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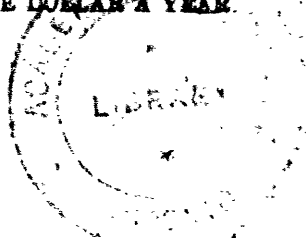
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Medical Record

MONTREAL

A Monthly Journal of Medicine and Surgery

EDITOR

F. WAYLAND CAMPBELL, M.A., M.D., D.C.L., L.R.C.P., LOND.

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The General Hospital, Royal Victoria, Western Hospital, Hotel Dieu Hospital and Dispensaries afford every opportunity to students of this College to receive clinical instruction in Medicine and Surgery. At the Women's Hospital special advantages are afforded for the practical study of Obstetrics.

The annual College fees average \$82.00, but a special discount is allowed when the four years' course is paid for on entrance.

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CANADA
MEDICAL RECORD

JANUARY, 1903.

Original Communications.

**OVARIAN TUMOUR—OBSCURE SYMPTOMS, RUPTURE
OPERATION.**

BY FRANK R. ENGLAND, M.D.,

Professor of Surgery, University of Bishop's College ; Professor of Genito-Urinary and Venereal Diseases, University of Vermont ; Surgeon to the Western Hospital, Montreal.

(Read before Montreal Medico-Chirurgical Society,) December, 1902.

I was prompted to report this case, not simply on account of its rarity, but because of its clinical interest and the difficulty there was in arriving at a diagnosis before operation.

E.C., aged 18, single, admitted to the Western Hospital, October 16, 1902. She was brought in the ambulance. On admission she complained of severe pain in the abdomen, nausea and vomiting, difficulty in micturition and constipation. Temperature 100 3-5° F., P. 120, R. 26, tongue dry and coated, lips cracked, teeth covered with sordes, face bore an anxious expression, and there was great restlessness.

The patient has, till the present illness, always enjoyed excellent health. Menstruation began at 15; always regular, but for the last few months the flow has been scanty. Nothing bearing on the case was obtained from the family history.

Present illness:—About the middle of July pain was first complained of in the right iliac fossa extending to the middle line, and, at times, even to the left side. For two weeks before her admission the pain was much more severe, and for a week she had noticed swelling in the lower part of the abdomen and to the left side, which was tender on pressure, and interfered with walking. Five days before entering the hospital, while out walking at Lachine, she

was seized with a sudden and intense abdominal pain and vomited several times. The following day she came into town and went to bed, where for four days she was treated with anodynes, poultices, etc. On examination, some general abdominal distension was noted, and the recti-muscles were rigid. In the middle line and extending up to the umbilicus, an ovoid tumour, dull on percussion and painful on pressure, was easily made out. A sanious vaginal discharge was present, the os uteri was soft and patulous; the uterus was movable and a large firm nodular mass was felt on the left side behind the uterus. As to diagnosis, pregnancy, ectopic gestation and pelvic cellulitis were excluded. There was certainly a localized peritonitis with a mass. Was this due to appendicitis with abscess, a ruptured tube, or an ovarian tumour with twisted pedicle?

Operation was advised and immediately performed. On opening the peritoneal cavity a considerable quantity of dark coloured ascitic fluid escaped. The tumour, extending up to the umbilicus, at once came into view, and had all the appearances of an ovarian cyst. It was not adherent, but as soon as the hand was passed over it blood and large pieces of soft broken-down tissue poured out. The mass was rapidly removed, and proved to be a solid tumour of the left ovary, which had undergone degeneration and had ruptured, and for five days had allowed broken-down tissue to escape into the peritoneal cavity, setting up acute pelvic peritonitis. On the right side the ovary was enlarged and cystic; the fallopian tube was soft, swollen and acutely inflamed, as was the appendix, which was adherent to it. All these structures were removed.

The peritoneal cavity was carefully cleansed with hot saline solution and the abdominal wound closed without drainage.

The patient made an uneventful recovery.

Remarks.—The clinical history of this case teaches that advanced and grave ovarian disease may exist with but a few obscure and comparatively insignificant symptoms. The first really severe symptoms did not appear till five days before the operation, at which time rupture of the degenerated tumour undoubtedly occurred, setting free its irrigating contents to contaminate the peritoneal cavity and set up a severe pelvic peritonitis.

