increase in numbers we could not expect for we already had on our list of membership almost every English practitioner who is actively engaged in the pursuit of his profession. It is, however, satisfactory to know that this evening we have on our roll eight new members, who were not with us a year ago. This increase has been entirely among those who, just having entered the profession, have selected Montreal as the scene of their future usefulness. It is a fact worthy of being mentioned, that hardly had they settled down, before these gentlemen applied for admission among us. That they did

so, hoping within these walls not only to become acquainted with their fellow practitioners, among whom their lot had been cast, but to still further gather fruit, by mingling among those who, longer than themselves, had been engaged in the noble profession of medicine, should be a still further stimulus for us to render even more attractive our fortnightly meetings. I wish, indeed, that it were in the power of this Society to carry into effect what I know is the wish of some of its members, and which was so eloquently alluded to by my friend, Dr. Fenwick, my predecessor in this chair, on his retiring from it, viz., securing a comfortable room for the sole occupancy of this Society, on the table of which would be found many of the prominent Medical Journals of the day. Were the acquisition of the room a feasible thing, no difficulty would attend the latter part of the suggestion, for he, as well as myself, would be glad to supply them. But I fear that, unless the members of this Society are prepared to open their hearts, and at the same time their pockets, we must, for the time, give up the idea. As, perhaps, will be remembered by some, a Committee was, some months ago, appointed to take this matter into serious consideration. I was a member of that Committee, and, after looking at several eligible rooms, I ascertained that it would require a sum fully double the present income of the Society to carry out the idea which was suggested. Until times improve, and our "Great National Policy" brings smiles and gladness to the thousands who now cannot pay the doctor, I fear we must wait. But while we wait, let us not forget it. Let us, on the contrary, keep it before our minds, as one of the ambitions of the Society, and, perhaps, its realization may be nearer than I think of. We have had, during the year, nineteen meetings, with an average attendance of eighteen members, which is a somewhat better record of attendance than the previous year shows, which was but fifteen. I had hoped that my earnest appeal to the members, when I assumed this chair, would have had more effect, and that we would have had at least an average of over twenty. But, although there has been an improvement noticeable, it is little more than would seem to follow our increased membership. Now that I am speaking from this chair for the last time in my official capacity, I would urge upon every member, the—in my opinion—imperative duty, which devolves upon them, even at a sacrifice, to support in every possible way the interests of this Society. Let each of us feel, if overwrought nature should tempt us to stay at home, that, perhaps, the very getting of a quorum depends upon our being there. If we could only feel in this way, how soon would this room not be large enough to hold the numbers who would be present, and the enthusiasm thus kindled would react in a dozen different

ways for the benefit of the Society, till its reputation, and that of its members, would extend from one end of the Dominion to the other. Gentlemen, do not think that I am speaking in too glowing terms of what might be. As certainly as the sun shall rise to-morrow morning, just as certainly would occur what I have sketched, did we as members do our duty, our whole duty. Let us resolve to-night that the Medico-Chirurgical Society of Montreal shall be a beacon light to the profession of the Dominion. That its rooms every fortnight shall be the place longed to be visited by every medical visitor to our city. If we do so, the result can be accomplished; the object is worthy, I assure you, of our highest emulation.

During the year which is past, we have not met quite as often as we did during the previous one; but during the very intense hot weather, it was found quite impossible to obtain papers, and in reality the Society adjourned during June, July and August. I have already said we met nineteen times during the past year; the previous year there was twenty-four meetings. Many interesting papers were read during my occupancy of the chair. When I give you the names of the subjects which have engaged our attention, you cannot, I think, help being struck with the fact that much valuable practical work has been done by many of our members. I trust that during the year to come, those who have laid me and the Society under obligation will continue actively in the same way to aid my successor in office. The following is a list of the papers read:—

