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Original Communications.

Observations on Incised and Penetrating Wounds of the Knee-Joint. A paper read before the District of Bedford Medical Society, January 1878. By A. D. STEVENS, M.D., Dunham, Que.

MR. PRESIDENT AND GENTLEMEN:—About a year and a half ago, possibly two years, I promised our worthy president that I would read a paper before this Association at the then approaching meeting. My time was limited, but I wrote and expected to be present to read the following, but, for unavoidable reasons, have not been able to attend since, and consequently could not do so. My subject is, or rather was Incised and Penetrating Wounds of the Knee-joint, with three cases as illustrations. With your consent, gentlemen, I will now read what I then hastily prepared.

It is no secret that the profession have for a long time considered wounds of the joints to be accidents of a very grave character, particularly when the larger ones were injured. The inflammation that is so likely to be set up, causes not only much suffering to the patient during the acute stage, but, under the best care, too often, we are told, results in serious injury to the synovial membrane, the cartilages, the bones, or to all of them. In fact, the first limb I ever saw amputated (while yet a student) was in the case of a young man, otherwise apparently healthy, but who had extensive change of structure of the knee-joint, as a result of inflammation.

It would seem out of place to repeat here what we have all long ago learned, either in the lecture room or from surgical works, of the pathology and symptoms of synovitis, as well as its causes. Permit me, then, to limit my remarks to a consideration of the *treatment* of penetrating wounds of the joints, as we generally meet them in the country. In the meantime, I might add that, while I would not fail, as a precautionary measure, to inform both patient and friends of the very serious consequences that *might* happen, I do not entertain the feelings of alarm, as to results, that some persons seem to hold, provided the subject be of the type ordinarily found in an agricultural community like our own, and perfect, absolute rest of the joint

can be secured. Indeed, so far as the three cases which I am about to give an account of are concerned, it has seemed to me that perfect, unflinching rest of the joints was of infinitely more importance than all the medication used. Of such importance do I consider the fixing of the joint, that I would venture the opinion that where it can be satisfactorily carried out, the great majority of wounds, of even the knee-joint, especially if incised, will terminate without untoward results; and, though inflammation should supervene, and the cavity fill with pus, if positive rest of the joint is secured, it does not follow that you will get degeneration of the tissues, involving either excision, ankylosis, or, in fact, any impairment whatever of the usefulness of the joint. But the great trouble I have had to contend with, in treating these cases, has been in getting the patients and friends to properly realize the extreme necessity of that uninterrupted repose just alluded to and in securing their assistance in carrying it out. The pain, no doubt is excruciating, but it will, in any stage or condition of the joint, be very much mitigated by rest.

Then, again, we have heard a great deal about the danger of making incisions into the joints, and thereby admitting air into their cavities, but, so far as my observation extends, the danger is far less than some suppose. At any rate, had there not been a free opening made by a sharp instrument in these cases of mine, I should not have hesitated, on the appearance of pus, to have made one for its exit, whether I was fortunate enough to possess an aspirator or not. In large and overcrowded hospitals, the entrance of air into the cavity of a joint may possibly be productive of much mischief, but, in the pure air of our Townships, I cannot think its admission of very much account, at all events ordinarily.

In making these observations, the thought has suggested itself to ask the question why the serous and fibrous tissues of the joints, when inflamed, should not terminate as favorably when rest is obtained, as the same tissues in other parts of the body, where that condition is fulfilled by attachments or relations with other organs or parts, and without mechanical aid? If these tissues are attacked by inflammation in certain parts of the system we do not shake our heads in reference to the future, but "pur-

sue the even tenor of our way." It is true there may remain adhesions, and possibly other consequences, but we do not fear that life will be imperiled thereby.

The peritoneum, the membranes of the brain, and the pericardium, when attacked by inflammation, are rendered so very dangerous more on account of the impossibility of securing rest than from any other cause. In the case of the peritoneum, you have the peristaltic motions of the intestines to contend with. In the case of the membranes of the brain, the movements of the convolutions; and in the pericardium, those of the heart. Could you obtain the same state of quietude in these inflammations that is possible in synovitis, the mortality would, I have no doubt, be far less. The oldest of you will remember with what pertinacity the celebrated Dr. Clarke of New York labored to convince the profession of the value of large doses of opium in peritonitis, and, if you had the pleasure of listening to his lectures, how eloquent he would get upon the subject. Now, that *that* drug will, as nearly as any other remedy, fulfill the indication of rest to the intestines, I think no one who has tried it will deny; but that it is possible always to secure that perfect control over the movements of the bowels and, for a sufficient length of time, that is so essential to recovery, I do not believe. If it possessed that power of complete and prolonged control, you would have far less reason to complain of the proportion of your cures. Who has not felt the temptation to open the bowels in these cases almost irresistible? Let us rather assist the "vis medicatrix naturæ" in its grasp of them, until such time arrives as they may be safely opened. Of course, it is idle to talk of arresting, or suspending, the movements of the heart and brain at any time.

The first case of which I propose to speak occurred in February, 1873, and was in the person of a boy about sixteen years of age, of healthy appearance himself, as well as his parents. He had been preparing wood for sugar making, and accidentally struck his knee with the axe, inflicting a wound about an inch in length upon the upper and outer border of the patella, and exposing the joint to that extent. He did not stop using the injured limb until an active inflammation set in, when my services were asked. Upon visiting him, I found all the

symptoms of inflammation well marked, and the limb placed in the usual position, with a view of lessening pain. I at once gave him alterative doses of grey powders with Dover, and cold applications were placed upon the affected joint. After the more acute symptoms had subsided, I gave him iodide of potassium, with compound tincture of gentian, and painted the knee with tincture of iodine. At this time, I was also able to place a well-adjusted splint upon the posterior portion of the limb, in such a manner as to secure perfect rest of the joint, with the limb straightened. But few days passed before the presence of pus in the cavity of the joint was evident, but as the opening made by the axe still existed, I did not interfere. At this juncture a somewhat amusing incident occurred, which is worth relating. When I reached the house, the father of the young patient came out to meet me, and after a few preliminaries, announced the fact that he had sent for one of those gentlemen for a consultation who possess the power of curing all sorts of ills by a certain kind of charmed stick. Of course, I told him that I could not consent to the arrangement, but, if he chose, would give the patient up to him, or any person else. This did not seem exactly to suit the father, and I consented to see the patient. I found him, as before stated, with the joint well filled with pus, and my learned friend looking intensely wise over the case. After making various comments (one of which was most emphatically that there was no "matter" in the joint) he retired. This furnished a favorable opportunity of "shewing up" my friend. I turned the boy over upon his belly, when a large amount of pus escaped from the opening. Then "the tables were turned" against the man of the sticks, and I went on, from this time till the end, unmolested. The remainder of the treatment consisted principally in keeping the limb in the position forced by the splint, and doing for him whatever constitutionally he might require. The joint filled at least a half dozen times with pus, but was as often emptied by turning him over, as before described. The patient was kept in bed with the splint securely fastened to the leg till all appearances of disease had left, when he was allowed to use it cautiously. He has to-day as valuable a limb as he ever had.

The second case occurred in the month of

August, 1875, and was in the person of a boy about fourteen years old. Like the preceding case, he was healthy, and of healthy origin. The cut was made with the axe, as in the former instance, but nearly opposite the site of the other, and about the same length. I did not see this boy, however, till suppuration had taken place, so that he had only to be turned over to relieve the joint of its contents. It only filled once, fortunately, and, with the aid of the splint already noticed, and alterative doses of iodide of potassium combined with a bitter tonic, and free painting of the joint, soon all traces of disease disappeared. About the middle of the following October he was able to do full duty upon the farm.

With reference to the third case I promised to speak about, I might say that, like the other two, he was apparently healthy and of robust parentage, while his age was about thirty years. He is married, and his occupation that of carpenter. While working at the frame of a building his adze, from some cause or other, missed and struck him a blow just underneath, and a little to the right of the patella, causing a wound fully an inch in length, and penetrating the joint. I saw him within two hours of the accident. He had lost only a trifling amount of blood, but the wound was gaping to such an extent that the synovial membrane was visible for more than the length of the cut. Thus you will perceive the cavity of the joint received all the fresh air you could ask for. This fellow I strapped with the ordinary adhesive straps in such a manner as to prevent any motion whatever of the joint, and enjoined him on no account to step upon the foot. He returned twice afterwards, for a renewal of the dressing, which, with a simple wash of carbolic acid, was all that was required for the cure of the wound. The wound healed by the first intention, and consequently no inflammation supervened, or, in fact, any other untoward event. In less than four weeks he was as well able to work as ever.

These, gentlemen, are all the leading facts and particulars of the three cases, with the exception of the passive motion used in order to prevent ankylosis, and which I forgot to mention in the proper place. I shall be glad to hear any remarks you may choose to make.

Dunham, Que., March, 1878.

Progress of Medical Science.

A METHOD OF SHORTENING THE FIRST AND SECOND STAGES IN NORMAL LABOR.

A perfectly normal labor, lasting twenty-four hours or thereabouts, with regular, strong pains, occurring in a healthy, sensible woman, no one, I should imagine, wishes to interfere with; but there are many labors occurring in general practice in which there may be no mechanical obstacle to the passage of the child, no great rigidity of the os, no apparent ill health, nothing at first sight to remove them from the ideal class of natural labors, but in which the natural powers are rendered useless or next to useless, the patient becomes exhausted without having arrived at a satisfactory result, and after many tedious hours recourse is at last had to the forceps, from the fact that the patient is fast becoming worn out by fruitless efforts. These cases are generally those of strong, healthy, but nervous women, surrounded by silly, helpless, tactless relatives, where possibly no previous experience of her medical attendant has awakened a sense of confidence in him. And here I must beg the forbearance of the older members when I say that a young man of no very imposing appearance finds that the assurance of his teacher is scarcely true, that a quiet, confident, pleasant manner is always sufficient to bear up against and outweigh the accumulated anxiety of patient, mother, and mother-in-law, sisters *et hoc genus omne*, especially if some one is good enough, as she often is, to relate a hair-raising tale of recent midwifery horror.

There are other labors, too, commonly described as protracted labors from inertia of the uterus. I need not say much about these, as their description may be found in any text-book. In this class of cases the plan I am about to recommend will also be found useful. But before explaining this allow me to call your attention to the remedies already advised by authorities. I cannot find that much has been said with reference to the first class beyond the moral treatment already alluded to.

With reference to inertia, Dr. F. H. Ramsbotham advised warm diluents, stimulants, ergot and borax, external warmth, external pressure by hand or bandage, friction and electricity, change of position; Denman—warm diluents, weak brandy and water, ergot, bleeding, laxatives, exercise, erect position, and exhortations to patience; Playfair recommends enemata if rectum is loaded, rupture of membrane if uterus is unduly distended, alteration of position, opiates, chloral, ergot, and pressure on uterus externally, and, if all fail, forceps. I might enumerate other authors; but as their advice is practically the same, and as we have, by this selection, included the representatives of the old and new school, I refrain.

When I first began to think about these cases my attention was drawn to two facts which doubtless have been often noticed by members, of all labors. They were these: First, that the lower the head comes, and therefore the greater extent of the vagina pressed upon the stronger and more uncontrollable

become the expulsive efforts, until when the head well dilates the vulva it appears impossible for the mother to check the full force of her propulsive powers; uterus, abdominal walls, diaphragm, all unite in one steady push until the head passes. Looking at this, I was struck by the likeness of the movement to that seen in the passage of feces by the rectum or the swallowing of food by the oesophagus—distinctly reflex acts; and this irresistible conclusion forced itself upon my mind: In labor the child's head is the natural stimulus to the vagina, and through it to the uterus; the action, commencing as an automatic one, becomes a mixed automatic and reflex one as the head advances, and the greater amount of vaginal surface pressed upon the greater amount of reflex force is called out to assist. The second fact I noticed was this: that if you can succeed in getting the woman to bear down during the whole pain, more progress is made during the last portion than during the first.

Suppose a case of the first kind I have mentioned—a restless, irritable woman surrounded by ignorant, prejudiced nurses with a nervous horror of draughts, forceps, etc. I think you can unostentatiously, quietly, without causing observation, hasten your case. I know and can understand the objection that will be raised to the word "hasten," and I deprecate from the first any wish to hasten the labor merely for our own convenience or for any other reason than that of the advantage of the mother and child: but this, I think, is best consulted in some cases by cautious interference.

Now, in considering these protracted labors and their probable end in exhaustion, the question is not "where is the obstruction, and how can I remove it?" inasmuch as if there is any amount of obstruction the case is entirely removed from this category; but rather, "what natural powers have we? why are they not sufficient? and can I do any thing to *augment them* now, instead of substituting something for them when they are used up?" The answer has so far been, with one exception, "Yes, by means tending to augment the automatic action of the uterus—ergot, pressure externally by hand or bandage." I say, by all means; though with regard to ergot we all know how uncertain a remedy it is; use bandages externally, if you like, and have a nurse you can depend on. But in addition to this you have the power of exciting a reflex action of the uterus—a method of bringing on, elongating, strengthening the pains—a method which responds to your stimulus in exact ratio to your application of it, and one which may always be relied on, because it follows the lines of nature, the eternal teacher of us all.

