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# THE CANADA MEDICAL RECORD.

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### Original Communications.

#### THE SOCIAL DUTIES OF THE MEDICAL PROFESSION ;

Being the Faculty Valedictory to the Class of 1880.

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

Professor of Chemistry, Medical Faculty Bishops University.

You may readily imagine, if you cannot actually realize, the sense of responsibility experienced by the Faculty Valedictorian as he rises to say the customary words of farewell to the members of the graduating class. The knowledge, gentlemen graduates, that I am to address to you the last sentences of advice and instruction that will fall, in an official way at least, from the lips of the medical staff of this University, makes me specially desirous that my words should meet the requirements of this almost solemn occasion.

Having given the matter my earnest consideration, I have thought it well to depart from the usual course and address you on a subject that, while it is of the greatest moment to you, may not be uninteresting to those who are gathered here to witness the conferring of your degrees.

In a scarcely more than casual manner I referred, in a previous farewell address, to what may be termed some of the outside work of the medical man. Perhaps when this former ad-

dress was written the expression "outside duties" may have been applicable in a much greater degree to the medical profession than it could be now, since it is an undoubted fact that along with continual yearly additions of knowledge concerning rare, and possibly new, forms of disease, there is growing up a tendency in medicine to claim as her own proper ground much that was formerly regarded as professional *terra incognita*. If this be true, you will at once perceive the importance of discussing these matters, not only because what is to-day debatable territory may, in the near future, be your legitimate fields of labour, but because your studies have, in most instances, fitted you for entrance upon these duties—some of which I propose to notice.

You cannot have failed, even from the beginning of your studies, to have been struck with the fact that a great deal of the suffering in this life, not only of a physical, but of a moral nature, has its origin in causes that are absolutely preventible. To this may be added the hope of many men, and the belief of a few others, that the discovery of the causes of other diseases will, in time, suggest means for their prevention, even if they are susceptible of cure. It is with this last division that I would fain class you while I endeavor to point out some wide-spread troubles whose increase you can assist in arresting. Moreover, the medical man, at the outset,

has need of a faith of this kind, because his first experience of professional life undoubtedly tends to drive him in the direction of a narrow pessimism.

The preventible character of the great majority of ills of humanity and the fact that they are self-inflicted will be abundantly shown if we consider a few of them. Prominent among the social questions upon which you should be competent to speak is that of intemperance. I do not give this matter a first place in the list of medico social problems because I consider it to be the most important, but because at the present time it occupies so large a share of public attention. What, then, does science tell us about the effect of alcohol when used as every day drink?

You will notice, I do not enquire what are the peculiar ideas of certain enthusiasts concerning this matter, but rather what is the result gained by calm, scientific investigation of the effects of alcohol on mind and body? And in the same spirit, I answer, science condemns, as perfectly unjustifiable, the use of alcoholic beverages by those in perfect health. Manifestly this is not the place to consider at length the arguments for and against—if you would study the question in all its bearings, let me advise you to read carefully Dr. W. B. Richardson's treatise "On Alcohol:" (a) but I would merely say that the conclusions arrived at, many years ago, by Carpenter still hold true. "It is," said he, "through the medium of the water contained in the animal body that all its vital functions are carried on. No other liquid than water can act as the solvent for the various articles of food which are taken into the stomach. It is water alone which forms all the fluid portion of the blood, and thus serves to convey the nutritive material through the minutest capillary pores into the substance of the solid tissues. It is water which, when mingled in various proportions with the solid components of the various textures, gives to them the consistence which they severally require. And it is water which takes up the products of their decay, and conveys them, by a most wonderful and complicated system of sewerage, altogether out of the system. It would seem most improbable, then, that the habitual admittance of

any other fluid—especially of one which, like alcohol, possesses so marked a physical, chemical and vital influence upon the other components of the animal body—can be otherwise than injurious in the great majority of cases: and where a benefit is derivable from it, this will depend upon the fact that the abnormal condition of the system renders some one or more of the special actions of alcohol remedial instead of noxious, so that the balance becomes, on the whole, in favour of its use." (b) You will observe, then, that the use of alcoholic beverages in health is a scientific inconsistency which you should not only yourself never be guilty of, but you are, it seems to me, also bound to discountenance the custom among your friends and patients. It will not be necessary for you to consider the undoubted facts that, directly and indirectly, strong drink is the curse of many a man's moral debasement and physical ruin, that the habit is as useless as it is pernicious—these are, more properly, weapons to be handled by the press and by the pulpit; it is enough for you to know simply that there are unanswerable psychological and physiological reasons why men should not drink. And, before leaving the subject, I am obliged to confess that it is much easier to condemn an evil than to suggest an effective remedy for it, and so shall we find that prohibitory liquor laws, temperance societies and agitations, public lectures and private warnings, produce effects that are, to say the least of them, very discouraging, because the roots of this modern upas tree grow deeper into the soil of society than most of us imagine, and they derive their nourishment from sources little suspected. But you must neither be disheartened because of this, nor should you allow yourself, on account of it, to neglect any opportunity or abandon any attempt to lessen intemperance and its consequent evils. It is not that your efforts to put down drunkenness will be of no avail, but simply that you are almost certain to underestimate the magnitude of the work, and to hope for a temperance harvest before the seed is fairly sown.

Closely connected with useless indulgence in alcohol is the intemperate employment of food. Who shall calculate the vast amount of personal

(a) Six Cantor Lectures.

(b) Use and abuse of Alcoholic Liquors, pp. 170 and 171, W. B. Carpenter, M.D., F.R.S.

misery and wretchedness that arises from dyspepsia? It has been claimed that simple indigestion is answerable for more unhappiness, and has done more to lessen the proper enjoyment of life, than any other malady. What a number of persons one meets with suffering from this perfectly preventible disorder! I do not suppose that ten per cent. of the Anglo-American race are entirely free from it. Think of what such a statement means—of the bright and hopeful dispositions spoiled—of tempers soured—of lives rendered miserable! But sadder yet it is to know that dyspeptics, in the vast majority of cases, have only themselves to blame. They have not been content to eat too much, and too often, and too fast, but they have heaped insult upon injury by devouring what they know perfectly well cannot agree with them! Need we wonder if, after years of indulgence in this species of folly, the much abused stomach finally refuses to put up with further outrage? As you know, there are cases of hereditary dyspepsia, where the invalid cannot be held accountable for the sins of his ancestor, but they are exceptions to the rule. In pleasing contrast to these unwelcome facts stand the agreeable truths that most cases of indigestion are capable of being cured—and, let me add, a still larger number might have been altogether prevented. But who will do the work of teaching the people what they shall eat and how and when they shall eat it? My answer is—the members of our profession; and you graduates of Bishop's College must not forget this duty in the seemingly more important business of your daily life. No body of men could be more desirous than the Medical Faculty of this University of seeing a perfect system of sewage introduced into every city and town of Canada. It was they who first made hygiene one of the compulsory subjects of examination, and I am sure none of you will neglect to urge the adoption of public sanitary measures upon the community you have chosen as your future sphere of usefulness; but there are other hygienic laws of almost equal importance, which should not be overlooked, since their observance will conduce still further to the health, comfort and happiness of those who obey them, while neglect is certain to be followed by those penalties nature never fails to inflict. I refer to personal hygiene, for in guarding against dan-

gers from without the social-encampment let us beware of troubles arising within. Such matters as proper dress, exercise, correct amount of sleep, bathing, quantity and quality of breathing air, the cleanliness of the house and its temperature—these are by no means subjects of minor importance, and you must not consider them beneath your notice, because the density of the ignorance that everywhere prevails regarding them is equalled only by the difficulties you will encounter if you attempt to inaugurate a better state of affairs. For instance, sad experience will shortly teach you that not a few people will take no exercise worth speaking of, who keep their houses at a temperature daily varying from 40° to 85° Fahrenheit, and who abuse their minds and bodies in every conceivable manner—that these are the first to work themselves into an extreme state of excitement over a defective drain or a suspicious subterranean smell. I strongly suspect that the medical profession is chiefly to blame for this *hysteron proteron* aspect of affairs; and while on this subject, that there may be no misconception as to the exact relation sewage odours bear to contagious and infectious diseases, I ask your attention to an extract from a report of Mr. Simon, Medical Officer to the English Privy Council, as he may be considered a very high authority. "An important suggestion," he writes, "of modern science, with regard to the nature of the operations by which filth, attacking the human body, is able to disorder or destroy it, is, that the chief mortific agencies in filth are other than those chemically identified stinking gaseous products or organic decomposition which force themselves on popular attention. Exposure to the sufficiently concentrated forms of organic decomposition (as for instance, in an unventilated old cesspool, or longblocked sewer) may, no doubt, prove immediately fatal, by reason of some large quantity of sulphide of ammonium, or other like poisonous and fetid gas, which the sufferer suddenly inhales; and far smaller doses of these fetid gases as breathed with extreme dilutions in ordinary atmospheres, both give immediate headache and general discomfort to sensitive persons temporarily exposed to them, and also appear to keep in a vague state of health many who habitually breathe them; but here, so far as we yet know, is the end of the potency of these stinking

gases. While, however, thus far there is only the familiar case of the so-called *common chemical poison*, which hurts by instant action and direct proportion to its palpable and ponderable dose, the other and far wider possibilities of mischief which we recognise in filth are such as apparently must be attributed to *mortific ferments* or *contagia*, matters which not only are not gaseous, but, on the contrary, so far as we know them, seem to have their essence, or an inseparable part of it, in certain solid elements which the microscope discovers in them in living organisms, namely, which in their largest sizes are but very minute microscopical objects, and at their least sizes are probably unseen even with the microscope; organisms which, in virtue of their vitality, are indefinitely self-multiplying within their respective spheres of operation, and which, therefore, as in contrast with common poisons, can develop indefinitely large ulterior effects from first doses which are indefinitely small. Consequently the question what infecting powers are prevalent in given atmospheres should never be regarded as a mere question of smell. It is of the utmost practical importance to recognize in regard of filth, that agents which destroy its smell may yet leave all its main powers of disease-production undiminished."

To this we may add an observation of Tyndall's that "drains and cesspools are by no means in such evil odour as they used to be. A fetid Thames and a low death-rate occur from time to time together in London. For if the special matter or germs of epidemic disorder be not present, a corrupt atmosphere, however obnoxious otherwise, will not produce the disorder. But, if the germs be present, defective drains and cesspools become the potent distributors of disease and death. Corrupted air may promote an epidemic, but cannot produce it. On the other hand, through the transport of the special germ or virus, disease may develop itself in regions where the drainage is good and the atmosphere pure." (c)

It should ever be a matter of congratulation that sanitary improvements, and the decreased mortality from epidemics, which they have brought about, have undoubtedly tended to lessen

the average death-rate. This may well encourage us to redouble our efforts in the future, but at the same time it is desirable that we should not overlook the yearly increase of mortality in the cases of disease of the brain and heart. The total number of deaths of males from heart disease in England rose from 5,746 in 1851 to 13,428 in 1870, and while the rate per 1,000 was .755 in 1853, it was 1.085 in 1870. And this increase, let it be remembered, was altogether confined to the working years of active business and social life, warning us that in this age of steam and electricity not to kill ourselves in the race for wealth, position or power. I say *race* advisedly, because it has often been noticed that people do actually walk faster than in former times, as if to keep pace with the mental strain and excitement characteristic of the times. (d)

And so with insanity, also on the increase amongst us; and here, too, let there be no mistake regarding the method of production of this dreadful disease. "People," says a celebrated alienist, "are apt to talk as if they believed that insanity might be got rid of were only sufficient care taken to prevent its direct propagation by the marriage of those who had suffered from it, or were likely to do so. A vain imagination assuredly! Were all the insanity in the world at the present time clean swept away to-morrow, men would breed it afresh before to-morrow's morrow by their errors, their excesses, their wrong doings of all sorts." (e)

And here this recital had better end, not that the list of self-inflicted human woes is completed by those I have mentioned, but that I would fain hope enough has been said to make you reflect and act upon the inflection that man is capable of preventing, if not of curing, a majority of his ills, because he has been the main cause of them. If we refuse, as I think we may, to believe in *inevitable* evils, or rather if we feel that many of the worst afflictions that degrade the race are susceptible of elimination, it is surely our duty to inquire what *we* can do to prevent, and what we can do to permanently cure. What can medical men do towards a permanent lessening of the evil of this life? I

(d) See, for example, Sir Henry Holland's "Recollections of a Past life."

