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TREATMENT OF HÆMOPTYSIS.

Dr. N. Malcom Buchanan, of Lawrence, N.Y., writes to ask us for a good treatment for hæmoptysis. In reply, we have much pleasure in informing him that during eleven years we have employed the following prescription to the exclusion of all others, with absolute satisfaction. We saw it recommended by Dr. Bartlett, of New York, in the *Buffalo Med. Journal* for September, 1878:

Tr. Digitalis.,	ʒ iss
Ol. Terebinth.,	ʒ iij
Ol. Ment. Pip.,	ʒ x
Ac. Sulph. Aromat.,	ʒ iij
Alcoholis q. s. ad.	ʒ ij

Dose, 40 to 60 drops well mixed with sugar, to which one or more tablespoonfuls of water may be added, every two, three or four hours, according to the urgency of the hemorrhage.

Society Proceedings.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

Regular Meeting, October 9th, 1889.

WM. GARDNER, M.D., PRESIDENT, IN THE CHAIR.

Dr. Johnston showed a specimen of deformity of the elbow joint, owing to gouty deposits.

Dr. Mills made some remarks upon the pathology of the disease, expressing the opinion that all the exuding organs were also secreting organs, and that gout was more probably due to faulty secretion rather than to chemical reactions in the blood.

Dr. Laphorn Smith remarked that gout was exceedingly rare in this country, he never having had a case to treat, while in England he had seen dozens of cases every day. He thought that this was due to the English people drinking too much beer, but not enough water to dissolve the acids in the blood.

Dr. Brown exhibited a specimen from a patient who died from general peritonitis resulting from rupture of a pyosalpinx.

Dr. Gardner said the case showed how difficult it was to diagnose such cases before rupture, but, if diagnosed, to operate.

Dr. De Cow showed a specimen of medullary cancer of the stomach, and gave a detailed history of the case. The liver was completely infiltrated with cancerous nodules. Vomiting of blood began only a week before death, but continued to the end.

As this was also the Annual Meeting, the Treasurer's report was read, which showed a small deficit, but as there were considerable outstanding assets the report was considered satisfactory.

It was moved by Dr. Ruttan, seconded by Dr. Shepherd, "That all resident Medical Officers of the Montreal Hospitals, should be ex-officio

members of the Society, during their term of residence." Carried.

The Election of Officers then took place, with the following result:—President, Dr. Armstrong; 1st Vice-President, Dr. Shepherd; 2nd Vice-President, Dr. Wesley Mills; Secretary, Dr. Birket; Treasurer, Dr. J. A. McDonald; Librarian, Dr. Reed.

MEETING OF THE MISSISSIPPI VALLEY MEDICAL ASSOCIATION.

The Mississippi Valley Medical Association, on the 10th, 11th and 12th of September, met in its 15th annual session, at Evansville, Ind., the crescent city of the Ohio. Dr. A. M. Owens, than whom there is no more perfect chairman of the committee of arrangements, had everything to perfection. The President of the Association, Dr. Geo. F. Cook, of Indianapolis, presided over the meeting. He waived his right to make a presidential address, in view of the amount of scientific work to be done, as the programme showed 98 papers to be read. The majority of these were read during the three days session, though the time for discussion was rather limited. Much time was saved by grouping papers on kindred topics and discussing them together.

The election of officers resulted as follows:—President, Dr. Joseph M. Matthews, of Louisville, Ky.; 1st Vice-President, Dr. E. R. Earley, Ridgeway, Pa.; 2nd Vice-President, Dr. T. B. Harvey, Indianapolis, Ind.; Permanent Secretary, Dr. E. S. McKee, Cincinnati; Treasurer, Dr. C. F. McGahan, Chattanooga, Tenn.; Chairman Committee of Arrangements, Dr. I. N. Bloom, Louisville, Ky. Louisville was chosen as the next place of meeting; time, Sept. 9th, 10 and 11th, 1890.

To attempt to describe 98 papers would be entirely beyond the scope of this report, and will not be undertaken further than to say that all were good and many were excellent, showing that the physicians of the Mississippi Valley are up to the times, and are as full of energy as many of their patients are of malaria.

The social features of the meeting were not of little import. On the evening of the first day a banquet was given in a beautiful grove just out of the city, which was rendered perfect by perfect weather, everything else having been

perfected beforehand. A number of toasts were responded to which were called out by the ever eloquent toast master, Dr. I. N. Love, of St. Louis. A complimentary concert and ball were given on the evening of the second day, and many private social engagements were met. Evansville and her doctors covered themselves with glory.

AMERICAN ASSOCIATION OF OBSTETRICIANS AND GYNECOLOGISTS.

The second annual session of this organization was held at Cincinnati, Sept. 17, 18, 19, 1889, Dr. W. H. Taylor, Cincinnati, in the chair. A number of very interesting papers were read and discussed. Dr. E. E. Montgomery, of Philadelphia, was elected president for the ensuing year, and the next meeting will be held in Philadelphia, September, 2nd week, 1890.

In the address of Dr. Wm. H. Taylor, President of the Association, he expressed his satisfaction with the success of the first meeting at Washington, and hoped this second annual meeting would be as productive of scientific progress. He reviewed the advances made during the past year in this department of medicine, and referred to the increased accuracy in diagnosis which made the condemnation of laparotomy less frequent. The statistics of Munchmeyer and recent utterances of Sir Spencer Wells emphasize the propriety of uterine extirpation. The low death rate of myomata and great mortality from operation for their removal suggest rare resort to operative procedure. The management of the third stage of labor has been debated in Germany for several years with apparently small advantage to either combatant or science. One authority states that "one woman dies in Prussia every day from post-partum hemorrhage." So eminent an authority as D. Berry Hart has said that he considers the Crede the most dangerous plan possible for the removal of the placenta. With our idols being shattered about us, it behooves us to carefully survey the ground upon which our confidence is built.

The results of Cæsarean section recently, establish it as an operation of resort if the obstetrician would escape censure, and our judgment must determine to which cases the Porro modification is best adapted, and to

which the Saenger is most appropriate. Ectopic pregnancy, pelvic suppuration and craniotomy have such consideration on the programme that time spent on their discussion here would be superfluous.

No prophetic power is required, in the light of the progress in our branch of medicine in the past decade, to assure us that in the land still to be possessed there are wide possibilities, and we dare place no limit on the possible acquisitions of the near future. The Utopias of to-day may be the familiar dwelling places of to-morrow, and I can utter no better benediction than the hope that this Association may bear its full share in achieving these grand and glorious ends.

MEDICAL ASSOCIATION OF NORTHERN NEW YORK.

This association held its twentieth annual meeting at the Hotel Flanagan in this village on Tuesday, Oct. 1st, 1889, the president, J. B. Ransom, in the chair.

The meeting was called to order and the minutes read and approved. The president delivered his inaugural address. The address was submitted to the intelligence committee, consisting of Drs. Fairbanks, Van Vechten and Wilding. The subject of incorporation was considered by a committee of the whole. A vote of thanks was tendered to the Hon. J. P. Badger for the kind and liberal manner in which he had managed the business of procuring the act of incorporation for the society.

Dr. J. R. Johnson, of South Bangor, being duly elected, became a member of the society.

The following officers were duly elected for the current year:—President, Geo. H. Oliver First Vice-President, F. H. Brewer; Second Vice-President, J. B. Nichols; Secretary, S. P. Bates; Corresponding Secretary, R. J. Wilding; Treasurer, T. Gay; Delegate to the State Society, R. J. Wilding. Trustees for the year: B. F. Sherman, H. A. Boland, T. Gay, C. Skinner, S. P. Bates, J. H. Smith, D. S. Kellogg.

By advice of the committee on intelligence the association was divided into four divisions First, section of practice of medicine; second, section of surgery; third, section of obstetrics; fourth, section of pathology. Of the first section; Dr. D. S. Kellogg was appointed chairman and

Dr. Furness secretary; of the second section, Dr. J. B. Ransom chairman and Dr. J. S. Van Vechten secretary; of the third section, Dr. L. E. Felton chairman and Dr. E. LaRocque secretary; of the fourth section, Dr. B. F. Sherman chairman and Dr. W. N. Taylor secretary. It is the duty of the chairman of these departments to see that essays are written and subjects are presented for discussion pertaining to each department.

Drs. Fairbanks and Furness read instructive essays. Dr. Proudfoot, of Montreal, gave a short and instructive lecture on "Derangements of vision." Dr. T. B. Nichols read an essay on "Abdominal Abscess," which gave rise to an interesting discussion.

Owing to lack of time, other important matters were put over to the the next meeting.

Progress of Science.

TREATMENT OF PRURITUS ANI AND VULVÆ.

R. Sodi Hypophosph.,	1 drachm.
Acid. Carbol.,	$\frac{1}{2}$ drachm.
Glycerini Pur.,	1 ounce.
Listerine,	3 ounces.
M. Sig.—Use as a lotion.	

BROMIDE OF POTASSIUM IN OVARIAN ACNE.

Dr. A. Jamieson (*London Pract.*) draws attention to the coincidence between acne and ovarian irritation, and its attendant menorrhagia. He treats such cases with bromide of potassium, which relieves the ovarian trouble and cures the acne.

IN GENERAL PRURITUS.

Dr. Icard states that salicylate of sodium has been markedly successful, after repeated failures with arsenic, bromide of potassium, atropine, sulphur baths, the alkalies and emollients. Dose: 15 grains daily. The symptoms disappeared in three days.

OZENA.

Dr. Sidlo washes out the nasal cavity daily with a 2 per cent. solution of chlorate of potassium, to which 10 per cent. of glycerine has been added. He then inserts rolls of cotton soaked in a mixture of glycerine and water, one to three, allowing the tampons to remain one hour.

NUX VOMICA IN CARDIAC FAILURE.

Dr. A. Bowie reports two cases of cardiac failure in which death seemed imminent, that were speedily relieved by small doses of the tincture of nux vomica every half hour for four doses, then every hour. He considers it the most valuable remedy that we have.—*London Lancet*.

CHRONIC INTERSTITIAL NEPHRITIS.

For a man with chronic interstitial nephritis, Professor Da Costa ordered a diet of milk, fish, etc., and occasional laxative of Rochelle salts, and—

R. Caffeinæ, 3 grains.
Sodii Salicylat, 3 grains.
Syrup. Aurantii, 2 drachms.
Aquæ Destillat, pp. æq. ad 4 drachms.

THYMOL IN PHTHISIS.

In the treatment of phthisis, Philipowitsch (Wratsch, 1888, Nos. 48 and 49) has employed thymol, giving $2\frac{1}{2}$ grains every hour in gelatine capsules. No evil effects were produced, and several times the drug seemed very useful where tubercular ulceration of the bowel was present. During hæmoptysis the remedy was used without evil effects.—*Cent. für klin. Med.*

ALUM IN OBSTINATE HÆMATURIA.

Dr. H. D. Didana, of Syracuse, N.Y., has cured five cases of hæmaturia by administering 60 grains of alum in the course of twenty-four hours. He gave 20 grains in a goblet of water three times a day. In these large doses, and being well diluted, it did not constipate the bowels. This treatment succeeded after the failure of other remedies.—*Jour. Amer. Med. Assoc.*

TYPHOID FEVER.

Ziensen thinks calomel has a decidedly beneficial effect on typhoid fever when given at the right time—that is within the first five days of the illness. He gives grs. vijss., three times within two hours. He speaks very highly of antipyrine as an antipyretic, of which he administers 5 grammes in three divided, hourly doses, beginning at 6 p.m. He also recommends thalline and acetanilide for the same purpose, but objects to quinine.—*Can. Lancet*.

ULCERATION OF THE EAR.

A case of chronic ulceration of the ear, emitting a fetid discharge, was treated by the following:—

R. Acid Nitrici, 10 drops.
Aquæ, 8 ounces.

A teaspoonful of this mixture thrown into the ear two or three times a day, put a stop to the disease in less than a week.

SUPPOSITORIES FOR CYSTITIS.

R. Iodoform, $1\frac{3}{4}$ grains.
Extract of Hyoscyamus, 1 grain.
Cocoa Butter, 45 grains.

M. Make one suppository, and introduce high up into the rectum. The bladder should be washed morning and evening with luke-warm water. If there be any urethral irritation, a pill containing $1\frac{3}{4}$ grains of terpine should also be taken morning and evening.