I said that the child's head was the natural stimulus to the maternal vaginal fibers. As it descends it involves more and more peripheral ends of nerves in its pressure; reflex currents are excited, and the uterus contracts more and more strongly. Can we imitate this? I think we can. If you pass two fingers of the right hand into the vagina, and place the tips slightly divergent upon the posterior wall,

wait for a pain, and, when it begins, slowly and with measured force make gradually descending pressure upon the rectum, passing downward over the perinæum, and so to the vulva. As the pain abates, gradually take off your pressure, and during the interval do not press at all. In this way you cheat the uterus, you cheat the patient into acting as though the child's head were lower than it really is. Members may smile, but I can assure them that over and over again, by adopting this expedient, I have found the nervous cry and the useless shrink of these nervous patients disappear, and, instead of drawing back and as of set purpose deliberately thwarting the natural efforts, the patient has settled down to her work and been saved from forceps. I firmly believe that in this way the forceps have often been rendered unnecessary, where but for this plan the patient would have exhausted herself, and the use of instruments would have been unavoidable.—*E. Stanmore Bishop, M. R. C. S., L. R. C. P., in London Med. Examiner.*

CLINICAL LECTURE ON THE RATIONAL TREATMENT OF TYPHOID FEVER.

Delivered at the University Hospital, by WILLIAM PEPPER, A.M., M.D., Professor of Clinical Medicine in the University of Pennsylvania.

T. A., a sailor, aged 25, a native of Canada, was always hale and hearty until last summer, when he had an acute attack of dysentery, which lasted ten days. He fully recovered from this, however. On November 23, while cruising about Boston, he was taken ill a second time, and went to his bunk on the 24th, complaining of dizziness, general weakness, and aching in his bones. He was admitted to the hospital on November 27. His cheeks were flushed, his temperature $103\frac{1}{2}^{\circ}$, and his pulse 130. There were slight bronchial râles over his chest, and some cough. His tongue was yellowish-white; his bowels quiet, but easily moved. His belly was tympanitic. At first no spots showed themselves. There has been no epistaxis from the beginning of the attack. There was creeping fever in the morning, and always a considerable rise of temperature towards night. I began the treatment by the administration of full doses of quinia, thirty grains daily, at the rate of from five to ten grains every two hours, up to the production of marked cinchonism. This treatment, to my great surprise, had no influence whatever upon the fever, his temperature running up to 102° , 103° , and $103\frac{1}{2}^{\circ}$ on November 30. At once it became evident to me that this was a case of typhoid fever, and my treatment was accordingly modified.

On December 10, the eighteenth day of the attack, the temperature was as high as $104\frac{3}{4}^{\circ}$ in the evening, and the characteristic rose spots were out all over the abdomen. From the beginning of the fourth week, however, the improvement was rapid and the temperature made a steady "dead drop," until on December 15 the thermometer in the mouth marked $99\frac{1}{2}^{\circ}$. On December 17 the pulse was 72, and the temperature $98\frac{1}{2}^{\circ}$. The mind was clear, and but very slight nervous symptoms were present. On

Dec. 20, however, there was a sudden rise of temperature to 102° in the evening, running down to 101° the next morning, and then up again to 103° the following evening. This was evidently a relapse, the temperature-chart bearing a very close resemblance to that of the second week of the original attack. Later in the course of this relapse there was a sudden fall of temperature to $97\frac{1}{2}^{\circ}$ one morning, accompanied by a copious hemorrhage from the bowels. On that evening the temperature was $102\frac{1}{2}^{\circ}$. Since that time the patient has been slowly but steadily improving, until to-day his temperature is normal.

Before proceeding to discuss the treatment, let me call your attention very briefly to the symptoms of typhoid fever. First, as regards the temperature. This usually begins at $99\frac{1}{2}^{\circ}$ in the first week. As the disease progresses the temperature mounts up and drops down, falling each morning, but not quite so far as on the preceding morning, and rising each evening higher than on the preceding evening. The temperature on the seventh day generally stands at 101° in the morning and $102\frac{1}{2}^{\circ}$ in the evening. In typhus fever the rise of temperature is not gradual, but very rapid, running right up to 102° , 103° , 104° , even higher. In the second and third weeks of typhoid fever the temperature is fairly uniform, though high, with a daily variation of from $1\frac{1}{2}^{\circ}$ to 2° . At the end of the third week the temperature begins to fall, showing a correspondingly lower temperature each morning and evening. These data are of great value in discovering whether the fever is running its proper course. In malarial fever there is a complete remission or intermission, according to the type of the fever. This is never the case in typhoid fever.

The other most characteristic symptoms of typhoid are those connected with the abdomen. The belly is usually very much swollen and tympanitic. There is either constant diarrhoea or an irritable state of the bowels, with cutting indomitable pains. As regards nervous symptoms, in the second week there is usually listlessness, dulness, and hebetude. The patient desires to be let alone. At night there is, perhaps, muttering delirium, or even violent excitement. The eyes are almost entirely closed. There is frequent twitching of the muscles. The tongue is tender and moved with pain. There is loathing of food, but rarely any vomiting. In the second and third week the pulse usually rises from 96 up to perhaps as high as 120 beats per minute. The frequency of the pulse, however, is not as great as in typhus and scarlet fever. The breathing is shallow and frequent, with some sonorous râles, perhaps over the chest. The eruption commonly appears on the seventh or eighth day, and consists of spots of a rose-red color about the size of the finger nail, seen usually on the belly somewhere between the nipple and umbilicus. These spots are but slightly, if at all, elevated above the surface of the skin. The spots are sometimes entirely absent throughout the fever. There is no proportion between the violence of the disease and the amount of eruption. One of the characteristic symptoms of this fever is profuse epistaxis; you see that this was entirely absent in

the present instance. There is very rarely excessive thirst; the mind is usually too much dulled in its sensations.

The most widely different views have been expressed as regards the treatment of this disease. Each view has had, for the time being, at least, its advocates. This divergence of opinion is very easy of explanation, since the disease may be entirely different in different epidemics. In some epidemics there may be very great mortality. Others may be comparatively mild. These statements are true of all epidemic diseases. I will not, therefore, mention any of the specific treatments. Typhoid fever, too, more than almost any other disease, is modified by personal idiosyncrasies. It is one of the longest of specific fevers, and, consequently, taxes the strength to an unusual extent. If it be among the poor, the mortality, for these very reasons, may be exceedingly great, much more so than if the epidemic had attacked one of the higher classes of society.

The basis of our intelligent treatment of syphilis is iodide of potassium and mercury. No one knows why these remedies are so valuable in that disease. In typhoid fever we know of no specific remedy; we must consequently treat the disease according to its morbid elements. We know that typhoid fever is a specific follicular ulceration of the alimentary canal. This is the most important element of the disease; most of its dangers are connected with this lesion, death resulting from either (1) excessive diarrhoea, (2) hemorrhage from the bowels, or (3) perforation of the intestinal wall. In addition to the above element we have to consider the blood-poisoning and the nervous symptoms generally present.

Are the ulcerated solitary glands and Peyer's patches the primary seat of the trouble? Does the blood become poisoned by septic influence from them, or is it poisoned by matters absorbed from other sources, and are the glands inflamed in removing the poison? To put the question more pointedly, are the glands ulcerated before the blood is poisoned, or ulcerated in removing the poison from the blood? In syphilis the glands of the body become enlarged as a consequence of blood-poison; whereas in diphtheritic sore throat the glands are swollen from the absorption of poisonous matters. We know that the poison of typhoid fever enters the system through the alimentary canal, that the glands of the intestines are *first affected*, then those of the mesentery, and then the other glands throughout the system. This lesion of the glands of the intestines must therefore have some connection with the origin of the disease. We have also to deal with a specific blood-poison in typhoid fever. This poison seems to consist of effete matter from the body of another person who has had the disease; at least this is the commonly received explanation. For my own part, I do not believe that this transplanted excrementitious poison is the only one, but think that the poison may be generated *de novo* from effete animal and vegetable matters.

The specific follicular catarrh of the intestines is of great importance in the determination of our treat-

ment, for there cannot be a rational treatment of the disease which does not take it into account. There has arisen of late years a school of practitioners which has pinned its faith to an entirely expectant treatment, waiting upon nature. This same expectant treatment might be just as well employed in all specific diseases, for it is tolerably certain that if all diseases were treated alike, with the same food and the same drugs, the proportion of recoveries would be about as high as it is under the most improved methods of treatment, provided, of course, that the number of cases considered be large enough. But this would not be intelligent therapeutics. Results, in a limited number of cases, are far better if we treat according to individual peculiarities than if we adopt one rigid form of treatment for all cases of typhoid fever.

And first, then, how shall we treat the follicular intestinal catarrh? There are, undeniably, certain remedies which exert a powerful influence upon this state of the intestinal mucous membrane. The first of these is nitrate of silver, which reduces the size of the enlarged follicles, relieves the inflammatory engorgement and allays the hyperæsthesia of the nerves. So, too, with carbolic acid and the sub-nitrate of bismuth. But of the three the nitrate of silver is the most easily administered, and the best tolerated by the system. It is also, undoubtedly, the most powerful in its soothing effects. Should there be any putrid element in the disease, carbolic acid should, of course, be used in place of the silver. In the vast majority of cases which have been under my care I have employed the nitrate of silver. This may be administered in doses of one-fourth of a grain four times a day. This treatment should be persevered in until the ulcers have entirely healed. Such a small amount of the drug can in no instance cause any discoloration of the skin.

Not only have we to subdue the ulceration, but also the resulting diarrhoea, which is occasionally excessive. If the discharge from the bowels is composed of small, semi-solid stools, it may with perfect propriety be disregarded, but if the stools are watery and large it must be checked. For this purpose I have been in the habit of using opium in pill-form, combined with the nitrate of silver. I give from one-quarter up to one grain of the powdered opium three times a day if the symptoms are urgent. If the bowels instead of being loose become constipated, I am accustomed to order belladonna conjointly with the nitrate of silver.

Then as regards the proper diet when this catarrhal inflammation of the intestines is present. The food must be, of course, as digestible as possible. Milk is the best diet in such conditions. If the curd appears in the stools, the milk should be diluted with water or lime-water. Of this mixture of milk and lime-water three ounces may be given every two hours, or a little over two pints in the course of the twenty-four hours. When the bowels are torpid, beef or mutton broth may be given alternately with the milk, though neither of these is any thing like as nutritious as the milk.

Indeed, as has been very thoroughly proven by Dr. Horace Hare, in experiments made at the University laboratory, beef boiled in the good old-fashioned way in a bottle of water, gives us a resulting solution which contains only about one-fourth of one per cent. of nourishing material. The beef tea thus manufactured is chiefly a solution of the salts of meat, and is therefore not nutritive, and only valuable as a stimulant to digestion. But there is another way of making beef tea, which gives better results. Take a quantity of tender meat, and, after cutting off the fat, chop it up fine, put it in a bowl, pour a pint of water over it, and let it stand over night. It may possibly be well to keep the water just on a simmer: do not raise the temperature above 140°, however, or you will coagulate all the albumen, and so either leave it on the sieve in straining, or introduce it into the stomach in the form of curds. After this simmering solution has been allowed to stand over night, pour it into a pipkin and heat it again gently, with enough salt to give it flavor, and, if necessary, add a drop or two of muriatic acid. Then pour it out over a hair sieve into a jar. The resulting solution will contain all the nutriment possible, and is the most valuable kind of stimulant and laxative.

Do not fail to recognize the fact that when the fever is high the patient needs all the food he can take. Acting upon this principle, I am in the habit of giving food freely in typhus fever. In typhoid fever, however, we must be careful that in allowing food we do not further irritate the already inflamed intestinal tract.

The poisoned state of the blood in this disease must be controlled by means of quinia, nitromuriatic or salicylic acid. Quinia is, of course, indispensable. Salicylic acid is valuable as a disinfectant and antiphlogistic: it is, however, slightly irritant. I should advise its use only where there is some putrid discharge joined with high fever. I give quinia in the form of the sulphate as a routine treatment, for it (1) neutralizes the effects of the septic poison in the blood, (2) acts as a good tonic to the muscular and nervous systems, (3) tends to check febrile action, and (4) removes any malarial element that happens to be present. I never administer the enormous doses given by German physicians. It is very true that such doses will break down high fever, but joined with this good result there is so much unnecessary irritation of the mucous membrane produced that heroic treatment such as this should only be adopted as a last resort. I am in the habit of giving about twelve grains of quinia in the course of the twenty-four hours.

How are we to combat the febrile action itself? We have already tried to prevent it by means of careful diet, nitrate of silver and quinia. I believe in keeping temperature down by preventive measures rather than by the cold bath, which I place among the very last resorts of the physician. It is almost unnecessary to say that I am wholly opposed to the indiscriminate cold bathing in typhoid fever so much in vogue in Germany at the present day.

When the temperature runs up in spite of our drugs, I would advise in the milder cases, spongings of the whole body every two hours,—the sponges to be squeezed out of a mixture of water and bay rum, at a temperature of from 60° to 80°. If this does not succeed (it rarely fails), and the patient's temperature mounts up to 104° or 105°, then he must be wrapped in sheets wrung out of cold water. If the temperature still runs up to such an extent that life is threatened, I would then have patient placed in a cool bath until the bodily temperature is sufficiently reduced. So far, therefore, from regarding cold baths as a proper mode of treatment, I would have them reserved for the gravest of all conditions only, and never employ them until the danger-point was reached. Before the local lesions set in, we can attack the fever more boldly, but when the fever in subsequent stages runs high, it is of the nature of a sympathetic fever, largely dependent upon the amount of intestinal lesion, and therefore the use of cold baths at this period is attended with great risk. If the cold bath is to be used at all (except as a last resort and when temperature can be reduced in no other way), the proper time for it is during the first seven or ten days in cases where the temperature rises above 103° and is not controlled by frequent spongings, large doses of quinia, diaphoretics, etc.