Medical Jurisprudence of Insanity, by Dr. H. Howard; Antiseptic Cases, by Dr. Roddick; Tracheotomy in Diphtheria, by Dr. John Bell; Tubercular Meningitis, by Dr. Wm. Fuller; Some of the Sequæ of Pleurisy, by Dr. Blackader; a case of Idiopathic (so-called) Hypertrophy and Dilatation of the Heart, by Dr. Osler; Remarks on Electro Therapeutics, by Dr. Donald Baynes; Bermuda as a Health Resort, by Dr. Kollmyer; Mental and Moral Science, with some remarks on Hysterical Mania, by Dr. Henry Howard; Systolic Brain Murmurs in Children, by Dr. Osler; Keratotomy, by Dr. Buller; Excision of the Uterus, by Dr. Trenholme; Cerebral Disease with Aphasia, by Dr. George Ross; Tracheotomy in Croup, by Dr. W. Nelson; Puerperal Cerebral Embolism, by Dr. Shepherd; Pyæmia, by Dr. O. C. Edwards; Urethral Fever, by Dr. James Bell; the Endoscope, by Dr. F. W. Campbell; Excision of a portion of the Rectum, by Dr. Fenwick.

The Society is also deeply indebted to Dr. Osler for the many valuable pathological specimens exhibited at its meetings. So interesting has this feature of the evening's work become that alone it will repay any ill-convenience that may result from a regular attendance. It must be gratifying to Dr. Osler to feel that his efforts

in contributing matters of interest to our meetings, and the time and labor required for their preparation, is thoroughly appreciated by his fellow members.

Gentlemen, I have touched on the bright and the sombre side of the future, I wish I could add that it had no dark dismal side, which I feel it my duty to notice. But it has a dark side, for death has during the past year cut off several of our profession whom we all knew, and, knowing, loved. First, our much esteemed fellow member and Secretary, Dr. Cline, fell at his post of duty, like a good soldier, fighting manfully in the cause of human suffering. Then our old friend and former President, Dr. Hector Peltier, was suddenly cut off in the very midst of an active professional career beloved by all who knew him. Then our active member and respected confrère, Dr. John Bell, on the very threshold of a brilliant future, was suddenly, and when apparently in the enjoyment of good health, called upon to render his account to the Judge of all mankind. The memory of all of them will long be cherished by the members of this Society, and while we remember all that was good about them, let us drop a tear as we draw the veil of charity around the foibles common perhaps to all mankind.

Gentlemen, I am done. Although I now retire in the rank as a private member, my interest and enthusiasm in the Society will not grow cold. Once more let me thank you cordially and sincerely for all your kindness and forbearance to me during my term of office.

The ballot for the election of officers then took place, with the following result:

President, Dr. Henry Howard; 1st Vice-President, Dr. Ross; 2nd Vice-President, Dr. Kennedy.

Council, Drs. Roddick, F. W. Campbell and Hingston.

Secretary, Dr. O. C. Edwards.

Treasurer, Dr. Proudfoot, (re-elected.)

Votes of thanks were then passed to the retiring officers of the Society.

Dr. HINGSTON, seconded by Dr. RODDICK, moved a vote of thanks to Dr. Osler for the zeal and energy he had displayed in providing pathological specimens for the Society, as well as for his able demonstrations of them.

It was announced that Dr. Roddick would read a paper at the next meeting.

The meeting then adjourned.

DIED.

At Oakville, Ont., on the 23rd August, David D. Wright, M.D.

Pharmaceutical Department.

A. H. KOLLMYER, M.A., M.D., Editor.

PHARMACEUTICAL NOTES.

By HENRY R. GRAY.

A new school of Pharmacy was opened in Edinburgh in May last, to prepare students for the major and minor examinations of the Pharmaceutical Society. The Lecturers are Urquhart, Materia Medica; Drinkwater, Chemistry; and McAlpine, Botany. These gentlemen, we believe, all graduated at the retail drug counter.

The question has arisen whether Chrysoptic acid from Rhubarb and from Goa powder are identical or not; at least so says, "New Remedies."