(e) Henry Maudsley in the "Fortnightly Review" for August, 1879.

can only point you to two very ancient and very good methods, the first of which is *precept* and the second *example*, and I know of no other means to so desirable an end, nor have I much faith in those Utopian schemes so frequently and so authoritatively promulgated in these days. I would prefer that you should harbour no ideas incapable of realization; I would not have you waste the summer of life in dreaming of millennial days that come not, but would rather find you engaged in faithful, earnest work to hasten the coming of that time in the far off future when man, no longer ignorant, will realize, in a much more intelligent manner than he seems to learn to-day, the sure and inevitable punishment that follows a transgression of Nature's laws. Now I do not need to be reminded that

"Knowledge comes, but Wisdom lingers"—

and that observance of a law does not of necessity follow one's acquaintance with it; indeed, if we required an apt illustration of this melancholy truism, I would quote a writer who, in speaking incidentally of the slight extent conduct is affected by knowledge, observes "how amazingly little the teachings given to medical students affect their lives, and how even the most experienced medical men have their prudence scarcely at all increased by their information." (*f*) If such an example teaches us with what difficulty and how slowly human nature is modifiable, it does not, fortunately, prove that it is not capable of almost indefinite modification. Who can say what may be accomplished by even a small number of individuals if they were only true to themselves, and would work faithfully and honestly—not only teaching men how to live, but setting them the higher example of a good life. Your duty is a plain one. You have each one of your life lessons to teach, doing so with the belief that some time in the future men will stop to ponder them, and to act upon them as if they were true. But not now. Large advances in human nature are not to be looked for in our generation, but it should be quite enough for us to believe that they will come, just as we know that, in nature, the vastest results are brought about by accumulated actions of forces minute in themselves.

The actinic rays of the solar beam build up the solid parts of the stem, the leaf, the bud and the flower only by innumerable impulses of the light waves, but each wavelet does some part of the work. It required the testaceous coverings of Foraminifera and fragments of the shells of Mollusca in countless millions, deposited during geological ages, to form the vast limestone rocks characteristic of the Cretaceous Period, and yet each broken shell and each microscopic fragment of calcic carbonate added something to the stupendous work. And so with us. Each one of us singly can do but little to secure the permanent alleviation of human suffering, and yet that little is worth doing—well. And the very doing of it will bring its reward. The sentiments of the Lord of Ephesus will find an answering echo in your hearts:—

"'Tis known, I ever

Have studied Physic, through which secret art,  
By turning over authorities, I have  
(Together with my practice) made familiar  
To me and to my aid, the blessed infusions  
That dwell in vegetives, in metals, stones;  
And I can speak of the disturbances  
That nature works and of her cures; which gives me  
A more content in course of her delight  
Than to be thirsting after tottering honour,  
Or tie my pleasure up in silk bags  
To please the fool and death." [*g*]

And when you have decided to be something else than mere drug-distributors—when you recognize the value of your profession as a great social power for good—then, and only then, will you begin to realize the wise and noble words of Descartes, that if it be possible to bring the human race to a state of perfection it is to the medical profession we must look for the means. (*h*)

Gentlemen, farewell!

#### FOREIGN BODY IN THE NOSTRIL.

By A. LAPHORN SMITH, M.D., M.R.C.S., Eng. &c., Demonstrator of Anatomy in Bishop's College.

While holding the position of House Surgeon of the East London Children's Hospital at Shadwell I had frequent opportunities of meeting with cases of the above accident; and, as it often happened that the subjects of it had already been under the care of one or more

[*g*] Shakespeare's "Pericles," Act iii, Scene 2.

[*h*] "S'il est possible de perfectionner l'espèce humaine, c'est dans la médecine qu'il faut en chercher les moyens."

(*f*) "The Study of Sociology," by Herbert Spencer, page 121.

surgeons for the treatment of the symptoms to which the presence of the foreign body gave rise, without a cure being effected, I think the following case from my own private practice may be of interest.

Mrs. G. consulted me in March last about her little boy, aged 3 years, who, she said, had been troubled with catarrh for the last four months. She stated that it had begun in November with a "cold," for his nose was stuffed up, and there was a profuse watery discharge from the right nostril. At the end of a month the discharge had become purulent and so foul smelling that she took him to a druggist, who gave her some patent catarrh remedies, several of which she faithfully tried without avail. Becoming alarmed by the profuseness of the discharge she consulted a doctor who gave her a wash with which to syringe the nose. This only had the effect of rendering the odor less disagreeable, so after a month or six weeks of this treatment she abandoned it; but, as the child was losing its health very perceptibly, she shortly afterwards came to me. I told her that I would have to examine the child's nose with an instrument, at which she seemed much surprised, as neither the druggist nor the doctor had suggested anything of the kind. I found the right nostril very much enlarged, inflamed, and impervious, and by the aid of a wire speculum and probe, I soon discovered a foreign body completely filling the passage. I was prepared to give chloroform if necessary, but, before doing so, I made an attempt to extract the dark brown mass with a pair of double-acting urethral forceps, which I have found very effective in these cases, and easily succeeded, much to the astonishment of the mother and child, in withdrawing a large piece of rotten hardwood, soaked with blood and pus.

In two or three days the ulceration was entirely healed, and thus a case of ozæna of 4 months' standing was completely cured.

In Holmes system of surgery (1861, p. 256, vol. II.) although several cases similar to the above are given, in one case a screw an inch long being the offending body, yet the following rather paradoxical paragraph appears: "Foreign bodies introduced into the nose cannot excite the same dangers as in the former situation (the ears). They may in general be readily removed either with the polypus forceps or the

scoop. The only danger attending the operation is that of breaking the spongy bones or of pushing the substance backwards into the pharynx. Let it be remembered that, in children especially, there is no cause for anxiety nor haste; the extraneous body will work its own way out, the surrounding parts receding so as to widen the passage by which it entered."

Would it not be much better to give the child chloroform, and, after dilating the nostril with a speculum, to remove it at once, and save the child from suffering which, in one recorded case, extended over a period of three years.

## *Progress of Medical Science.*

### POWDER FOR THE ULCERS OF HERPES.

Prof. Fournier recommends that the ulcerated vesicles of herpes should be washed several times a day with Labarraque's solution diluted with equal parts of water, and then covered with a pad of wadding charged with a powder composed of subnitrate of bismuth, four parts, calomel and oxide of zinc, of each one part. If the eruption is extensive, absolute rest is necessary, and bran baths, together with the internal use of opiates and bromide of potassium, should be administered — *Med. Times and Gaz.*

### THE TREATMENT OF SEA SICKNESS.

Frederic W. Cory, late Surgeon Eastern and Australian Mail S. Co., writes to the *Lancet*: As every contribution toward the treatment of *mal de mer* is generally welcomed, I beg to state the result of two years' experience, for the most part in the tropics. The best remedy I have found is a combination of small doses of the bromide of potassium and hydrate of chloral taken with the citrate of magnesia during effervescence. Spirits of sulphuric ether may be sometimes added if there be much prostration. I may say that this remedy has only failed me in one case.

### REMEDY FOR CORNS.

Mr. Gezow, a Russian apothecary, recommends the following as a "sure" remedy for corns, stating that it proves effective within a short time, and without causing any pain—:

Salicylic acid . . . . .	30 parts.
Extract of Cannabis indica . . . . .	5 "
Collodion . . . . .	240 "

To be applied by means of a camel's-hair pencil.

## PROFESSOR FOURNIER ON ALOPECIA.

[Abstract of a Lecture delivered by M. Fournier, reported in the *Gazette Hospitalux.*]

Alopecia is an affection, he observes, concerning which the physician is constantly persecuted, and upon which prejudices prevail that it is of importance to remove, especially as regards the supposed relations between alopecia and syphilis. After adverting to alopecia as dependent upon lesions of the hairy scalp, the diagnosis and treatment of which are easy, he proceeds to say that there are five classes of alopecias unconnected with such lesions, viz., senile and precocious alopecia, the alopecia of convalescence, cachectic alopecia, syphilitic alopecia and pelada.

1. SENILE AND PRECOCIOUS SENILE ALOPECIA.—This is one of the consequences of age, commencing generally between thirty-five and forty years of age, but varying greatly in this respect; so that while old persons sometimes retain a luxuriant head of hair, others lose it prematurely, an abundant fall of the hair commencing at thirty, twenty-five, or even earlier. The causes of this precocious alopecia are various: First among these stand gout and arthritis, so that is a sign *par excellence* of the gouty diathesis. Next may be mentioned all debilitating causes having a prolonged action, excesses of all kinds which lead to a progressive wearing of the forces of the economy, intellectual labor, the abuse of women, onanism, habitual watching, excess at table, etc. We may meet with it just as well in the *savants* of the institute as in those who abuse mundane life. Thirdly, anxiety, intense grief, preoccupations, wretchedness, or imprisonment may prove causes of alopecia. But there are questions which we do not understand about it, as why men are infinitely more predisposed to it than women, and why certain families are more liable to it than others. There are influences of race and blood which remain unexplained; and why, in the absence of all debilitating causes, all diatheses, or any excess, it appears in individuals living under the best hygienic conditions is a mystery. These two forms of senile alopecia are distinguished by three principal characteristics: 1. It is slow and progressive, not devastating the head in the course of some weeks or months, but proceeding slowly so as to occupy some years; 2. It is systematized, having its special well-circumscribed seat, the vertex, the precise place of the ecclesiastical *tonsure*, and toward the forehead, on the antero-superior part of the cranium, always respecting the lateral and posterior parts. The baldness is surrounded by semi-circle of hair, stretching from the temples to the nape; 3. It is symmetrical, being absolutely regular and elegant in its form, affecting both sides precisely alike, so as not to stretch even a centimeter to one side more than the

other. "There is nothing ridiculous or malformed about it, and it confers upon the physiognomy an expression of wisdom, experience and venerability. It adapts itself marvelously to certain heads which would be deformed by a wig, and is the severe beauty represented in sculpture by the classic head of *Æschylus*."

2. THE ALOPECIA OF CONVALESCENCE.—A great number of serious diseases are followed by baldness. After typhoid fever the hairs almost always fall in profusion; as also after eruptive fevers, erysipelas, bad phlegmons, typhus, and pneumonia. This may occur also even in a completely physiological condition, many women losing their hair after delivery, although the labor may have been quite normal. This peculiarity it is of importance to mention, and it must nowise be attributed to syphilis or any other affection. The characteristics of the alopecia of convalescence are: 1. The rapidity of its occurrence, supervening in a few weeks; 2. Its generalization and absence of systematization, it choosing no particular region, but occurring at the right or left, or everywhere; 3. Its general moderation, as, even in severe cases it never produces complete baldness; 4. It is only temporary and reparable. When the hair falls during convalescence it shoots up again. The occurrence of this form is explained by the disturbance of nutrition produced by the disease and by the conditions which have given rise to this. It is an analogous phenomenon to that observed in the nails, in which a transverse depression or thinning of the nail takes place from defective nutrition during disease. So with the hair, imperfectly nourished at its base, the pilous bulb, it becomes less adherent, not falling during the course of the disease, but after it.

3. CACHECTIC ALOPECIA.—This supervenes in all diseases which create a deep-seated and chronic disturbance of the economy, in pulmonary phthisis and the other forms of tubercular affections, in cancer, in organic affections, cirrhosis, impaludism, diabetes, and in the dartrous and syphilitic cachexiæ. It is a general, disseminated alopecia, attacking all the hairy scalp at once. All the hairs are dull, dry, pulverulent, having lost their lustre like the hairs of a corpse.