As typhoid fever lasts so long, there is, of course, a great deal of prostration attending it, and stimulants are quite often called for. Now, I want to say a word to you with regard to the use of stimulants in this disease. Do not fall into the common habit of administering stimulants to a patient simply because he has typhoid fever. Stimulants are only demanded for the relief of certain symptoms. Children before the age of puberty are usually able to pull through an attack of typhoid fever without any stimulus. This patient before you has been carried safely through both first attack and relapse without a drop of stimulus. Stimulants are, as a general rule, only needed in the case of an old person, or to meet certain indications. These indications I may conveniently arrange under four heads, viz., (1) ataxic nervous disturbances, such as sleeplessness, twitchings of the muscles, maniacal delirium; (2) circulatory disturbances, such as feeble and rapid pulse, and feeble development of the first sound of the heart; (3) profound asthenia, as shown by great tremulousness, inability to make any movement, and tendency to slide down off the pillow; (4) dry and brown tongue, with sordes on lips, teeth and tongue. You will usually be able to note at once the development of any of these symptoms, which of course render stimulation absolutely necessary if the patient's life is to be saved. In using stimulus it is well to begin with the milder forms, such as wine whey. This should be made in the proportion of one part of sherry to three of milk, and as much as a gill or half a pint of it may be given in the course of three hours. If the symptoms increase, however, it is a sign that stronger stimulus should be employed, and whiskey must then be given. I

usually give whiskey in lime-water and milk, the lime-water preventing the coagulation of the milk by the alcohol. I make up the mixture in the proportion of one tablespoonful each of whiskey and lime-water to every three ounces of milk. In this form half an ounce of whiskey may be given every hour. Indeed, in some very serious cases I have administered as much as an ounce of whiskey every hour for a day and night in the crisis of the disease. If your stimulation is doing good, you will be able to note a diminution of all the serious symptoms. If, on the other hand, the symptoms increase, you had better reduce the amount of stimulus given. Some authorities advise the use of stimulus to a slight extent in all cases after the middle of the second week of the disease. The occurrence of hemorrhage, pneumonia, or severe bronchitis always demands prompt stimulation. In some cases stimulants may prove a cause of irritation to the ulcerated glands, and so increase the secondary fever.

Before closing, there are a few points which I desire to impress upon your minds regarding the complications of typhoid fever and their treatment. This man is a very good illustration of one of these complications, viz., relapse. Relapses may occur at any time during the period of convalescence, and are always to be regarded as true second attacks of the disease. In the diagnosis of relapse be careful to search for any local cause, such as pneumonia or bronchitis; if none such can be found, you may be pretty certain that the relapse is a true one. It is very easy to understand how a relapse may occur, when we consider that it is nothing more or less than a return of inflammation to the glands of the intestines: some of the ulcers have healed, perhaps, and others have not progressed quite so far, when another crop of glands go on to ulcerate. When relapse appears, treatment must be resumed at once, the diet restricted, and the same general watchfulness had over the state of the case as during the course of the first attack.

This man's relapse was heralded by a series of copious hemorrhages from the bowels. Hemorrhage, as a complication of this disease, must for a moment engage our attention. Hemorrhage may take place at any time while the bowels are ulcerated. It generally occurs at one of two periods,—either early in the attack, when it is of little or no consequence, or later, when the sloughs are thrown off from the ulcers. Hemorrhage at this time is always a serious matter, it may be very fatal, producing death in the course of a few moments. Be careful, therefore, to have every dejection examined by the nurse.

The treatment of hemorrhage is by absolute rest in bed for twenty-four hours, and by the administration of opium to produce absolute quiet for the alimentary canal. In cases of hemorrhage I am in the habit of giving opium by the mouth, or, better still, by the rectum. I prefer the solid opium, and prescribe one grain every two or three hours until the patient is gently under its influence. Then we have certain astringents which act locally. Of these, acetate of lead is perhaps the best: a suppository

containing three grains of this drug and one grain of opium may be given three or four times daily. Ergot, by reason of its action on the walls of the arterioles, is invaluable in such hemorrhage. It may be given by mouth, rectum, or hypodermically near the supposed seat of hemorrhage. The food taken should be very small in quantity and absolutely liquid. If treated promptly, in the vast majority of cases the bleeding will be promptly stopped.

The last and most serious complication is perforation of the bowel. This is also most likely to occur late in the disease when the sloughs are thrown off. Though not common, it can easily be produced by walking about, or eating indigestible food while the ulcers are unhealed. The symptoms are sharp pain, sudden collapse, sighing, breathing and thready pulse. It is more liable to happen in old than in young persons. No one ever got well who had a true perforation. The inflammation may bring on peritonitis, and the symptoms of peritonitis may simulate those of perforation. Peritonitis must be treated by antiphlogistics, sedatives, perfect rest in bed, and a diet which leaves no residuum to irritate the bowels. Of course incision of the abdomen and suturing of the intestinal lesion is out of the question in cases of perforation, owing to the specific condition of the inflamed glands.

[January 25.—I bring the patient before you to-day entirely convalescent. His tongue is clean, his pulse about normal, his bowels regular, and his fever gone. There has been no return of hemorrhage. The man is indulging in a mixed diet and plenty of exercise. He has given up the nitrate of silver altogether. During the last day or two he has been taking cod-liver oil and iron to fatten him up.]
—*Philadelphia Medical Times.*

NEW PROCESS FOR PLACENTA PREVIA.

(From the *Philadelphia Medical Times.*)

At a Conversational Meeting of the Philadelphia County Medical Society, Dr. J. S. Eshleman related a case of placenta previa which he had treated in consultation with Dr. I. McGuigan. They met soon after the first profuse hemorrhage had taken place. The pains were feeble, as is usual in these cases; the flow continued. The patient could not long survive it. The os would scarcely admit the tips of two fingers; it was from an inch and a quarter to an inch and a half in diameter. With Dr. McG.'s consent, he at once applied the forceps and brought the child's head firmly down upon the placenta, compressing it as well as the uterine sinuses, with the effect of instantly arresting the flow of blood.

Feeble pains were now stimulated, and aided by equable traction upon the instruments. The forefinger of the left hand was frequently interposed between the head of the child and the inner surface of the os to graduate the amount of force applied by the forceps held in

the other hand, and, aided by the uterine efforts, the os in time began to yield. The uterus descended under the traction somewhat, but less than is often witnessed in natural labor. The case was conducted gently, each effort followed by rest in imitation of natural labor, and terminated in about one hour. There was no perceptible loss of blood, nor was there any concealed or post-partum hemorrhage. The child, though faint, soon rallied. The uterus closed softly upon the placenta, a portion of which remained firmly adherent near the os; the remainder lay protruding from the organ in a somewhat crushed condition, yet there was no hemorrhage. After this condition was carefully examined by Dr. McGuigan also, he proceeded to dislodge the placenta, not by introducing the hand, "paring" or tearing it off, but by external pressure, moulding, and manipulation. Mother and child are doing well. * * * * *

Dr. Goodell asked Dr. Eshleman to explain how the os was made to admit the forceps.

Dr. Eshleman replied that the diameter of the os was less than the width of the blade of the forceps, but he was able in the absence of pains to elevate the head of the child, when the blade of the forceps would elongate the circular opening into the shape of a button-hole, so as to admit its passage; the second blade, being somewhat narrower, will pass over the shank of the first and enter the same aperture. It is surprising to test how small an opening will admit the forceps, and equally so how large a one is required to admit the hand.

In reply to Dr. Hamilton, he said that ergot was given in the hope that it would favor contraction of the emptied womb, but its effects could not be waited for to aid labor or depended upon to arrest hemorrhage.

Dr. McGuigan, being present, was asked to give his statement of the case reported by Dr. Eshleman.

He stated that the day but one prior to her delivery, he found blood issuing from the vagina. She had lost a previous gestation by hemorrhage. The cervix was three-quarters of an inch in length, and he could feel the fetal envelopes, but not the placenta. Two days after, he found her bleeding, and in regular labor; the os open three-fourths of an inch, the membranes intact; the placenta could be felt three-fourths of an inch from the external os on the left side, and detached for the space of two inches. The pains were quick and forcible; the head was not engaged. He punctured the membranes when the pains became feeble and slow. The bleeding was not continuous during the two days mentioned.

Dr. Atkinson said that the occurrence of placenta previa in two succeeding pregnancies was exceedingly rare. Nor was there any

reason to expect such a complication to occur again because a patient had once suffered thus.

In the only case that he had seen in which there was placenta previa, it was almost completely central. There were no contractions. Ergot appeared to have no effect, although freely administered. He tore through the placenta, put on the forceps, and thus delivered. The child had been dead for some time. The woman did well.

BROWN SEQUARD'S TREATMENT OF EPILEPSY.

Dr. James B. Ayer reports (*British Medical and Surgical Journal*) twelve cases treated by the following prescription for two years:—

℞ Sodii bromidi, potassii bromidi, ammonii, bromidi, aa ʒij; potassii iodidi, ammonii iodidi, aa ʒiss; ammoniæ sesquicarb., ʒi; tinct. calumbæ, fʒ iss; aquæ, destillat. ad fʒ viij. M.

Full dose one and a half drachms before each meal, and three drachms at bed time.

Results.—In four cases very satisfactory: reduced to a single attack in forty-six months, thirty-one months, twenty-two months, and sixteen months respectively. In five cases number and severity of attacks both diminished. In one case severity diminished, number unchanged. In two cases no change in number or severity. In eleven cases there has been marked improvement in general health and mental condition. In one case there has been a slight improvement.

ON THE TREATMENT OF PSORIASIS.

By Dr. Balmanno Squire, Surgeon to the British Hospital for Diseases of the Skin, &c.

Phosphorus has recently awakened fresh attention as a therapeutical agent. It has especially been recommended by Dr. Broadbent as a remedy for leucocythæmia. This suggestion, however, after a particularly patient investigation of it, appears to have fallen through. Dr. Broadbent incidentally remarked, in a discussion which ensued at the Clinical Society, on some improvement which seemed to him to have taken place in a psoriasis which occurred as a complication of one of his cases. It is possible that the discouragement which attended the further investigation of the action of phosphorus in leucocythæmia may have been the cause of this incidental suggestion having been neglected. However, phosphorus had, I believe, prior to that time been tested by Dr. Hardy, of Paris, with results which afforded him some encouragement; and, subsequently to the date of the case I am about to report, it has been tried by Dr. Whipham at St. George's Hospital, but with what result it is not quite easy to understand from his description. However, since his paper (published in the *Medical Times* of September 22nd, 1877) is mainly devoted to the confirmation of my

original advocacy of chrysophanic acid ointment in psoriasis, on this account possibly the effect of the phosphorus has been apparently less carefully attended to by him.

During the month of March, Dr. Whipham gave three times a day to a girl of 15, who had psoriasis, a pill containing one-twentieth of a grain of phosphorus. On April 1st, he "found that the psoriasis was rapidly disappearing. The improvement, however, was of very short duration, and, on May 31st, 1877, the eruption was extending on the limbs and trunk;" but Dr. Whipham leaves one in uncertain doubt as to when the phosphorus was left off. Further on in his paper, he again refers to this same case thus: "The psoriasis was disappearing under the use of phosphorus, which was commenced in March, 1877. By the end of May, however, the disease was nearly as bad as ever, and it was evident that the drug was of no use in relieving her ailment." One is, therefore, left with this choice: either that the good effect of the phosphorus went off because the use of the phosphorus itself was discontinued, or that the phosphorus, like Penelope, undid in May what it had done in April, or at least would not do in May what it had done in April. Dr. Whipham eventually cured his patient of what on May 31st was "a copious eruption of psoriasis over the trunk, arms, and legs," by the exclusive use of chrysophanic acid ointment, with the following result; namely, that, "on June 21st, exactly three weeks after the commencement of chrysophanic acid ointment," he found that, "with the exception of one or two spots, each rather less than the size of a pea, on each wrist, she was quite free from all trace of the skin-disease." On July 22nd, he again "saw her, and found all traces of the eruption gone and her skin natural. She had discontinued the ointment for some weeks." He adds that "it was not without a feeling of despair that I had recourse to chrysophanic acid; the result, however, and the rapidity with which that result was brought about surprised me extremely, a surprise which is not lessened by the fact that the girl had suffered from the skin-disease for five years and a quarter at the time when the acid was first employed, and that she was entirely free from psoriasis in twenty-one days." Dr. Whipham's surprise was only natural. The efficacy of chrysophanic acid in psoriasis is certainly one of the most astonishing facts in modern therapeutics. I refer incidentally to this part of his paper because it was in this Journal that chrysophanic acid was first made known to the medical world as a remedy of the utmost efficacy in psoriasis, and for another reason: because it fell to my good fortune to make that particular discovery. I regard Dr. Whipham's observations as an important addition to the other confirmatory evidence which, prior to his paper, had already appeared in the columns

of this Journal. The wide publicity which was given to my observations by their appearance in the Journal has caused the remedy to be now in extensive use for the treatment of psoriasis in all parts of the world, whilst one drawback to its use which I had feared, has now been removed. I refer to its price. Chrysophanic acid which, in December last, could only be obtained at the price of ten shillings an ounce, is now sold for four shillings an ounce. I have little doubt but that it will speedily become much cheaper.