The American Pharmaceutical Association has postponed its Annual Meeting, which was to have been held at Atlanta, Georgia, in September, until the last week in November, beginning on the 26th at 3 p.m. Fortunately Atlanta has been singularly free from yellow fever, and, as the Association has postponed the meeting until the fall frosts have set in, there will be no danger whatever to Northerners making a trip to this delightful city. Mr. Wm. Saunders, of London, Ont., has the honor of being the first Canadian president of this flourishing Association. Mr. Saunders fills the same position in the Ontario College of Pharmacy.

There is probably no occupation more harassing, especially in the absence of an enthusiastic love for it, than that of a dispensing chemist. The public in front of him, physicians to right of him, nurses to left of him, and the law behind him. Seriously speaking, is he not entitled to more consideration than he usually receives? The responsibility on his shoulders is very great, and a wearing anxiety is ever present. Nearly every duty he performs might end disastrously to some one, and yet how few mistakes occur. To one who has spent many years of his life behind the drug counter it seems simply miraculous. Take as a proof any dispensing establishment, examine the prescription book, count up the vast number of new prescriptions, and the vaster number of repetitions dispensed annually, then turn to the mistakes and to the fatal ones, and what proportion do they bear to the many ounces of deadly poisons dispensed. Surely this care, this constant watchfulness, should entitle the dispensing chemist, when a mistake does happen, to a little more kind consideration, if not at the hands of an unsympathizing public, at least at those of the more intelligent physician.

MONTREAL COLLEGE OF PHARMACY.

The eleventh lecture session of this Institution was opened on October 2nd by an address from Pro-

fessor Bemrose. We regret that our space prevents us from publishing *in extenso* this valuable paper, the more so because it is difficult to present a digest of a lecture so thoroughly condensed, closely connected, and abounding with striking illustrations. Pharmacy was considered from its present standpoint, looking backwards, and also contemplating the possible future. In the former review there was found much to be proud of, especially in the attainments and success of the students who had attended the College course; the future was held to be full of hope. The principle which had led pharmacists to employ in their service the hydraulic press, the vacuum pan, the microscope, the polariscope, etc., will be sure to operate by allying to their use the galvanic battery, the tasi-meter or heat measure of Edison, and many other evident sources of assistance in the wide field of pharmacy. The preliminary education necessary for those who intend following pharmacy as a profession, and the necessity of a more solid groundwork was insisted on. Arithmetic, including algebra to at least quadratic equations, being deemed essential not only for scientific purposes but as a prime necessity to the business man. "In this respect what optics and mathematics are to the astronomer arithmetic is to the pharmacist, as it enables him to apply correctly the art of computation in estimating the profits arising from transactions in trade, and the intrinsic value of articles of merchandise. Erroneous calculations in these matters are fruitful sources of embarrassment, and tend to obstruct the attainment by the pharmacist of the position and benefits to which he is entitled." The steps taken by the British Pharmaceutical Society were just those required at the time and "resulted in men who have since made themselves famous as chemists and pharmacists, such as John Williams, B. H. Paul Schacho of Clifton, Ince, J. B. Edwards, and many others." This was followed by the establishment of branch schools, several of which proved a decided success. The importance of knowing something about "physics, the laws of falling bodies, of reflection and refraction, of light waves and sound waves, the radiation of Crookes, induced electricity, diamagnetism, etc.," was admitted, but, although there "deep study is essential to the scientific chemist for the successful prosecution of his researches, it was not necessary for the students present" and in paying much attention to these subjects they would crowd out from their short course matters of much greater importance to them as pharmacutists. The same reasoning "applies to chemistry, the more difficult, albeit intensely interesting compounds, the rarer metals and metalloids will have to be avoided, and attention confined to the building up a useful and workable knowledge of the properties of those elements, the combinations of which furnish us with the salts, etc., constantly handled in daily work, their reactions individually and in group, the production of their compounds as articles of commerce, and the means of determining the purity of such compounds. Regret was expressed that pharmaceutical work by pharmacutists