It was a somewhat remarkable, but most fortunate circumstance, that haemorrhage into the abdomen did not occur between the time of rupture and the operation.

129 Stanley St.

COUGHS AND THEIR TREATMENT.

By DRS. ALEX. DE SOTO AND C. W. CRIMPTON,

Of Wayside Mission Hospital, Seattle, Wash.

An intractable cough!

What condition so persistently tries the patience of every physician?

Careful examination has been made, the diet regulated, and one of the innumerable prescriptions for that ailment selected, but still the cough continues.

Then more investigation, and more careful prescribing; but still after weeks that familiar cough re-echoes through your waiting-room, and you wish Mrs. Smith would change her doctor. No such good fortune attends you, and that cough haunts you as dismal thoughts of phthisis do your patient, until you are almost determined to advise a change of climate. It is not the object of this paper to go into details regarding the only too well-known disadvantages of most of our familiar cough mixtures. Down to that household standby "Cod liver oil in every form," they have proven in the vast majority of instances discouraging failures.

The above mentioned remedy, which the patient considers proof positive of the doctor's having made a diagnosis of consumption, may invariably be depended upon to disarrange the digestion at least.

Cod liver oil once begun must frequently be continued throughout the entire winter season. Nor can it be shown that the injection of fats and oils into the system, to become oxydized when coming in contact with the oxygen in the lungs, ever does more than raise the local temperature by combustion. Although this may prevent cold in comparatively healthy lung tissue, its therapeutic (?) effect on the inflamed pulmonary structure may be described as positively harmful.

Cough is a symptom—varying in intensity and character according to its cause. Nor is that cause always situated within the respiratory organs themselves. Cough is essentially a reflex act depending upon an irritation of the respiratory center.

These sources of irritation may be subdivided as follows :—

Dropping of mucous from the posterior nares in chronic catarrh.

Polipi, enlarged uvula or tonsils, defective closure of the glottis, irritations within the larynx from whatsoever cause, malignant or otherwise.

Bronchitis, pneumonia and pleurisy.

Gastric when due to derangements of the stomach.

Cardiac disease, irritations of auditory canal and organic diseases within the abdominal cavity.

From the foregoing causes it may be readily estimated that to arrive at the exact nature of any given case may not always be an easy matter. Nevertheless, we must relieve the patient, without risk of disturbing either digestive or circulatory systems, Any remedy which will attain this object in a goodly number of cases is indeed a godsend to patient and physician, and in every sense an ideal remedy. Not until our attention was called to Glyco-Heroin (Smith) did we become acquainted with a remedy which we have used with a most unvarying success in coughs of every description, and in patients of all ages and conditions, without the slightest unfavourable effect.

The points which recommend Glyco-Heroin (Smith) are :—

1st. Palatability. 2nd. Economy (3 to 4 oz. being ample for a cure of the average case).

3rd. Its immediate action, soothing the most trying cases.

4th. Its absolute freedom from unpleasant or unfavourable effects.

5th. It is not only a palliative but a curative agent.

6th. The Hyoscyamus it contains reaches those trying cases of dry cough due to other causes than simple catarrhal irritation of the respiratory tract.

We are convinced that Glyco-Heroin (Smith) has no competitors in results, its action being almost specific. It will give satisfaction in every case where results may be reasonably expected, and in many cases its beneficial effects go beyond the most sanguine expectations.

The character of the cases coming to the Wayside Mission Hospital for treatment may be imagined when it is remembered that it is essentially a charity institution; that the vast majority of patients come to us after having tried everything else. These are worthy prospectors and miners, broken in health and pocket by exposure and misfortune. As proof of the above we submit the following cases:—

I

Mr. McK., laborer, 22 years. Had typhoid fever, convalescence much impeded by severe coughing spells, frothy white expectoration, irritable stomach. This condition defies all treatment. There was marked dullness at apexes of both lungs to the third intercostal spaces. Morning temperature normal, resp. 28, pulse 104. Evening temperature 101, resp. 36, pulse 120.

This condition had persisted for nine days, with progressive loss of strength.

Dec. 16. Glyco-Heroin (Smith), teaspoonful every 2 hours. A.M.—temp. normal, pulse 104, resp. 28. P.M.—temp. 101, pulse 120, resp. 36.