It will be seen from the following report that, in February and March of this year, I had a case very similar to that of Dr. Whipham's, which latter extended from March to July, and that the treatment was very similar in the two cases.

Betsy D., aged 13½, was sent under my care as an in-patient of the British Hospital for Diseases of the Skin by her medical attendant, Mr. Essex, of Pontypool, in Wales. She had been affected with psoriasis, for only two months; but the skin of all her limbs and body was copiously covered with psoriasis, the patches on the posterior aspect of the arms and forearms being the largest of all, and many of them being of very considerable size. She had also two or three very inconsiderable spots of psoriasis on her face.

On February 22, after a careful map had been taken of every part of the eruption by means of a complete set of my "outline drawings," she began to take phosphorus "perles;" that is to say, the little French capsules of that name, which contain each one-thirtieth of a grain of phosphorus dissolved in oil, and which are to be readily obtained of any chemist. She commenced by taking only one of them three times a day.

Feb. 23. The dose was increased to two perles three times a day.

Feb. 26. The girl had taken the increased dose for a few times; complained of severe and long continued pain at the epigastrium after each administration. The dose was now reduced to one perle three times a day.

March 6. On this, the twelfth day of treatment, many of the smaller patches had almost completely disappeared, and the others, even the larger ones, had lost their scales to a great extent; had become fainter in colour, and flattened at their central portions, leaving only raised margins. Since February 26th, she had taken only one perle for a dose. No pain had been felt. She was now ordered two perles for a dose again.

March 8. She had now taken six doses, each of two perles, without bad effect, until this morning, when, on taking a walk after her dose, she complained of a pain in her stomach. The dose was, therefore, reduced again to one perle.

March 14. She had taken one perle since the last report till now. The eruption was certainly much fainter, but scarcely any additional patches had completely disappeared.

March 27. She had taken two perles three times a day until now since March 14. Now the patches on the chest and upper part of the back had nearly all entirely disappeared, i.e., they could not any longer be indentified by means of the map taken on February 22. The largest patches of all, viz., those on the forearms, had quite vanished, except at the actual margins, leaving only a slightly livid blue stain, and being quite free from desquamation. Many of the patches on the thighs were gone for the greater part of their area. Those on the legs had undergone the least alteration, but have lost their scales. The diseased area, which used to itch very much, had not done so for the past two or three weeks, except quite recently on the knees only, where a few small fresh patches had appeared. The perles have caused no pain in the stomach and no diarrhoea. She was now ordered to take three perles three times a day. She had not washed since the commencement of the treatment. This regulation was enforced in order that any removal of scales might be clearly due to the action of the phosphorus alone.

April 3. All the large patches on the arms had now lost their margins, which were broken and simply dotted, and the general condition of the eruption seemed improved, though a few fresh spots had appeared, while others had gone. As regarded the buttocks, the outer surfaces of the thighs also, and the legs (the latter more especially), the eruption was somewhat more copious than before. The perles caused no inconvenience. She was now ordered to have four perles, instead of three, three times a day.

April 12. She had taken four perles for seven days only, when pain in the stomach came on. From that time the perles were altogether discontinued. The eruption did not seem to have varied notably. The impression produced on my mind was, that the phosphorus had attained its maximum of effect, or nearly so; or, anyhow, that it was a much slower remedy than efficient local applications often proved to be. She was now ordered to discontinue the phosphorus, and use only chrysophanic acid ointment (acidi chrysophanici ʒ i j; adipis ʒ j).

April 21. Very considerable improvement was obvious, only faint traces of the eruption remaining, except on the nates and on the legs below the knees.

May 9. Every portion of the eruption had disappeared, the only traces remaining of it being faint stains on the front of the legs and on the knees and elbows.

May 22. Since May 9, she had used the

chrysophanic acid ointment (after first washing the skin each time with soft soap and warm water) twice a day to the legs only. No inflammation had resulted from this application, and the patient was everywhere quite free from all traces of the eruption.

Commentary.—It will be seen from the report that this case, not only as regards the nature and extent of it, but also as to the treatment pursued and the result of that treatment, very closely resembles Dr. Whipham's case, and that it occurred at about the same time. Each patient was a healthy girl at about the age of puberty. In both cases, the eruption was very copious, although in Dr. Whipham's case it was of much longer standing than in mine. But, that circumstance, according to my experience, makes little or no difference as to the difficulty of curing the disease, although I am aware that the contrary opinion is generally entertained. In both instances, the case was treated at first by phosphorus alone.

Dr. Whipham's case was treated by means of one-seventh of a grain of phosphorus in the twenty-four hours throughout (for apparently two months), with marked improvement for the first month, but with a return to the original condition at the end of the second month. By the way, is Dr. Whipham quite sure that his patient continued to take the pills? I am sure that my patient took the perles. Mine was an in-patient, and the matron of the hospital administered in person every single dose. Dr. Whipham's patient was an out-patient, and phosphorus pills are apt to cause disagreeable eructations tasting of phosphorus.

My case was treated by one-tenth of a grain of phosphorus in the twenty-four hours for the first twenty days, during four of which the dose had been increased to one-fifth of a grain *per diem*. During the next fourteen days, the dose was maintained at a fifth of a grain in the day; for the ensuing eleven days the dose was augmented to three-tenths, *i.e.*, nearly a third of a grain a day; and, for the remaining seven days, the dose was increased to two-fifths, or nearly half a grain a day; making in all fifty-two days of treatment by phosphorus; namely, about the same period as Dr. Whipham's course of phosphorus treatment, my patient, however, taking on the whole considerably more phosphorus than did Dr. Whipham's. The result of the phosphorus in my case was that, after thirty-three days' use of it, the patient had during the entire period steadily improved, so that, at the end of that time, she had lost the greater portion, or at least quite one-half of the original area of her eruption as it had existed at the commencement of the treatment.

During the next fourteen days of phosphorus treatment, notwithstanding an increase of the dose, the eruption for the first seven days even

increased somewhat, and, for the remaining seven days, remained at about a stand-still.

The conclusion I draw from the two cases is that, after about a month's employment of the remedy, the antagonism of phosphorus to psoriasis finds its equilibrium; and that the antagonism in question, although real and obvious, has, nevertheless, a limit which falls short of the complete cure of the disease. Nevertheless, I regard phosphorus as an important and valuable addition to our means of curing psoriasis, and I am induced to think, from the results of further experiments that I have since made with it, that it may be found to be an internal remedy of greater efficacy than arsenic in the treatment of this disease. However, as I said before of chrysophanic acid, the value of it is a question to be determined, not by the results obtained by one or two observers but by the general verdict of the profession.

I ought here to draw attention to the fact that my case shows that the dose of phosphorus when even, as here, it is at first tolerated only with difficulty, may be *gradually* increased even in the case of a child to a dose considerably beyond the limit which is commonly assigned to it. In short, that if caution be exercised, four times the ordinary (one-thirtieth of a grain) dose, namely, as much as one-eighth of a grain three times a day, may be quite safely given without inconvenience of any kind. I have since given this latter dose in a large number of cases of psoriasis.

As to the chrysophanic acid ointment treatment with which both Dr. Whipham and myself made amends for the deficiencies of phosphorus, Dr. Whipham's patient was nearly cured by it in three weeks, and mine in nine days. In both cases, after a further use of the ointment (Dr. Whipham seeing his patient a month and I eighteen days subsequently), we found our patients quite free from eruption.—*British Medical Journal*, Nov. 3, 1877 p. 620.

TREATMENT OF ECZEMA IN CHILDREN.

Mr. J. Dixon remarks on this subject, in the *British Medical Journal*, that the treatment in this disease must be topical, for the relief of local irritation. The local treatment that he has always employed and found successful, has been directed to the exclusion of air, and the prevention of desiccation, thus alleviating local distress. The scabs that form from drying of the exudations are, perhaps, one great cause of keeping up the disease. For the purpose of maintaining constant moisture, he frequently employs a plan recommended by the late Professor Bennett. A piece of lint, saturated in a very weak alkaline solution (thirty grains of bicarbonate of soda to a pint of pure water), is applied to the part effected, and covered with oiled silk or gutta-percha tissue. The dressing

is changed twice a day. This mode he has employed with universal success in adults. The only case in which he has used it in youth was in that of a girl, thirteen years of age, where the disease involved the whole of the face; a cure was effected in about a fortnight. But in addition to the local treatment, the patient had three minim-doses of Fowler's solution thrice daily. Another form of local treatment that he employs is the use of a lotion consisting of oxide of zinc, ninety grains, glycerine, half a fluid ounce, water, to eight fluid ounces. This to be applied twice daily, and the part to be covered by lint and gutta-percha tissue. Of internal remedies, arsenic in the form of Fowler's solution is given, either simply in water, or in conjunction with other tonics and alteratives, as iron and iodide of potassium. He also, in many cases, gives cod-liver oil.

FEEDING BY THE RECTUM.

Dr. Austin Flint, in a paper of extraordinary interest and practical value in the *American Practitioner* of January, on Rectal Alimentation, shows that life may not only be thus prolonged a few days, but that persons may live for weeks and months and even years by this method of nutrition alone. More than this, and it seems almost ludicrous, some patients having been fed in this way for a considerable period were quite disinclined to return to the usual mode of eating. The cases recorded, except the first, came under Dr. Flint's observation. Dr. Pierce's patient lived three weeks solely nourished by the rectum. Dr. Purple's patient lived three months on this form of feeding. Dr. Lusk's patient was sustained for seventeen days in the same way. Dr. McClain's patient maintained life by rectal alimentation for twenty-eight days, and for a year was fed in this way the greater part of the time. Dr. Flint's patient lived exclusively upon injections of essence of beef and milk, repeated every four hours for three weeks. The most extraordinary case is that furnished by Dr. Bliss of New York. His patient lived comfortably for fifteen months without other sustenance than that through the anus, and for much of the time for five years lived by this means. None of these patients died of inanition, and some of them increased in weight and strength. Where death occurred it was due to the disease with which the patient was suffering.

This treatment is applicable in cancer or ulcer of the stomach; stricture of the esophagus; gastritis; gastrorrhagia; the persistent irritability of the stomach, purely functional, occurring in women; invincible anorexia with loss of strength and weight; and when "from blunted mental perceptions or coma an adequate

amount of food can not be introduced into the stomach by voluntary deglutition."

The rectal diet recommended is as follows: Liebig's extract of meat, with milk; milk, either alone or combined with eggs, beef, mutton and chicken broths; and Leub's pancreatic meat emulsion, which is prepared as follows: from five to ten ounces of finely-chopped meat, and one-third of this weight of finely-chopped pig or ox pancreas, free from fat, are mixed with five ounces of luke-warm water. This mixture is rubbed in a mortar to the consistency of thick soup.

The quantity of food injected should be from three to six ounces, and the intervals between injections should be from three to six hours. If not well tolerated, tincture of opium or morphia in solution are added with advantage. The bowel should be relieved of its fecal contents before beginning the rectal feeding, by simple enemas, or, if not contra-indicated, by a laxative *per orem*. After this procedure no fecal discharge may occur for days or weeks, and yet no discomfort is experienced.

To quench thirst simple water is injected and the body is freely sponged. Should the rectum refuse the first injections of aliment, they should be continued, and in a short time are likely to be retained. Should the bowel become intolerant of the injections after they have been used some time, they should be discontinued for a day or two, and after this rest the rectum is likely to receive them kindly.

The nutritive injections should be tepid, and directly after their administration firm pressure on the anus by a sponge or napkin should be made until the desire of expulsion passes off. *Louisville Medical News*, February

TREATMENT OF DIPHTHERIA BY TURPENTINE INHALATIONS.

By C. EDEL, M.D., New York.

Before I enter upon the mode of treatment of diphtheria, it may not be inappropriate to give, in a few words, my opinion concerning the nature of the disease.

I regard it, in the majority of cases, as a local affection from the beginning, affecting the mucous membrane of the nose, pharynx and larynx, the fatal termination of the disease being brought by pyæmia. The latter may be either primary in cases where the poison has been absorbed by the capillaries of the lungs or the mucous membranes (and these frequently become fatal after a short duration, even without the formation of membranes); or the pyæmia may be secondary to the formation of membranes, and the poison is then taken into the system in the usual manner.

But we must distinguish this pyæmic fever from the reactive fever, common to all cases of diphtheria, and which I think is only an effort on the part of nature to eliminate the obnoxious substance.

The character of the disease has a close resemblance to the gangræna nosocomialis. If we have under observation a surgical patient, we may be certain about the favorable conditions of his wound as long as his temperature does not suddenly rise. When the latter occurs, all practitioners are aware that we must be upon our guard. It is not necessary that we find the wound in a bad condition immediately, but we are sure that this will follow after a short time, if the wound is not properly treated by disinfectants. If, however, this course of treatment is pursued, the temperature will soon become normal. The cases of secondary pyæmia in gangræna nosocomialis are relatively rare, since a more proper management of the wounds has been adopted, but they occasionally occur, and prove fatal in spite of the greatest care.

The object of my treatment is not to cure the primary pyæmic infection of the "malignant cases," or to cure the "secondary pyæmia" after the formation of membranes, but to prevent the absorption of the poison, the presence of which is indicated by the reactive fever.