4. SYPHILITIC ALOPECIA.—Syphilis often gives rise to alopecia, and certain prejudices prevail respecting it which the following considerations may dispel: First, at what period of the disease does it appear? When a man forty or forty-five years of age becomes bald it is not uncommonly said that it is due to an old pox, or that he is suffering for the sins of his youth. Nothing can be more false. So far from being a delayed manifestation, baldness is a symptom of recent syphilis, supervening usually three, four, or six months after infection. Usually it follows the first signs of secondary symptoms,



toward the third or fourth month, although sometimes when treatment is postponed it is delayed until the first or second year. It then supervenes as a symptom of ulcerative syphilides; but cachectic alopecia may occur at any period of syphilis. Occasionally appearing as a consequence of papular syphilide of the scalp, secondary alopecia in the great majority of cases is unconnected with any such lesion. It may appear in any of the forms of the disease, whether benign or malignant; but still it is most usually met with in grave secondary syphilis accompanied by asthenic symptoms, emaciation, and general debility. The fall of the hair takes place without any inflammation, pain, or itching, and occurs indiscriminately at any part of the head, sometimes merely thinning the hair, and at others forming irregular islets of baldness. Generally both forms may be observed on the same head. The extent to which it proceeds varies greatly, from being scarcely perceptible to the falling off of the hair by handfuls, to the partial, and even in very rare cases to the entire, denudation of the cranium. The hair, too, loses its brilliancy and becomes dry and dull, and thus with real hair, as Diday observes, the patient has the appearance of wearing a wig. The duration of this form of alopecia is always temporary, so that after from one to six months the fall of the hairs ceases, and they are always and invariably reproduced, so that it may be laid down as a true axiom that persistent and general alopecia is never of a syphilitic origin. Syphilitic alopecia may extend to the hairs of the rest of the body, causing the fall of the eyelashes, the eyebrows and the hair of the pubes, etc. Alopecia of the eyebrows is even common, especially in women, sometimes merely thinning them, and at others removing them in spots or islets, so that perhaps a third of the eyebrow may be wanting. Nothing is more characteristic than this broken arch, producing at once so repulsive an appearance and so sure a sign of syphilis. The eyelashes are less frequently lost. Genital alopecia is pretty frequent, especially in women, and occasionally the hairs of the armpits and the rest of the body fall. But in all these cases the alopecia is only temporary, and after a certain time disappears. There is no special medication for syphilitic alopecia, all local applications being useless, and cutting the hair or shaving the head does not induce more rapid reproduction of the hair. The mercurial treatment is the exclusive and efficacious remedy, aided, if required, by iron, quinine, etc. Popular prejudice attributes the baldness, which is really the effect of syphilis, to the action of mercury; but under the influence of this a bald head becomes re-covered with hair.—*Med. Times and Gazette.*

## THE SUMMER DIARRHŒA OF ADULTS.

By HORATIO R. BIGELOW, M.D., of Washington, D.C.

With the approach of warm weather the physician will not unwisely occupy himself with the consideration of a class of cases which cover a wide domain of symptomatology, and in which an intellectual therapeutical discrimination is absolutely necessary. The professional practice in cities during the summer months is largely confined to the treatment of diarrhœas, so that it may not be amiss to dwell somewhat at length upon a general analysis of the disease in its varying forms, and to point out the indication of remedial interference. It is my purpose to deal only with essential and reflex diarrhœas, so that the questions of dysentery, cholera, etc., need not cumber the present discussion.

*Etiology.*—A man of adult years complains to us of a diarrhœa and its concomitant symptoms. What shall we give him? Naturally, the first question demanding solution is, upon what condition does the diarrhœa depend? What has caused it?

A diarrhœa results from increased peristaltic action of the intestines, or from excessive secretion, or from the two combined. The exciting causes of these phenomena, in relation to the subject in hand, and which will apply to the majority of ordinary cases, are—

1. Intestinal irritation by improper or unripe food and fruit, impure water and constipation.
2. Changes of temperature, bad air, anti-hygienic conditions, fatigue and malarial influences.
3. Obstruction of the portal circulation.
4. Excessive mental excitement.

There are, of course, *vicarious* diarrhœas, the diarrhœas of typhoid fever, of phthisis, cancer, Hodgkin's disease, etc., but these are inter-current phenomena, the local manifestations of constitutional disturbance, and are to be met in the general treatment of the primary lesion.

In general summer practice it will be found that nearly all of the cases that come to us for treatment will depend upon some one of the foregoing exciting causes. It is essential that the diagnosis should be an accurate one, to insure successful treatment.

*Diagnosis.*—The history of the case will first arrest attention. The social condition of the patient and his hygienic surroundings. The duration of the disease. The nature of ingesta. The length of time between the last meal and first symptoms of the attack. The nature of the last meal. The character of the discharges. The co-existence of nausea. The presence of headache, increased upon the movement of the head. The condition of the tongue. The daily occupation of the patient. His condition in reference to insomnia. The distinction between

the various forms may be confirmed from the symptomatology.

*Symptoms.*—1. Unripe or improper food; impure water; constipation—acting as intestinal irritants. When an adult has eaten unripe fruit, or vegetables not perfectly fresh, the symptoms of colic, with or without diarrhœa, soon manifest themselves. There is flushing of the face; more or less activity of the perspiratory glands; a binding, gnawing pain along the greater curvature of the stomach, with nausea, often amounting to emesis. The pain may be very intense, but is neither increased nor diminished by pressure. The diarrhœa which follows may be profuse, liquid and henteric, if the ingesta are forced along the canal by the peristaltic action. Should any undigested matter remain, the discharge is scant and unsatisfying, while tormina and tenesmus are prominent. This form of summer complaint yields readily to appropriate treatment, leaving no ill effects. When the diarrhœa is due to constipation we shall usually have the history to guide us. The general symptoms are small, feculent discharges, usually liquid, the accumulated feces acting as a foreign body and setting up an irritation; or small, round, hard masses may also be discharged. Hard, indurated swellings may often be made out along the course of the colon. There is a general sense of malaise.

2. Excessive fatigue occasions an ephemeral diarrhœa which has no especial history other than its exciting cause. In those cases where the flux is the result of anti-hygienic conditions we will be apt to have more or less constitutional disturbance. The face will be pale and pinched, eyes sunken, with general emaciation. There is constant diarrhœa, painless and crapulous. Pulse quick and shallow.

3. Obstruction of the portal circulation. The "bilious diarrhœa" of common parlance. What physician will not recognize the vertigo, the headache that comes and goes and is increased by physical activity, the bad taste in the mouth and coated tongue, the drowsiness and languor, and the foul odor of the discharges. The ideal disease of the laity.

4. Excessive mental excitement. This is the most severe and often the most obscure form of the disease. It will not yield to the usual astringents, and is accompanied by many distressing symptoms. We have a history of mental strain, at a time when the heat of the summer has been most intense. There is irregular action of the heart, with palpitation. Insomnia. Excessive nervous irritability, with photophobia. There is pronounced mal-assimilation, with gastric irritability. Each active cerebral effort is followed by intestinal discharge. In a few other diseases have we such a typical example of the influence of the mind upon the body. This diarrhœa is essentially

reflex, and can be controlled only by treating the nervous system. In general we have to decide whether it is desirable to check the flux, whether we shall give cathartics or purgatives, or nerve tonics, and what combinations best subserve these ends.

*Treatment.*—In all cases where we have reason to suppose that there is undigested food in the alimentary track, it is good practice to exhibit at the very commencement a dose of castor oil and opium. This somewhat nauseous admixture may be rendered palatable by combining with it compound tincture of cardamoms, oil of gaultheria, pulverized acacia, white sugar and cinnamon water. Should there be extreme pain or cramp, a spiced hop poultice (hops, cinnamon, cloves, linseed and brandy) over the abdomen gives much relief. While the subcutaneous injection of  $vj-x$  minims of Magendie's solution will quiet pain and nausea. If the stomach is incapable of retaining the oil, it should be administered as an enema. A persistent diarrhœa should be treated with powders of oxide of zinc with bicarbonate of potash, or with gallic acid and opium. Where the anæmia is marked, the debility extreme and the diarrhœa malignant, in the sense that some anæmias are said to be malignant, there is no more desirable mixture than the elixir of calisaya bark and aromatic sulphuric acid. If the tendency be to cholera, quinine and ergot, or carbohc acid, should be given with hot brandy punches, with laudanum, or the subcutaneous injection of the hydrate of chloral. The simple, uncomplicated diarrhœa that one meets so often in the summer will usually yield to a little chalk mixture with tincture of krameria; when more severe we may use a mixture of tincture of opium, spirits of chloroform, alcohol, and spirits of camphor. An enema of the sulphate of copper before breakfast is useful in many cases of great tenesmus. As a general rule, when sent for to attend a case of cramps resulting from unripe fruit, or anything of that nature, I order a castor oil enema at once, with the immediate application of a hot spiced hop poultice over the abdomen. If necessary I add a subcutaneous injection of morphine, and leave the patient with the assurance that he will be well in a few hours, and that nothing more will be necessary. If an adult patient comes to my office complaining of an active diarrhœa, attributable to no other cause than that of heat and over exertion, I order him a few powders of the oxide of zinc and bicarbonate of potash, to be followed by a mixture of the elixir of calisaya and sulphuric acid. If the diarrhœa be due to constipation we have nothing better than a pill of extract of nux vomica, extract of belladonna with extract of physostigma. These should be taken regularly, to overcome the habit, which is due probably to a relaxed condition of the muscular coat of the bowel. The

anæmia of malaria attended with diarrhœa is admirably treated with a pill containing chinoidine, sulphate of iron and the resin of podophyllum. Astringents, as we usually understand the term, are of no possible avail. They do not reach the seat of the disease. An ordinary bilious diarrhœa, not due to catarrhal or obstructive jaundice, will generally yield to a pill containing Turkey rhubarb, resin of podophyllum and blue pill, with a little hyoscyamus, to prevent griping. After decided action has resulted we may put our patient upon a mixture containing dilute nitro-muriatic acid. The diarrhœas preceding attacks of icterus are treated with a pill of purified ox bile, sulphate manganese and podophyllum, or with the hydrated succinate of the peroxide of iron. In the reflex diarrhœa due to intense heat, with excessive mental excitement, we have a remedy above all others. Finally, powdered ice applied to the whole length of the spine, in one of Dr. Chapman's ice bags, for one or two hours at a time, has a wonderful and immediate effect. It relieves the hyperæmia of the nerve centres, tranquillizes nervous irritability, overcomes insomnia and checks the diarrhœa. In diarrhœas generally, attended with great nervous prostration, we have nothing in medicine of half the value. In these cases the great object to be attained is to subdue as rapidly and completely as possible the hyperæmia of the spinal cord and sympathetic ganglia, and re-establish the healthy equilibrium of the circulation, and while the future may demonstrate the way in which this may be accomplished by galvanism, we have not now any means of reaching the automatic nervous centres comparable to that of ice applied along the spine, together with heat to the general surface. With this we may give bromide of lithium and calisaya, or the elixir of calisaya, quinine and strychnia.

*Hygienic Considerations.*—Air, clothing and food are three essential factors in any consideration of health. A well ventilated room, with an even temperature, free from draughts must be insisted upon. It is often necessary to advise a temporary change of residence in obstinate cases, and nothing seems to be more desirable than a camping-out excursion. Absolute cleanliness must not be lost sight of. A strip of flannel worn around the bowels, underneath the undershirt (which should be worn all summer), is often of benefit. Where there is persistent gastric irritation, the patient should be made to eat a very little raw beef, chopped fine and seasoned with salt and, perhaps, a little red pepper, every two or three hours. Ordinarily the diet should be restricted to milk rations, and in extreme cases nothing should be allowed but a little milk and lime water.