Dec. 17. Slight relief to cough, had some sleep. P. M.—temp. 100, pulse 96, resp. 24.

Dec. 18. Relief marked. P.M.—temp. normal, pulse 80, resp. 20.

Dec. 19. Expectoration free, appetite and spirits better, rapid improvement.

Dec. 20. Improvement continued, sat up about 2 hours.

Jan. 8. Dullness and cough gone, spirits and appetite good, gaining flesh rapidly.

Jan. 11. Discharged cured.

II.

Feb. 19. Wm. M. Cook, 52 years. Has had severe cough for last three months due to cold caught in a typhoon on the China Sea after three days' exposure to cold and wet. Has hardly any sleep, incessant dry night cough. Glyco-Heroïn (Smith), teaspoonful every 2 hours.

Feb. 21. Immediate relief, has had quite a little sleep.

Feb. 22. Improvement continued.

Feb. 24. Slept all night.

Feb. 26. Has not coughed in 48 hours.

Feb. 28. No return of cough and discharged cured.

Is now in charge of the culinary department of Hospital.

III.

Jan. 23. D. A. Coolie, laborer, 48 years. Marked dullness at base of left lung, severe pain and dyspnœa. Temp. 102, pulse 104, resp. 40. There was daily chilliness at 11 A.M., followed by temp. of $103\frac{2}{3}$ to 104. Expectoration muco-purulent. Emaciated, irritable, and appetite completely lost.

Jan. 26. Glyco-Heroïn (Smith), teaspoonful every 2 hours.

Jan. 27. Some relief to cough, other conditions same.

Jan. 28. Free expectoration, all conditions still unchanged.

Jan. 29. No morning rise of temperature. P.M.—temp. 102, pulse 96, resp. 32.

Jan. 30. Seems somewhat better; had a profuse night sweat.

Jan. 31. Temp. 101, pulse 88, resp. 24. Took considerable nourishment.

Feb. 1. Temp. normal; pulse 88; resp. 24. Less dullness, no expectoration, cough disappearing.

Spirits vastly improved. Said it was his third attack, and that in each former instance he was in bed 11 and 8 weeks, respectively. Continued to improve, and was discharged Feb. 26 well.

IV.

Jan. 17. J. J., laborer, 19. Pneumonia 3rd day, dullness of entire right lung. Temp. 103, 2/5, pulse 120, resp. 60. Expectoration *pruin juice*; very restless and thirsty. Slight delirium. Glyco-Heroin (Smith), teaspoonful every 2 hours.

Jan. 18. Temp. 102, pulse 102, resp. 48, much easier.

Jan. 19. Temp. 100, pulse 84, resp. 36.

Jan. 20. Temp. normal, pulse 80, resp. 24.

Expectoration has changed, and is feeling much better. Absolutely refused to believe that he had pneumonia. Discharged cured.

V.

Nov. 3. S. J., a diver, 34 years. Had just been discharged from another hospital where he had been treated for four months for typhoid-pneumonia. Had considerable dyspnoea; cough dry, spasmodic, at times slightly frothy expectoration. Temp. normal, pulse 100, resp. 28. Right pleural cavity filled to the fourth intercostal space with pleuritic fluid, which could be heard to splash on slight agitation of chest. Appetite poor, and is much dispirited. At five sittings three and three-fourths gallons of fluid were withdrawn by aspiration.

Nov. 6. Glyco-Heroin (Smith), teaspoonful every 3 hours, has much relieved the spasmodic cough; conditions in general seem to be improving.

Nov. 11. Cough has almost disappeared. Continued in this condition to Jan. 14, when two and one-half quarts of fluid were withdrawn.

Feb. 3. Complained of pain under scapula and was given a dry hot air treatment followed by violent cough, fever 104 1/5, pulse 124, resp. 28; Glyco-Heroin (Smith) every 2 hours.

Feb. 4. Had a hemorrhage and was slightly delirious; the general condition unchanged.

Feb. 5. Cough almost gone; temp. 101 2/5, pulse 82, resp. 21. Is eating some, and feels much better.

Glyco-Heroin (Smith) has always relieved his cough promptly, and I believe he would have been dead but for its soothing influence. While we do not look to the remedy as a cure for Hydrothorax, we appreciate the sedative effect in which it is superior to *morphine*, and harmless.

VI.