Since the treatment of diphtheria by steam inhalations gives relatively the best results, I resolved to combine this method directly with a local disinfectant. For this purpose I use Tiemann's steam-atomizer in the following manner: I have the boiler half filled with water, add about fifteen drops of the oil of turpentine before each inhalation, and then close it. As soon as the vapor escapes, the patient is placed at a distance of three inches from the mouthpiece of the instrument. This distance I found more convenient than to apply the mouth directly to the mouthpiece, since the greater heat might prove injurious and the force of the stream would frequently make it inapplicable to children. Formerly I have used the turpentine with some water in the medicine cup, but this arrangement often fails, and I find it quite sufficient to put the turpentine into the boiler directly.

The inhalations are made every hour for about ten minutes, day and night.

This treatment I have applied in quite a number of cases, and thus far with the most favorable results. Recent cases were cured in twelve hours, *i. e.*, the temperature was reduced and the sores in the throat were clean; in older cases it took sometimes twenty-four hours before the temperature became normal, and about forty-eight hours before the pharynx appeared perfectly clear.

I shall briefly relate a few of the more characteristic cases.

I. December 2nd.—W. W.—, a boy 6 years of age. When I first saw the patient he had been treated for three days with chlorate of potash locally, and tincture of iron internally. On inspection, the tonsils and pharynx were found to be covered by diphtheritic membranes. The boy complained of pain in the region of the sternum; his breathing was superficial, and he had very marked dyspnoea; his voice, however, was pretty clear. I continued the treatment for eight hours, but seeing that the infil-

tration had rather increased in extent, I resorted to the above described inhalations. They were continued during the night, and after twelve hours the patient expectorated a piece of membrane five and a half inches in length and one inch in breadth, which had undoubtedly occupied the whole extent of the trachea, at the same time the pharynx was nearly clean. The pain of which the boy had complained ceased immediately after the membrane had been expectorated. The microscopical examination revealed, besides some epithelial cells, the presence of fibrine, small, round cells, and the peculiar organisms called micrococci.

II. November 29th.—B. S., a girl 3 years old. In this case I performed tracheotomy half an hour after I was called, on account of the great dyspnoea. There were no membranes in the throat, and I regarded the case as one of croup. A few hours after the operation the tube could hardly be cleaned from very tough membranes plugging the inner opening. Next morning diphtheritic membranes were seen in the pharynx. I ordered at once the inhalations, but, of course, in this case through the tracheotomy tube. The inner tube was taken out and the steam passed through the opening in the superior curvature of the outer tube into larynx and pharynx. After having used the inhalations for twelve hours, the pharynx was clear, and some relatively thin matter was discharged through the tube. The child recovered entirely, with the exception of a paralysis of the vocal cords, which will probably be cured by faradization.

III. November 23rd.—M. R.—, a woman 40 years old, in whom the infiltration extended almost over the whole tongue and the greater part of the pharynx; after twenty-four hours the temperature normal, and about twenty-four hours later the mouth and pharynx clean.

IV. December 22nd.—E. M.—, 15 years old. Pharynx partly infiltrated; cured in twelve hours.

V. December 31st.—C. E.—, 5 years of age; membranes on both tonsils. Inhalations begun on the third day; one tonsil clear after twelve hours, but it took about two days before the membranes on the other tonsil disappeared, the parents having neglected to use the atomizer during the night.—*New York Medical Record, Jan. 19.*

TREATMENT OF DYSPEPSIA.

The following is the treatment adopted at the Demilt Dispensary, New York, as described by Dr. D. Lewis, in the *New York Medical Journal*:—

When there is constipation, we have found the rhubarb and soda mixture most useful—

℞. Pulv. rhei.,	3j	
Sodæ bicarb.,	3 iss	
Ol. menth. vir.,	gtts. iv	
Aquæ,	ʒ iv.	M.

SIG.—A tablespoonful before meals.

This alkaline mixture probably owes its efficacy to its stimulating action upon the gastric glands—a

property of alkalies which has been amply demonstrated by many experimenters. When an additional laxative was necessary, a compound rhubarb pill was ordered at bedtime, or, what is preferable in many cases, the pill of aloes, belladonna, and strychnia—

R. Ext. aloes, grs. ijss
 Ext. belladonnæ,
 Ext. nucis vom., \overline{aa} gr. $\frac{1}{4}$. M.

Sig.—One at bedtime.

In contrast with the above case are those patients who are anæmic, and complain of the symptoms common to that condition—loss of appetite, palpitation of the heart, intercostal neuralgia and headache. In some instances this condition is a natural sequence of prolonged dyspepsia, but is more commonly dependent upon other causes, such as bad hygiene, overwork, or malarial influences. Tonic treatment is here indicated, and the following prescription is usually effective:—

R. Quinæ sulph., gr. xij.
 Tr. ferri chloridi., $\overline{3}$ ijss
 Aquæ, $\overline{5}$ iv. M.

Sig.—A teaspoonful in a wineglass of cold water, half an hour after meals.

An aloes and belladonna pill is occasionally required at bedtime.

Plasters have been often prescribed for intercostal neuralgia in these cases. Notwithstanding the prejudice against their use, experience here has proved them to be a valuable adjuvant in the treatment.

The belladonna-plaster (4x6) is the one most frequently ordered, and next in order the capsicum plaster (same size), as now kept by druggists. A pitch-plaster, with chloral hydrate sprinkled over its surface, was tried in several cases, but proved inferior to either of the others.

When there was irritability of the stomach (probably gastric), with nausea and vomiting, a bismuth mixture was often ordered—

R. Bismuth, subnit., $\overline{3}$ iv
 Acid. nitric. dil., $\overline{3}$ iij
 Tr. nucis vom., $\overline{3}$ jss
 Aq. menth. pip., $\overline{5}$ iv. M.

Sig.—A tablespoonful after meals. Shake well before using.

Since it has been pretty clearly demonstrated that bismuth acts mechanically by adhering to the mucous coat of the stomach, it is evident that a large dose should be administered. But the *very large* doses given by Lusanne, Menneret, and others (who gave $\overline{3}$ j per diem), no doubt hinder the excretion of gastric juice, thereby causing the cachectic symptoms which those observers found to follow its prolonged use.

SUGGESTIONS FOR THE TREATMENT OF SLEEPLESSNESS.

The following suggestions are taken from an article by Dr. W. A. Hollis, in the *Practitioner*:—

One of the most efficient means of inducing natural sleep is by the application of mustard poultices to the abdomen. In cases where sleeplessness

arises from natural worry, abdominal flatus, or other annoyances, this remedy is invaluable. Schuler states that large sinapisms applied in this way produce first dilatation and subsequently contraction of the vessels of the pia-mater in trephined animals. They may thus act as do pediluvia and warm compresses to the abdomen, by diminishing the amount of blood in the brain. The same writer says that cold abdominal compresses and the cold-pack produce at first dilatation of these vessels, and subsequently bring about an energetic contraction of the cerebral vessels, which lasts for some hours.

When the insomnia depends upon brain exhaustion, I have found that the administration of a tumblerfull of hot claret and water, to which has been added sugar and nutmeg, is of great value. Both the syrup and the spice, in this instance, are hypnotics, according to Preyer and Cullen. The mixture must be taken just before bedtime. In slight cases of wakefulness (as we all know) the reiteration of certain word sounds mentally, at the same time drawing a slow and deep inspiration between each word, is occasionally sufficient to produce sleep.

When sleeplessness is associated with acid dyspepsia, the alkalies and alkaline earths, especially the carbonate of magnesia and bicarbonate of soda, are very useful. In cases where the indigestion is owing to a sluggish peristalsis of the stomach and upper intestines, a full doze of Gregory's powder, or ten grains of the compound rhubarb pill, will remove disagreeable epigastric sensation and induce sleep.

The posture of the sleeper is of some importance. Many persons can sleep in their arm-chairs by the fireside, who court the fickle god of sleep in vain when lying upon their beds, some few hours later. The posture of the dozer and the surroundings of such a fireside nap sufficiently account for his somnolence on physiological grounds. When sleeplessness results from an over-worked brain and consequent paresis of the vaso-motor nerves, the stimulus of electricity has been resorted to. Althaus recommends this treatment. Two large pads are used with a Weiss' constant battery of from ten to fifteen cells. One pad is placed over the nape of the neck, the other, which can be conveniently made of an old reflector, and covered with chamois leather, is placed over the stomach. The anode is applied to the back, the cathode to the stomach, for about half an hour at a time.

In the wakefulness arising from defective cardiac power, on the other hand, it frequently happens that digitalis, by strengthening the force of the heart's beats, drives the blood into the capillary system more vigorously, and relieves the congestion of the central organs and the anæmia of the extremities. By thus equalizing the circulation, we diminish the necessity that previously existed for an increased flow of blood through the cerebral vessels, and so we promote sleep.

By many therapeutists the bromides of potassium, sodium, ammonium, and camphor are supposed to possess hypnotic properties, but my own experience

with these drugs is not confirmatory of such conclusions. These salts undoubtedly act as sedatives on the nervous system, and as such may occasionally induce sleep, but they cannot, I think, be ranked as true "sleep producers."

VASELINE AND SALICYLIC ACID IN OBSTETRICS.

In a recent number of the *Medical Record* I called attention to the use of vaseline and salicylic acid in the healing of wounds; in the present I propose briefly to mention some of the various uses for which this compound seems adapted. Vaseline is a hydrocarbon, made from petroleum by simple evaporation and clarification. It is very cheap, being worth only some forty to fifty cents a pound. It has no taste or smell. Its role as a protective against the action of the air is extensive, as in burns, excoriations, etc. It is one of the best of lubricants. Its use is simple, and especially in complicated labors is thus very advantageous. Internally, it seems to relieve irritation of the mucous membrane, and, when taken up by the system, though it undergoes no proper digestion, to act much in the same way as cod-liver oil. As a vehicle for more active agents, it is more generally useful than any other oil-like compound. Salicylic acid has of late come into vogue, and is now used for a great variety of purposes—principally as an antiseptic, to reduce the heat of the body, and in diseases in which there is a morbid material in the blood, as in rheumatism, and gout, etc. It is not expensive, costing from thirty to forty cents an ounce. I have tried several samples of different manufacture, and find that of Rossengarten, of Philadelphia, by far the best, while the German article that I have used has proved caustic and utterly unfit for many purposes. The American acid is in silky, white crystals, like quinine, has no caustic taste, and, mixed with vaseline, makes a homogenous ointment. The German is amorphous, looks like chalk, has a slight pinkish color and caustic taste, and, mixed with vaseline, makes a lumpy, irritating ointment, unfit for use.

With these few preliminary remarks, I will now briefly notice some of the many uses of these two valuable agents; and first as to their use in obstetrics. It has been my practice for some time back to use vaseline, with a grain or more of salicylic acid to the ounce, and scented with a drop of ottar of roses, in all vaginal examinations, instead of oil or soap. I believe I thereby more certainly avoid carrying infection from case to case that I should otherwise do. In first confinements it may be used in the first state of the labor, so soon as the woman takes to bed. I make use of a glass syringe, an inch in diameter, without a nozzle. With an instrument of this kind an ounce or more of the semi-solid vaseline can be introduced up to

the os, where it remains at the temperature of the body, in a semi-solid state. I use it in this way as a simple lubricant, and without the addition of the acid. If desirable, in certain cases, it can be combined with the extract of belladonna, and, after the labor is completed, with the extract of ergot, or, in case of hemorrhage, with the liq. ferri persulphatis, with all of which it mixes well. If it is desired to introduce it into the uterus, it can be rendered fluid by putting the bottle containing it into water of a temperature of 100° F., when it can be used with the ordinary uterine syringe. In the course of a labor I use three to six ounces, with the effect, as I claim, of shortening the first stage of labor and rendering the parts, especially in first labors, easily dilatable in the second stage, while, after the placenta is delivered, a small quantity of the vaseline, with the acid added, disinfects the discharges, and does much, it seems to me, to prevent purulent absorption. Indeed, if puerperal fever was prevalent, I should not hesitate to introduce it freely into the uterus immediately after confinement. To illustrate the healing qualities of this combination, I some time ago had an extensive rupture of the perineum in a primipara, due to an unusually large child and to an unyielding perineum. I passed two pins through the lips of the wound and a figure-of-eight around each, and directed the patient to introduce a little of the vaseline ointment two or three times a day on her finger. On the third day after, when I next saw her, on removing the pins I found the wound entirely healed. My cases are not sufficient to base positive conclusions on, but I am inclined to think that an hour or more can be saved in an ordinary labor by the use of the vaseline, and that the second stage will go on easier owing to a more thorough relaxation of the soft parts, and to the avoidance of unnecessary friction; and that its use, with the acid after labor, will do much to prevent puerperal absorption, and, in any event, will conduce to the comfort of the patient. In dilating the os with the sponge tent, I find that by coating it with the vaseline and the acid, (ten grains to the ounce), I can more readily introduce it, the tent not expanding at first, owing to the coating of vaseline; but, if held for a moment or two in place, it will remain without danger of its coming away, and will expand to the same limits that it would have done without the coating of vaseline, as can easily be proved by putting two tents in water, one coated and the other not. In erosions of the os, after the engorgement of the parts is removed by glycerine pads, the vaseline and acid ointment, applied on cotton-wool, will do much to effect a speedy cure, especially if alternated with the glycerine. There is one use for this ointment that I have not fully worked out. Physicians are frequently applied

to, to produce abortion. Recently, on the same day, two women came to me; the reason assigned in the one case was that the husband was syphilitic; in the other that pregnancy brought on violent attacks of spasmodic asthma. Of course I explained that the child had rights as well as the mother, but it was all that I could do to prevent one of these cases from going to a professed abortionist. In some cases of this kind prevention is better than cure, and I am inclined to think, from some experiments, that vaseline, charged with four to five grains of salicylic acid, will destroy spermatozoa, without injury to the uterus or vagina.