*General Considerations.*—A strict adherence to my subject, conjoined with a proper regard for condensation, makes it necessary to leave unsaid much that might with profit be written.

There are drugs without number familiar to physicians, which are of more or less consequence in the treatment of diarrhœas. The combinations that I have mentioned are the best for the purposes indicated, of which I have knowledge, and it is best to be unnumbered of a number of formulæ of doubtful efficacy. For this reason I have not referred to a fatty diarrhœa, because it is exceedingly rare, and in the treatment of it we are in the dark. Neither is it within the scope of this article to enter into a discussion of chronic diarrhœas, which rely for ultimate cure upon a strict dietary regimen, with tonic mixtures. It is advisable to begin treatment in every case with the combination which we have a reasonable hope will result successfully, rather than to temporize with drugs which may or may not accomplish the desired object.

David Young, M.D., of Florence, Italy, in the *Practitioner*, for March, 1875, and December, 1879 (*Napheys' Therapeutics*), states that in nearly every form of diarrhœa he trusts almost exclusively to diet, and to one or two forms of castor oil emulsion. For instance—

R.	Olei ricini,	℞xxiv
	Spt. chloroformi,	ʒ iss
	Sol. morph. mur.,	ʒ j
	Pulv. gum acaciae,	ʒ ss
	Aquam, ad	ʒ iv. M.

Sig.—A small dessertspoonful every hour and a half until the bowels are quieted.

He adds the following rules:—

1. When the diarrhœa is chronic, and the stools contain mucus, he increases the dose of castor oil from two to four drops.
2. If the pain is very severe, six drops of morphia (Sol. B. Ph.) may be given with each dose, but he has never had occasion to give more.
3. If the mixture is carefully prepared it is pleasant and readily taken, and the taste of the oil is so completely covered that in only two or three cases of the large number in which he had given it was the mixture suspected to taste like castor oil.
4. The mixture does not keep well, especially in warm weather, but the addition of four grains of quinine to a three-ounce bottle will keep it fresh for several weeks. Sir J. Fayrer, F.R.C.P., of British India (*op. cit.*), believes that in the treatment of chronic diarrhœa diet is the most important element, more so than drugs. He advises milk and lime water (one-third lime water) at frequent intervals. Beef tea, raw beef juice, or a raw egg, may sometimes be given. Tea and coffee should be avoided.

Drs. Burkhart and Ricker, Stuttgart, Germany, use the following preparation of the active principle of coto bark:—

R.	Cotoinæ,	gr. j
	Aquæ destillatæ,	ʒ iv
	Alcoholis,	gtt. x
	Syrupi,	ʒ j. M.

Sig.—A tablespoonful every hour.

In some cases of great general prostration I have used a pill, most excellently compounded by McKesson and Robbins, after the following formula:—

R. Strychnia,	$\frac{1}{16}$ gr.
Phosphorus,	$\frac{1}{16}$ gr.
Ext. cannabis indica,	$\frac{1}{16}$ gr.
Ginseng,	1 gr.
Ferri carb.,	1 gr.

In the *Practitioner*, Dr. J. M. Fothergill writes as follows: "Look at the treatment of diarrhœa. How commonly is an astringent mixture, containing an opiate, prescribed, without further reflection? Of course, in a great many cases immediate effects are produced which are gratifying to the patient. Yet in a certain percentage of cases such a plan is not only not successful, but does harm; in those cases where there is an offending mass in the intestines, setting up a secretion to sweep it away, but where the secretion is set up too low for its removal there is a teasing diarrhœa, a persistent desire to go to stool, with small, ineffective motions, affording no relief. Here the ordinary diarrhœa mixture does harm; and what effect it has is to arrest a spontaneous reflex act, often of a beneficial character. The proper treatment is to administer a dose of castor oil, or better still, a scruple of rhubarb, in powder, by which secretion is set up above the offending mass, and it is swept away; after which diarrhœa ceases. The secondary action of rhubarb in constipating the bowels renders it the agent *par excellence* for the treatment of this form of diarrhœa. The astringent and opium treatment of diarrhœa is equally or still more out of place in those cases where there is a fecal mass lodged or accumulated in the rectum. Every surgeon who sees much of diseases of the rectum has instructive stories to tell of cases where the patient has consulted a large number of eminent physicians, without avail, for a persisting diarrhœa. The usual mixtures in great variety are prescribed, without effect; at last the persisting tenesmus drives the patient to a rectal surgeon, who, on examination, finds a solid mass in the bowel, around and past the sides of which the thin fecal motion passes. Here diarrhœa is the only possible means by which the bowels can be emptied; and it is fortunate that the astringent mixtures are inoperative to arrest this diarrhœa, else the patient's condition would indeed be a serious one. The mass is removed, and then the diarrhœa spontaneously ceases.—*Phil. Med. Reporter*.

#### MEASLES NOT A TRIVIAL DISEASE.

In view of the wide prevalence of measles at the present time, the following Report upon the Present Epidemic in Brooklyn and its Treat-

ment by the Board of Health, by J. H. Raymond, M.D., Sanitary Superintendent, printed in the Proceedings of the Kings County Society, will be found very valuable:

Since January 1, 1880, there have been 1,864 cases of measles reported to the Brooklyn Health Department. This is probably less than half the number which has actually occurred. During the same time there have been seventy-three deaths from the same disease, while during the entire year 1879 measles caused but forty deaths. Should the present rate of mortality continue throughout the year the record will show two hundred and forty deaths from measles for the twelve months of 1880. While measles has thus far caused eighty-two deaths, there have been but sixty-five deaths from scarlet fever.

It is a common impression that measles is a trivial disease which every child must have at some period of its life; that the younger he is the more mild the attack, and therefore the sooner he has it the better; that having once been attacked he is protected for the future; that if the disease is not contracted in the usual way, children should be taken to where the disease exists and exposed to it; that all attempts to isolate patients suffering from the affection, or to prevent their return to schools or other public assemblages as soon as they are able to go are harsh and arbitrary measures, and not based on good and sufficient reasons; and finally, that as the disease can only be conveyed by the sick person himself, there can be no danger from clothing, bedding, or other material which has been in the same room with the patient or upon his body, and therefore disinfection and fumigation of these articles, and of the rooms occupied by him during his illness, are useless and unnecessary.

This is, we are satisfied, the popular opinion, and we have reason to believe that some physicians hold the same views. One of these latter, a representative of the class, writes that he thinks measles is a disease that it is rather more desirable to have than to avoid, and he does not suppose that isolation of the patient is at all advisable. From practical local observation and careful investigation of the subject, together with the experience of Brooklyn physicians obtained from their answers to a series of questions sent them by the Board of Health and appended hereto, we believe that the general impressions already referred to are entirely erroneous, and, if permitted to go uncontradicted, liable to do great harm and injury even to the degree of sacrificing human life. Let us take up these points seriatim, and endeavor to ascertain how well founded in fact these popular impressions are:

1. IS MEASLES A TRIVIAL DISEASE?—Aitken, writing of measles, says: "In the year 1824 it was imported into Malta by some children

belonging to the Ninety-fifth Regiment, and spread extensively in that island, so that many natives died."

Percival says that in one epidemic one person died out of every forty who had the disease. Watson writes that in one year at the London Foundling Hospital one in ten died; at another time, one in three. Aitken summarizes the mortality by saying that "the aggregate of these data will give us an average of one death in fifteen. The prospects of recovery are better in the country than in the city, the records showing a greater mortality in the latter than in the former." Nor is the danger over when the patient has recovered from the measles itself.

Ernest Hart, speaking of measles and whooping cough, writes: "These diseases often cause a considerable mortality among children; not directly, but indirectly. They predispose to lung diseases, especially bronchitis and pneumonia, of which the children die."

Aitken says: "In strumous patients measles may end in the development of miliary tubercles in the lungs. . . . The cough often remains for weeks or months after desquamation is over, and grows worse from the most trifling causes. It may depend on simple bronchial catarrh or on severe disease of the lungs. The nature of that disease, however, is not always tuberculous, but more often a caseous transformation and disintegration of the products of lobular pneumonia, with caseous degeneration of the bronchial glands, one of the most common complications of measles. Croup sometimes supervenes and cuts off young patients. It tends to be of the asthenic type, and is not unfrequently preceded by diphtheritic inflammation of the fauces, which gradually passes down to the larynx."

The physicians of Brooklyn report fifty-four cases of measles which have been followed by diphtheria, some of them fatal from this cause. "Diarrhea is another danger to be encountered." . . . Aitken writes: "If suffered to continue the consequences may be fatal. Catarrhal ophthalmia, otorrhea, swelling of lymphatic glands, if the constitution be strumous, must also be watched for, and if possible prevented."

**2. IS MEASLES A DISEASE WHICH ATTACKS A PERSON BUT ONCE?**—On this subject Aitken says that as a general principle the patient is exempt from liability to a second attack, but he also adds that Burserius, Robedieu, Home, Bailie, Rayer, and Holland have all seen instances of a second attack of measles in the same individual. Ernest Hart writes that second attacks are not very uncommon, and third attacks are not unknown. Austin Flint, sr., says, "Well authenticated cases in which the disease (measles) has occurred three or even four times have been reported."

The experience of the Brooklyn physicians is very large, and their evidence in this matter,

obtained from the circulars before referred to, is very strong. They report that second attacks have occurred, *under their own observation*, in two hundred and ten instances, and third attacks in seven instances. This shows at once the folly of exposing children to the disease that they may "get it and have it over with," for in the first place there is a possibility of the disease itself proving fatal, or if the children recover from measles they may die from its sequela, croup, or diphtheria, or diarrhea; and if they pass through all these dangers they may still have miliary tuberculosis, or some other pulmonary disease and die from that; but granting that complete recovery takes place, they are not protected from a second attack of the disease, or even from a third. But it is said that if it does occur a second time it is in a very mild form. This brings us to the third question:

**3. ARE THE RECURRENCES OF MEASLES MODIFIED BY THE PREVIOUS ATTACKS?**—One hundred and thirty Brooklyn physicians report that the second attacks have not in any degree been milder than the first, but have been unmodified by the previous ones; thirty-six report that the second attacks have been more severe than the first, and only thirty report the disease as modified in its recurrence. One physician reports a second attack after an interval of three years as ending in death.

**4. IS MEASLES CONVEYED BY FOMITES?**—This is, in a sanitary point of view, a most important question to decide. If it can not be so conveyed then there is no danger from the clothing of the patient, nor from the clothing of those who attend him in his sickness; nor can members of the family, or those living in the same dwelling, carry the disease to others; nor is there any necessity for disinfection or fumigation of these things after recovery; but if, on the contrary, the disease is propagated by fomites, all these precautions must be taken if we would prevent the spread of the disease. In other words, the same isolation, disinfection, and fumigation should be practiced for measles as in smallpox or scarlet fever.

On this point Niemeyer says: "From some very striking observations of Panum it has been proved that this contagion in the atmosphere can, without losing its activity, be carried for miles by the body and clothes of healthy persons who have been near a patient, and who are not themselves attacked by the disease. . . . The probability of infection during the prodromal stage is supported by the wonderful spread of measles through schools. Great care is usually taken to keep out of the school any children who have not gotten through the desquamative stage, as well as those having any suspicious exanthem; but children with catarrh and cough are allowed to sit on the seat with well children."

Aitken's testimony to the same effect is very

striking: "This disease is also propagated by fomites. The strictest demonstration of this fact is that the disease has been communicated by direct application of substances impregnated with the virus in the attempts to inoculate the disease. It is also proved by the fact that children's clothes, sent home in boxes from schools where the disease has raged, communicate the disease, and also by the same circumstance resulting when susceptible children have lain in the same bed or in the same room shortly after it has been occupied by patients suffering from the disease."

Hart, writing of measles and hooping-cough, says: "Like the other diseases of the same class they are eminently communicable by means of infected air and clothing," and he adds, "in the case of measles by means of the contagious discharges."