THE DIAGNOSIS OF HERNIA.

Dr. Multanovski suggests the addition of a new diagnostic sign to the classical method of diagnosing abdominal hernia. Having made observations on one hundred and fifty-two cases of hernia in Professor Bogdanovski's wards, he states that in all these, when the finger was passed up into the abdomen, a more or less tightly stretched strap-like band could be detected connecting the contents of the sac with those of the abdomen.—*Amer. Practit. and News*.

CREOSOTE IN DIABETES.

Two cases of diabetes have been treated with excellent results by Valentini by means of creosote administered internally. In one case four drops per diem were given at first, this quantity being afterwards increased to ten drops. Under this treatment the sugar disappeared, and did not return when the patient began to eat starchy food. The other patient was given six drops per diem, and did equally well.—*London Lancet*.

LANOLIN-SUBLIMATE.

Although most antiseptics lose their germicidal properties when dissolved in oil or alcohol, sublimate-lanolin, according to Gottstein, acts as powerfully disinfectant as a watery solution of sublimate. A salve is prepared by adding to a fixed quantity of lanolin, freed from water, a given weight of 1 to 1,000 or 1 to 5,000 sublimate solution. The antiseptic value of this mixture was attested by numerous experiments on animals.—*Therapeutische Monatshefte*.—*International Journal of Surgery*.

TREATMENT OF ERYSIPELAS.

Dr. C. Lauenstein has successfully used the method of Kraske-Riedel in five cases of severe erysipelas of the head and neck. The treatment consisted in surrounding the erysipelatosus area with a broad zone of numerous fine incisions, from six to eight centimetres in length and crossing each other. The parts are first thoroughly disinfected, and after incision as

much as possible of the serous infiltration is removed by pressure, and a wet dressing of corrosive sublimate, 1 to 1,000 applied, which is changed once or twice daily. Under this treatment the erysipelatous redness and the constitutional symptoms disappear rapidly, and it is seldom necessary to repeat the incisions.—*Deutsche Medicinische Wochenschrift*.—*International Journal of Surgery*.

THE LOCAL USE OF HYDRASTIS. CANADENSIS.

The astringent and at the same time weak local anæsthetic action of hydrastin has led Falesenber (*Wiener med. Blätter*, 1888, No. 48, p. 1525) to employ the fluid extract of hydrastis in cases of chronic pharyngitis accompanied with tonsillar hypertrophy. On painting the affected mucous membrane several times daily, a distinct decrease of the redness and swelling became evident. The subjective symptoms quickly abated; the patient became readily habituated to the bitter taste.—*Cent. für klin. Med.*

SALICYLIC ACID AS A DIURETIC.

After a series of investigations on this subject, Huber concludes that salicylic acid is one of the safest and most important diuretics. The greatest increase in the amount of urine seems to occur in rheumatic fever and serous pleurisy, whether the temperature is raised or not. In all cases the total loss of water by the skin and urine was increased, and the solids of the urine were increased. In ordinary pleurisy and in four cases of cardiac dropsy the drug acted well.—*Lancet and Clinic*.

NOVEL METHOD OF DETECTING A PERFORATION OF THE MEM- BRANA TYMPANI.

In the *Boston Medical and Surgical Journal* for May 30, 1889, Dr. E. D. Spear calls attention to the following novel method of detecting a perforation of the membrana tympani:

While looking into the auditory canal in the ordinary manner, with speculum and mirror, hold a piece of clear, cold glass close to the speculum, have the patient do the "Valsalvian" experiment, and if a perforation exists the vapor of the breath will be condensed upon the glass and obscure the view.

ICE-BAGS IN THE NIGHT-SWEATS OF PHTHISIS.

Prof. Rosenbach, of Breslau, recommends in the *Berliner klin. Wochenschrift*, No. 15, 1889, the use of ice-bags for the night-sweats of

phthisical patients. These bags, moderately filled, are laid during several hours of the night upon the abdomens of the patients. This remedy, he says, is generally well borne, especially by those patients who have a rise of temperature in the evening, and is of service in many cases in which atropine and the dusting of the body with powdered salicylic acid have failed. The bags, he says, can be used for many nights without harm to the patient.

DIAGNOSIS OF PERICARDITIS.

M. Puis, of Vienna (cited in *La France Medicale*, No. 27), has drawn attention to the presence in pericarditis (with effusion?) of a limited strip of dullness posteriorly extending from two fingers' breadth above the angle of the scapula to two fingers' breadth below the inferior border of the lung, and limited by the spinal column on the right. Bronchial breathing, bronchophony, and increased vocal vibration occur over this area. But when the patient is in the prone or kneelbow position, the dullness is replaced by a tympanitic note, the bronchial breathing disappears, and friction becomes audible.—*London Lancet*.

HARMLESSNESS OF SACCHARIN.

The *London Medical Recorder*, April, 1889, says, with reference to the generally current idea that the use of saccharin is injurious, the following report has been published by Dr. Thomas Stevenson, official analyst of the Home Office:—1. Saccharin is quite innocuous when taken in quantities largely exceeding what would be taken in any ordinary dietary. 2. Saccharin does not interfere with or impede the digestive processes when taken in any practicable quantity. 3. His personal experience is that saccharin may be taken for an extended period without interfering with the digestive and other bodily functions; hence there is no reason to think that its continued use is in any way harmful.

STROPHANTHUS HISPIDUS—ITS AC- TION UPON THE HEART.

Drs. Weidman and Rosenbush give the following action of *Strophanthus*:

1. It increases the systolic force, prolonging the latter; augments the tension of the arterial vasa, and decreases the heart's action.
2. It strengthens the cardiac muscle and regulates the heart's work.
3. It has some diuretic action as well in heart and kidney affections.
4. It does not disturb digestion as other heart poisons (for example, *Digitalis*) do.

5. No symptoms of cumulative action arise from its use.

6. There is less compensational disturbance from its use than is found in *Digitalis*.

7. The best form for use is the alcoholic tincture, which contains all of the bitter glucosides of the drug.

8. In stenosis of the aortic valve its action is negative; as it does not materially prolong the systole it gives little relief in this disease.—*Notes on New Rem.*

NITRO-GLYCERINE IN EMERGENCIES.

Dr. Joseph Burroughs, in an extended article in the *Lancet*, proclaims the advantages of nitro-glycerine in emergencies in which alcohol is thought to be indicated. One to three drops of a one per cent. solution is the dose employed. Amongst the diseases and conditions enumerated, in which it has proved of marked value, may be mentioned angina pectoris, nausea and faintness during minor surgical operations, spasmodic asthma, acute prostration from various causes, hysterical aphonia, acute alcoholism, opium poisoning, uremic coma, nephritis, and moribund state.

An anaesthetist should always have a vial of the solution close at hand, especially when chloroform is being administered.

TREATMENT OF RICKETS.

The treatment of rickets should be by food rather than by drugs. Raw meat is of more value than iron, and cream or fresh milk than cod-liver oil. The diet must be carefully examined to see that it contains a due proportion of fat, proteids and salts. A sufficiently close estimate is easily made, since the composition of milk and of all foods used for children is accurately known. The amount of animal fat in a rickety child's food must equal at least one-fourth of the total solids taken; proteids and carbohydrates about one-third, and salts about one-tenth. Such a diet will cure rickets without drugs. Iron is often a useful adjunct. The salts of lime may be added in the form of lacto-phosphate. Potent aids are sunlight, fresh air, and warm clothing.—*Lancet*.

THE INFLUENCE OF ANTIPIRYN ON THE SOLUBILITY OF QUININE SALTS.

In the *American Journal of Pharmacy* for June, 1889, attention is called to the increase of solubility of quinine salts in the presence of antipyrin. Triulzi noticed that if fifteen and a half grains of hydrochlorate of quinine were heated with six or seven and a half grains of antipyrin and thirty-two minims of water, solution takes place at 77° to 86° F.; with three to

four grains of antipyrin, at 105° to 122°. Fifteen and a half grains of hydrochlorate of quinine with thirty-two minims of water, dissolves at 125.5° to 182.8°. On cooling, only the last solution deposits the quinine salt. Similar results were obtained with valerianate of quinine. This observation may be of value in preparing neutral quinine solutions for subcutaneous injections.

GLYCERINE INJECTIONS IN THE DIARRHOEA AND PROLAPSE OF CHILDREN.

Dr. George Rice (*London Practitioner*) reports seven cases in which persistent diarrhoea accompanied by great wasting, yielded to the injection into the rectum of two drachms of glycerine. In no case did he find it necessary to use more than three injections. Where prolapse was present it soon ceased to recur, as the little patient gained strength. Dr. Rice has also found, that where looseness of the bowels supervened in the course of other affections, such as pneumonia, the same happy results attended the injection of two drachms of glycerine. The injections cause neither pain nor discomfort. How glycerine proves so beneficial both in diarrhoea and constipation, Dr. Rice does not pretend to say, though he thinks it possible these troubles might spring from a common cause.

BISMUTH SALICYLATE IN THE TREATMENT OF DISEASES OF CHILDREN.

Dr. Ehring has employed bismuth salicylate (Merck's) in 200 cases of dyspepsia, acute and chronic gastric catarrh, gastro-intestinal catarrh, enteritis, phthisical diarrhoea, acid diarrhoea, and dysentery. He gives it, suspended in glycerine or mucilage, because of its insolubility, and because children take pills and powders badly. It is not contra-indicated in constipation. The urine soon becomes more acid, and given a distinct salicyl reaction; the stools never give this reaction, but quickly become dark in color. He has never seen symptoms of poisoning. He is far from seeing in the remedy a panacea for all cases, but says that when combined with a suitable diet it is most useful and worthy of trial. Its action on the urine suggests that its employment in cystitis may be advantageous.—*London Medical Recorder*.

TREATMENT OF SYCOSIS.

Dr. Jackson, as the result of his experience in the treatment of sycosis, gives the following advice: In acute cases where there is much pustulation, epilate or "curette," and apply boracic-acid ointment, or Lassar's paste with salicylic acid. Give one-tenth of a grain of calcium

sulphide in fresh tablet triturates every one or two hours. If an acute outbreak of pustules occurs under it, stop it until a subsidence of the eruption takes place, and then begin again. In subacute cases, where there is not so much pustulation but more redness and the disease is more patchy, epilate or curette and use Bronson's ointment (hydrarg. ammon., ℞j; hydrarg. chlor. mitis, ℞ij; vaselin., ℞j), or one of sulphur, tar or other mild stimulant. Or use soap frictions, followed by protective ointments. In chronic cases, epilate or curette, or apply a solution of caustic potash carefully to the diseased parts. Locally, employ strong ointments or solutions of tar, provided caustic potash has not been used. If caustic potash has been used, then apply a simple soothing dressing. The use of tar in alcohol, as proposed by Pick, of Prague, has of late given brilliant results in his hands in some cases of chronic eczema. Soap frictions are also valuable at this time. As chronic and subacute cases may take on acute forms under stimulating treatment, we must be prepared at any moment to apply more soothing methods of cure according to indication.—*Journal of Cutaneous and Genito-Urinary Diseases.*

OPIUM IN THE INTESTINAL HEMORRHAGE OF TYPHOID FEVER.

Dr. J. A. Lindsay, of Belfast, writing on hemorrhage from the bowel in typhoid fever, says that he has always been accustomed to follow Murchison's instructions, and has given tannic acid, laudanum and turpentine, with ice externally and ergotin by hypodermic injections. Some good authorities prefer to omit the turpentine, but he cannot say that he has ever seen any harm resulting from its use, and its power as a hæmostatic is undoubted. In one of his cases he gave laudanum pretty freely, in spite of the presence of albumen in the urine, and with good results—no sign of narcotism appearing. He is disposed to think that in intestinal hemorrhage, as in hæmatocele and other forms of internal bleeding, opium may be given fearlessly, and pushed even to heroic doses. Stimulants are certainly required in some cases, but must be regulated with much caution. Whilst intestinal hemorrhage in typhoid fever is a serious symptom, it is by no means usually fatal, and prompt and decisive treatment is called for, and will often prove effectual.—*Dublin Journal of Med. Sciences.*

PILOCARPINE IN ECLAMPSIA.