Jan. 11. W.McD., age 18. Measles thoroughly developed. Temp. 103 $\frac{2}{5}$; violent cough; yellow expectoration; cannot find rest because of the cough. Glyco-Heroin (Smith) teaspoonful every 2 hours.

Jan. 12. Cough is much better.

Jan. 13. Has not coughed all night.

Jan. 18. Discharged without return of cough. Entire quantity of Glyco-Heroin used was 4 oz.

VII.

L. G., age 10 mos, Jan. 29 operated upon for rad cure of right inguinal hernia; on Feb. 6, although doing well in every way, he was seized with violent paroxysms of coughing (probably due to dentition). The stitches threatened to tear out and the operation proved a failure. Glyco-Heroin (Smith) *XV. Guttae* every 4 hours completely controlled the cough in five doses and so saved the case. There were no visible unpleasant effects of any kind whatsoever from the medicine.

VIII.

J. K., age 22. In hospital one year for tubercular disease in the lumbar region. Jan. 15 was operated on and much diseased tissue removed. He developed a violent cough Jan. 16, which caused him great pain and bleeding in the wound. Glyco-Heroin was given, two teaspoons every three hours, with splendid effect. Five doses removed the cough entirely.

IX.

OUTDOOR CASES.

Mrs. T., depot matron, had a cough that had defied the treatment of several physicians. It was a dry, hacking

cough, and she had had no sleep in five nights. Completely cured by four oz. of Glyco-Heroin (Smith).

Mrs. M., had been to several physicians; her case had been diagnosed as phthisis; she was taking one, half bottle Emulsion of Cod Liver oil per day. She was also using morphine freely; 4 oz. of Glyco-Heroin completely cured her, and she gained at the rate of one lb. per day.

Miss E., seventeen. Cough 4 months without relief, was immediately relieved by a few doses of Glyco-Heroin (Smith).

Mrs. D., distressing cough and at same time dullness at base of right lung. Her cough completely cured by less than 1 oz. of Glyco-Heroin.

McD., aged 36, policeman, had been coughing 3 weeks and was getting worse. Four oz. of Glyco-Heroin completely cured him.

Mr. R., with all symptoms of pneumonia. Temp. 104 pulse 126, respiration 40. 4 oz. of Glyco-Heroin completely cured him.

Progress of Medical Science.

MEDICINE AND NEUROLOGY

IN CHARGE OF

J. BRADFORD McCONNELL, M.D.

Associate Professor of Medicine and Neurology, and Professor of Clinical Medicine
University of Bishop's College; Physician Western Hospital.

THE HEART IN PNEUMONIA.

BY DR. C. F. WAINWRIGHT.

*Read before the N. Y. Post-Graduate Clinical Society,
Oct., 1902.*

When your chairman invited me to contribute a paper to this evening's proceedings, the time was too short to permit me to present one worthy of your consideration; therefore, I have chosen for my talk a subject which I hope will bring out a discussion, "The Heart in Pneumonia." I wish it to be understood that my remarks will pertain to the right

side of the heart only. The right heart will be considered independently from the left.

Physicians should not be satisfied with any general consideration of the heart, but they should be able to tell just what the right heart is doing, as well as the heart at large. When considering the pathological changes that occur in pneumonia, presenting so many phases, representing general pathological changes, we find that there is one thing that all the members of our profession agree upon, and that is the conditions found at autopsy. At autopsies in patients who have died as the result of a pneumonia, you will find the right cavity dilated and in it a firm clot, usually organized; this is a condition that is found in no other disease except pneumonia, and, such being the case, there must be some cause for it; that cause we look for in the short or pulmonic circulation. I can remember that years ago pathologists stated that in pneumonia there was no embarrassment to the right side of the heart on account of the dilatation of the capillaries in the lung, compensating for the pressure caused by the inflammatory exudate. Now, this is not true. We readily see from post-mortems that something has led to the pathological changes in the lungs. Nature has not endowed the short circuit with anastomosing vessels like the long circuit, and we cannot expect help from collateral compensation, as we find it in other parts of the system. The right heart has to contend with a congestal area, the effects of deoxygenized blood upon the capillaries, solidified lung tissue and vicarious emphysema. The last we have not seen mentioned in medical literature, yet we believe by comparing it to similar conditions it is a very important factor in obstruction. In chronic emphysema there is always an association of right heart hypertrophy. Distention of the air cells, lengthening and narrowing the calibre of the capillaries are responsible for such changes. If chronic general emphysema obstructs the circulation, vicarious temporary emphysema will do so to a less degree. The right heart becomes an important factor in predisposition to pneumonia and other pulmonary diseases.