This opinion is very generally held by the best authorities. Charles Cameron writes of measles: "It is highly contagious, and the measures necessary to prevent the spreading of it are similar to those to be employed in the case of smallpox."

Eighty Brooklyn physicians believe it to be spread by fomites, thirty-six do not, while twenty are undecided. One physician writes: "I am confident that I conveyed the disease by my clothing to one of my children. I called to see a case of measles a couple of blocks from my house; came immediately home, and thoughtlessly picked up my little girl and placed her upon my lap before removing my overcoat. I dropped her in a few minutes with the remark that I had just been to a case of measles. In about eleven or twelve days the child was taken with measles. She had not been out of the house for a couple of months. There was no measles in the immediate neighborhood. She had not been in contact with any one having it, and I know of no other way she could have contracted the disease. Dr. C. informs me that he conveyed it to his child in the same manner."

5. IS MEASLES HIGHLY CONTAGIOUS?—Cameron says, "It is highly contagious." Hart speaks of it in the same terms. Aitken writes: Like scarlatina, measles is thus eminently communicable; and, in like manner, no susceptible person can remain in the same room, or even in the same house, with an infected person, without hazard of taking the disease. The infecting distance of this poison (that of measles) must be considerable. Indeed, it is often very difficult to isolate the disease in public schools or other large establishments where it sometimes appears."

Bristow declares that "Measles is one of the most virulently contagious of diseases. . . . The presence of a case of measles among a number of unprotected persons will, as a rule induce a more certain and wide-spread outbreak

of disease than either of the other exanthems would do under similar circumstances. Its contagiousness is fully developed at a very early stage, being at its height on the second if not on the first day, of invasion, and consequently before the specific nature of the attack is revealed. Hence the great difficulty, if not impossibility, of effectually preventing its spread in households and in schools."

Frederick Roberts writes: "Measles is decidedly infectious, especially when the eruption is out; and its contagium passes off abundantly in the exhalations of a patient, the air around being thus contaminated. It is also conveyed by fomites. Children have undoubtedly taken the disease from sleeping in a bed or room formerly occupied by a patient suffering from measles."

Austin Flint, sr., says: "Rubeola, like scarlatina or variola, is a communicable disease. The infectious miasm is not only received by those brought into close proximity to persons affected with the disease, but it may be transported to a distance by means of fomites. Persons contract the disease from the miasm adherent to the clothes of those who have recently visited rubeolous patients. Physicians may in this way diffuse the disease." . . .

One hundred and thirty-nine Brooklyn physicians regard it as highly contagious, one as moderately contagious, while fifteen report it as not highly contagious. Sixty of these regard it as more contagious than scarlet fever, forty-six as less contagious, and forty-five as equally contagious.

In speaking of contagious diseases, measles included, Hart says: "All these diseases are propagated more than any where else at schools; and during epidemics the greatest precaution ought to be taken in sending children to schools, especially as there is every probability that some of these diseases, if not all of them, are contagious during the period of incubation."

In view of the facts that measles is at the present time epidemic in Brooklyn; that it has already in 1880, as stated above, caused seventy-three deaths, while during the whole of 1879 there were but forty deaths; that it is "one of the most virulently contagious of diseases" (Bristow); that "its contagiousness is fully developed at a very early stage of the disease, . . . before the specific nature of the attack is revealed" (Bristow); that it is conveyed by fomites; that "persons contract the disease from the miasm adherent to the clothes of those who have recently visited rubeolous patients" (Flint), or "from clothes sent home in boxes from schools where the disease has raged" (Aitken); "that no person can remain in the same room, or even in the same house, with an infected person without hazard of taking the disease" (Aitken); that one attack does not render a person non-susceptible; that the measures

necessary to prevent the spreading of it are similar to those to be employed in the case of smallpox" (Cameron); in view of all these facts, the Board of Health, under the Code of Sanitary Ordinances, directs the exclusion from school of all children living in a house where measles exists, and prohibits their return until the case is well and the premises fumigated with sulphur.

### COCYGDYNIA.

By WILLIAM GOODELL, M.D., in the *Clinical News*.

The name coccygodynia is derived from coccyx and *δύνη*, pain. The distinguishing symptom of this disease is a very sharp pain in and about the sacro-coccygeal joint. This pain is always evoked whenever pressure is made on the tip of the coccyx, or whenever motion is communicated to the bone itself.

Such movements, then, of the body as produce contraction of these muscles will cause acute pain in a diseased or an hyperesthetic coccyx. Walking, therefore, very generally increases this pain, but above all do the acts of sitting down and of rising up. Since the anal sphincters take their origin from the tip of the coccyx, the pain is often most acute during the act of defecation. This fact often leads the practitioner astray, for he naturally attributes this symptom either to an angry pile, to an anal fissure, or to a prolapsed ovary. The diagnosis can be made out by catching the coccyx between the forefinger in the rectum and the thumb on the outside. Any movement communicated to it will then elicit very acute suffering.

This disease has often a traumatic origin, and it then can be traced up to some injury received by the coccyx. For instance, as woman advances in age the sacro coccygeal joint becomes ankylosed. Now if late in life she becomes pregnant the ankylosis must give way during the labor. I have more than once heard in labor this joint snap with a sound so loud as to be heard at some distance from the bed. Then again, even where no ankylosis exists, the anterior coccygeal ligament may be overstretched, and perhaps torn across, by the passage of a large head. In effect many women date their coccygodynia from some labor. But it is not from childbirth alone that the sacro-coccygeal articulation receives injury. One of the worst cases of this disease that I ever saw was brought about by a sudden fall. At a merry-making, some one in jest pulled away the chair on which the lady was about to sit, and she came violently down upon her seat. The origin in another of my cases was referred to the sudden jump of a horse on which my patient was riding. Sometimes the coccygodynia is merely a reflex symptom of some anal or some uterine lesion. I am, moreover, sure that this form of pain is often essentially neurotic—far

more so, indeed, than is generally supposed—and that the coccygeal joint is as liable to become hysterical as is the joint or the other articulations. Further, just as an hysterical joint will mimic all the tokens of some local injury, so will the hysterical coccygodynia. The diagnosis between the traumatic disease and the nerve disease—between the genuine lesion and its imitation—is not easy; sometimes very perplexing. I shall not soon forget a case of very acute local suffering, referred by the lady to injuries sustained in horseback exercise, which turned out to be hysterical, and eventually got well. Yet I was so imposed on: as to decide upon the removal of the coccyx, and had even gone so far as to fix the day for the operation before this protean malady had revealed its true nature. The only way of making this important distinction is to note the irregularity of the pain in the hysterical affection, an indescribable affectation of suffering, and the lack of consistency in the behavior of the symptoms.

The treatment of this disorder will, of course, vary with the cause, which must always be looked for. The hysterical affection is best treated by rest, massage, and electricity, as will be explained in a future lesson on nervous exhaustion.

All anal and uterine lesions must be remedied. Should no good follow, local hypodermic injections of morphia or of carbolic acid may be tried; and so also may rectal suppositories of iodoform. Some cases will in time get well spontaneously. Then again there are others which resist all treatment, whether local or constitutional. In the latter the suffering may demand surgical interference. This can be afforded in two ways. By one, the coccyx is cut down upon and extirpated by the bone-forceps. By the other a tenotomy-knife is passed in near the tip of the coccyx and carried up to the articulation. It is then made to shave off from the bone all its muscular and tendinous attachments. Thomas recommends that whenever there is difficulty in performing subcutaneous tenotomy in this region, an incision be made down upon the coccyx. The exposed tip is then lifted by the finger, while the attachments are snipped off on every side by a curved pair of scissors. Very little bleeding attends any of these operations, but the first one is the most effectual.

### POINTS IN THE SURGERY OF THE URINARY ORGANS WHICH EVERY PRACTITIONER OUGHT TO KNOW.

Mr. Teevan lately read a paper before the Harveian Society of London with the above title:

The first point he brought before the society was that retention of urine in children is always

caused by a stone unless there is some mechanical obstruction to the escape of urine, such as a contracted meatus or tight foreskin.

*Second.*—That incontinence of urine, which is diurnal as well as nocturnal, may be caused by a calculus impacted in the deeper portions of the urethra. He explained how it was that in one case a stone would give rise to retention and in the other to incontinence. When a calculus was at the meatus internus it was accurately and firmly embraced by the sphincter, so that no urine could escape. When, however, the stone advanced half an inch further forward it acted as a gag and prevented the sphincter from closing, so that the water dribbled away along the sinuosities in the calculus.

*Third.*—That incontinence of urine in boys may be caused by a congenitally-contracted meatus. If the urine could not escape freely in the act of micturition, reflex irritation was set up and dribbling took place.

*Fourth.*—That dribbling of urine in men signifies retention, not incontinence. He explained the apparent paradox, showing how in cases of enlarged prostate or stricture the patient always left some urine behind after each act of micturition, which gradually accumulated, the over-distended bladder not being able to contract on its contents, the action of the sphincter being still perfect. At last, however, the sphincter became weakened a little by the great pressure and leakage followed, so that urine was always dribbling away.

*Fifth.*—That if, when a catheter was passed in a man, the urine was expelled with great pain and violence, not only through the instrument, but in streams by its sides, there must be a calculus impacted in the deeper portion of the urethra.

*Sixth.*—That it is not possible to empty every man's bladder with a catheter, as the organ is sometimes sacculated.

*Seventh.*—That a gleet of more than six months' duration mean an incipient stricture.

*Eighth.*—Behind an enlarged prostate always suspect a stone, as there are in that complaint all the conditions present for the local formation of calculus.

*Ninth.*—If a man who complains of painful and frequent micturition is worse in the day than at night he most likely has a stone. Prostatic cases were much worse at night than in the day, whereas calculous patients were most comfortable while in bed, but when they moved about in the day they suffered greatly from the movements impressed in the stone.

*Tenth.*—When a man who complained of frequent and painful micturition was much worse when riding in a vehicle or on a horse, he most probably suffered from stone. The explanation in the former point applied exactly to this also.

*Eleventh.*—Before delivering a child see that the mother's bladder is empty.

*Twelfth.*—If a woman had retention of urine after childbirth she ought to be relieved with an elastic olivary catheter, the interior of which was completely filled by a bougie. For the want of this precaution the catheter often became plugged with mucus, and cystitis was set up by the nurse's ineffectual attempts to withdraw the urine.

## THE TREATMENT OF HEMORRHOIDS.

Dr. F. P. Atkinson says in the *Practitioner*, August, 1879:—A good deal has of late been written with respect to the operative treatment of hemorrhoids, and I think in this way attention has perhaps been diverted from the use of topical applications. Of course local treatment by itself is of little use, inasmuch as, while the cause remains, any benefit that may be obtained can only be partial and temporary. As far as I can see, hemorrhoids are to be divided into three classes, namely, acute, subacute, and chronic, according to the symptoms and time that they have existed, and the treatment has to be adapted to the stage in which they are presented to our notice.

*In the acute stage* they are inflamed, of a dark red appearance, and give rise to a throbbing, burning pain, or like that which would be produced by the application of a red-hot coal. Mr. Biddle, a fellow-practitioner, tells me that in this stage the effect of calomel-dusting is something wonderful, and that relief is more quickly gained from this than anything with which I am acquainted. He considers that it acts in a twofold manner; namely, upon the liver, and at the same time as a local sedative. Sponging, also, with hot water gives a good deal of ease.

If this treatment prove inefficient, and the pain be very excessive, leeches may be applied to the anus, or an incision made into the centre of the swelling and the contents squeezed out.

*In the subacute stage* the feeling complained of is more that of weight and tension, though on going to stool the pain is often very acute.

To relieve the existing condition, the compound gall ointment or a solution of acetate of lead and opium should be freely and frequently applied, and an enema of cold water used after each action of the bowels.