Pilocarpine may be said to be on its trial as a remedy in the dreaded convulsions of puerperal eclampsia, and it is important to note the results which are from time to time reported as following its use. On the whole the reports are decidedly favorable, and a case recently published in a

French contemporary shows clearly enough that in certain cases the drug may be relied upon to conjure the attack. In this particular case the attack had come on during labor, and was not relieved on the evacuation of the contents of the uterus—indeed, the condition of the patients on the following day was simply desperate. The injection of a third of a grain of pilocarpine at this critical moment is reported to have produced a most remarkable effect. After an abundant diaphoresis, lasting over half an hour, the pulse returned in the radial arteries and the surface temperature was restored. No further convulsions occurred, and in the course of a day or two, the injections being continued night and morning, albumen disappeared from the urine, the patient becoming convalescent. The effects were too clear and too prompt for the results to be attributed to any other influence, and the remedy is one which should always form part of the armamentarium of the obstetric physician.—*Med. Press.*

AN EXORBITANT FEE (FACT).

A correspondent writes:—A woman brought her daughter to a friend of mine practising in the "Pottery" district. The girl had dislocated her jaw, which dislocation was soon reduced by the usual method, and a bandage applied to keep it in position. On being asked the fee, my friend, not having had a similar case in private practice, went into another room and consulted a tariff of medical charges published by the Shropshire Ethical Society, and found "for reducing dislocation of jaw, 1 to 3 guineas." Seeing that the woman was not in good circumstances he felt that the minimum fee was not likely to be forthcoming, so he tentatively asked whether the girl had ever had the jaw out before. "Oh, yes, sir," she replied, "about twelve months ago, and was treated by a doctor at———" "How much did he charge you?" "A shilling, sir." "Didn't that strike you as being a somewhat peculiar fee?" "Well, sir," was the reply, "we did think it a good deal."—*Birmingham Med. Review.*

LACTIC ACID IN LARYNGEAL PHTHISIS.

A Sakolowski (*Wienier klin. Wochen.*, 1888, Nos. 4 and 5) maintains that laryngeal tuberculosis is curable, and that methodical local treatment, in addition to general treatment, is indispensable.

Out of 50 cases not treated locally, only 16 per cent. improved. On the other hand, in 50 cases where such treatment was employed, 80 per cent. improved. The most favorable cases are those in which fever is absent, the general condition good, and the lungs but slightly consolidated.

Amongst local applications in laryngeal phthisis, he says: "Lactic acid occupies a most prominent position. The part affected should be painted with a 25 to 75 per cent. solution, or even with pure lactic acid. Of 34 cases thus treated, 25 improved; in 18 of these, both subjective and objective symptoms became less marked; in the other seven, the power of swallowing increased, hence the general condition of the patient became better. The unpleasant burning sensation produced by lactic acid may in many cases be prevented by painting the part previously with cocaine. In addition to this medication, direct surgical treatment must also be employed, consisting either of deep incision or scraping. After the operation, the lactic applications should be continued.—*Therap. Monat.*

STRYCHNINE IN DELIRIUM TREMENS

Large doses of strychnine are being used in delirium tremens and alcoholism, with a success that renders the promoters of the methods enthusiastic (*Boston Med. and Surg. Journal*). The originator, Luton, of Rheims, gives as high as a twelfth of a grain two or three times a day by mouth or subcutaneously. Dujardin-Beaumez reports uniformly good results from the practice. No toxic effects are produced, but a marked benefit ensues. The insomnia, agitation and delirium severally disappear. Sleep was in some instances induced, after all other hypnotics had failed. The "why and wherefore" of this new method of combatting alcoholic delirium is thus explained by Dr. Ramos, of Brazil: "I believe with M. Luton that in chronic alcoholism there is inertia of the excito-motor properties of the spinal cord, which enables the patient to tolerate large doses of strychnine. In these cases the strychnine has a substitutive action on the nerve centres, antagonizing the excitant action of the alcohol."

IRRIGATION OF THE PERITONEAL CAVITY.

Considerable difference of opinion exists among surgeons as to the advisability of using solutions containing various disinfectants for washing out the peritoneal cavity, in view of the fact that numerous deaths have been recorded as due, in all probability, to the use of such agents as corrosive sublimate, carbolic acid, &c. The absorbent powers of the peritoneum are well recognized, and account for the accidents which have followed the injections of solutions containing poisonous substances. So great is this absorbent power that the effects of the intra-peritoneal injection of a saline solution are equivalent to a veritable transfusion of blood. It has been remarked, however, that there is a

limit to the amount of fluid which finds its way into the circulation by this means, and a point is soon reached after which no more is absorbed. Moreover, if a certain quantity of saline solution be introduced directly into the circulation, the absorbent power of the peritoneum is diminished *pari passu*, and if the quantity be considerable the peritoneum exudes, instead of the contrary. The accuracy of this observation has been verified by injecting poisonous solutions into the peritoneal cavity at a time when its absorbent powers have been overcome, and are, for the time being, in abeyance. No absorption of the poison took place, and no symptom of intoxication followed. A series of experiments recently carried out in this direction show that, after being irrigated for a certain period of time, the peritoneum ceases to absorb, and poisonous substances fail to produce any effect. One is tempted to ask whether this fact might not be turned to useful account in operations involving that structure, by permitting the use of certain antiseptics the absorption of which would be attended with danger.—*Medical Press and Circular.*

ARTERIAL CHANGES IN PHTHISIS.

The morbid changes in the arterial coats have recently been studied in sixteen cases of phthisis by Dr. N. Sh. Ippa, of St. Petersburg. In all the cases some at least of the arteries were affected, the coronaries of the heart invariably so. The coats which were found to have undergone morbid change were the intima and the middle coat. Connective tissue was found in the intima of arteries where it does not in the normal condition exist at all—as for example, in the brachial, femoral, and coronary arteries. This is due to an inflammation of the coat, which has been described by Dr. R. Thomas as "diffused and nodose chronic fibrous endarteritis." In arteries where there is connective tissue in the intima, its amount was found to be very materially increased. The middle coat was affected in a somewhat similar manner, the muscular elements being atrophied and connective tissue being formed. The vessels presenting the most extensive morbid changes were the coronaries, and those least affected were the brachial, femoral and more particularly the pulmonary arteries.—*Lancet.*

COLORED PAPER FOR SCHOOL BOOKS.

W. S. Higgins, M.D., Champaign, Ill., says: Some six or seven years ago I gave you my theory of the cause of adolescent headache. Claiming to be the first to discard the old theory of its being caused by mental exertion, I then recommended the use of smoked colored glasses. Here in Champaign we have from 400 to 600 students in the State University of Illinois every year. Now, it is not uncommon to see a

student wearing the smoked colored glasses—securing a liberal education—who, without them, would be compelled to grow up in ignorance. I then recommended that school books should be printed on colored paper. Since then I have been experimenting with different colors to get that which would cause the least pain, and find that yellow paper, with blue ink, will cause the least, but that any color is better than the white paper with black ink. As the young do not like to be seen wearing glasses, can we not save them the trouble by insisting, as a sanitary measure, that all school books be printed in large, coarse type, on yellow paper, with blue ink. Those who have good, strong eyes, will not be injured, while those who have weak eyes will not be compelled to thus expose their condition, or be kept out of school, or suffer with a most distressing pain. Taking a patient out of school will rest the eye and relieve the pain; so the argument that was used for mental exertion can be first used for the eye, and I am fully persuaded that anyone who will give this theory a thorough examination will be convinced of its truth.—*Peoria Med. Monthly.*

A NEW MODE OF ADMINISTERING COD-LIVER OIL.

M. Lefaki calls attention to a method of administering cod-liver oil which seems to possess considerable advantage (*Journal de Médecine et de Chirurgie*, May, 1889). If equal parts of cod-liver oil and lime water are mixed together, a milky liquid is obtained which is inodorous, has the consistency of syrup, and may be flavored at will either with lemon syrup or vanilla, or other extract. The cod-liver oil thus saponified is almost agreeable to the taste, does not adhere to the mouth, and does not leave any nauseous after-taste. In addition to these advantages saponified cod liver oil is preferable to the various emulsions which are on the market. In the first place, it is permanent, the fluid remaining homogeneous. It is readily assimilated even by weak stomachs; it may be administered even during diarrhoea; besides, it is combined with calcareous elements, which are likewise indicated in the affections which call for the use of the cod-liver oil. Of course, the saponified oil may be associated with the phosphates or the hypophosphites of lime. Finally, it may be readily and rapidly prepared, and is of low price.

THE EFFECT OF ANGER ON THE CIRCULATION.

It has been noticed that during the *aura* which precedes the attacks in epileptics, arterial pressure undergoes a very notable increase. The heightened pressure persists during the convulsive period, but as soon as the attacks come to an end, it falls below normal, and may remain

so for several days. The same phenomena are observable in simple epileptic vertigo, but are then less marked, and disappear earlier. M. Féré, in the course of an investigation into the circulatory disturbances incidental to epileptic manifestations, discovered that it was possible to arrest an attack by diminishing the arterial pressure by means of a mustard bath, or by cupping. There would thus appear to be a close relationship between the production of an exalted blood pressure, and the convulsions of the epileptic state. This fact explains the influence of violent emotions, such as anger, in determining or precipitating an attack, for M. Féré's observations show that arterial pressure may increase twenty-five per cent. under the influence of a fit of anger. This same fact explains the liability to rupture of diseased vessels under similar circumstances. From a medico-legal point of view, the identity of the physiological phenomena associated with emotional and convulsive disturbances proves that there is no essential difference between the two, an observation which has an important bearing on the difficult question of individual responsibility.—*Med. Review.*

DIAGNOSIS OF DUODENAL ULCER.

The points upon which Aucquoy (*Arch. Gen*) lays the greatest stress in the diagnosis of duodenal ulcer, are (1) Sudden intestinal hæmorrhage in an apparently healthy person, which tends to recur and produce a profound anæmia; hæmatemesis may precede or accompany the melæna. (2) Pain in the right hypochondriac region coming on late (two or three hours after eating.) This is an uncertain symptom as the food may have no special influence in producing the pain. (3) A more important criterion is in the occurrence of gastric crises, agonizing attacks of colic; the hæmorrhage being more apt to occur about the time of these attacks. Absolute immunity from all gastric distress in the interval between taking food is more common in duodenal than in gastric ulcer. (4) The occurrence of melæna without hæmatemesis is the chief point in the diagnosis of duodenal ulcer. Aucquoy and Johnston both hold that it can be diagnosed by this symptom alone.

ON THE DILATATION OF THE PUPIL IN LOCOMOTOR ATAXY.

I have several times observed a dilatation of the pupil in cases of locomotor ataxy in which the pupil did not contract to light. This dilatation only occurs, according to my observations, when the light employed in the search for the Argyll-Robertson symptom is intense, such a light as that used in the ophthalmoscope room. My impression has been that it is the intense light and heat acting upon the conjunctiva—*i. e.*,

fifth nerve—which is the cause of the dilatation of the pupil, just as is supposed to happen in stimulation of the skin of the neck by pinching or by the faradic brush. But the dilatation due to intense light and heat is very small compared with that which usually obtains in health on irritating the skin. In the case of locomotor ataxy in which this dilatation of the pupil has been witnessed, pinching the skin of the neck on the side on which dilatation occurred from exposure to strong light and heat only caused a slight dilatation of the pupil. The pupils contracted when the eyeballs were convergent. It would be interesting to know whether the great heat of the lamp had as much to do with the production of the phenomenon as the intense light. In the cases in which I have observed this dilatation, the pupils have not been very very small.—Angel Money, M.D., in *Lancet*.

THE MANAGEMENT OF BREECH PRESENTATIONS.

By L. E. NEALE, M. D., of Baltimore, Md.

1. Do not interfere with breech presentations, either before or during labor, until some special indication arises otherwise than the mere occurrence of the presentation.
2. Expression should be the preferable mode of delivery.
3. When this is impracticable, 1, manual traction on the leg; 2, manual traction on the breech; 3, forceps; 4, fillet; 5, blunt hook; 6, craniotomy, should be selected in the order mentioned.
4. The after-coming head should be delivered 1, by expression; 2, Mauriceau's method; 3, Prague handgriff; 4, forceps; 5, craniotomy.
5. Treat special complications on general principles.—*Maryland Med. Jour.*

BICHLORIDE OF MERCURY IN ANÆMIA

Dr. A. M. Cartledge, Demonstrator of Anatomy in the Kentucky School of Medicine contributes a paper on bichloride of mercury in anæmia to the *American Practitioner and News*, May 11, 1889. He believes mercury has the power of causing absorption of lymph deposits and of relieving glandular engorgement.