appeared almost at a standstill, the little accomplished being done by men outside our profession, and to better this we must endeavour to provide a course of education which will make our students, pharmaceutical chemists in reality as well as in name. Such a course must be one of practical work. Education (from *e* and *duco* to lead forth) is development, it is not instruction merely, knowledge, facts, rules, communicated by the lecturer, but it is discipline, it is a waking up of the mind, a growth of the mind by the healthy assimilation of wholesome aliment. The real requirements of a pharmacist was ably shown, the responsibility which attaches to his calling insisted on, and an eloquent appeal made to the students to throw themselves heartily into the arduous work required from them. The president of the society and the ex-president of one of the English schools warmly congratulated the lecturer at the close. We cordially add our contribution of praise, and congratulate the Montreal College of Pharmacy upon the teaching power put forth for their advantage.

TO PRESERVE THE COLOURS OF PRESSED PLANTS.—It is well known that plants treated with alcohol have their natural colors preserved for a considerable time; but still they begin to fade far too soon, and many assume a blackish color during the tedious process of drying, in consequence of the partial decomposition or fermentation of the sap. To avoid this, resort may be had to the following process: Dissolve one part of salicylic acid in six hundred parts of alcohol, and heat the solution to the boiling-point in an evaporating dish. Draw the plant slowly through the liquid, wave gently in the air to get rid of superfluous moisture, and dry between folds of blotting-paper several times repeated. In this manner the plants dry rapidly, which is a great gain, and they thus furnish specimens of superior beauty. Do not let them remain long in the solution, or they may get discolored; and renew the blotting paper often.

According to Mr. W. Craig a solution of chloral hydrate, in the proportion of a grain and a half to an ounce of water, serves as a preservative of vegetable tissues, even retaining their natural colors.

PELLETIERINE.—Tanret has discovered in pomegranate root bark an alkaloid which he has named "Pelletierine," but which it is proposed to call by the more appropriate name, "Punicin." We take the following account from Hager's "Pharmaceutische Praxis." To prepare it, a thousand parts of the coarsely-powdered bark are made into a paste with milk of lime. This is packed in a displacement apparatus, and percolated with water until 2,500 parts of percolate are obtained. The percolate is repeatedly shaken with chloroform; the chloroform, in turn, is shaken with water acidu-

lated with dilute sulphuric or hydrochloric acid; the acid solution is neutralized with soda, and evaporated to dryness in a vacuum over sulphuric acid. The saline mass thus obtained is mixed with an excess of potassium or sodium carbonate, and shaken with chloroform, by which the free punicin is dissolved. When the chloroform is evaporated the oily-looking alkaloid remains behind. Tanret has obtained four parts of punicin sulphate from 1,000 parts of the root. When pure, it is a colorless liquid with an aromatic odor, and slightly soluble in water, alcohol, ether, and chloroform. When its solution in chloroform is evaporated in the air, it becomes yellowish; dropped on paper, it leaves a grease spot, which quickly disappears when exposed to the air. It is volatile at ordinary temperatures, and when the vapor of hydrochloric acid is brought near it, it gives a white cloud. It has a strong alkaline reaction, neutralizes acids, and forms with them crystalline salts. From the solutions of the salts of most metals it precipitates the oxides; with platinum chloride it gives no precipitate, but it does so with the chlorides of palladium and gold. It reacts with most of the alkaloid tests. The tannate is soluble in excess of the acid. The sulphate, hydrochlorate, and nitrate form good crystals, but are strongly hygroscopic. Their solution evaporated in a vacuum leaves neutral colorless salts, but when evaporated in the air they become yellow, and acquire an acid reaction, through the destruction of the base. The salts have a weak odor and an aromatic bitter taste.