Defective circulation, resulting in anemia of the lung tissue, such as is found in stenosis of the pulmonary valves, chronic emphysema, bronchitis, asthma and degenerative changes in the right heart muscle, tend to lessen the resistance to the invading pneumococcus. The presence of right side dilatation can be recognized just as it is when due to valvular lesions of the left side. Dyspnea, one of the first

evidences of loss in compensation of left side lesions, becomes a prominent symptom in some cases of pneumonia, especially after the right side dilates. It is more noticeable in the later stages and greatly exaggerated on slight exertion. The backward pressure upon the liver and portal circulation, with its resultant stasis, suppresses the secretions of the stomach, liver, pancreas and intestines, giving rise to flatulency and distress. This accounts for the diagnosis of typhoid fever being made occasionally. The so-called prune-juice sputum that occurs in severe cases is nothing more than the liquidation of the exudate in the air cells, due to edema of the tissues when the right heart becomes inadequate. Upon physical examination, when the right heart is dilated, the left is pushed to the left, sometimes as far as the left nipple; the apex of the right ventricle may be seen or felt under the margin of the costal cartilages to the left of lower end of the sternum. The superficial area of cardiac dullness is increased and if the tricuspid valves have yielded to pressure, a loud systolic tricuspid murmur will be heard at the lower end of the sternum. If the ante-mortem clot has formed there will be an intraventricular systolic murmur heard over the pulmonic interspace. The most valuable physical sign, and the one I want to especially emphasize, is the pulmonic element, the second sound of the heart. The profession are inclined to under-estimate the value of this sign. In young children this element is accentuated, and at the middle period of life the pulmonic and aortic are about equal in intensity, while in old age the aortic element becomes accentuated under normal conditions.

In pneumonia this well-pronounced accented second pulmonic sound becomes a safe guide for the administration of cardiac stimulants and also enables you to give an intelligent prognosis. A diminution of intensity of this sound is a confession of failure of the right heart and should be a signal for the use of digitalis, alcohol and other cardiac stimulants. Your text-books warn you of cardiac failure, and give a rapid and weak pulse with a feeble first sound of the heart as an indication for stimulants. What has the right ventricle to do with the pulse or first sound of the heart? The left is responsible for the pulse, and forming the apex is the chief factor in the production of the first sound. Postpone your stimulants until you have a rapid, weak pulse and a feeble first sound, and you will be unable to accomplish much with them.

When we realize the exact condition, how are we to

treat it? Let us consider the same condition occurring in the left ventricle and you will do one of two things: you will open the blood-vessels and so overcome the resistance, or else you will increase the propelling power of the heart, improving the cardiac contraction. The same therapeutic methods are applied to the right heart as to the left. Some good authorities say that the application of medicines, administered for the purpose of increasing the heart's power, have a better effect upon the right than upon the left heart. Whatever agent that affects the left ventricle will affect the right ventricle. When we have conditions in the right similar to those occurring in the left heart, even in case of valvular lesions, I claim they should be treated in the same manner. How shall we open up the blood-vessels? There is a class of remedies called the vaso dilators which will do this, and they should be used continuously. Of all the agents, one of the best is mercury in some form. Mercury has several indications in pneumonic inflammations; it acts upon the portal circulation and relieves the engorgement; also, it is an intestinal antiseptic. The best physiological action of mercury, though, is its dilating effect upon the vascular system; it relaxes the arterioles and so relieves the burden of the right ventricle. Another class of remedies having the same effect as vaso-dilators may be mentioned, such as the nitrites—the nitrite of glycerine, the nitrite of sodium, belladonna, atropin, etc. For increasing the propelling power of the heart, digitalis is indicated. Many are opposed to the use of digitalis in pneumonia, but when it is indicated nothing is better. To give when it is *not* indicated is a pernicious habit, and should be most heartily condemned; this statement applies to its use in all cardiac affections. It is useless to increase the propelling power of the heart with digitalis, forcibly emptying its cavities, without at the same time relaxing the arterial system; for that reason digitalis should never be given alone, but in combination with some of the vaso-dilators; otherwise, the drug is dangerous. The indications for alcohol are similar to those for digitalis. They may be used too early and in too large doses, having a depressing effect or exhausting the stored-up energy of the heart when it should be held in reserve until later in the case. Some present may say that I have placed this subject upon a mechanical basis. I have not. It makes no difference what form of pneumonia you have to deal with, or what changes are brought about by the infectious agent, or the amount of intoxication, the changes taking

place in the heart are the same ; but the general treatment is too extensive to be indulged in during the short time allotted me for these remarks.—*The Post-Graduate*.