In the anæmia of women the subject of disease connected with the organs of generation, he says he knows of no one constitutional remedy the equal of mercury. Nearly all of these cases are the subject of lymph deposits and ovarian congestion, which is best met by an agent which so decidedly facilitates healthy gland action. In the chlorosis which is so often a manifestation of struma, he says the bichloride of mercury iron alone fails. The great good mercury does, especially as calomel, in relieving acute

glandular engorgement, is appreciated. What he thinks we need most to be impressed with is its great virtue in relieving those often obscure and chronic obstructions to gland action which exert so potent an influence for evil in the economy.

TREATMENT OF INGROWING TOE-NAIL.

Dr. Theodore Clemens, of Frankfort, strongly recommends the employment of tinfoil in the treatment of ingrowing toe-nail. He first has the toe thoroughly washed with soap and carefully dried. He then envelops the whole nail with tinfoil, putting a strip between the portion that grows in and the raw surface caused by it. The tinfoil is fixed by means of a very thin layer of common wax, and the patient told not to wash the part, but to use dry bran for rubbing off the dirt. Of course, the toe has to be repeatedly dressed with tinfoil: but, if the operation is carefully performed, it is surprising how long the tinfoil will remain intact, even when the patient is, as was usually the case in Dr. Clemens' hospital practice, very poor and very badly shod. The results are stated to have been most satisfactory, and are ascribed by Dr. Clemens, not merely to the mechanical action of the tinfoil, but to the effect of the permanent contact of a combination of metals comprising iron, copper, arsenic, molybdenum, wolfram, and bismuth, with a moist and growing portion of flesh. This, he says, brings about in a few weeks the complete healing of the sore, and causes the nail to grow more slowly and in a more healthy manner.—*London Lancet*.

—There is no other exhibit of the class in the United States section to rival that of Wm. R. Warner & Co. From the globe-advertising Philadelphia merchant comes an exhibit which the native pharmaciens can look at with both admiration and wonderment. The display is enough to make any Frenchman curious, and their arrangement such as to be above deprecatory criticism; and those Frenchmen there could not be a people with better taste for the proper and harmonious exhibition of products. A glance through their own magnificent section of pharmacy will verify this. Readers would find superfluous a description in detail of the Messrs. Warner's essentially fine installation covering all their soluble sugar-coated pills, salts, &c. Suffice it is to remark that at the Paris Universelle their exhibit is thoroughly representative, comprises all the makers' fabrications, and is decidedly an honor to the concern.—*Pharmaceutical Record*.

—In cases of eclampsia during pregnancy, which do not yield to treatment, premature labor should be induced. (Prof. Parvin.)

PATHOLOGICAL ANATOMY OF ESSENTIAL EPILEPSY.

The exact pathological anatomy of idiopathic or essential epilepsy is still very obscure, so that some recent statements by M. Chaslin before the Biological Society of Paris, at its meeting on March 2, are interesting and may perhaps throw new light on the subject. According to the *Bulletin Medical*, March 6, 1889, M. Chaslin has had occasion to study the brains of several epileptics, and his study has led him to the conclusion that certain lesions, described under the name "cerebral sclerosis," are due to a proliferation of the cells of the neuroglia. He proposes for this process the name "neuroglial sclerosis." Further he believes the induration at certain points, especially in the horns of the hippocampi majores or in the olivary bodies—which has been long noted in cases of epilepsy—is the external sign of the hidden proliferation of the neuroglia.

According to this view, idiopathic epilepsy would in some cases be due to an excess of development of the connective tissue of the nerve fibres, which Chaslin thinks should be attributed to a lesion received during embryonic life. *Med. Surg. Reporter*.

TREATMENT OF ENDOMETRITIS.

At the Académie de Médecine, M. Dumont Pallier read a paper on the treatment of endometritis by chloride of zinc paste. He had the experience of 120 cases of chronic endometritis treated by placing à demeure a piece of this caustic, and each case terminated successfully. When the endometritis was accompanied with hæmorrhage the presence of the caustic agent arrested it almost immediately. The pain which this treatment gives rise to is variable in its intensity and its duration, and affects the form of uterine colic, but at the end of 24 hours all suffering disappeared. The slough becomes detached at variable periods, between the fourth and thirteenth day, and two days subsequently the cure may be considered definitive. The menses return at the usual periods and cause no pain. In operating, M. Dumont Pallier washes first the vagina out with an antiseptic solution, and then introduces the sound in order to measure the cavity of the uterus; that known, he places a piece of the caustic pencil à demeure of such a length that one end touches the fundus of the organ while the other appears just at the external orifice. Another antiseptic washing is made, and iodoformed gauze keeps the caustic *in situ*.—*Medical Press*.

BICARBONATE OF SODIUM AND BICHLORIDE OF MERCURY IN THE TREATMENT OF YELLOW FEVER.

In the *Therapeutic Gazette*, August 15, 1888,

Dr. George M. Sternberg suggested the use of bicarbonate of sodium and bichloride of mercury in the treatment of yellow fever. At Decatur, Florida, in the following October, the yellow fever prevailing was of a most malignant type: of 10 physicians practising in the infected area, 9 had yellow fever and 5 died. The treatment referred to was then tried. In the *Gazette* for May 15, Dr. Sternberg states that 32 white and 32 colored patients were subjected to the treatment by four physicians; of this number, only 4 died—all white. Dr. Mitchell writes from Jacksonville that he treated in all 216 cases of yellow fever, and that the mercury and soda gave the best results. As the result of experience with the bichloride and alkaline treatment, Dr. Sternberg suggests for further trial the following formula, which is a modification of the one first suggested:

Sodii bicarb..... ʒ iv
Hydrarg. chlor. corr..... gr. ss
Aque puræ Oii

M. Sig. One and three-fourths ounces every hour; to be given *ice cold*.

THE TREATMENT OF DIARRHŒA IN PHTHISIS.

Dr. Polyak, of Gorbersdorf, gives in the *Orvosi Hetilap* the results of some trials he has made of two recently suggested remedies in the diarrhœa of phthisis,—viz., silicate of magnesia in the form of talc which has been recommended by Debove, and lactic acid recommended by Drs. Sezary and Aune. About eight ounces of talc were well shaken up in a pint of milk, and this, or even a larger quantity, was given daily. As a rule, it arrested the diarrhœa after having been used for a couple of days, but if it was left off the diarrhœa returned. It was found, however, that patients liked the milk mixed with talc even better than ordinary milk, but it could not be taken for more than six or seven days, as after that time complaint was made of a troublesome feeling of oppression in the stomach and bowels. Dr. Polyak thinks it quite impossible that long-continued use of talc can heal intestinal ulcers. Lactic acid proved in his hands a much more satisfactory remedy. The initial dose employed was 30 grains per diem in four ounces of water; this was increased subsequently, but not more than 75 grains per diem were given. On the third day the diarrhœa and the pain were generally arrested, and during the next day or two the stools assumed their ordinary character. It was found advisable to continue to give small doses for some time longer. The patients bore the treatment well; it produced no diminution of appetite, and, unless continued for a long time, gave rise to no disagreeable symptoms. Dr. Polyak thinks it possible that even ulcers of the intestines may be healed by this means.—*Lancet*.

A USEFUL FORMULA IN SKIN DISEASE.

I have been so successful in treating certain cases of skin diseases, that I thought I would write a communication on the subject. One case, that of a printer, who was affected with a very bad eczema of a chronic nature, on both hands (dorsal aspect), presented himself. His hands were so sore and inflamed that he could not work at his trade for weeks at a stretch. Hypertrophy of the skin, large scabs with cracks between, from which issued pus and other discharges, were the conditions as near as I can describe. I prescribed the following mixture, with instructions for him to apply three times a day, very thoroughly at night, at the same time keeping the parts protected by cloth gloves:

R.—Ac. salicylic,	ʒ ij
Ac. boracic,	ʒ iss
Biborate soda,	ʒ ij
Alcohol,	
Glycerin,	āā q. s. ad ʒ iij
	—M. et ft. lotion.

There was immediate improvement, and by sticking to the above treatment for three months his hands are now comparatively well. I was myself affected with a very troublesome hyperidrosis, or hypertrophy of the sweat glands of the palms of both hands, and bromodrosis of both feet. I used the same remedy in a similar manner and I was surprised to see what good results followed. It is an excellent remedy in many skin affections, as acne, etc. It will pay any man who has an obstinate case of skin disease of a non-specific nature to give it a trial. I generally incorporate about 10 drops of ol. bergamot with the formula to give it an agreeable smell.—F. M. Scott, in the *Med. Age*.

TREATMENT OF HEADACHES.

Dr. E. Lloyd Jones (*London Practitioner*) has written an able paper on the diagnosis and treatment of headaches, accompanied by diminished or increased blood-pressure and he sums up the treatment as follows: First, with regard to low-pressure headache. In acute cases, *e. g.*, the toxic headaches from alcohol and tobacco, exercise and food are patent remedies. Relief is obtained from cardiac stimulants such as the following:

R. Spts. ammoniæ aromat.	ʒss
Spts. chloroformi,	ʒ. xx
Aquam ad,	ʒi

Antipyrin in small doses (gr. iii.) is also useful.

In more chronic (recurrent) cases prolonged treatment by drugs is often necessary. In anæmic persons, iron is generally useful as an adjunct, but it is well often to give tr. digitalis with it in doses of ʒi. to iii. which will not slow the pulse.

If the patient is pallid, but the ears and lips are red, iron is of little service. In these cases, the tr. of digitalis ʒi. to iii. is very efficacious, the bowels being kept open if necessary. These are the patients who have an excessive number of red cells, with an increased specific gravity of the blood; they are very prone to low-pressure headaches, and they are much relieved by rest and change.

In high-pressure headaches, the bowels must be kept open, but not purged. The nitrite of amyl, carefully administered in a very dilute state, is very useful. Nitro-glycerine is even more useful, as the dose can be more easily regulated, in recurrent as well as in acute cases. In anæmic girls, besides improving their blood condition, nitro-glycerine should be given in doses of one six-hundredth of a minim twice a day, and more than six doses should not be ordered. In recurrent high-pressure headaches alkalies are most beneficial. When these occur in anæmic young women, iron should be given with them. Iron alone would increase the headache.

THE USE OF BELLADONNA AND CANNABIS INDICA BY THE RECTUM IN GYNECOLOGICAL PRACTICE.

In the *Boston Medical and Surgical Journal* for May 23, 1889, Dr. J. W. Farlow calls attention to the value of employing the absorbing power of the rectum in different affections of the pelvic organs. The advantage of this method of treatment he finds to be especially dependent on the more perfect retention by the rectum of drugs than when they are introduced into the vagina. The remedies to which he especially refers as used in this manner are belladonna and cannabis indica. He states that belladonna has a sedative action on the uterus and pelvic contents, and relaxes rather than constipates the bowels. Its value in irritable conditions of the bladder and urethra is well known. This combination of qualities is called for in a very large number of women. Cannabis indica has somewhat similar properties, and especially for sensitive ovaries and in the various painful affections of those organs its use is often productive of much good. It has few equals in its power over nervous headaches such as women with pelvic trouble are subject to.

About the age of puberty there is frequent complaint of painful menstruation, with pelvic and general excitement, and often weakness from this after the flow has entirely ceased. Frequent micturition and headache are also very common at this time. If the excitement can be moderated, if the pelvic organs can be made less irritable, there will be less pain, less hemorrhage, less weakness, and consequently a much longer period of health between the catamenia. This Dr. Farlow believes may be accomplished

through the rectal use of belladonna and cannabis indica, beginning a few days before the menstrual symptoms appear. So, also tenderness of the ovaries, various symptoms which accompany the menopause, are often relieved by the same mode of treatment. Dr. Farlow generally orders $\frac{1}{4}$ grain each of extract of belladonna and extract of cannabis indica in a rectal suppository, to be used at night, and sometimes it is well to use one also in the morning after the bowels have moved. There are some patients who can tolerate only $\frac{1}{8}$ grain of extract of belladonna, even by the rectum. To such smaller amounts should be given.