ON THE PREPARATION OF THE GREEN IODIDE OF MERCURY.—Mr. Patrouillard, in discussing the merits of several formulæ for the preparation of mercurous iodide (*hydrargyri iodidum viride*), draws attention to a process devised by M. Dublanc, a number of years ago, which he considers to have advantages over those at present in use. This process consists in triturating together a mixture of mercuric (red) iodide and of metallic mercury, in the proper proportions, namely:

Mercuric Iodide.....	227 parts.
Mercury.....	100 "

The red iodide may easily be obtained of absolute purity, and in a state of perfect dryness; besides, during the trituration, there is no risk of loss by volatilization. The mixture should merely be moistened with alcohol of eighty per cent., so as to form a thin paste, and well triturated; the reaction takes place in a very short time, and the product is of a dark greenish-yellow color. By way of precaution it should be washed with boiling alcohol.—*Rep. de Pharm., in New Remedies.*

THE ALKALOID OF PYRETHRUM CARNEUM. By M. JOUSSET.—It is known that pyrethrum in powder constitutes, with few exceptions, the basis of all insecticides actually employed, and it has been erroneously supposed that the action is merely mechanical

by obstructing the spiracles. M. Jousset submitted to the Society of Biology some moths which had been for six hours in contact with certain inert powders of dried leaves, wood, &c., and observed that they presented no morbid phenomena. For comparison he exhibited others which had been for one hour only in powder of pyrethrum: these were already almost dead, and presented well-marked convulsive phenomena. If the powder be previously treated with alcohol, the insecticide properties are lost at the same time that the alcohol becomes endowed with toxic properties. M. Jousset opposes the opinion which credits the poisonous effects of this powder to the essential oil which it contains. After having isolated the oil, he has determined by experiments that it was without effect on insects. Further, he has isolated an alkaloid by appropriate means, and finds it to be a crystalline substance possessing the toxic properties of the plant in a high degree. The composition and properties of this alkaloid still require elucidation.

A DANGEROUS MATERIAL.—Within three years, says the *Commercial Bulletin*, there have been three shops destroyed in Massachusetts through lampblack. A hand damp with perspiration, a drop of water, a bit of grease, or a sprinkle of oil, will create combustion, which will start the lampblack aglow like charcoal, and so ignite the package, and hence the blaze. In lampblack factories, while great precaution is taken to prevent fires, a rainy or sharp frosty day will start a dampness upon the inside of a window-pane, and the flying particles of dust lighting upon this, create a spark which, communicating with the pile, may send a glow of fire with wonderful rapidity through the galleries of the shop.

A PETROLEUM THEORY.—The formation of petroleum has been explained by Mr. H. Byasson, upon experimental grounds, as follows:—If a mixture of vapor of water, carbonic acid, and sulphuretted hydrogen be made to act upon iron heated to a white heat in an iron tube, a certain quantity of liquid carburets will be formed. This mixture of carburets is comparable to petroleum. The formation of petroleum can thus be naturally explained by the action of chemical forces. The water of the sea, penetrating into the cavities of the terrestrial crust, carries with it numerous materials, and especially marine limestone. If the subterranean cavity permits these new products to penetrate to a depth where the temperature is sufficiently high, in contact with metallic substances, such as iron or its sulphurets, we have a formation of carburets. These bodies will form part of the gases whose expansive force causes earthquakes, volcanic eruptions, &c. Petroleum is always found in the neighborhood of volcanic regions or along mountain chains. In general it will be modified in its properties by causes acting after its formations, such as partial distillation, &c. Petroleum deposits will always be accompanied by salt water or rock salt. Often, and especially where the deposit is among hard and compact rocks, it will be accompanied by gas, such

as hydrogen, sulphuretted hydrogen, carbonic acid, &c.

WATERPROOF PAPER.—Sheets of stout manilla passed through a hot bath of aqueous solution of zinc chloride (at 75° B.), pressed strongly together and then soaked in dilute aqueous soda solution containing a small amount of glycerine, cohere to form a strong, stiff, water-proof board admirably adapted to the construction of small boats. Single sheets of paper passed quickly through the zinc chloride bath, pressed and washed and dried, are waterproof, and may be otherwise joined to form waterproof boards by any suitable cement.—*Scientific American*.