A FAMILY OF RUMINANTS.

Dr. L. R. Müller reports the cases of a father and two sons who were ruminants. In from fifteen to thirty minutes after a meal, the ingested food reappeared in equally large portions in the mouth. This was re-chewed and re-swallowed, and in from three to four minutes another portion came back in the mouth to go through a similar process. This continued anywhere from one-half an hour to an hour after a meal, and was accompanied by a renewal of pleasant taste and by a certain desire to continue chewing the regurgitated food. If the rumination was interrupted, an uncomfortable feeling in the stomach developed. The three men were in perfect health, had no complaints of any kind, and there was abundant evidence that the intestinal digestion was perfect. The father died of carcinoma of the stomach. The autopsy disclosed an hour-glass contraction ; the cardia and the œsophagus were so dilated that they admitted three fingers easily. Müller describes as the possible causes of this anomaly digestive peculiarities and atavism. The act, however, was in all three patients an involuntary, automatic one.—*New York Medical Journal*.

GASTRIC ULCER AND CANCER.

In regard to the origin of carcinoma of the stomach from the familiar chronic "round ulcer," it is asserted (*a*) that gastric carcinoma of such origin arises from the parts of the edge most exposed to mechanical irritation by the contents of the stomach, and, accordingly, that in the pyloric region such growth usually springs from the lower margin. This origin of pyloric cancer is said, moreover, to be very frequent, while less so, proportionately, in other parts of the stomach. Accordingly, early gastro-enterostomy is strongly recommended in cases where there is reason to believe that the puckering of an ulcer has commenced to narrow the pyloric orifice ; and when the operation is not allowed by the patient, or is not thought advisable, the latter should chiefly use liquid, semi-liquid and fatty foods. A special caution is given in respect of the ingestion of pieces of crust, of crisply toasted or fried portions of bread ; also in the ingestion of carbohydrates. This is especially important in case of elderly people with few teeth and insufficient saliva.—*The Medical Press*.

LUMINOUS MICROBES.

A new ray of light has suddenly flashed across the pathway of man's research in the domain of the obscure and unknown. The startling novelty of the fact in the present instance is that it has issued from the physical entity of man's greatest physical enemy—the microbe. We have for so many years been hearing of the deadly and death-dealing qualities and power of bacteria in general, that we felt quite refreshed when we commenced to learn, comparatively recently, that some of these invisible enemies of ours performed some actually useful functions in our economy. And when we found it definitely stated—even proved—that their presence was *necessary*, not only to our well-being, but to our very existence, we found that the full burden of the total ills of life were not, after all, so hard to bear as we had been accustomed to think. The latest of their newly-ascertained properties turns out to be one of luminosity. Their radio-activity in this department has been found so energetic as to produce photographs, two of which are reproduced to illustrate a communication on this subject by Professor B. A. Gregory in the August number of the *Leisure Hour*. One is of a flask containing some of the luminous bacteria; the other, correspondingly appropriate, is of a portrait of their life-long enemy, Lord Lister. The latter required an exposure of several hours, so that there is no immediate prospect of bacterial luminosity becoming utilisable for the production of ordinary photography of the human face divine. The slowness of the action is due to the very interesting fact that, although the bacteria in question give out a copious supply of rays which affect the retina, their luminosity is peculiarly deficient in the special rays which affect the sensitive plate of the photographer. This is a striking example of the provident economy of nature. The emission of the invisible *actinic* rays would be of no functional advantage to those organisms, and, accordingly, none such are produced. They consume a certain amount of organic nutriment, together with a requisite proportion of oxygen; part of the energy so acquired is given out as light. The corresponding food and air used by human beings produce a certain proportion of heat; this maintaining the uniform temperature of the body. Curious it is to note that the light emitted by the fire-fly has been ascertained to be of the same perfect character; there is no energy wasted in the production of invisible rays. Accordingly, we have the remarkable facts that the light produced by bacteria and by the fire-fly,

respectively, are by far the most perfect known—so far as their amount goes in each case. In every known form of artificial illumination, the light rays are accompanied by a larger proportion of invisible ones—which necessarily means a great waste of energy. Nature does not squander her resources in that way.—*Medical Press.*

CAUSES AND TREATMENT OF HICCOUGH.