In conclusion, there are a number of uses for vaseline in the lying-in room and nursery. I make no claim to its being a "cure-all," but it is a great convenience, and its "role" is extensive. The ointment makes a good dressing for the umbilical cord. Vaseline answers better than oil or soap to remove the cerumen from the newly-born infant. Mixed with an equal weight of honey and ten grains of borax or of chlorate of potassa to the ounce, it answers an excellent purpose in case of thrush. The ointment alone, or mixed with ten grains of quinine to the ounce, quickly removes the small worms that frequently infest the anus of young children. In the excoriations of infants it effects rapid healing. In the not uncommon sore eyes of the first few days of life the vaseline alone introduced within the eyelids, effects a cure in a day or two. Again, in the "snuffles" of the old women, which, by preventing nursing, frequently seriously affect the health of the infant, it, when introduced into the nostrils with a camel's-hair pencil, answers better than anything I have as yet tried, especially if the head is kept warm with a flannel cap. There are many other uses for vaseline, alone or combined with varying proportions of salicylic acid, that the experience of the physician will readily suggest to him in this connection.—*Dr. Dubois, Med. Record.*

TUBERCULAR MENINGITIS.

Dr. Reginald Southey, physician to St. Bartholomew's Hospital, records (*British Med. Journal*, Oct. 20 and 27, 1877), four cases of tubercular meningitis in adults, and in commenting upon them says: Tubercular meningitis is apt to be misunderstood in the adult, because the symptoms have been indistinctly pronounced or carelessly observed; but the latter is the more common error. If the entire history of the illness be truthfully elicited, it is usually too significant to admit of wrong interpretation; but towards a correct diagnosis of this, as of every other disease, careful clinical observation is requisite.

The cases narrated, and some others which I have in my possession, enable me to sum-

marize, as follows, the more ordinary symptoms that mark the invasion of tubercular meningitis in the adult.

1. *Headache* is certainly the most invariable symptom; seldom, if ever, absent; never wanting in any case I ever watched.

2. *Vomiting, constipation, and fever* are present, attended by no characteristic rash.

3. Peculiarity of temper and conduct, occasional confusion of ideas, and slightly transitory delirium, are also symptomatic of this disease.

4. There are general muscular pains, followed first by stiffness, and then by slight paralysis, as shown in the imperfect co-ordination of the muscular movements, in tremblings and in twitchings. The muscular pain and stiffness are often first complained of in the nape of the neck, and then in the muscles of the back.

5. *Slight epileptiform convulsions* are observed, followed by paralysis of motion in the limbs or parts convulsed; this paralysis being most usually of a transitory or temporary kind. Among the paralyzes most frequently noticed and characteristic, I may single out those affecting the optic commissure and oculo-motor tracts, causing a slight internal squint, with dilated inactive pupil of one eye, with drooping of the same eyelid, and paralysis of the facial nerve upon one side. The paralysis of the limbs, although usually a hemiplegia, is seldom one that invades the body upon one side in its entirety. Further, its mode of attack is gradual; usually the arm and leg are affected upon the same side, but the facial muscles are not involved. First there may be inertness of the arm, then of the leg, then complete loss of power; but the arm and leg may be fully extended, and never moved, although pinched and stimulated. Then the right leg may recover and the left arm be implicated, so that an apparent cross paralysis may exist; or the right arm and left leg, or right leg and left arm may be so affected consecutively. The limbs which have been paralyzed, although they may recover some power, are seldom afterwards well co-ordinated in their movements.

6. *Hyperæsthesia* of the skin generally appears co-incidentally with peculiar mental phenomena, as, instance, conduct obstinate and unaccommodating, and a temper quite altered from that which in health distinguished the individual, a maintained attitude of dogged resistance to whatever he or she is asked to do. Very little nourishment is voluntarily taken. The abdomen becomes retracted, and the aspect of the patient, with half-open eyelids, or some slight paralysis of these, becomes highly diagnostic.

7. *Continued drowsiness* is observed. The patient shrinks from all disturbance, and shrieks out when roused sufficiently to move or perform voluntary acts. From this drowsiness,

the step to coma and death is seldom many hours distant.

The history of the case usually records an illness that has endured some two or four weeks, but one which has not attracted much attention until distracting headache with some delirium at night has supervened. Two cases I have seen were mistaken for neuralgia and hysteria, one for typhus. If, however, in these later stages, the diagnosis is usually all too certain and assured, we may well ask if, in the earlier stages, the clinical symptoms do not sometimes suffice to indicate the exact situation of the pathological lesions. Approximately, and with some likelihood, I should answer that they do, but with no positive certainty.

In those chronic, insidious, and, from their peculiar mental phenomena, most problematical cases, where there is no paralysis until the final coma, it is usual to find the tubercular meningitis principally limited to the surface of the brain; slight, too, in its amount, consisting of small opaque patches of the pia mater, attended by really very little lymph effusion; and one discovers the tubercle formations only by careful microscopic examination of the walls of the blood-vessels. If the organs of vision are involved, and there exist during life squinting or any paralysis of the muscles which move the eyes or eyelids, the base of the brain is pretty surely the seat of tubercular inflammation, and of secondary lymph or pus exudations. Again, if there exist paralysis of the limb or of one side of the face, one may expect to find matting together of the blood-vessels in the opposite Sylvian fissure, tubercles upon the blood-vessels and dropsical oedema of the choroid plexus, and softening, with capillary blood extravasations, from the size of a pin's head to that of a split pea, in the corpora striata. More especially is this rendered probable when convulsive attacks have preceded the paralysis.

More than this in diagnosis, it is true, may be achieved; thus, implication and degeneration of special cranial nerves may occasionally be shrewdly foretold before death and discovered at the autopsy; and, similarly, implication of the spinal cord may be surmised, in some instances, from the symptoms.

The pathological sequence of events that follow the tubercular formations on the walls of tiny blood-vessels are twofold: blocking up of the blood-channels and arrest of the blood-supply, anæmia of some parts of the cerebral substance, oedema and tiny capillary extravasations of others; diapedesis of white cells, softening of tissues, exudation (as it is called) of lymph. Drowsiness is, perhaps, produced by general brain-anæmia; the peculiar mental phenomena may own a similar origin. The coma is most likely due to brain-pressure consequent upon dropsy into the ventricles of the brain.

QUID SPECULUM POSSIT.

One of our most skillful practitioners recently had occasion to employ the vaginal speculum in the examination of a lady. The exploration finished, he was about to withdraw the instrument, when he felt a light touch upon his shoulder. "Excuse me, doctor," said the patient, "I have long suffered from pain in the stomach. *While you are there, can you not tell me what is the matter?*"—*Lyon Medical.*

NURSING IN COLUMBIA.

Dr. André Posada-Arayo sends to the president of the society for the protection of infancy of Paris a letter from which we extract the following passages: "There is neither law nor society for the protection of infants in Columbia. The profession of wet-nurses does not exist here. Every woman, rich and poor, is accustomed to suckle her child until the signs of a new pregnancy appear, which happens ordinarily at the ninth month, so that each child is eighteen months older than its successor. There are a great many women giving birth, every eleven months, to children who do well. Nursing does not interfere at all with procreation. Each marriage here (state of Antioquia, Columbia) produces 10, 12, or 15 children. There is one woman who has had 34 children, and they are all living (she had several times twins). Her descendants as far as the great grand-sons comprise an immense number. I also know a man who has been married three times, and can count already 51 children. His wife is still young and he may be able yet to reach 60. The women here marry early—from 13 to 16 years of age. They commence to menstruate at the 13th or 14th year.

I am certain that the kind of nourishment is not without influence on the proverbial fecundity of our women. Maize forms the base of it. I have noticed the influence of this grain on hens in laying and also on sows.—*France Médicale.*

HYPODERMIC INJECTIONS OF IRON IN ANÆMIA.

Pennsylvania Hospital; Clinic of Prof. DA COSTA, Feb. 23rd, 1878.—From the *Philadelphia Medical and Surgical Reporter.*

GENTLEMEN:—The young woman now coming into the room, whom you have seen before, is a most marked case of anæmia; which we are treating by hypodermic injections of dialysed iron. Her name is Ann L.; she is 21 years of age, single and a domestic; admitted January 29th, 1878. Her father died with a chronic lung affection, and her mother was said to have had apoplexy. She told us on entering the ward that she had never been robust although she never had any serious illness, and, in answer to our inquiries, particularly informed us that she never had rheumatism or intermittent fever, and never was troubled with cough. Last spring her heart began to trouble her, and she suffered from palpitation and shortness of breath.

About Christmas time these symptoms were aggravated and her feet began to swell; she had headache, frequent micturition, and amenorrhœa, and notwithstanding the fact that she had good food, took iron, and was well cared for, her blood became more and more impoverished.

She was before you two weeks ago to-day, in a wretched state of health, anæmic to an extreme degree; with murmurs in the vessels of the neck and in the heart; without appetite, weak and pallid; she had not menstruated for three months. It was evident that she needed iron, but we found on several trials of the ordinary chalybeate preparations that they produced disturbance in the stomach and bowels. I then decided upon introducing iron into the system by a method adapted to insure its entrance into the blood in the most perfect and speedy manner. We commenced this treatment by throwing under the skin of the upper extremities fifteen minims of the ordinary solution of dialysed iron, but this daily dose was soon increased to thirty minims, without the slightest bad effect, local or general. The punctures have produced neither inflammation nor discoloration. In fact, she has grown so accustomed to the hypodermic needle that she makes no complaint whatever of its introduction. No disturbance of digestion has occurred, even in the slightest degree, in our patient, by this method of administration of the remedy; on the contrary her appetite has steadily improved.

A more marked evidence of real benefit, even than her improved appearance, is given by the fact that while she has been under this treatment she has menstruated during this last week, and she now wishes to leave the hospital and return home. I do not say that she is no longer anæmic, but, although she is still pale, there is evidence of a very much better condition of the blood. Another striking demonstration of her improvement is this: that the marked venous hum, which, when she was last in this room, was remarked to be so loud as to be almost heard before I placed the stethoscope over the vessels of her neck, has now nearly vanished; I do not say that it does not exist at all, but that it is much fainter and less distinct than before. She says that she feels well; her appetite is good; the bowels are regular; she has no headache; and does not suffer in the least from the secondary disturbances of the remedy. Now, since the case has reached this point of almost entire recovery, the question arises, whether to continue this treatment, or to give her the iron through the stomach, since her digestion is now so good? Under present circumstances I think it will be well to order her twenty drops of the tincture of iron three times a day. I do this, because I believe that she is almost well, and because she is going out of the hospital, and it will be necessary to give her treatment that she can carry on herself. I would not have you understand me to say that we might not have been able to obtain these beneficial results from the internal administration of iron, had her stomach always been in a condition to allow its introduction

in this way. And looking beyond the present illustration we know that there are many cases in which we wish to give this remedy, but where it causes those secondary effects of iron on feeble digestion, with disturbance of stomach and constipation, to such a degree as to absolutely prohibit its use; cases, perhaps, of anæmia, following exhausting hemorrhages, post-partum, traumatic, or in the hemorrhagic diathesis. In such patients the hypodermic method will yield all the advantages, without the disadvantages. Nor is it necessary to restrict ourselves to one method of administration, because in certain cases, where it is essential to have a rapid and positive influence on the blood, we can give small doses by the mouth at the same time that we give the bulk of the remedy by the skin.

Having learned by this case the practicability and advantages of this method of giving iron, we are led to consider it in especial connection with the subject of gastric ulcer, and of pernicious anæmia and pseudo-leucæmia. In mentioning the effect of iron upon these maladies, we recall the fact that hitherto it has not been very favorably noticed in this connection chiefly, perhaps, because of the great disturbance of digestion caused by the iron, and also on account of the imperfect absorption and defective assimilation that attends these disorders. We may, however, introduce it directly into the circulation through the absorbents, by injecting this preparation under the skin, and I think with prospects of a better result than by any other method of administration.

Let me state that, for years, I have tried to use iron hypodermically, to obtain its constitutional effects in instances in which it was desirable to introduce it rapidly into the system, or in which the state of digestion made it a remedy badly tolerated when given by the mouth. But using various salts, among them the soluble potassio-tartrate and ammonio-citrate, I found them often occasioning so much irritation that they had to be abandoned. Dialysed iron, if pure, promises well. It is, of course, essential that it should not contain acid; indeed, solution of dialysed iron for hypodermic use should be neutral in reaction. It is perfectly clear, of a deep wine or garnet color, by transmitted light, and is not astringent to the taste. The standard solution of Graham contains 24 grains of solid matter to the ounce; it is free from hydrochloric acid, and the proportion of the ferric chloride to the ferric oxide should not be greater than 1 to 27.*

*[The following note was made of her condition when she left the hospital, February 28th 1878: "The venous hum has sensibly declined; it is very faint; the throbbing of the carotids and of the jugular veins is less marked. Her color is coming back; the lips and cheeks are more natural." She had also become constipated, which was not the case while taking the hypodermics of iron.

* The solution of dialysed iron used in this experiment was manufactured by John Wyeth & Bro., which fully meets the requirements indicated.