OLD CORKS MADE NEW.—Mohr recommends that the corks be collected and soaked in hot water. The following day they are washed repeatedly with pure water and soaked in a mixture of 15 parts of hot water and 1 part of hydrochloric acid. After a few hours they are taken out of this bath, washed well and dried; they then exhibit the appearance of new cork.—*Dingl. Polyt. J.*

PEPSINE FROM THE OSTRICH'S STOMACH.—According to the *Revue des Deux Mondes*, the ostrich hunters of South America, bearing in mind the almost incredible digestive powers of that bird, extract the pepsine from its stomach, and sell it for its weight in gold to dyspeptics.

TO KEEP RATS FROM HARNESS.—It is said that if a teaspoonful of Cayenne pepper be mixed in a quart of oil, and the harness be rubbed with it, the rats will let it alone. An addition of aloes to the oil, in the proportion of an ounce to a gallon, will answer the same purpose.—*Boston Journal of Chemistry*.

GELSEMINUM SEMPERVIRENS IN NEURALGIA.—The action of this drug in affections of a neuralgic character, says the *Medical Examiner*, has recently been studied by Dr. Emery-Heroguelle, who made it the subject of his inaugural thesis. A summary of his observations appeared in a recent number of the *Paris Medical*. Taken in a large dose gelseminum produces frontal headache, stunning, visual troubles, diplopia, contraction of the pupil, and dropping of the upper eye-lid. There is also weakness of the legs. The author reports six cases of intoxication from the drug, taken in mistake. Gelseminum is administered in powder or in pills, in the dose of three-fourths of a grain to three grains of the powder of the roots. It may also be given in the form of tincture, made with 100 parts of alcohol at 60° to 5 parts of the powdered roots. The dose is from 40 to 80 drops. A syrup may be also made by adding 50 parts of the tincture to 1000 of the simple syrup. M. Dujardin-Beaumetz has also had prepared an aqueous extract and an alcoholic extract. M. Emery-Heroguelle reports thirty-one observations collected in the service of M. Dujardin-Beaumetz, and from foreign journals, all of which refer to the action of the drug on neuralgia. From an analysis of the results, it appears that gelseminum may be especially looked upon as an anti-neuralgic; that it acts favorably in cases of dental neuralgia of the

5th pair, of the frontal, temporal, supra, and infra-orbital nerves, the brachial plexus, the intercostal and ilio-lumbar nerves. Sciatic neuralgia appears to resist, rather more than other neuralgias, the calming effects of this tincture. Dr. Ortille, of Lille, however, succeeded in curing with this remedy a patient who had suffered for a long time from sciatica which resisted all sorts of therapeutic means. The author considers gelseminum to be a powerful sedative in neuralgia, especially in those varieties which are not accompanied by that local fluxion in the affected point. Favourable results have also been seen in hemicrania.—*Medical and Surgical Reporter.*

GRINDELIA ROBUSTA IN WHOOPING-COUGH—

At a recent meeting of the Suffolk District Medical Society, Dr. Pattee called attention to the beneficial effects of the drug in certain pulmonary affections, and remarked that most of the fluid extract sold in this market was said to be worthless. Dr. Pattee had used the tincture in bronchitis, asthma, and whooping-cough, in doses of half a drachm or more, repeated every one or two hours. The effect was said to have been curative in thirty cases of whooping-cough, after three or four days, without the occurrence of relapses. The dose for a child two years old would be about ten drops.