QUININE IN PREGNANCY.

At the meeting of the Glasgow Obstetrical and Gynæcological Society, held April 24, 1889, Dr. R. Park (*British Medical Journal* May 25, 1889) read notes on the action of quinine in medicinal doses on the pregnant uterus, with an illustrative case. Mrs. C., aged 27, three years married, never pregnant, consulted him in August, 1886. He found her suffering from retroversion of the uterus with tender fundus. This was replaced without difficulty, and a Hodge pessary introduced, with immediate relief. She soon afterwards became pregnant. In August, 1887, when about five and a half months pregnant, she was threatened with a miscarriage—considerable flooding and rhythmic pains—which subsided, however, on the administration of opium and small doses of liq. ergot. ammon., and on December 31 following she was delivered of a healthy female child. As to the cause of the hemorrhage, nothing could be elicited except that, three days previously, she had taken a dose of quinine to relieve neuralgia. He considered that she must have taken from 10 to 15 grains, from the effects produced on the head. The patient herself stated that soon after the ringing in her ears stopped she began to feel uneasy about the lower part of the abdomen. Dr. Park said that as the quinine produced such an effect in a dose within ordinary medicinal limits, it must, in smaller doses, have a distinct, though less obvious, action of the same kind. He believed that all tonics which acted on non-striated muscular fibre exerted their influence over the uterus, except when its walls were the seat of inflammatory hyperplasia.

Dr. M. Cameron stated that he had met with cases where he was inclined to attribute abortion to quinine.

Dr. G. A. Turner asked if the dose of quinine in Dr. Park's case had caused vomiting. He stated that while in practice abroad he had frequently used large doses of quinine in pregnant women, and had never seen any bad results.

Dr. A. Miller agreed pretty much with Dr.

Athill that those drugs mentioned by Dr. Park—namely, ergot, savin, quinine, strychnine, etc., had very little effect in producing uterine contractions, even in the pregnant uterus, although he thought it not improbable that the quinine caused this threatened miscarriage.

TREATMENT OF SEA-SICKNESS.

We have often alluded to the efficacious treatment of sea-sickness suggested by Dr. Burggræve some ten or twelve years ago; every practitioner who has resorted to it has met with similar success. Originally he gave a granule of sulphate of strychnine and one of hyoscyamine, both together, every quarter of an hour until the distressing symptoms abated. Sometimes arseniate of strychnine was used instead of the sulphate, and latterly he has added a granule of hydrochlorate of morphine, giving the three granules together. Notes of the efficaciousness of this simple treatment in the hands of Dr. Embleton, Dr. Lory Marsh, Dr. Gesner, and others, have appeared from time to time in our pages. The latest experience of an English practitioner in this respect is that of Dr. Richard Jeffreys, alluded to in a letter addressed to us on the 2nd of January last, in which the writer says: "I visited Norway and Sweden with a medical friend last summer. During our voyage from Newcastle and Bergen we both administered granules of arseniate of strychnine and hyoscyamine to those of our fellow passengers who were suffering from sea-sickness, and the result was the greatest possible benefit. We also showed our pocket pharmacies to one or two Norwegian and Swedish physicians, to whom we explained the new treatment and therapeutic reform of Professor Burggræve. They appeared highly pleased with it, and evidently intend to look carefully into it."

With regard to incoercible vomiting, not on board ship, we published a short time ago the remarkable paper by Dr. Fontaine, in which he states he has never failed to meet with prompt and complete success by administering a granule of hyoscyamine and a granule of hydrochlorate of morphine, both together every quarter of an hour. Recently, an able English practitioner, Dr. Maberly, wrote to us: "I have been extremely pleased with the action of the hyoscyamine and morphine granules in combating vomiting in a few cases where I have tried them, and shall in future never employ any other treatment in such cases in adults. In infants and young children, I must confess I am afraid to use such powerful alkaloids, at any rate in frequently repeated doses.—*London Jour. of Med.*"

QUININE RASH.

At the meeting of the Clinical Society of London, March 8, 1889, Dr. Burney Yeo gave an account of several attacks of a quinine rash which he had personally experienced. The first attack occurred in August, 1889, while he was taking two grains of quinine three times a day for a cold in the head; the second about two months afterward, when taking quinine in the same doses for the same purpose; the third, in Rome, in January, 1884, after a single dose of three grains. The true nature of the eruption was not suspected in the first attack, and doubted in the second, as the author had repeatedly taken quinine during former attacks of coryza without any such manifestations. Thinking there might be some impurity in the quinine, the author in May last obtained a different sample, the purity of which was vouched for, and, after taking two doses of three grains each, the rash shortly made its appearance as before. Some time afterward he again tested himself by a very small dose, hoping thereby to establish a tolerance of the drug, but a single dose of a quarter of a grain was rapidly followed by precisely the same cutaneous manifestations. The eruption, which the author fully described, assumed the same character and distribution on each occasion, and was of an erythematous nature, in patches of various sizes and forms, most of them a little raised above the surface. A remarkable fact was that on every occasion it was strictly limited to the lower extremities, extending up to the groins, but never passing beyond that limit. There was no constitutional disturbance. The author having referred briefly to the history of quinine rashes, concluded the paper with some interesting reflections and inferences on the remarkable fact that a drug which had been for years, and quite recently, perfectly tolerated, should suddenly in the same person cause such decided cutaneous disorder, and in such minute doses. In answer to a question by Dr. Powell, whether any actual febrile phenomena attended the rash, Dr. Yeo stated that no febrile phenomena had accompanied the appearance of the rash; and that he had experienced no other symptoms of quinine poisoning, and no tenderness of the skin. The eruption was disagreeable at night. He mentioned a case in which similar symptoms had followed the ingestion of a dose of salicylate of soda. He pointed out that the effects of quinine varied very much according to the form in which it was given. When given in the solid form it sometimes proved unsuccessful, while it gave excellent results when administered in the form of an effervescent draught. —*British Med. Journal*, March 16, 1889.

THE VALUE OF JABORANDI AND ITS ALKALOIDS IN THE TREATMENT OF BRIGHT'S DISEASE.

The patient was a man of nineteen, who for several months had suffered from some cedema; dyspnoea, and albuminurid. When seen he was propped up in bed, and dropsical from head to foot; his eyelids which were distended with effusion, completely closed the eyes. His face was livid, and the swollen condition of the cellular tissues of the neck made it almost as broad as his shoulders. He coughed incessantly; there was copious intra-thoracic effusion, and the subcutaneous tissue all over the chest was "doughy" to the touch. His abdomen was as big as a barrel, and there was extensive cedema of the genitals. His legs and thighs were enormously swollen, and water was exuding from them. He was passing a very small quantity of urine, which was of a dirty color and loaded with albumen. As a last resource, but without expecting much from it, I determined to try the subcutaneous injection of hydro-chlorate of pilocarpin, and the next day I gave two injections of a quarter of a grain each, one in the morning and the other late in the afternoon. After each dose I covered the patient thickly with blankets. The first effect was a flushing of the face, the saliva was secreted copiously, and within five minutes he broke out into a profuse perspiration. After the first injection he expressed himself as relieved, and he certainly coughed less. On my visiting him the next day, the lad's appearance was improved; he could see out of his eyes; he had passed a fair night, and the dyspnoea was lessened. I continued two injections daily for three or four days, and after each administration he sweated most profusely. I found he became very faint soon after the injection, and to counteract this I gave him a good dose of gin-and-water before the next one, and repeated this each time afterward, when he never complained of faintness. Vomiting also occurred, one or twice severely, which induced me to lower the dose to one-fifth of a grain, which I injected daily for nine or ten days. The improvement, which commenced early, was well maintained. At the end of a week he could sit up in bed, the cough was much less, the thoracic effusion had completely subsided, and his arms and neck were becoming less cedematous. The patient longed for my visits, and always expressed himself as feeling better after a "jolly good sweat." At the end of a fortnight his upper parts were free from effusion, but the abdomen was still much distended, and I hardly believed that we could get rid of an accumulation which at one time threatened to rupture the skin, and which it seemed that nothing but tapping would relieve. I then administered one-fifth of a grain on alternate days, and kept this up for another fortnight.

—For a case of chorea in a child 13 years of age, Dr. Rex ordered 5 grs. antipyrine, t. d.

He was then passing his usual quantity of urine, the albumen much diminished in quantity; he sat up daily by the fire, and there remained but a little swelling of the abdomen and legs. I continued the injection till the remaining dropsy had subsided. The improvement was maintained, and under a diet of plenty of milk and the administration of iron and convallaria majalis, he was able to go out of doors and enjoy life with comfort.—*Lancet*.

A NEW TREATMENT FOR CHRONIC RINGWORM OF THE SCALP.

Only those who have attempted to cure a group of cases of chronic ringworm of the scalp can appreciate the disheartening obstinacy of the affection. Ringworm of the body is easily cured by a few applications of tincture of iodine, and so usually is ringworm of the scalp, when treatment is begun soon after infection has occurred. But when the fungus has once penetrated into the interior of the hair follicles it is sometimes almost impossible to eradicate it and the longer the affection has lasted in any case, the more rebellious to treatment does it become. The fungus, so far as we know, does not cease to be susceptible to parasitocides, but the reason why the latter are so slow in acting is that they cannot be brought into contact with the fungus, situated as it is deeply beneath the surface of the scalp. One of the most useful suggestions that has hitherto been made, with the view of obviating this difficulty, is that of Mr. A. J. Harrison, of Bristol, England. The results obtained in Philadelphia by the application of Mr. Harrison's method were communicated to the *Reporter*, June 23, 1887, in an article by Dr. Herman B. Allyn. Without rehearsing Mr. Harrison's method, suffice it to say, that he employed a solution of caustic potash to soften the hairs and scalp tissues, and when this end was reached, the parasiticide was applied. Two solutions were thus used.

In a communication published in the *British Medical Journal*, March 2, 1889, Mr. Harrison gives what he believes, after considerable experiment, and an experience with one hundred cases in two years, is an improvement upon that which has itself produced most excellent results. The author combines the remedies in an ointment composed of: caustic potash, nine grains; carbolic acid, twenty-four grains; lanolin and cocoonut oil, of each one-half an ounce. This ointment may be scented with some suitable oil, and a small portion of it should be rubbed into the affected parts night and morning. The caustic potash contained in it acts upon and softens the hair-matter, and in this way allow the carbolic acid to have free access to the fungus and its hosts of spores. The author thinks there is a decided advantage in

leaving, when it can be done, as much as a quarter of an inch of hair; the ointment seems to have better play, and is kept on the part affected.

Those who have tried Mr. Harrison's former plan of treatment will receive his latest suggestion on the subject with great confidence, and will also be glad to learn that shaving of the head and still more, epilation, which is painful to the little patient and extremely trying to the perseverance of the physician, are both unnecessary and even unadvisable. Carbolic acid is, of course, the parasiticide, and as it is not really an acid, there is, of course, no impropriety in combining it with an alkali.

Ringworm of the scalp is such a dreadful scourge that it may be worth while to mention in this connection the means employed by Mr. Harrison to prevent infection. He applies to the heads of children liable to be infected, an ointment composed of boracic acid and oil of eucalyptus, of each two ounces; oil of cloves, one-half a fluid drachm; and oil of cocoa-nut, sufficient to make six ounces. This makes an elegant prophylactic pomade.—*Med. and Surg. Reporter*.

USEFUL FORMULÆ IN SKIN DISEASES.

Dr. M. Epstein gives the following formulæ as in use in the service of Dr. W. A. Hardy, at the skin clinic of the St. Louis Post-Graduate School of Medicine:—

R. Unguenti vaselini plumbici, ꝑiv.

Sig.—Spread on cotton cloth.

One of the most universally applicable and valuable ointments in eczema is the diachylon ointment of Hebra; but owing to the difficulty of preparing it after the original formula, it is now generally made by melting together equal parts of vaseline and lead plaster. It should be neatly and evenly spread on strips of cotton cloth, and fastened to the parts with a roller bandage.

R. Ung. picis liquidæ, ʒss
Ung. aquæ rosæ, ʒiiss
Zinci oxidi, ʒj. M.

Sig.—Spread on lint.

This is of special value in the eczema (chronic?) of children.

R. Ol. rusci, ʒj-iij
Ung. aquæ rosæ, ʒj. M.

Sig.—Rub in thoroughly.