*In the chronic stage* the best application is the common pitch ointment. For this useful piece of knowledge I am indebted to a Mr. Corbett, and he, it appears, got the hint from an old nurse by seeing her apply some tarred rope. Its astringent effect is something remarkable, and I know of nothing which acts so quickly and effectually.

*The general treatment* has to be directed toward altering the particular mode of living which has brought about the abnormal condi-



tion. Hence all luxurious and sedentary habits, hard riding, venereal excesses, the use of aloetic purgatives, should be forbidden; whilst the object of the medicinal treatment should be to keep the bowels freely relieved and lessen as much as possible portal congestion. Dr. Young, of Florence, wrote a paper in the *Practitioner* of January, 1878, upon the use of glycerine internally in these cases, but I do not think it has any specific action upon the hemorrhoids themselves. The improvement which he says takes place is, I fancy, in all probability, simply due to an increased action of the bowels which it produces. Confection of senna is a particularly useful, and by no means unpleasant, aperient in these cases. I would, however, rather suggest the use of a euonymin pill occasionally at night, with a dose of effervescent Carlsbad salts in the morning, as these have a direct effect upon the portal circulation. In conclusion, I would remark that I can not speak too strongly with regard to the effects of the pitch ointment, for I feel certain that the necessity for operative measures may often be prevented by its timely use, and I would recommend every one to give it a trial where the compound gall ointment is ineffectual.

#### IODOFORM IN OTORRHOEA.

ED. MED. AND SURG. REPORTER:—Chronic catarrh of the middle ear is notoriously obstinate in its course, yielding to no treatment ordinarily resorted to by the average practitioner of medicine. Having been disappointed in the results of treatment, even the manoeuvres of the specialists—such as the judicious use of Politzer's bag; inflating the drum cavity at regular intervals; systematic catheterizing and vaporizing with iodine; dilating the Eustachian tube; and all the internal medication usually employed—I was recently impressed with the idea of trying iodoform locally, and am surprised with the good results. Cases rebellious to everything usually done in such conditions have improved rapidly.

The following is my mode of treatment:—

With a cotton carrier or any convenient instrument, and fine, clean cotton wool, thoroughly cleanse the external auditory canal, down to the membrana tympani, using, of course, delicateness of touch, so as to render no pain or reflex irritation of the upper air passage, causing cough, etc. Then apply the following powder every three days, or oftener if the case requires it, *i. e.*, if there is copious discharge of offensive pus—

R.	Iodoform,	3 ij.
	Tannic acid,	3 j.

Triturate very thoroughly, to an impalpable powder, and place a few grains of it in the end

of an annealed glass tube about six inches long and  $\frac{1}{4}$  of an inch in diameter. Then, with the thumb and forefinger of the left hand, pull the auricle upward and backward, thereby straightening the external auditory canal, and insert the loaded end of the annealed tube therein, apply the mouth to the other end of the tube, and give a gentle puff, throwing a whirlwind of medicinal dust down the passage, through the opening in the drumhead, if there be one, and there usually is in these cases, back into the mastoid cells, down the Eustachian tube, and completely storming the whole mucous lining of the auditory apparatus, and in a better manner than can be effected in any other way.

If there is no perforation in the drumhead—which can be easily determined by causing the patient to forcibly try to expire with the mouth and nostrils firmly closed, when ordinarily the air will rush through the Eustachian tube and out through the perforated drum with much force, and accompanied by a sound audible at a distance of several feet, hissing or bubbling in character, whereby the condition of the parts can accurately be determined by an experienced ear, and will not be forgotten when once heard and recognized—then I introduce the loaded end of a glass tube into one of the nostrils, compress the wings of the nose closely around the tube, so as to completely prevent the exit of air, then ask the patient to swallow, closing the mouth, at the same time giving a puff at the other end of the tube as before, and there is no escape for medicated air, which, of necessity, is driven up the Eustachian tubes and thoroughly medicates the entire diseased surface. It may be better in some cases, if there is much irritation following this treatment, to substitute pure gum arabic for the tannic acid, thereby giving it a mucilaginous quality, and causing its adhesion and longer contact with the parts affected.

There is usually no unpleasant after effects, except the persistent offensive odor of the iodoform, which is greatly masked by the tannic acid. The iodoform is an anaesthetic and alterant, and promises to do more for this obstinate and important disease than anything yet devised, and is perfectly harmless. As to the danger of at once putting a stop to these long continued discharges, let me assure you that the danger lies in the opposite direction, *viz.*, of letting the malady progress until the bone becomes necrosed and the membranes of the brain become involved in the inflammatory process; then death is the usual result.

I hope you will not think me tedious in this article, and my only excuse for saying so much is the extreme frequency of the disease and the utter indifference with which very many of the practitioners of medicine treat it.

The reason the laity neglect these cases is, that the profession give so little attention to it, usually ignoring treatment entirely. If they do

not know how to treat it successfully, they should at least know the importance of advising treatment by one who does, as the affection is certainly worthy of the serious attention of all lovers of the healing art.—*Phil. Med. and Surg. Reporter.*

#### DELIRIUM TREMENS—TREATMENT OF.

Opium given in large and enormous doses, as was formerly the practice, was conclusively shown by Ware to be pernicious. Sleep is the desired object, but narcosis is not a substitute therefor. It is hazardous to induce the latter. But an opiate, in small or moderate doses, is often useful. A quarter of a grain of the sulphate of morphia every four or six hours, or an equivalent of codeia or some other preparation, is the safe limitation as regards dose and intervals. Alcohol is relied upon by many, but opposed by some on the ground of moral considerations. The latter are of little weight. The patient will not be likely to resume the habit which has caused the disease any the more because alcohol may have conduced to the recovery. In the treatment alcohol should be given in moderate quantity, and suspended when sleep occurs. It is indicated especially when the patient is much enfeebled, and the pulse denotes cardiac weakness. The inhalation of chloroform may be tried, especially when the delusions induce extreme terror or violence of delirium. It sometimes is useful, but more frequently it fails. The attempt to produce anesthesia is often resisted by the patient, and the violence of the delirium is thereby increased. The hydrate of chloral is more easily employed. It sometimes acts like a charm. Proper precautions are to be observed in the use of this remedy. The bromides may be given with much less reserve. They should be fairly tried. Their effect is sometimes excellent and sometimes *nil*. Digitalis is in some cases notably efficacious; it is indicated especially when the heart's action is frequent and weak. It is unnecessary to give this remedy in doses of from half an ounce to an ounce of the tincture, as may be done with safety; half an ounce of the infusion every two or three hours will secure all the benefit to be obtained from it. Antimony is suited to a certain class of cases, namely those in which the symptoms are violent, and the patient robust, and the action of the heart strong.—*Flint's Clinical Medicine; Western Lancet.*

#### TREATMENT OF LUMBAGO.

The best treatment in acute lumbago, at first, is the application of cut cups to the muscle or muscles affected, to be followed immediately by

narcotic fomentations in the shape of a bag of hops soaked in hot water, hot vinegar, or alcohol, and applied directly over the scarified parts. There are various stimulating and anodyne liniments which may also be used, as turpentine, ammonia, and camphor. Opium in the form of a ten grain Dover's powder, given early, relieves pain and produces diaphoresis. Atropia hypodermically (one eightieth of a grain) is valuable, but must not be given to nursing women. Morphia may also be given hypodermically (except in pregnancy), and these two remedies are usually the best in private practice when cut-cups cannot be used. Iodide of potassium, in doses of five to ten grains every three hours, gives very good results. Chronic lumbago is very stubborn. The most useful class of remedies are blisters, sinapisms, the actual cautery, etc. Local friction and *massage* conscientiously applied are often useful when counter-irritants fail. Tepid water may be applied, either in the shape of wet compresses kept in constant contact with the part, or in the form of a douche falling steadily upon the rheumatic muscles for some time from a height of eight to ten feet. The action of water, though slow, is a very permanent one. After the treatment by douche or by wet compresses the parts should be briskly rubbed with a coarse cloth or a skin brush, and then covered with cotton or wool or a piece of India-rubber cloth. The use of a metallic brush is sometimes advantageous, and finally tying the cloth over the lumbar regions and ironing them thoroughly two or three times every day, following this up with the application of some stimulating liniment, is often to be advised.—*Hosp. Gaz.*

#### SCIATICA—CHLOROFORM HYPODERMICALLY.

Dr. Besnier (*Lyons Med.*) thus formulates his treatment of sciatica, by subcutaneous injections of chloroform: "I can affirm that, with a good needle, a good syringe, and pure chloroform, we have no serious accidents to fear from this treatment, if we take the precautions to first introduce the needle alone; to pass it well *through* the skin, not simply into it; to see that the point of the needle does not prick the dermis far from the point of puncture; to notice that not a drop of blood comes from the latter, and then finally to adjust the filled syringe to the needle in place and make the injection. The needle being oiled, passes easily through the skin, without causing much pain, while the injection itself only gives rise to a slight burning sensation, which soon passes away even after the injection of a syringe of chloroform. I persist in believing that the accidents

which occur in these cases are due to the physician and not to the method. On the other hand, experience has demonstrated that chloroform advantageously takes the place of morphia in those who cannot support the latter, or who easily become addicted to its use. Certain cases of sciatica, to whom morphia had proved of no benefit, were quickly cured by chloroform. Others were only relieved, while others again were not at all helped. What are the precise indications for the use of chloroform? I cannot tell you.

"I make the first injection at the highest point; the next day lower down; the following day still lower. In some cases I make two or three injections the same day, which is equivalent to three or four grammes of chloroform. The dose may be gradually increased without danger. If after three or four days no result is obtained, this treatment had better be abandoned. In rebellious cases I proceed as follows: I inject an entire syringeful at the superior point, then a second near the great trochanter, a third near the head of the fibula, a fourth near the malleolus. I rarely have to repeat this many times."—*Detroit Lancet*.

### QUINTUPLE BIRTH.

A woman living near New Glasgow, N. S., recently gave birth to five children, all of whom have, however, since died. Dr. P. D. Keyse, of this city, has exhibited to us a photograph of the quintuple babies lying side by side in their "little bed." The photograph was sent him by Dr. Hyde, of Truro, N. S., who stated that the children would probably have lived if they had had any chance. The parents were extremely poor, and lived six miles away from where any thing could be got for them. There was nothing in the house to even wrap them up in, and the doctor had to take the blind of the only window to make bandages.—*Phila. Med. Rep.*

### THE DANGERS OF HABITUAL HEAD-ACHE, AND OF INTELLECTUAL EXERTION OF THE EXHAUSTED BRAIN.

The following paper, by Dr. Treichler, of Bad Lenk-Bern, was read in the section of Psychiatry and Neurology, at the fifty-second meeting of the German Association of Natural Historians and Physicians, held at Baden-Baden, 1879. Pp. 234, 325 of *Tageblatt*.) Dr. Treichler says:—

According to my experience, habitual headache has considerably increased with boys and girls; it destroys much of the happiness and cheerfulness of life, produces anæmia and want of intellectual tone, and, what is worse, it reduces many a highly gifted and poetic soul to

the level of a discontented drudge. Although it is more difficult to collect precise statistical data on habitual headache than on myopia, yet the result of various investigations at Darmstadt, Paris, and Neuenberg, goes to prove that one-third of the pupils suffer from it. Undoubtedly the principal cause is intellectual over-exertion, entailing work at night, and the insisting by parents on the too earnest taking up of a variety of subjects—music amongst the rest.

The pathological anatomical changes in the worst cases of this unhealthy condition I consider to be a disturbance created by anæmia in the nutrition of the ganglion cells of the cortex of the cerebrum. It is well known that a badly nourished brain is much more quickly fatigued by intellectual exertion than a brain in normal condition, just as is the case with the muscles.