TRANSPLANTATION.

On the 14th of May last I inserted a right superior central incisor, which had been extracted for more than a year, into an alveolar socket from which I had just extracted a like tooth for another patient. The tooth still remains firm in the socket, and the patient tells me that he does not know any difference between that and his other teeth.—*E. H. Locke, Troy, Alabama, in Dental Cosmos.*

CASE OF ACNE ROSACEA TREATED BY OINTMENT OF CHRYSOPHANIC ACID.

By Dr. Balmanno Squire, Surgeon to the British Hospital for Diseases of the Skin.

A lady, aged forty-five, residing in one of the Midland counties, had been affected with acne rosacea for about a year and a half, when she came up to London to be treated for it. She is approaching the menopause—that is to say, for the past two or three years her periods have been irregular. However her general health is apparently perfect, and she declares that she has always enjoyed the best of health. She is a brunette of sturdy build and hearty appearance. Her face is her only misfortune. This region presents not merely the blotchy patches of discoloration which are characteristic of some varieties of acne rosacea, nor that copious sprinkling of minute pimples which represents another common phase of the disease, but rather what may be termed tuberculous variety of acne rosacea—that is to say, the papules, or rather tubercles, are individually large; not that their sebaceous core forms any considerable portion of their bulk (as is wont to be the case in the indurated phase of "acne juvenilis"), but that the elevated induration which encloses the small core is notably developed. These tubercles (several of which are the size of split peas), although they are mostly smaller, occupy very abundantly the forehead, the cheeks, and chin, and also that portion of the skin of the neck which lies immediately under the lower border or "base" of the lower jaw.

She was treated with chrysophanic acid ointment as an external application to the face, and with glycerole of nitrate of bismuth as an internal remedy. No other remedy, external or internal, was used from first to last.

She commenced treatment on January 19, 1877. On February 27 she presented herself quite free from any trace of her former eruption. I attribute the alteration she experienced purely to the action of the chrysophanic acid ointment. There was no indication whatever for the exhibition of bismuth; the patient's digestion was in no way out of order; but I was engaged at the time in making further observations on the effect of my glycerole of the nitrate of bismuth, the preparation and

physical properties of which have already been fully described in this journal.

In the case of this patient, a dose of the glycerole containing four grains of the nitrate of bismuth, given three times a day for a few weeks, produced no appreciable effect of any kind.

As to the ointment, it consisted at the first of twenty grains of chrysophanic acid dissolved in an ounce of lard at the temperature of an oil-bath. For the last ten days of the treatment, however, the strength of the ointment was raised to that of forty grains of chrysophanic acid to the ounce of lard. The ointment in either case was regularly, three times a day, rubbed well in all over the face, avoiding only the eyelids and the lips. From the beginning the beginning to the end the patient never experienced any smarting from this energetic treatment. However, occasionally the face became a little puffy, as if slightly swollen. Throughout this treatment the face became more or less stained by the action of the ointment, but it was not *very* much stained. The complexion of a field laborer about autumn time is often quite as dark as this patient's face was at any time of the treatment. The stain proved, of course quite transient, passing away completely after a few days' discontinuance of the ointment.

Commentary.—The case above related bears on some points of dispute as to the action of two new remedies. Of the glycerole of nitrate of bismuth it was generally prophesied that it would prove a very sharp and acrid medicine; but in this case a fair dose of it given for a long while did not appear to be at all a disagreeable remedy. Of the chrysophanic acid ointment it has been said by some that it is dangerous to use it to the face, and by others that even when used to the tougher regions of the skin its strength ought not to exceed a scruple of the acid to the ounce of lard, and even then its use ought to be cautiously limited to one or two, or at the most but very few, applications. Now, in this case, an ointment of forty grains to the ounce, well made by one of the best chemists in this city, was energetically rubbed in over the whole of the face three times a day for thirty times in all, without producing any sensation of smarting, nor causing more swelling than a very moderate puffiness of the face. Then the staining of the skin has been spoken of as a great disadvantage. "Patients," it is said, "object to this very much." Now, this patient did not make any difficulty of that kind. The case illustrates, moreover, quite a new field for the employment of chrysophanic acid. I have already pointed out that it is a serviceable remedy in cases of psoriasis. To this I have now to add, that it is capable, on occasion, of curing acne rosacea.—*Medical Times and Gazette, June 23, 1877, p. 665.*

BORAX AND NITRATE OF POTASSIUM IN SUDDEN HOARSENESS.

These two salts have been employed with advantage in cases of hoarseness and aphonia occurring suddenly from the action of cold (see *La Franco Médicale*, No. 86, 1877, p. 682). The remedy is recommended to singers and orators whose voices suddenly become lost, but which by this means can be recovered almost instantly. A little piece of borax the size of a pea is to be slowly dissolved in the mouth ten minutes before singing or speaking: the remedy provokes an abundant secretion of saliva, which moistens the mouth and throat. The local action of borax should be aided by an equal dose of nitrate of potassium, taken in a warm solution before going to bed.

THE AUTOMATIC METHOD OF REDUCING LUXATIONS OF THE HIP.

By Alphens B. Crosby, M.D. (*Phila. Med. Times*, June 23d, 1877, and *N. Y. Med. Jour.*, July, 1877), and S. J. Allen, M.D., (*Ohio Med. and Surg. Jour.*, Oct., 1877.)

In October last there was admitted to his wards, in Bellevue Hospital, a typical case of dorsal luxation (the toes resting on the opposite instep, there being very marked rigidity present and abduction being entirely impossible), but which had been diagnosed as one of fracture of the neck of the femur within the capsule, by a physician outside, and treated as such for about thirty hours previous to admission. Under these circumstances he resolved to at once adopt the following plan: The patient having been placed on his back upon a blanket spread upon the floor was thoroughly anæsthetized, in order to obtain complete muscular relaxation, and the legs were flexed at a right angle upon the thighs, and the thighs similarly flexed upon the pelvis, for the purpose of removing the strain from the ileo-femoral or Y ligament. Dr. Crosby then placed his hands upon the calves of the legs, quite near the knees, and raising the pelvis a short distance from the floor, made very slight abduction of the affected limb, when, in about a half a minute from the commencement of the manœuvre, he had the satisfaction of feeling the head of the bone slip into its normal position. He explained that in this procedure the patient was made to perform the reduction himself, a sort of *felo-de-se*, as he termed it, the weight of his body supplying the extension, while the counter-extension was made by the operator, who performed simply the office of a post, though an intelligent one, to be sure. The method was first described to him by a friend of his in Vermont, Dr. S. J. Allen, who had hit upon it accidentally about two years ago, while in the act of lifting a patient suffering from this dislocation, so as to get him into a suitable position for performing the usual manipulations attempted for the reduction of the deformity. Since then he has adopted the same course, with equal success, in two other similar

luxations, so that Dr. Crosby's makes the fourth case in which the procedure has been employed. So far as Dr. Crosby has been able to ascertain, these are the only cases in which it has ever been done. In Dr. Bigelow's admirable monograph on luxation of the hip (a copy of which, strange to say, he found it difficult to lay his hands on in New York), he has found that the same position was used in a number of instances there recorded, but the method pursued was always different from that which he had ventured to call the automatic. (*Philadelphia Medical Times*.) Dr. Allen, in his report, adds another case, and repeats the views so ably presented by the late Prof. Crosby, without, however, even mentioning his name in connection with this simple and efficient method of reduction. To Dr. Crosby belongs the honor of having first given this method to the profession.—*N. Y. Hosp. Gazette*.
E. J. B.

Dr. J. Milner Fothergill, the London Correspondent of the *Philadelphia Medical Times*, in his letter which appears in its issue of the 19th January—thus speaks of the use of strychnine, as an expectorant in chest diseases:

In this season of *bronchitis*, it may be practically useful for your readers to know the great utility of strychnine as a true expectorant by its action upon the respiratory centre. Like ammonia, it does not act upon the mucus lining of the air-tubes, but upon the nervous centres of the respiration. The experiments of Prokop, Rokistanky, and others, with this agent, show that it has a decided action in stimulating the respiration by acting upon the respiratory centre in the medulla oblongata. Ammonia acts in the same manner. Ammonia is commonly added to cough mixtures for its stimulant expectorant effect. It enables the patient to respire more perfectly and so to expectorate the phlegm more effectually. This is of the utmost importance in bronchitis when the stage of free secretion is reached and the air-tubes are full of mucus, and the patient is in danger of choking. Here the battle lies betwixt the powers of the patient and impending exhaustion. The ordinary mixture of carbonate of ammonium, spirits of chloroform, and senega is very useful; and some tincture of squill will be found a useful addition. But increasing clinical experience of strychnine leads the writer to the conclusion that of all agents which exercise a stimulant effect upon the nervous mechanism of the respiration, strychnine is one of the most potent and useful. Strychnine acts powerfully upon the expiratory part of the respiratory act, and kills, by producing spasm of the muscles connected with expiration. It is very useful, then, when expiratory efforts are required for the expulsion of mucus gathered in the air-tubes. In chronic bronchitis, with emphysema, it is of great service, and in the dyspnea connected with advanced Bright's disease it is very efficacious. It produces good effects when given alone, and is a useful addition to ordinary

cough mixtures. A combination of carbonate of ammonia, tincture of nux vomica, and tincture of squill is a most excellent mixture for patients suffering from dyspnoea, and generally procures them "more breath," as they phrase it. One of the most important matters connected with such use of strychnia is its relation to sleep. In many of these cases sleeplessness is a prominent factor; and sleep can be procured only by a narcotic. But while the narcotic acts upon the nervous system generally, it also acts upon the respiration, probably at its centre in the medulla, and the patients are apt to wake up with an attack of dyspnoea. A series of cases has demonstrated that by the use of strychnia the respiration is so improved that the patient can go to sleep without the narcotic, and, more than that, sleep fairly well, and be quite free from attacks of breathlessness, which awaken the patient and cause him to add voluntary respiratory efforts to the automatic act of respiration. By resort to strychnine these patients can be much relieved. In a case seen recently of complex lung and heart mischief, to which was added chronic chloral poisoning, the good effects of strychnia were very marked. The patient was almost at once relieved from the attacks of dyspnoea in the middle of the night, to which he had long been subject. By the use of strychnia during the day, a narcotic pill at bedtime is often deprived of its tendency to produce nocturnal dyspnoea; and strychnia may be usefully prescribed in cases of shortness of breath, where there has been also long indulgence in hypnotics. There is no such thing in this world as unalloyed good, and strychnia, so used, sometimes acts so powerfully upon the bladder-centres, and produces such irritation there, as to necessitate its discontinuance. But this is not the rule by any means.

REMARKS ON SOME INDIGENOUS PLANTS.

Selections from PROF. ROTHROCK'S Lectures on Botany, University of Penn.

Too often physicians overlook the fact that numerous common plants, many outside of the *Pharmacopœia*, possess remedial virtues, and are used successfully as therapeutical agents by a great many physicians, especially in rural districts.

A knowledge of the uses may serve a happy turn, in ways least expected. Prof. Rothrock has paid considerable attention to the medicinal value of common plants, especially those indigenous, and in this sketch a few of his observations will be recorded.

Witch Hazel is almost a specific in sprains.

Ground Ivy is anti-spasmodic and anti-scorbutic.

Salvia (Cheia) can replace linseed. It is more than a demulcent, being also a nutrient, thus of value in certain gastric derangements. It is capable of maintaining life for some time. With the addition of a very little beef, Prof. Rothrock lived on it at one time for two weeks.

Fever Root is cathartic and emetic.

Dogwood is not often enough used; can frequently replace quinine.

Wormwood is much used and valued by the western mountaineers. Used as a tea, for malarial fevers, and as a general tonic.

Uva Ursi is used by some sailors as a chewing-medicine for gonorrhœa.

Common Poison Laurel is good in the treatment of facial neuralgia. May be used in the following manner.

℞ Tr. *Kalmia Lutea*.....1 drachm.
Tr. *Cimicifugæ*.....1 drachm.
Alcohol.....1 ounce.

M. S. 5 to 10 drops at a dose; repeated with care.

Trailing Arbutus. Leaves make an elegant diuretic tea. Used freely.

Canada Fleabane. Most excellent in uterine hemorrhage.

Gelsemium will prevent the toxic effects of quinine, especially ringing in the ears.

Not enough attention is given to *Peppermint*. It possesses decided stimulant properties. Useful in delirium tremens—steadies up. It may be combined with aromatic spt. ammonia and carb. soda.

Valerian Edulis is as good as the official valerian.

Water Arrow is a good astringent.

Pomegranate now grows in California, but is not an indigenous plant. Excellent for expulsion of tape worm.

Barberry. Cathartic and anti-periodic.

Blue Cohosh may be used in place of ergot.

Smart Weed, an emmenagogue, safer than savine. May be used as an ointment for baldness.

Bittersweet ought to be more used; a good laxative, useful in intermittent fever, and for habitual constipation, not producing secondary constipation.

Shellbark tea, for tœmia, is an excellent remedy.

Hydrastis Canadensis is excellent in gleet, etc.—*Phila. Chemist*.

LIBERALISM IN HOMŒOPATHY.

The resolutions recently passed by the Homœopathic Medical Society of the County of New York are a striking indication of the tendencies of the times. They say in effect that the dogma "similia" is no longer capable of universal application, and that, as honest physicians, the homœopaths are obliged to rely to a greater or less extent upon the practices and methods of the older school. In other words, they no longer desire to be considered as exclusives.