Useful in squamous eczema and also sometimes in psoriasis.

R. Hydrargyri ammoniati, ʒss
Liq. picis alkalin., ʒj
Ung. aq. rosæ, ʒj. M.

Sig.—Local use.

Employed in infiltrated eczema and in psoriasis of the scalp. It must not be used over too large a surface.

R. Acidi salicylici, $\mathcal{D}j$
 Sulphuris præcipitati, $\mathcal{Z}j$
 Vaselini, $\mathcal{Z}j$
 Ol. rosæ, q. s. M.

Sig.—Rub in thoroughly.

The range of application of this preparation is very wide, viz: seborrhœa and scaly eczema of scalp, tinea versicolor, keratosis senilis, and lupus erythematosus.

R. Emplastri plumbi, $\mathcal{Z}xxxv$
 Pulv. saponis, $\mathcal{D}iv$
 Aquæ, q. s.
 Vaselini, $\mathcal{Z}v$
 Camphoræ, gr. xx
 Acidi salicylici, $\mathcal{D}v$. M.

Sig.—Spread on lint.

This is a modification of Hick's compound salicylate soap plaster. It is much prescribed in the clinic for infiltrated eczema, especially of the hands and feet, and is now largely used in place of the more expensive Hamburg plasters of a certain kind. The amount of salicylic acid may be varied to suit the case.

R. Quininæ sulphatis, gr. x
 Spir. myrciæ, $f \mathcal{Z} ij$
 Glycerinæ, $f \mathcal{Z} j$
 Sodii chloridi, $\mathcal{Z} ij$
 Aquæ, q. s. ad $f \mathcal{Z} viij$. M.

Sig.—Local use.

There are hundreds of so-called hair tonics, containing more or less of these ingredients, but the one here given is one of the most satisfactory of its kind.

R. Acidi salicylici, $\mathcal{Z} ss$
 Zinci oxidi,
 Amyli, $\mathring{a}\mathring{a}$ $\mathcal{Z} ij$
 Vaselini, $\mathcal{Z} ij$. M.

The formula above constitutes the well-known Lassar's paste. It may be applied on strips of cloth, or in chronic scaly patches directly rubbed in with the finger. It is of value in many varieties of eczema and intertrigo.

R. Zinci oxidi, $\mathcal{Z} j$
 Glycerini,
 Mucilag. acaciæ, $\mathring{a}\mathring{a}$ $f \mathcal{Z} ij$. M.

Sig.—Apply with a brush.

In extensive patches of eczema this paste is very agreeable. If itching is severe, one per cent. of carbolic acid may be added.—*St. Louis Polyclinic.*

PERSONAL DISINFECTION IN CONTAGIOUS DISEASES.

A point which appears to us of considerable practical value, and which has, doubtless, sug-

gested itself to many physicians attending contagious diseases, and with almost equal certainty has but seldom been acted upon, is brought again to our attention through an article published in the *Medical Record* for June 22, 1889, by Dr. L. Mervin Maus, of the United States Army. We can now scarcely deny the germ origin of such diseases as diphtheria, scarlet fever, and measles, and it is further well established that the spread of these diseases is due to a material contagion, which, in the case of scarlet fever, is almost confined to the desquamated particles of the epidermis. It is well established that the contagiousness of scarlet fever increases with the onset of desquamation, and it is surprising, since the contagious matter is in all probability located in these desquamated scales, that the disinfection of the skin of the patient has not become a routine practice in the treatment of this disease. Unfortunately, one of us is at present passing through an epidemic of scarlatina in his own family, and there the first thought was to endeavor to protect the other members of the family by a disinfection of the skin of the patient, employing the use of corrosive sublimate in 1 to 1000 solution. In all probability this process was not inaugurated sufficiently soon, and did not entirely prevent the spread of the disease. It is known that very close approach to a scarlatina patient, or more or less direct personal contact with the patient, is required for the spread of the disease. If we could only thoroughly disinfect all the surroundings of the patient, we might hope, then, to do away with the spread of the disease, besides greatly reducing the necessity for prolonged isolation. Dr. Maus publishes the following rules as a preventive measure for the extension of this disease, and states that his practice has been founded on personal experience, and so far has been entirely satisfactory. He even states that he believes that we can through the employment of this method of treatment ignore isolation, in cases of mild scarlet fever, and ordinarily permit patients to join the family circle in ten days to two weeks.

1. Sponge the patient thoroughly morning and evening with a tepid solution of corrosive sublimate, 4 to 1000, as soon as the eruption makes its appearance.

2. Wash the hair once daily with a solution of the corrosive sublimate, of the same strength, and also a solution of borax, 1 to 250.

3. Disinfect the urine, fæces and expectoration, also the discharge from the ears and nose, if there be any. A solution of the bichloride, 1 to 1000, is best for this purpose.

4. As soon as the patient is permitted to leave the bed, have the body washed with warm water and soap, then sponged with the 1 to 4000

bichloride solution, wiped dry, and anointed with the following ointment:

R Sodii biboratis,
Zinci oxidi, āā ʒiv ;
Ol. gaultheriæ, ʒss ;
Vaselini, ʒiv.

The hair should be thoroughly washed with the bichloride and borax solution.

5. The patient is then to be enveloped in fresh and clean clothes throughout, and allowed to leave the sick room if his condition otherwise admits of it.

6. The bed-linen, soiled clothes, towels, etc., should be placed in a suitable sublimate solution and boiled, and the room well disinfected with sulphur. The sulphur candles are very convenient, and the disinfection should be repeated the second day, as the germs are very tenacious of life.

7. Require the nurse or attendant to keep the hair, face and hands well disinfected during attendance, and to likewise make a complete change in his or her garments on date of the disinfection of the sick room.

8. Continue the provisions of the third and fourth rules once daily until desquamation is complete.—*Therap. Gazette.*

THE MEDICINAL TREATMENT OF MENSTRUAL DISORDERS.

The treatment of symptoms alone, without regard to the underlying conditions of which the symptoms are but the expression, is often looked upon as unscientific and unworthy of the consideration of the true physician. It is, indeed, unscientific, and were it possible always to discover and remove the cause, it would be equally irrational and unjustifiable. But, unfortunately, we are unable always to act upon this principle. We cannot always discover the cause, and, knowing or suspecting it, we are often unable to remove it. This is noticeably so in regard to menstrual irregularities, especially as occurring in young women. The general practitioner is often asked to relieve cases of this nature in girls who would never submit to an examination or operation, preferring rather to suffer pain indefinitely than the shame of a physical investigation into the nature of their trouble. In such cases the physician is forced to try the effect of medicinal agents, groping, it may be, in the dark, before insisting upon an examination. Such being the case, it is well to learn what remedies have been found to be of occasional service in relieving symptoms of this nature which are not dependant upon actual organic disease.

In a very practical paper, read before the Connecticut Medical Society, at its annual meeting in 1888, Dr. Gideon C. Segur, of Hartford, pre-

sents a general review of the subject, giving the results of his own experience, and quoting the opinions of several prominent gynecologists whom he has consulted. A brief *résumé* of these opinions is all that can be presented here, the reader who may desire a more extended presentation of the subject being referred to the original paper.

Amenorrhœa.—For this condition most of the authorities consulted recommend general tonics, iron, arsenic and cod-liver oil. Permanganate of potassium, which was at one time so strongly recommended, does not seem to be in much favor, the objection to it being that it is too irritating to the stomach. Manganese was advised by some, and this is the remedy that the author has found to give the most satisfactory results. Most of the salts of this drug, however, cause so much gastric irritation that they cannot be used in most cases, but the binoxide seems to be an exception in this respect, Dr. Segur having used it in many cases with the happiest results, and without seeing any disagreeable effects caused by it. A disagreeable feature of this remedy, in Dr. Mundé's experience, though apparently not in the author's, was its unreliability. It might afford relief at one time, and yet at another, even in the same case, and seemingly under the same conditions, it would fail utterly to bring on the menstrual flow. The lactate of manganese is also free from the irritating action upon the stomach that most of the other salts of the drug exert. Manganese has the reputation of being an abortifacient, hence some caution is necessary in its use as an emmenagogue. But the maximum dose employed by the author is six grains a day, and this is far below that which has been used to produce abortion.

Dysmenorrhœa.—The opinions of the authorities consulted by the author concerning this symptom and its relief were most varied. Some thought no benefit could be obtained by any but operative measures while others spoke hopefully of many remedies. Among those which seemed to have given most satisfaction to the writers were *pusatilla* in three to five-drop doses three times a day; *cannabis indica*, *viburnum camphor*, *belladonna* and *antipyrine*. Dr. Segur found manganese to render good service in these cases also, in many instances. The binoxide was used in doses of six grains per diem. The application of heat, by means of the *sitz bath*, or *douche*, was a useful adjuvant to the internal medication.

Menorrhagia.—For this condition the most efficient remedies were found to be *ergot*, *hydrastis*, *digitalis*, sulphuric acid, fluid extract of *gossypium*, and gallic acid.

It is rather strange to find such a want of unanimity in the recommendations of these different authorities concerning the most efficacious medicinal agents for the relief of menstrual

disorders. It is rather discouraging, also, as the number of remedies vaunted as useful in any particular trouble is generally an inverse proportion to its amenability to treatment. Yet, notwithstanding the discouragements which those who attempt to treat menstrual disorders by drugs often encounter, the physician is many times powerless to treat them in any other way. Dr. Segur has, therefore, rendered good service in collecting the opinions of so many experienced gynecologists, and in giving the results of his efforts to relieve sufferers of this class, and we hope that the paper will be useful to many who may perhaps be able occasionally to cure some of these disorders by one or other of the remedies mentioned by the author.—*Med. Rec.*

PROF. ZIEMSSSEN ON THE TREATMENT OF TYPHOID FEVER.

Memorabilien, Heft 4, 1888.—Ziemssen ascribes the diminution of the mortality to the improvement in therapy. He does not think that this disease now appears in a milder form than formerly, although it does appear much less frequently.

The principal factor in the therapeutical diminution of the mortality he considers the water treatment, in its widest sense, not the cold water alone, and with it increased attention to hygiene and diet. He abhors an indifferent or expectant treatment.

The sick bed should be well arranged, the room, if possible, large, well ventilated, and quiet. Water pillows are best, and a second bed in the same room, so that the patient can change occasionally, is of advantage. A good trained nurse is preferable to "family" nursing. As to the diet, even during the fever, easily digested albuminoids should be allowed. Freshly prepared expressed beef juice is best, and five to seven ounces should be given daily. As to other articles of diet Ziemssen follows the views of most other writers. According to Rank's estimate, the diet of the patients in Ziemssen's clinic consisted of 91 parts of albumen, 76 parts fat, and 100 parts carbohydrates. The large quantity (relatively) of albuminoids is of great advantage to the limitation of the destruction of organic tissue, and in shortening the period of convalescence. Calves'-foot jelly with wine is given frequently. Few medicines are given, and only when special indications for them exist.

Calomel has a decided effect when given at the right time, that is, during the first five days of the disease. The dose is 8 grains (fifty centigrams) given three times in two hours.

In order to determine the temperature of the bath and its indications, the temperature of the patient should be taken *per rectum* every two

hours; two or three minutes suffice for its determination. Begin with a bath of fifteen minutes' duration and a temperature of 82° to 86° F. (22° to 24° R.) The higher the temperature and the severer the brain symptoms, the colder the water, but never colder than 62° F. (14 R.) The writer lays special emphasis on cooling the bath off gradually. Young and robust patients can be placed at once in a bath of 62°-64° F., but not lower, and seldom as low. "The more recent the case, the higher the fever, the more robust the constitution, the cooler the water; conversely, the more advanced the case in point of time, the weaker the constitution, the worse the pulse and the more affected the nervous system, the warmer the bath." Adynamic symptoms are no contra-indication for bathing, but the baths should be warm—up to 86° F. The number of baths average three or four in twenty-four hours. Sometimes one or two suffice, sometimes six or eight are necessary. *The baths are most efficacious at the periods of remission of temperature.* The duration of the bath should be fifteen to, at the most, thirty minutes.