A second cause of habitual headache is a passive dilatation of the blood vessels of the brain also connected with serious disturbances of nutrition, whereby the perivascular space around the capillary vessels is contracted, and the getting rid of used-up matter greatly impeded. Modern pathology now looks on progressive paralysis, in its earliest stage, as a vasomotor disturbance of nutrition of the cortex of the cerebrum, in which the vessels of the pia-mater get into a palsied condition of dilatation, and we have degeneration of the cortex of the brain produced by stagnation of the current of lymph.

When the ganglionic cells begin to be diseased by senile atrophy, the memories and scientific problems of youth are still clear, and can be reproduced, while the same ganglionic cells can no longer comprehend and work at new though much simpler scientific problems, and while, with regard to a thing of yesterday, the memory is uncertain. From this we may draw the following conclusions:—

1. That what the ganglion cells, when in their full health and vigour, have grasped, remains; so that, after the lapse of half a century, and with the beginning of disease, it may still be reproduced.

2. That the ganglion cells, diseased by old age, are, in reference to the accomplishment of work, like greatly exhausted ones, and have lost the power of understanding and abidingly taking in new and difficult ideas. The ganglion cells, therefore, can only take in new ideas, as an intellectual acquisition, so long as they are powerful, are not exhausted, and are nourished with healthy blood. The boundary line is drawn here quite as exactly as is the quantum of nourishment for the stomach of an invalid.

3. That the constant addition of fresh subjects in the teaching programme, making night-work necessary for the pupil when the ganglion cells are already exhausted, entirely defeats its object of enriching the intellect, because new ideas cannot then be really grasped, and confusion is

produced as to what has been learnt in a day. The great object of the school, therefore—earnest intellectual discipline, and the formation of the desire for continuous cultivation of the mind—is thereby frustrated.

Confusion in the intellectual powers of an overwrought pupil and his final gain, must be the same as that which would occur in a counting-house, where there were only means for the despatch of 100 letters a day, the daily number requiring attention being from 130 to 150. Confusion in the transaction of business and decreased gains would be the result.

### VIBURNUM PRUNIFOLIUM IN THREATENED ABORTION.

The following case is reported in the *Transactions of the Medical Society of the State of Virginia* for 1879, by Dr. H. M. Gamble:—

February 8th, of the present year, I was called to see Mrs. V., and found her suffering with regular uterine pains. Pregnancy advanced to seventh month, os uteri dilated to size of a quarter of a dollar, amniotic fluid escaping with each pain. The patient had been upset in a sleigh the day before, but suffered no particular inconvenience at the time. After waiting several hours and finding no progress was being made in the labor, but on the contrary, the interval between the pains growing wider, after administering an opiate, I left her with instructions to take a teaspoonful of the fluid ext. of viburnum prunifolium three times a day. I was informed by the husband afterward that she had decided pains repeatedly, with the usual symptoms of approaching labor, but that a dose of the medicine never failed to relieve her entirely. Certain it is that she went to full term, and I delivered her of a large, healthy female child, weighing about ten pounds, on the fourth of April.

Whether or not the remedy had anything to do with preventing miscarriage is impossible to say, and I only speak of the case in order that others may test its powers in that way. Its mode of action is entirely unknown, but as we have remedies which exert a decided power over the impregnated uterus, I see no reason why there may not be others whose action shall be inhibitory. At any rate, I think the subject deserves further investigation.

### INDICATIONS FOR TURNING.

Dr. Inverardi, in *Annali di Ostetricia, Ginecologica, e Pediatria*, December, 1879, after describing a number of cases in which turning was performed, in the Maternity, at Turin, arrives at these conclusions. 1. The belief entertained by some that in shoulder presentations turning is always indicated, is erroneous. 2. Turning

is indicated, given the favorable conditions, such as complete dilatation, the membranes intact or only recently ruptured, the uterus presenting occasional intervals of relaxation, the pelvis not so contracted as to offer an excessive resistance to the passage of the foetal body, and especially of the head; and that the presentation is not fixed or wedged. 3. In cases of vertex or face presentation, wedging of the presenting part renders turning impossible. This is true, though in a less degree, in shoulder presentations. 4. When the uterus is contracted and insinuated round the foetus, the obstetrician must act differently, according as the foetus is dead or alive. If it be living, evolution may be favored by traction on the arm or other means which do not imperil the life of the foetus; greater confidence being placed in pelvic evolution since it has been shown to be easier, more frequent, and less dangerous to the mother than is generally believed. If this fail, embryotomy and the crotchet must be resorted to. If the foetus be dead, the sooner embryotomy is performed the better. 5. In dorso-posterior positions, in performing embryotomy, it is preferable to decapitate; in dorso-anterior positions, it is better to craniate and divide the vertebral column. 6. When delivery is impossible after the above measures, turning may be used as a last resource.

### CHOICE OF PURGATIVES.

In amenorrhea the best are aloes and myrrh pills.

In dropsies, the compound jalap powder.

In sciatica, the compound colocynth pills, of the compound decoction of alces.

In hemorrhoids, the confection of senna.

In biliousness, a blue pill, followed up by a dose of Epsom salts (the blue pill acts on the duodenum, and hurries the bile downwards, while the salts cause the other part of the bowel to contract, and so evacuate the bile before it is reabsorbed.)

If a purgative does not act, the rule should be to repeat it once, and then, if necessary, give a copious warm-water enema.

From all I can see I would say the less we make use of purgatives the better. Nature knows her own work, and if we take regular mental and bodily exercise, eat and drink moderately, we shall find this as a rule quite sufficient for keeping us in sound good health, and also for preserving a *mens sana in corpore sano*.—DR. PAGE ATKINSON in *Edinburgh Medical Journal*; *Med. Brief*.

A little bicarbonate of soda, added to the water in which the hands are washed after applying plaster-of-paris bandages, immediately removes the plaster.—*Western Lancet*.

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## TO OUR SUBSCRIBERS.

We are drawing rapidly toward the end of our eighth volume, and we therefore think we are entitled to the year's subscription. Will our subscribers look at the date on their address label? In this way every subscriber can tell at once the date to which his subscription is paid.

The tri-annual meeting of the College of Physicians and Surgeons of this Province, which met in Montreal on the 14th of July, was attended by a large number of members, and an unusual degree of interest was manifested in the result. The total vote polled was considerably less than that cast in 1877. This is accounted for, we think, by the fact that a very large number of the members were of the opinion that the payment of the annual subscription of 1880-81 was not a necessary prelude to their being allowed to vote. A very large number of proxies were useless simply because the subscription for this year was not paid. We think it was a pity that there should have been any doubt left in the matter, for the statement appeared in one Medical Journal, giving a very prominent member of the College as an authority, that it was not necessary to pay for this year to entitle to vote. There are many changes in the personnel of the Governors of the new Board. After the very bitter feeling existing between certain schools during the past two years we presume this was to have been expected, and, as both sides had ample time for preparation, the victory rested with those whose friends were the most numerous. We are glad, however, to notice that, in the flush of victory, no vindictiveness was shown when the election of officers came. Dr.

R. P. Howard, who was elected to the Presidential chair, simply received what was his due years ago, occupying as he has done, the vice-chair for, we believe, three terms. No one has worked harder for the College than he has done, and the fact that his election was unanimous, speaks well for the feeling towards him from, speaking in Parliamentary language, what we might call, both sides of the house. Dr. Lomieux was re-elected vice-president for Quebec, and Dr. Trudel vice-president for Montreal, thus placing men from each of the contending schools in leading positions. There was some talk of re-placing Dr. Larue, the Registrar, and Dr. Lachapelle, the Treasurer, but it was finally decided to re-appoint them. In Dr. Lachapelle the College has a treasurer in whom it can place the most implicit confidence, and a thorough gentleman. We think they did wise to re-appoint him. Dr. Larue has not been as successful in his office as we would have wished. This is, however, not due to Dr. Larue, whose kindness and courtesy is admitted by every one, but simply because the duties of the position have been beyond that which any man in practice can perform satisfactorily. To have displaced him, after the very strenuous exertions he has made to keep up with his duties, would not have been right. We are glad, therefore, that it was not done. Before another tri-annual meeting we hope to see the Act so amended that the College may appoint a Registrar who will be well paid, and who will devote his entire time to his duties. The re-election of Dr. Belleau as Secretary for Quebec was a foregone conclusion. It was unanimous. Dr. Belleau is a general favorite, and the College could not afford to do without his services. Dr. F. W. Campbell's election as Secretary for Quebec was done with a view of giving the English members a second official of their nationality, and was accepted by him after some persuasion on the part of his friends. We are glad to notice that Dr. Campbell got a committee appointed to suggest at the next meeting of the College at Quebec, in September, the best means to be adopted to protect the profession against unregistered practitioners. Dr. Campbell truly remarked that if the College expected the support of the profession, it must, without delay, take means to protect its members from the unlicensed practitioners throughout the country.

## MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

This Society resuscitated ten years ago has progressed steadily, until to-day it embraces almost every English-speaking practitioner in the city of Montreal. It has met regularly every fortnight throughout the year in the Library of the Natural History Society, and although not much can be said against the rooms, yet not a few of the members felt that the Medical Society of the Metropolitan city of the Dominion of Canada should, in addition to having a name, have a local habitation of its own. For several years its retiring presidents have strongly urged this view, but for a considerable time the way did not seem clear. Last spring, however, matters seemed almost as it were to adapt themselves to the wants of the Society. Overtures were made to the proprietors of the Medical Hall on Phillips Square, who are shortly to remove to the corner of St. Catherine Street and Phillips Square, for a lease of the upper flat of the two buildings about to be occupied by them. In the most generous spirit it was met, and the result was a lease was signed, and the necessary alterations commenced under the direction of a committee, the chairman of which was Dr. F. W. Campbell. The suite of rooms compose a lecture hall, a library and a reading room, and a committee and smoking room. The lecture hall is capable of seating in comfortable arm chairs over eighty members. It is carpeted with fine Brussels carpet, and has two chandeliers, each with 4 gas burners. The windows are curtained in crimson, and when the hall is lighted, its appearance is cozy to a degree. The library contains a handsome book case, in which has been placed over a hundred volumes contributed by Dr. Fenwick, of Montreal. It is believed that before a great many years the library will assume large proportions. This room is also luxuriously furnished. It contains a large table, on which will be found twelve of the most important medical journals (the Society having subscribed for them), while comfortable arm chairs every where abound. The floor is covered with cord matting, a new style now much in use, and it gives the room a light and airy appearance. The committee and smoking room is just the addition that was wanted, and it promises to be

often patronized. The Society met for the first time in these rooms on the 27th of May last, and celebrated their opening in a quiet way. Dr. R. P. Howard, the President, occupied the chair, and made some appropriate introductory remarks. Dr. Mount, President of the *Société Médicale* (who was present by invitation), congratulated the Society upon its elegant apartments, and believed a good feeling did and always would exist between the two Medical Societies in Montreal. Dr. F. W. Campbell subsequently read a paper, which we will shortly publish. Dr. Hingston followed, giving the paper on "Certain Anæsthetics," which we published in our last number. Refreshments were subsequently served.

We congratulate the Society on the new start it has made. Montreal is at last beginning to show that she understands her duty. Before that duty is complete some of those who occupy advanced positions in the profession must cast aside their lethargy, put away their slippers, and take the place they should occupy in the Medico-Chirurgical Society of Montreal.