For many years it has been a matter of common notoriety that professing homœopaths have not infrequently availed themselves of the teachings of regular medicine, and applied them in purposely disguised forms. The inconsistency of such a course has undoubtedly led to much of the ill-feeling which we as a school have borne towards them. The present honest declaration, that homœopathy, pure and simple, is not all that their earlier fancies painted it is simply a public admission that the sectarian posi-

tion formerly assumed by them is no longer tenable, that duty to their patients require them to become physicians in the broadest sense, and not blind followers of a creed nor worshippers of a man. That honesty, learning and ability, possess many representatives in their ranks is unquestioned, and we welcome the resolutions as a desire on their part to return to the ranks of a catholic profession, broad enough, as its earlier records show, to embrace and give trial to any views, when presented in a spirit of scientific moderation, and when not accompanied by too great dependence on ordinary credulity.—*N. Y. Med. Record.*

TREATMENT OF HÆMOPTYSIS FROM LUNG CAVITIES.

Dr. R. Douglas Powell, Physician to Brompton Hospital for consumption, makes the following remarks on the treatment of hemorrhage from phthical cavities (*Lancet*, Dec. 1, 1877).

The treatment is such as would be dictated by common sense. The most absolute rest in bed is imperative. Beware of the brandy-bottle. The first thing the friends of the patient naturally do when they find him faint from hemorrhage is to give him brandy. But this moment of faintness is just the period at which there is the opportunity for the hemorrhage to become staunched by the formation of a coagulum, and so long as the pulse does not absolutely fail, we should withhold stimulants, and avoid them throughout the treatment of the case. We can scarcely expect drugs to do much in such cases as these. Ergot in full doses and turpentine have been found most useful at this hospital. The momentary application of an ice-bag to the chest or between the shoulders appears sometimes to be useful. When the shock is great, opium will best relieve it. After a day or two, if the exhaustion and anæmia be great, an astringent form of iron is often of great value, as the iron alum or the pernitrate of iron, but the effect of these remedies must be closely watched. In cases in which there is a tendency to recurrence of the hæmoptysis, such patients usually making blood fast, the diet should be carefully restricted, principally to fish and farinaceous food, without stimulants.

SUBCUTANEOUS INJECTION OF ERGOTIN IN NEURALGIA.

In an article on this subject in the *Gazette Clinica de Palermo* for June, 1876, Dr. S. S. Marino sums up the following conclusions.

1. In sunstroke and tic-douleureux, local hypodermic injections of ergotin have rapid and certain effects, superior to those obtained by all other remedies, including quinine.

2. The results are equally good in hemicrania.

3. In sciatica, ergotin may also give ready and brilliant results, but sometimes, from reasons which we do not yet know, it may completely fail, even in individuals in whom its use appeared at first quite successful. It is necessary to enlist new facts, in

order to pronounce a definitive judgment on its value in this troublesome and obstinate malady.

4. It would also be useful to try the effect of the hypodermic injection of the fluid extract of ergot in other neuralgiæ, especially those dependent on blood-infection and cachexy. It is well known that, in diseases of the nervous system, it is not reasonable to trust to any one remedy; often, after remedies of the highest repute have been tried and failed, relief has been obtained from one of which little was expected. Even when the disease recurs in the same form, the same remedy does not always give useful results.

5. When injected under the skin, ergotin does not cause abscess, except in very rare cases, nor erysipelas, nor any other inconvenience. The injection is usually followed by more or less intense burning, sometimes pain; but both disappear in half an hour, if the seat of the puncture be dressed with small compresses dipped in cold water.

6. Sometimes after one, more frequently after two injections, the pain entirely ceases, but, in order to secure the advantage gained, it is advisable to continue the injection, in number from two to six after and first two, according to the severity of the neuralgia, the length of time during which it has lasted.

7. Dr. Marino has not found it necessary to inject more than 20 centigrammes (3 grains) of the remedy for adults, 15 centigrammes are ordinarily sufficient. He dissolves it in either water or glycerine.—*London Med. Record*, Nov. 15, 1877.

CALOMEL AS A MEDICINE.

Dr. Lanchester, in the Southeastern Branch, East Surrey District, Medical Society, in some remarks on calomel as a medicine, after stating that fashion had been against calomel of late, remarked that its evils had been exaggerated, and, in attempting to do without it, we were depriving ourselves of an useful medicine. Calomel was spoken of as an alternative, but its known effect was purgative. As a cholagogue, there was no increase of bile or stimulation of the liver; and the bile, after its use, was due to rapid action preventing the ordinary changes of bile in the colon. As an antiphlogistic, he contrasted Sir T. Watson's "sheet anchor in inflammations" with Mr. Holmes's "no power to resist inflammation, but induces cachexia, which prevents adhesive formations." Calomel was diaphoretic, diuretic, and sedative, useful as a purgative in children from small dose and freedom from color or smell. He found it very useful in gastric catarrh, with rapid pulse and rise of temperature; in dentition, with confined bowels; convulsions; with throbbing fontanelle; and in croup; and, with other aperients, in worms. In adult life it gave great relief in sluggish liver, and gouty persons, in cases stimulating puerperal fever, urgent sickness in peritonitis, in red and œdematous throat. In congestion of the liver he advocated its use as a convenient purgative, not continued. In acute gout and

rheumatism he gave a full dose at the commencement. In syphilis, he gave a course of mercury, and in this way it was stated to be a means of warding off megrim. He relied upon the drug principally for occasional use, but was loth to practice the continued use of a medicine which was not a natural constituent of the blood.—*Brit. Med. Jour.*

HYPODERMIC INJECTIONS OF NITRATE OF SILVER IN NEURALGIA.

M. Le Dentu (*L'Union Médicale*) has employed with success these injections, not only in cases of obstinate neuralgia and sciatica, but for the purpose of allaying pain, no matter to what cause it may be due, and especially in cases of arthritis. Two or three drops of a strong solution (one in five) are injected into the cellular tissue; sharp pain at once follows, and at the end of three or four days a small abscess is formed, while the painful symptoms of the original malady have either diminished or disappeared. The abscess he has never found to be attended with any serious consequence, and if opened on the fourth or fifth day it will speedily heal. He believes that in cases where Vienna paste, red hot iron, or other caustics are used, the nitrate of silver injections would be found much superior in efficacy.—*Lon. Med. Record.*

THE FORCEPS IN MIDWIFERY.

Mr. Rigden read a report, in the Southeastern Branch Medical Society, of the last two hundred obstetric forceps cases that had occurred in his practice during the last eighteen years—the proportion being about seven per cent. of the total number of labors. The forceps cases had been generally those in which there was either considerable inertia or marked disproportion, and yet there had been no maternal death and but nine still-births. He advocated the more frequent use of the forceps than was generally taught, the object being to assist, and not, as some practitioners imagined, to interfere with nature. His experience had taught him that the dangers of the forceps were not in its early use where there were no contraindicating circumstances, but in the delay in its application, as the operation certainly prevented much additional suffering and anxiety to the mother, and was a preservative of the life of the infant. His practice was to make as little ceremony as possible about its application, generally to have the forceps with him if likely to require it, and to inform the patient that there was no danger in its careful employment. He deprecated the delay as well as the alarm caused to the patient and her friends by calling in further advice, or by making much ceremony about the application. He believed that obstetric practitioners are now much more than formerly in the practice of using the forceps; and his object in bringing the subject before the meeting was to instil more confidence in its employment.

Dr. Lewis thought that the use of the forceps once in fifteen cases was unnecessary, and that the interference was excessive.

Dr. Bowles was of opinion that the forceps was more frequently used at the present day than it was a few years ago; and that this earlier and increased use of the forceps was justified by experience.

The general feeling of the meeting coincided with this view.—*Brit. Med. Jour.*

ANOTHER ECTROTIC IN SMALL-POX.

The powder consisting of four parts sulphur and precipitate, employed by Semaria with such success in eczema and acne, will, he now claims, prevent the unsightly cicatrization after variola. The suppurating pustules are to be first penciled with glycerine and the powder afterward thickly strewed over them. The crust thus formed is cast off without leaving behind any cicatrices.—*Gaz. Med. ital. Lomb.*

THE CANADA MEDICAL RECORD

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THE WESTERN AND ST. CLAIR MEDICAL ASSOCIATION.

On Wednesday, the 13th of February, this Association met at Chatham, Ont., there being a good attendance of members. Dr. McGraw, of Detroit, and Dr. Tates, of Washington, were present. Dr. Beemer, of Wyoming, in the absence of the President, was elected to the chair. The following were elected officers of the Association: Dr. Tye, President; Dr. McAlpine, Vice-President for Middlesex; Dr. Longheed, Vice-President for Lambton; Dr. Lambert, Vice-President for Essex; Dr. Sampson, Vice-President for Kent; Dr. Fraser, Treasurer; Dr. Beemer, Secretary; Drs. Bucke and Richardson, Auditors. Dr. Heaming, of Chatham, read a paper "On the Causation and Pathology of Typhoid Fever;" and Dr. Bucke, Superintendent of the Insane Asylum at London, also read a paper, the subject being, "The Moral Nature and the Great Sympathetic." We trust to see this paper in print, for anything emanating from this gentleman is not only well worth being read but well worthy of deep reflection. The meeting adjourned to meet in May or June in Detroit.

PERSONAL.

A. Laphorn Smith, (M.D., Laval University,) has passed the examination necessary to admit him a member of the Royal College of Surgeons, England.

Dr. Molson, Assistant Demonstrator of Anatomy, McGill University, is absent in Europe.

Dr. James C. Cameron, (M.D., C.M., McGill, 1874,) formerly House Surgeon of the Montreal General Hospital, is at present in Dublin, attending the practice of the Rotunda Lying-in Hospital.

Dr. T. Morrison Fiset, (M.D., Victoria College, 1877,) formerly Out-door Physician to Bellevue Hospital, New York, has commenced practice at Gaspé Basin, Que.

Dr. H. R. Storer, formerly of Boston, and who, owing to poor health, passed the last five years in Europe, has recently returned and located himself at Newport, Rhode Island.

Herbert L. Reddy, B.A., (M.D., C.M., McGill University, 1876,) passed his final examination before the Royal College of Surgeons, Edinburgh, and received the diploma of membership on the 31st January ultimo; also passed his examination at the Apothecaries Hall, London, and received the certificate to practice, on the 14th February.

Charles H. Murray, B.A., (M.D., C.M., McGill University, 1876,) passed his final examination before the Royal College of Surgeons, England, and received the diploma of membership on the 23rd January ultimo; also passed his examination at the Apothecaries' Hall, London, and received the certificate to practice on the 8th November, 1877.

On the 15th of March a number of ladies and gentlemen assembled at Dr. Beemer's, at Wyoming, Ont., to pay him a farewell visit on his removal to London, where he assumes the position of Assistant Physician at the Asylum for the Insane. An address was read by Rev. Geo. Cuthbertson and a handsome silver ice pitcher, goblets and tray were also presented with the address. The Doctor made a feeling reply. Dr. Beemer was also made the recipient of another surprise by the boys of his class at St. John's Church Sunday School, who presented him with an address and a beautiful silver inkstand in the shape of a stag's head and antlers.

ROBERT LEA McDONALD.

In our obituary notice of this eminent physician in our last issue we omitted to state that, in 1851, he associated himself with a number of physicians in Montreal in organizing the St. Lawrence School of Medicine. In this school he filled the chair of

Clinical Surgery. The institution only existed one session.

DR. HODDER, TORONTO.

This distinguished practitioner died at Toronto on the 20th of February. He was a native of England, and entered the Navy when twelve years of age, serving only one year when he left the service with a view of studying medicine, which he eventually did, taking the diploma of the Royal College of Surgeons in 1834. In France he practiced for some years, during which time he paid Canada a visit. He finally settled in the neighborhood of Queenstown, Ont., about 1839, and removed to Toronto in 1843, and continued to practice there till his death. In 1845 he received the degree of C.M. from King's College, and M.D. from Trinity College, Toronto, in 1853. In 1850 he assisted in the establishment of the Upper Canada School of Medicine, and which became the Medical Faculty of Trinity College. This school after a time became extinct, and he became connected with the Toronto School of Medicine. In 1870 the Trinity Medical Faculty was reformed and Dr. Hodder became its Dean, and occupied that position at his death. He was President of the Canada Medical Association in 1875. Dr. Hodder was a first-class practitioner, and in gynæcological diseases he had a wide reputation. His death removes from the profession in Canada one of its most prominent and esteemed members.

Dr. Fleetwood Churchill, the eminent obstetrician, died, February 2, of broncho-pneumonia, in the seventieth year of his age.

EXTERNAL USE OF TINCTURE OF BELLADONNA IN NIGHT-SWEATING.

Dr. J. T. Nairne writes to the *British Medical Journal*: For some little time past I have employed the common pharmacopœial tincture of belladonna for sponging the body in cases of phthisical and excessive sweating, and invariably with marked benefit. So far as my experience goes, I have found it very much better than anything else, if applied before a sweating comes on, it prevents it; if during the sweating, it almost immediately controls it. Two teaspoonfuls of the tincture mixed with an equal quantity of whisky are quite sufficient (applied with the hand) to cover the whole body and produced the desired effect. I have adopted this method of treatment in my last cases of scarlet fever, which have all done well; but they have not been numerous enough to justify any definite opinion of the value of belladonna applied in this manner.