A SUBSTITUTE FOR CALOMEL.—Sulphate of manganese, according to Dr. Goolden, in the *London Lancet* of June 15th, 1878, is a most excellent substitute for mercury in the various bilious troubles. In jaundice, hepatic dropsy, and hypochondriasis it has produced most remarkable results, and in hemorrhoids and in congestion of the fauces and bronchia it has proved no less efficacious. Anæmic patients who cannot take any of the preparations of iron are enabled to take iron with benefit if combined with two to five grains of sulphate of manganese. Its taste is not unlike that of epsom salts, but it is less bitter. Dr. Goolden prefers to administer the manganese in ten grains to a scruple dose, in a glass of water, adding a little citrate of magnesia to cause effervescence. By these doses large bilious dejections are produced. Half a drachm is the utmost dose ever necessary, and ten grains is usually quite sufficient. The larger doses sometimes produce decided though temporary nausea, and this may be avoided by adding a small quantity of epsom salts. Its action is attended by neither griping nor depression; neither the heart's action nor the pulse are altered.

Dr. Goolden has employed this medicine freely in private and hospital practice for more than thirty-five years.—*Medical Brief.*

PYTHON.—The formula for Pharaoh's serpent's eggs has been given so frequently in these columns that we ought to be free from further inquiries respecting them. Dissolve mercury in dilute nitric acid, observing, however, to have an excess of the metal. Decant the solution and pour into it an equal weight of a saturated solution of sulpho-cyanide of ammonium or potassium. Collect the precipitate on a filter, wash and dry. Powder the lump, and with each pound mix an ounce of powdered traga-

canth. A mass can be made with water. Note.—This compound is poisonous.

SWEET SPIRIT OF NITRE A SOLVENT IN SALICYLIC ACID.—Dr. Barkly, Ky., writes to the *American Practitioner*: "As the administration of salicylic acid has become so extensive, and as a good solvent is desirable, I wish to make known, through the *Practitioner*, that sweet spirit of nitre is the best solvent. I have been prescribing it nearly two years in the treatment of malarial fevers, with uniform success; in many cases without the use of quinia. I employ this formula:

℞ Salicylic acid, ʒ j.
Sweet spirit of nitre, ʒ jv. M.

Sig.—One teaspoonful every two hours, for children; two to four teaspoonfuls for adults.

MECONIOSINE, A NEW DERIVATIVE FROM OPIUM. (T. and H. Smith.) Announcing the discovery, in opium, of a new *chemically indifferent* body (meconine or opianyl being the only other one of this class present), having the composition $C_8H_{10}O_2$, and crystallizing in remarkable leaf-like masses, not unlike the incrustation of crystals upon a rock. The authors have named it *Meconiosine*. When meconine is heated with slightly diluted sulphuric acid and when the evaporation has reached a certain point a beautiful *green* color makes its appearance; under the same circumstances, the new body meconiosine produces a deep-red solution, afterwards turning purple.

J. A. W. (Baltimore, Md.)—Binoxide of Hydrogen. Theard's process, that is, the treatment of binoxide of barium with muriatic acid, is still considered the most convenient and, we believe, followed by manufacturers to the present day. For commercial purposes, however, it is not generally necessary to make the product anhydrous, a more or less concentrated watery solution being all that is needed for the *blonde hair dyes* of the period. The process in question is described in all chemical and most pharmaceutical treatises.

AN AMERICAN NATURALIST, while investigating the causes and effect of the poison of a wasp sting nobly determined to make himself a martyr to science, and accordingly handed his thumb to an impatient insect he had caged in a bottle. The wasp entered into the martyr business with a great deal of spirit, and backed up to the thumb with an abruptness which took the scientist by surprise. He was so deeply absorbed in the study of remedies that he forgot to make any notes, but his wife wrote a paragraph in his note-book, for the benefit of science, that the primary effect of a wasp sting is abrupt and terrific—and such words!

ARTIFICIAL EYES.—Between 8,000 and 10,000 artificial human eyes are sold annually in the United States. The average cost of an eye is \$10, and the color for an eye most in demand is what is known as "Irish blue." Christian Hohn, a New York German, makes glass eyes for horses that will defy detection by all except accomplished experts.—*Canada Lancet.*