## GRAND TRUNK DINING CARS.

Improvements in the style and method of conveying the public long distances have much more importance in a sanitary point of view than is generally supposed. A tedious night journey in a railway carriage previous to the introduction of sleeping cars left an effect upon the nervous system which took days to efface. This effect has been now reduced to a minimum by the luxurious Pullman Palace Cars, whose easy riding and noiseless motion renders travel in them most enjoyable. But the great bug-bear of long journeys is the horror of the Railway Eating House. "Ten minutes for refreshment" is altogether too short a time; no one can in this period thoroughly prepare—by mastication—food for gastric and intestinal digestion, sufficient for a meal. The result is, that the food is swallowed without preparation, and then ensue the usual train of symptoms, which indicate that the stomach rebels against such treatment. On many of the longer railways in the United States this difficulty has been met by having a dining car attached to the train, but till within the last two months

we have not had any such luxury on our Canadian lines. The Grand Trunk have, however, set a good example by now running a dining-car with each day express between Toronto and Montreal. The elegance of these cars are equal to anything similar on this continent, and the *cuisine* is under the direction of Mr. Potter, whose name is a household word in Montreal, standing as he does at the very head of his business. We have lately been able to practically experience the comfort attendant upon sitting quietly for three-quarters of an hour, taking dinner on one of these cars, while the train rattled along at the rate of thirty miles an hour. Compared to bolting cold apple or squash pie and scalding tea at a railway station, expecting every moment to hear "all aboard" sounding in your ears, which causes you to rush for the train, carrying the unfinished portion of your meal in your hand, it is indeed a luxury—not only a luxury, but a healthful change in the programme of railway travelling in Canada. Every one who travels should patronize them; other lines in Canada should adopt them—notably the Intercolonial.

#### TRI-ANNUAL MEETING OF THE COLLEGE OF PHYSICIANS AND SURGEONS, PROVINCE OF QUEBEC.

This meeting was held at Montreal on the 14th of July, and was very largely attended. There was considerable excitement manifested concerning the election of Governors, and the result in many cases was a great surprise. We trust that the new board of Governors will, at the forthcoming meeting in September, decide upon some systematic means for the protection of the members of the College from the numerous quacks which infest especially our border towns. The total vote cast at the meeting was not equal to that of 1877. This is accounted for by the fact that a very large number of members have not paid for the current year 1880-81, which was due on the 1st of July, 1880. The number of proxies sacrificed on this score must have numbered several hundreds. The following gentlemen were elected officers and governors of the College for the next three years:—*President*,—R. P. Howard, M.D., Montreal. *Vice-Presidents*,—C. E. Lemieux, M.D.,

Quebec; E. H. Trudel, M.D., Montreal. *Secretaries*,—A. G. Belleau, M.D., Quebec; F. W. Campbell, M.D., Montreal. *Treasurer*,—E. P. Lachapelle, M.D., Montreal. *Registrar*,—Dr. L. LaRue, Quebec. *City of Quebec*,—Drs. J. A. Sewell, C. E. Lemieux, W. Marsden, A. G. Belleau, E. A. de St. George, L. Larue, C. S. Parke, R. F. Rinfret, sr. *District of Quebec*,—Drs. Jos. Marmette, Chs. Gingras, Hon. Theodore Robitaille, Alf. Simard, L. T. E. Rousseau, Come Rinfret, O. Bonin. *City of Montreal*,—Drs. A. H. David, F. W. Campbell, J. P. Rottot, E. P. Lachapelle, R. P. Howard, R. Craik, W. H. Hingston, E. H. Trudel, Edm. Robillard, T. A. Rodgers. *District of Montreal*,—Honble. L. R. Church, J. B. Gibson, N. H. Ladouceur, F. X. Perrault, Jules Prévost, Jos. Lanctot, L. D. Lafontaine, P. E. Mignault, E. Laberge. *District of Three Rivers*,—Honble. J. J. Ross, D. E. Desaulniers, E. Gervais. *District of St. Francis*,—F. J. Austin, E. Worthington, Thomas LaRue. *Assessors*: For Laval University (Quebec),—Drs. Marsden, P. Wells, Laval University (Montreal),—Drs. J. Reddy and Oliver Raymond. McGill University,—Drs. L. R. Church and P. E. Mignault. Bishop University,—Drs. Robillard and J. B. Gibson. Victoria University,—Drs. C. F. Patnchaud, sr., and Angus Macdonell. After the election, Dr. Hingston proposed a resolution, which was seconded by Dr. Gibson, deprecating the action of individuals going to the Legislature with Bills affecting the profession, and advising that in future, before legislation should be asked for, the whole of the profession should be consulted as was the case in older countries. The motion was unanimously adopted.

#### LACTOPEPTINE.

We desire especially to draw the attention of the profession to *Lactopeptine*, as a remedy in cholera infantum, a disease undoubtedly of deranged digestion. The value of this remedy in the ordinary dyspepsia of adults is now an acknowledged fact, and its employment is therefore very great, but it is only within the past two seasons that it has been put on its trial in the diarrhoea of infantile life so common during our intense hot weather. Our own experience of it in this disease—fairly extensive—has been most gratifying, and we believe others in Mon-

treal have had similar results. The preparation we have used is that manufactured by the N.Y. Pharmacal Association, which is prepared for, and introduced solely to the Medical profession. They have lately made some improvements in its manufacture, the result of which is the production of a more elegant preparation.

#### PERSONAL.

Dr. Burke of Stanstead was on the 12th of June (the tenth anniversary of his marriage) presented by his patients and friends with a silver tea service.

Dr. Thomas Simpson, one of the physicians to the Montreal General Hospital, has been appointed Professor of Hygiene in Bishop's College Faculty of Medicine, *vice* Dr. Leprohon resigned.

Dr. Austin Flint, sr., of New York, was in Montreal early in July. His many admirers regret not being aware of his visit till he had gone.

#### REVIEWS.

*The Microscope and Microscopical Technology: A Text-Book for Physicians and Students.* By HEINRICH FREY, Professor of Medicine in the University of Zurich. Translated and Edited by George R. Cutter, M.D., Surgeon New York Eye and Ear Infirmary, etc. 388 Engravings on Wood. Second Edition. 8vo. Pp. 660. New York: Wm. Wood & Co. Montreal, Dawson Bros. Price, \$6.00.

This is a very complete work, perhaps the most complete of its kind yet published, and is worthy the attention not alone of those who contemplate being microscopists, but of all engaged in microscopic work. Its translation is said by those capable of judging to be exceedingly truthful, and that the text does not always read as smoothly as one might desire is said to be due to the necessity which existed to follow the German somewhat literally. This is especially noticeable in the minute description of microscopic objects, which occurs very constantly throughout the work. The volume is divided into twenty-two chapters, the first ten being devoted to what might be called "Preliminary work," all the more important, however, to understand what follows. One chapter is devoted to a brief description of various microscopes, but, as might be anticipated, little is said concerning those of English makers. The chapter on the theory of

microscopes is full of interest, and, being profusely illustrated by diagrams, will enable most people to thoroughly understand a subject which otherwise would be surrounded with not a few difficulties, and this notwithstanding the fact that the main features of it have formed a portion of our early education. The remaining chapters are full of interest to the Physiological student, being descriptive of the microscopic appearance and organization of the Blood, Lymph, Chyle, Mucus, Epithelium, Nails, Hair, Bones, Teeth, and the various other tissues of the body. Some additions have been made by the American translator (Dr. George R. Cutler of New York), and these are enclosed within brackets. They help to make the work more complete.

*Paracentesis of the Pericardium. A consideration of the Surgical Treatment of Pericardial effusions.* BY JOHN B. ROBERTS, A.M., M.D., Lecturer on Anatomy in the Philadelphia School of Anatomy, with illustrations Philadelphia, J. P. Lippincott & Co. Montreal, Dawson Bros., 1879.

This is a really very able and interesting monograph, upon a subject which is, perhaps, not as fully treated as it might be, even in works upon diseases of the heart. It is well written, and the arrangement is deserving of much praise. The first chapter is taken up with a description of the various causes and conditions which lead to effusions within the pericardial sac during the life. The symptoms, physical and otherwise, of the disease are considered in the second chapter, and the third chapter is devoted to treatment—which is divided into Medical and Surgical. Dr. Roberts says that if the Medical treatment does not produce absorption, paracentesis must be adopted, and the distended sac relieved. He describes various methods of operating, and gives a table showing the most encouraging results. We cannot too strongly recommend this little work of Dr. Roberts.

"*Lucie Rodey*," a Society Novel, by HENRY GREVILLE, is published this day by T. B. Peterson & Brothers, Philadelphia.

All lovers of a good novel should get "*Lucie Rodey*" at once, as well as all other novels of Henry Greville as fast as they are issued, as no French authoress of to-day equals her in power



and interest. She never wrote a novel that was not excellent, and she has written several that prove her genius and art. With all she is versatile, and each work not only differs from those which preceded it in plot, incident and treatment, but marks a steady advance to that position of world-wide renown which is very certain to be assigned her. The character drawing in "Lucie Rodey" are marvellous in breadth and analyzation, and gives proof of rare artistic skill, while the most delicious fancies, expressed in graceful, poetical and vigorous language, render the author's style incomparably charming. Edmond About has just written a novel to prove the existence of domestic virtues in France, and Americans who, as a rule, know little of France, outside of Paris, are apt to deny the possibility of such—let them, therefore, read "Lucie Rodey," in which they will find the wife and mother "faithful unto death," though exposed to trials and temptations. "Lucie Rodey," teaches a lesson, which will be felt even by those who read it with breathless interest merely for the sake of the story. "Lucie Rodey" is published in a large square duodecimo volume, paper cover, price 50 cents, in uniform style with Petersons' editions of "Dosia," "Saveli's Expiation," "Marrying off a Daughter," "Philomene's Marriages," "Pretty Little Countess Zina," "Sonia," "Gabrielle," and "A Friend," by Henry Greville, and will be found for sale by all Booksellers and News Agents, and on all Railroad Trains, or copies of it will be sent to any one, to any place, at once, on their remitting the price in a letter to the publishers, T. B. Peterson & Brothers, Philadelphia, Pa.

#### PHARMACEUTICAL ASSOCIATION OF THE PROVINCE OF QUEBEC.

The tenth annual meeting of the Pharmaceutical Association of the Province of Quebec was held in Laval University, Quebec, on Tuesday, 8th June, 1880. Alex. Manson, Esq., President, was in the chair.

The minutes of the last annual meeting being read and confirmed, the President delivered the customary address, an able document, which was well received by the members.

The Registrar then read the annual report of the council, and also the treasurer's financial statement. Mention was made in the report of

the action of the council in the case of a druggist who, although not a licentiate of the association, persisted in conducting a pharmacy in Montreal.

After every opportunity had been given him of disposing of the store, or making other arrangements, the council was compelled to take proceedings against him. This was done, and a conviction obtained against him before the police magistrate for \$5 and costs, or ten days' imprisonment. Still he persisted in breaking the law, when further proceedings were taken and another conviction obtained, and the same penalty imposed. This time, however, his counsel advised him to appeal to the Superior Court on a writ of certiorari. He did so, but the certiorari was dismissed, and the decision of the magistrate therefore maintained. Further proceedings are now in progress, but it is hoped he will not put the council to the painful necessity of bringing him before the court again.

The number of licentiates on the register at the present time is 108, of certified clerks 35, and of apprentices 66.

The Board of Examiners held their usual annual examination in Montreal in April last, when five gentlemen presented themselves for the major examination and seven for the minor. Of this number four passed the major and three the minor.

The financial statement having been read by the Treasurer, Mr. Kerry, and laid on the table for inspection, was examined and found correct by the Auditors.

The election of Council was then proceeded with, and the following gentlemen were declared duly elected; Messrs. H. R. Gray, Hy. Lyman, Jno. Kerry, H. F. Jackson, W. E. Brunet, J. D. L. Ambrose, R. McLeod, and J. A. Harte. They, with the following gentlemen, who remained in office by rotation, viz: Messrs. E. Giroux, A. Manson, E. Muir, and W. A. Dyer, will constitute the Council for the present year. Messrs. D. Watson and R. Dugal were elected Auditors.

At a subsequent meeting of the newly-elected council, held on Tuesday, 15th June, the following were duly elected officers of the Association, and members of the Board of Examiners:

*President.*—Alex. Manson; *Vice-Presidents.*—H. F. Jackson, R. McLeod; *Treasurer.*—Jno. Kerry; *Registrar.*—N. Mercer.

*Board of Examiners.* A. Manson, H. F. Jackson, H. R. Gray, R. McLeod, J. D. L. Ambrose, J. B. Martel, N. Mercer.