The antipyretics, of late somewhat fallen into discredit, are defended and recommended by the writer, especially antipyrine, which he gives as follows: Five grams (75 grains) are given after six o'clock in the evening, two grams (30 grains) followed in one hour by two grams (30 grains), followed again in one hour by one gram (15 grains.) He praises thallin and antifebrin, but does not think much of quinine, because of its after-effects, not so much the deafness and tinnitus as the "general indescribable *malaise*, especially that referred to the abdominal region." Besides the antipyretic action of the above named drugs, they are valuable for the euphoria which they produce. Kairin and salicylate of soda, as antipyretics, he regards as antiquated.

Brain symptoms of moderate degree call for ice-bags, which, however, are not tolerated by some patients. When the cerebral symptoms are severe, baths are absolutely essential. Insomnia and restlessness are best treated by morphine injections. When there is a tendency to cardiac weakness, excitants are indicated, the best of which is camphor (one-half to one dram sub-cutaneously as oil of camphor) and wine, cognac or champagne.

Severe diarrhoea he treats by clysters of starch and opium (20 drops of laudanum); intestinal hemorrhages, by ice-bags on the belly and ice clysters, which are efficacious by reflex action; no nourishment is given for several days, and thirst is slaked with ice. "Hemorrhages during the period of delayed convalescence (four to six weeks) are of much worse prognostic meaning than those which follow the detachment of the

slough (two or three weeks), because it almost always indicates delayed healing of the ulcers, and a scorbutic condition of the edges of the same." Bed-sores can be avoided with certainty if extreme cleanliness and proper position be observed, and, besides baths, a water pillow be used.

During convalescence particular attention must be paid to diet; for five days after the first day without fever, only liquid nourishment should be given; then only should semi-solids be indulged in, to be followed by solid substances. At this period the patient thinks of eating only, and we must give him daily something new and appetizing. The patient should not get up until the fourteenth day after the disappearance of the fever, however light the attack may have been. If the attack was severe, he should lie abed for three or four weeks after the apyretic stage has set in.

The treatment of exacerbations should be the same as indicated, except that they can be much milder. Lukewarm baths act sufficiently well, and antipyretics may be dispensed with.—*American Prac. and News.*

SALICYLIC ACID IN THE TREATMENT OF MALIGNANT SCARLATINA.

Dr. Shakowski writes in the *Revue Mensuelle des Maladies de l'Enfance* for June, 1889, that he has administered salicylic acid with the greatest success in one hundred and twenty-five cases of grave scarlatina occurring in children, the mortality being reduced to three and a half per cent. Ordinarily his method of administration was in the form of a mixture consisting of 1 part of salicylic acid to 75 parts of water, and 30 parts of syrup of orange-peel, a teaspoonful of this being given every hour during the day and every two hours during the night. He writes that under the influence of this remedy the temperature is rapidly reduced, in certain cases, even at the end of forty-eight hours, the temperature falling four degrees. Habitually all traces of fever disappear after the tenth day of the disease. Nevertheless, the author advises to prolong the treatment for some time longer than this in progressively decreasing doses, so as to avoid any danger of relapse. Through the use of this remedy the author believes that he has avoided the most serious complications of scarlatina, such as uremia, anasarca, and diphtheria. He claims that this medication will only be ineffectual when given too late,—that is, after the fourth day of the disease, or when there exists some grave chronic complication.—*Therap. Gazette.*

Morell Mackenzie recommends in acute coryza as snuff:

R. Morphine Sulph., gr. ii
Bismuth Subnitrat., ʒi

CLASS-ROOM NOTES.

(From the College and Clinical Record.)

—In laceration of the perineum, either operate within 16 hours, or else two months after labor. (Prof. Parvin.)

—In addition to the local measures in the treatment of leucorrhœa, constitutional taints like syphilis should be treated and tonics administered. (Prof. Parvin.)

—For a case of facial paralysis (Bell's palsy) of two months' duration, Prof. Da Costa directed 20 grs. potassium iodide, t. d.: the dose to be increased gradually.

As a rule, avoid stimulus in pneumonia, except in cases of drunkards, or where the process has reached the third stage, gray hepatization. (Prof. Da Costa.)

—As a tonic treatment for syphilis, Prof. Gross advised the following:—

R. Hydrarg. chlorid. corrosiv., gr. 1-12.
Tinct. ferri chlorid., gtt. xxv. M.
Sig.—t. d.

—Functional cardiac murmurs sometimes are heard at the apex, instead of their usual situation over the pulmonary area, but are not transmitted to the axilla, as organic murmurs are always. (Prof. Da Costa.)

—For syphilitic ulcers of the mouth and throat, dry thoroughly and apply the following solution:—

R. Argenti nitrat, ʒ ij
Aque destillat., f ʒ j M.
(Prof. Gross.)

—In the treatment of gastric dilatation, Prof. Da Costa advises washing out the stomach every few days, as much as possible a dry diet, the use of bitter tonics as *gerbian*, or thymol after meals to prevent fermentation.

—Treat cervical leucorrhœa by applications of iodine (Churchill's tinct.), carbolic acid or a saturated solution of persulphate of iron, in conjunction with hot water injections and tampons of boracic acid and glycerine. Prof. Parvin.

—Treat an acute ulcer by putting the patient in the recumbent position, elevate and relax the limb, paint the surrounding tissue with tinct. iodine, diluted one-half with alcohol, and apply the following solution (diluted one-half by hot water) on lint over the ulcer, t. d.:—

R. Plumbi acetat., ʒ ij
Tinct opii, f ʒ j
Aque destillat., f ʒ vij. M.
(Prof. Gross.)

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MONTREAL, OCTOBER, 1889.

THE MONTREAL GENERAL AND THE ROYAL VICTORIA HOSPITALS.

After a consideration of nearly two years, the Governors of the Montreal General Hospital, at their quarterly meeting, held on the 3rd of October, decided that it is not expedient for their institution to amalgamate with the Royal Victoria. The decision is a wise one, and we have to congratulate the Governors upon the conclusion at which they arrived. The magnificent generosity of the founders of the Royal Victoria, as well their expressed desire for union, made it most desirable that every consideration should be given to their proposal. We think that this has been done. At various meetings of the Governors of the General Hospital the question was discussed in a general way, and it is now about a year since they formed a committee, to meet the trustees of the Royal Victoria and discuss the question. After several meetings, in June last this committee reported that the basis of amalgamation as offered by the Royal Victoria might be tabulated as fol-

lows: 1st. Acceptance of the site. 2nd. The work of the General Hospital to be continued in all its departments till the Royal Victoria was ready for occupation. 3. The patients to be then as speedily as possible transferred to the Royal Victoria, where the general work of the hospital would be carried on. 4. Except that in the old Montreal General Hospital there would still be maintained a number of beds (understood to be in the neighborhood of forty) for surgical cases and accidents. 5. The dispensary work to be carried on in the General Hospital building. Such in substance was the proposal to the General from the Royal Victoria Hospital in June last, and we think we are correct in saying that from that day till the present, they have not been modified or altered in any way. These proposals, in our opinion, were such as should not be received by those who have the welfare of our old hospital at heart. First of all, as regards the site; well, in our opinion, it is not a suitable one for a general hospital, and that it is not suitable is at once admitted by the fact that the Royal Victoria is willing to continue a surgical hospital on the site of the General. Is the site of the Royal Victoria suitable for a medical hospital? To this we answer yes and no. By yes we mean that there is a class of cases—mostly of a chronic character—which will be glad to go there, but severe acute cases, as a rule, will not. Such cases will call for hospital accommodation nearer their homes, and a sympathizing public will hear the cry and endeavor to meet it. Much has been said of the salubrity of the sight of the Royal Victoria, and a writer in the *Montreal Gazette* in a series of letters has endeavored to prove its suitability in that respect. We do not propose to discuss this, though something might be said to limit the enthusiasm of some on this point. We do, however, say that in all large cities—but more especially in great commercial and manufacturing cities—hospitals have been erected

in as close proximity to where they seemed to be needed as it was possible to obtain the required land. The air of a crowded city has given excellent results in hospital work. For illustration, take the London Hospital of nearly 800 beds, in the very worst part of the great metropolis. Is not the cry, then, about the site, from those who favor it, somewhat of a sentimental character. Then the acceptance of the site would, as will be seen, have to be followed by dividing the work at the old General. Another very serious objection to this would be in the matter of medical education—medical instruction at one, surgical at another—a condition of things that would seriously injure the city of Montreal as a centre of medical education. To this objection it has been urged that the surgical department at the General would only be a receiving house and that the patients would subsequently be transferred to the Victoria on the side of the Montreal mountain. To this we reply that the great proportion of surgical cases, when able to be transferred, would be eligible patients for a convalescent home, not subjects for an hospital. Surgical patients, as a rule, must be treated to the end in the hospital to which they are at first admitted. All the other proposals from the Royal Victoria hinge on the acceptance of the site, so we need not discuss them. The only statement we have ever heard in favor of amalgamation, worthy of discussion, was the question of cost, and the impossibility of collecting money enough to support the General after the Royal Victoria was in operation. The first should be susceptible of proof, but we have yet to know that that any one has attempted it. Our opinion is that the statement is not correct, or at least only correct in a degree, so slight that it should not weigh a feather against all the other very serious objections. The second is not yet susceptible of proof; but, judging the past by the present, we believe that it also is not correct. Fifteen years ago many of those who to-day voice this

assertion most loudly said that it was impossible to collect more money for hospital work. Has this statement been true? It has not. Let the somewhat recent establishment of the Notre Dame Hospital and Western Hospital prove our assertion, to which we add that much of the support of these new hospitals comes from the friends of the General Hospital. Montreal is growing rapidly; to-day it has a quarter of a million of inhabitants, in twenty-five years we believe it will have half a million, if not more. Our hospital accommodation has not kept increasing with the demand. There is not a day in the week that one or more most deserving cases are not refused admission to the General Hospital. The place is crowded to overflowing and beds are made on chairs to meet the demand. We know of what we write from personal experience. In the interest of the sick poor, we are glad, therefore, that not a thing will be done to limit the present usefulness of the Montreal General Hospital. In the interest of Montreal, as a center for medical education, we congratulate the Governors that they have decided to continue the work of the General Hospital on its present site and in all its branches. Let them guard our old hospital well in the future as they have in the past. It has always had friends, and generous ones, too. Its financial position is a good one—the outlook for doing its old work could not be better—so that with faith in the future of our city we hope to see the old name of "Montreal General Hospital" handed down intact to future generations.

MARRIED.

SYMONDS—SHAW.—At St. Mary Abbots, Kensington, London, on the 10th ult., by the Rev. S. Main Walroud, Vicar of St. Lawrence Jewry, Charters J. Symonds, F.R.C.S., to Fannie Marie, youngest daughter of Major-Gen'l David Shaw.

ITEMS OF INTEREST TO THE PROFESSION.

APPOINTMENTS IN NEW LAVAL.

Dr. Chartrand has accepted the position of Chief Demonstrator of Anatomy in the new Laval Faculty, and Dr. Fafard will be Professor of Chemistry. Dr. Lamarche will take the Chair of Obstetrics in place of Dr. D'Orsennens, who retires to be Emeritus Professor.

The final amalgamation arrangements with Victoria, submitted to the Council of the University at Quebec, are expected to be ratified shortly. Victoria will retain its full autonomy and continue to control the Hotel Dieu. During the first two years students may obtain their diplomas from either body.

PROVINCIAL BOARD OF HEALTH.

Dr. C. E. Lemieux, Quebec; Hon. Senator Paquette, St. Cathbert, and Dr. J. B. Garneau, Ste. Anne de la Perade, have been re-appointed members of the Provincial Board of Health, their terms of office having expired, and Dr. R. Craik succeeds Dr. R. L. Macdonell on the Board, at the latter's request.

BOGUS "M.D.'S."

A great sensation has been caused in New Hampshire by the discovery of another college of medicine similar in arrangement and larger than the famous "Druid College, of Maine," a full exposé of which was made some years ago. This latest chartered institution is the Trinity University of Medicine and Surgery, having nominal headquarters at Bennington, Vt. Its methods of "business" are as follows: Any person desiring a diploma covering both medicine and surgery has if possessing the necessary money, been given his choice of the following institutions, all of which, it is needless to mention, exist merely on paper: University of Cincinnati; Montreal Medical College; Trenton, N.J., Medical College; New York State Medical College; University of New Hampshire; Trinity University of Medicine and Surgery. The market value of sheepskins representing the above institutions varies from \$60 to \$300 each.

A SUCCESSFUL M'GILL GRADUATE.

George C. Stephen, who graduated from McGill in 1886 with the degree of M.D., C.M., has, after studying in Vienna and London, received the degrees of L.R.C.P., London, and L.S.A., England, and is now practising his profession in Sutherland Avenue, London. Dr. Stephen is a relative of Sir George Stephen, Bart., and a brother of the late Dr. William Stephen, formerly of Montreal, but was residing in South America at the time of his death. Dr. Geo. C. Stephen is married to a daughter of Mr. G. B. Burland, of this city.

THE MODERN "RIP VAN WINKLE."

Herman Harms, of Utica, Minnesota, is said to have been sleeping soundly most of the time for the past twelve years. He wakes up to eat occasionally, and every few years he regains consciousness long enough to walk out for a time, but then sleep overtakes him again and he is buried in slumber for months. His latest nap is said to have lasted thus far two years. He is declared to be very weak with little probability of ever being able to rise from his bed again, even if he wakes up.

MEDICAL FACULTY OF BISHOP'S COLLEGE.

Dr. Hutchinson, of Point St. Charles, has accepted the Chair of Hygiene in this school, and will commence his lectures in a few days. Dr. Hutchinson's many friends will be glad to see this additional evidence of his steady advancement.

Dr. Gaherty (Chair of Medical Jurisprudence) has been ill for some time with an affection of the knee-joint. He is in the Hotel Dieu Hospital.

The 18th session (winter) opened on Wednesday, the 2nd of October, with a large attendance of students.

NOTES.

Dr. Buller (eye) and Dr. Birkett (ear, throat and nose) expect to have their new and handsome offices and consulting rooms ready for occupation about the 1st of November. They are situated at the corner of St. Catherine and Stanley street.

Dr. W. E. Fairfield (Bishop's '87) was in town early in September last. The Doctor has recently joined the noble order of Benedicts. He is located in Wequocik, Wisconsin.

John Hopkins University, Baltimore, Md., opens this week (Oct. 5th) with over 400 students in attendance. The faculty is sixty-nine strong. It consists of nine full professors, one Professor Emeritus, sixteen associate professors, ten other associates, nine instructors, four assistants, one lecturer, five readers and fourteen aides.

The operation of "cesarian" section was recently (Aug. 26th) performed at the Massachusetts Hospital, Boston, with perfect success. Both mother and child being alive to-day.

Dr. W. G. Johnson (McGill '84), Lecturer on Pathology in McGill and Pathologist to the Montreal General Hospital, recently returned from Europe. He has presented the library of the faculty with some valuable works relating to his subject.

BOOK NOTICES.

A TREATISE ON HERNIA. The radical cure by the use of the buried animal suture. By Henry O. Marcy, A.M., M.D., LL.D., 1889. Detroit, Mich.: George S. Davis. Price, paper 25 cents.

Rupture is an accident which every physician meets every day in practice, and therefore a good

and scientific knowledge upon this subject is essential. Mr. George S. Davis offers to the profession an excellent monograph upon this subject as one of his "Physicians' Leisure Library," which is issued monthly at the cost of 25 cents per month or \$2.50 per year. It is certain that in this case no one can complain of not having value received, for the book comprises 250 pages. The author devotes about half of the book to his observations upon the pathology, varieties and general principles of hernia, and then at once enters upon the study of the radical cure. The author describes the different operations for the relief of hernia by the use of a seton, laying special stress upon the method of Dr. John Wood, of London, who used wire. He then considers minutely the operation which he himself advises and uses, viz., the antiseptic animal suture. The authorities *pro* and *con* are given with much detail and technique of the operation is most minutely described. On the whole it fulfills the expression *multum in parvo*.

SYNOPSIS OF HUMAN ANATOMY, being a compound of Anatomy, including the Anatomy of the Viscera and numerous tables, by James K. Young, M.D., Instructor in Orthopedic Surgery, and Assistant Demonstrator of Surgery in the University of Pa.; Attending Orthopedic Surgeon, out-patient department University Hospital, etc., etc. Cloth, pp. 393, illustrated by numerous wood cuts. Price, \$1.40. F. A. Davis, Publisher, 2231 Filbert Street, Philadelphia, 1889.

This is a concise, yet complete, synopsis of anatomy for the use of students of medicine. Recognizing the limited time at the disposal of the students, and the unlimited amount of material to be digested, the author has endeavored, by well selected wood cuts, typographical arrangement, numerous tables, and concise yet lucid text, to facilitate the acquisition of a subject as difficult as it is essential. The aim throughout has been to make it as thoroughly complete and accurate as possible, and at the same time readily accessible for reference or study.

PULMONARY TUBERCULOSIS. Its Etiology, Symptomatology and Therapeutics. By Prof. Dr. H. Von Ziemssen, Director of the Medical Clinic at Munich. Translated by David J. Doherty, A.M., M.D., Instructor in the Chicago Polyclinic. 12mo; pp. 119. Price, twenty-five cents. Detroit: George S. Davis. 1888.

This volume is one of the Physicians' Leisure Library, and contains the latest views of the teachers of Europe on Pulmonary Tuberculosis. In corresponding parts, it discusses the etiology, diagnosis, and treatment. There is also an appendix containing—(a) Tuberculosis in American Prisons, (b) Method of Examining Sputum for Bacilli. It will be thus seen that we have here, in a very convenient form, an important contribution on a vital question. The activity in the study of tuberculosis has steadily increased since Koch's famous discovery, and we look forward to the time when the results of treatment will be much better than they are now. Small volumes, like this, increase the general information by going where larger ones could not, and are therefore of much

advantage. The translation is good, though, as Dr. Doherty points out, there is some diffuseness and many repetitions which could not be avoided. As the matter was delivered in the form of lectures. This little book deserves a wide reading.

WOOD'S MEDICAL AND SURGICAL MONOGRAPH. Consisting of original treatises and of complete reproductions in English of books and monographs selected from the latest literature of foreign countries, with all illustrations, &c. Contents: Congestive Neurasthenia or Nerve Depression, by E. G. Whittle, M.D.; The Art of Embalming, by Benjamin Ward Richardson, M.D.; The Theology, Diagnosis and Treatment of Tuberculosis, by Dr. F. Von Ziemssen; Bycho-Therapeutics or Treatment by Hypnotism, by Dr. C. Lloyd Tucker; Sexual Activity and the Critical Period in Man and Woman, by Dr. Louis De Sere; Index and Contents for Vol. III. Published monthly. Price \$10 a year, single copies \$1. September, 1889. New York: William Wood & Co., 56 & 58 Lafayette Place.

The article on embalming gives a complete history of the art which furnishes most interesting reading, while the other articles fully keep up the standard of this volume with the high standard attained by its predecessors.

DISEASES OF WOMEN: A Manual of Non-Surgical Gynecology, designed especially for the use of Students and General Practitioners. By F. H. Davenport, A.B., M.D., Assistant in Gynecology, Harvard Medical School; Assistant Surgeon to the Free Hospital for Women; Physician to the Department of Gynecology, Boston Dispensary. With numerous illustrations. Philadelphia, Lee Brothers & Co., 1889.

The author has very wisely, we think, addressed his book to the student and general practitioner. He does not pretend that it is a text-book, a complete treatise on diseases of women, many of which works are too complicated and too expensive for the busy practitioner to read or the poor student to purchase. We are often asked by the latter if there is no elementary book on Gynecology in the market, and after reading Davenport's work we have had no hesitation in saying that it fills the requirement. It is properly illustrated, and has the especial merit of explaining thoroughly whatever it attempts to explain at all. This is a weak point with some of the larger books, which, it is true, are addressed rather to the specialist than to the general practitioner. At the same time we may safely say that both the student and practitioner will find everything in this book that is absolutely necessary for them to know, and that such cases as it does not deal with had better be entrusted to the skill and experience of the specialist.

THE MANAGEMENT OF LABOR AND OF THE LYING-IN PERIOD. A Guide for the Young Practitioner. By Henry G. Dandis, A.M., M.D., Professor of Obstetrics and diseases of women in the Sterling Medical College; Fellow of the American Academy of Medicine; Member of the Ameri-

can Medical Association; Author of "How to Use the Forceps," "A Compendium of Obstetrics," &c., &c., &c. Philadelphia; Lea Bros. & Co., 1885.

We have received the above, and shall notice it at length in our next issue.

DISEASES OF WOMEN, INCLUDING THEIR PATHOLOGY, CAUSATION, SYMPTOMS, DIAGNOSIS AND TREATMENT. A Manual for Students and Practitioners. By Arthur W. Edie, M.D., London, F.R.C.P., M.R.C.S., Assistant Obstetric Physician to the Middlesex Hospital, Consulting Obstetric Physician to the City Provident Dispensary, Late Vice-President of the Obstetrical Society of London, Late Physician to the British Lying-in Hospital. With one hundred and forty-eight illustrations. Philadelphia: Henry C. Lee, Son & Co., 1882.

A notice of the above is withheld from this issue for want of space.

PERSONAL.

Dr. Brunelle, of Montreal, returned from Europe in the first week of this month.

Dr. H. S. Birkett has been appointed a Demonstrator of Anatomy in McGill College.

Dr. James J. Jack (Bishop's '89) is at present attending at the Post Graduate Clinic in New York City.

Dr. John J. Gardner has returned from a hurried trip to England, and looks much benefited by the ocean voyage.

Dr. Godin, of St. John's, Que., has returned from his European trip, much benefited by the rest and change.

Dr. Elder, of Huntingdon, comes to Montreal every now and then, and we hear he is much appreciated in his district.

Laval, Victoria and McGill faculties are all represented on the Provincial Board of Health. Why is not Bishop's College?

Dr. Laberge, health officer, Montreal, has returned to his duties after a pleasant sojourn in Paris, where he attended the sanitary congress.

Dr. George E. Armstrong, Professor of Operative Surgery, Bishop's College, has been elected President of the Medico-Chirurgical Society of Montreal.

Dr. George E. Armstrong, Professor of Operative Surgery in Bishop's College, was lately elected an Assistant Surgeon to the Montreal General Hospital.

Dr. Israel Powell (M.D. McGill 1860), of Victoria, B.C., who for more than a year has been in Europe,

is, we learn, recovering from a very severe and dangerous illness.

Dr. Young (M.D. McGill 1876), of Clarenceville, and Assistant Surgeon of the 60th Battalion, has gone to Oregon and will most likely settle in Portland in that state. He left his old home on October 8th.

The physicians of the district of St. Hyacinthe have formed a medical society, and have elected Dr. J. V. L. St. Germain, President; Dr. J. M. Derocher, Vice-President, and Dr. A. Mathieu secretary.

Dr. Ruttan, of McGill College, after a three years most efficient service as Secretary of the Medico-Chirurgical Society of Montreal, resigned at the annual meeting on October 4th. Dr. Birket was elected to replace him.

Dr. George Ross, Vice-Dean of McGill Faculty of Medicine, resigns the Chair of Clinical Medicine and takes that of Practice of Medicine, rendered vacant by Dr. R. P. Howard's death. Dr. R. L. Macdonnell resigns Hygiene and takes Clinical Medicine, and Dr. Robert Craik re-enters the Faculty as Dean, and takes the Chair of Hygiene.

Dr. George J. Bull (M.D. McGill 1869) has settled in Paris, and after a special course of study has graduated at the Faculty of Medicine of Paris. Dr. Bull now devotes his attention to diseases of the eye, having studied under the celebrated Parisian oculist, Dr. Javal. His thesis on graduating in Paris was on "Spectacles and Eyeglasses," and we have to thank him for a copy. Dr. Bull practiced in Montreal for several years, but subsequently removed to the United States. His health becoming precarious he went to Colorado, where he resided for a time, but, feeling himself restored, he went to New York, where he became connected with the Post Graduate School as instructor in ophthalmology, and assistant in the Manhattan Eye and Ear Institution. To escape hay fever he made a visit to Paris, and events seemed to direct him to make it his home, which he has done. We heard from Dr. Bull lately, and he still feels a warm interest in all that concerns Montreal and her medical institutions. His address is No. 4 Rue de la Paix, Paris.

Schnitzler recommends the following gargle in the stubborn forms of angina follicularis:

R. Creolin, 1 or 2 parts.

Distilled or Peppermint water, 100 to 500 parts.