Smith (The Clinique) discusses the causes of hiccough under three heads: (1) Those due to direct irritation of the phrenic nerve, as occurs in the case of mediastinal tumors aneurisms of the arch, pneumonic or pleuritic inflammation pressure from pleuritic effusion, etc.; (2) those of a reflex nature, as in diseases of the urinary organs, the uterus and the intestinal tract, and the liver, and the irritation of biliary or renal calculi, irritation of the pharynx, esophagus or stomach, and diseases of the peritoneum; (3) those of central origin, as occurs in hysteria, local, brain or spinal diseases, blood poisoning (as in the fevers, cholera, dysentery, etc.), after emotional excitement, and from the general anæmia of nerve centres after hemorrhage. In the majority of cases, however, the doctor, found the condition to depend upon gastric irritation, usually due to the ingestion of acid fruits and drinks and the formation of gas. Various remedies are suggested, with or without alkaline drinks, peppermint water or brandy. Some cases are relieved by hot drinks, others by cold. Strychnin and nitrite of amyl are also occasionally effective. If these remedies fail, he advises resort to opium, morphin or the bromids while gastric lavage and the ether spray applied to the abdomen or upper cervical region are suggested remedies. The induction of sneezing and the wearing of a tight leather belt are measures with which the writer is not familiar.

A method practiced in France is to place the patient supine over a thick bolster so that the head hangs down and the thorax arches up. Rhythmic tractions on the tongue (Laborde) cut short and would often arrest a paroxysm in one of his patients. Extreme cases should theoretically be attended with good results from the use of enemas or infusions of normal salt solutions as well as from the administration of pure oxygen. At present chloroform constitutes the court of last resort, but failing, he would seek permission for section of the phrenic nerve.—*Charlotte Medical Journal*

A SIMPLE METHOD FOR THE IMMEDIATE QUANTITATIVE ESTIMATION OF URIC ACID IN URINE.

Ruhemann (*Berliner klin. Woch.*, January 20, 1902,) after briefly reviewing the literature of the means of estimating the uric acid in urine, explains his simple, quick and practical method. For this he titrates with a solution of iodine, 1.5 gm.; potassium iodide, 1.5 gm.; alcohol, 15 gm.; and distilled water, 185 gm.; in an instrument of glass, called uricometer. On the bottom of this sulphuric acid is placed, then the iodine solution is added, and the urine is dropped, one drop at a time, shaking, after each addition, until the solution is pale pink. This, upon the last shaking, becomes milk white. Detailed explanations of this reaction are given. The sides of the uricometer are marked, the level of the mixture showing the amount of uric acid in the urine.—*Philadelphia Med. Journal.*

PNEUMOCOCCUS ARTHRITIS.

Jas. R. Herrick. *American Journal of the Medical Sciences*, July, 1902.

Herrick concludes his article on this subject as follows :

1. It is a rare affection, found oftener in men, sparing no age.

2. It appears oftenest during or shortly after croupous pneumonia, sometimes as late as the third week after the crisis.

3. It may be primary in the joint, and severe, and even fatal, constitutional symptoms may result from the toxemia thus induced. In these cases of primary pneumococcic arthritis pulmonary localization may or may not occur.

4. Previous damage to a joint, as by trauma, rheumatism or gout, favors the localization.

5. The lesions may be limited to the synovia or may be more extensive, involving the cartilages and bones. The subacute cases are sometimes highly destructive to the joint, and the same is true of some of the acuter ones.

6. The lesions are usually monarticular (61.5 per cent.), the larger joints being oftenest involved. The knee is the joint most frequently affected. The joints of the upper extremity are affected a little oftener than those of the lower, but the difference is insignificant.

7. The condition is recognized by the ordinary signs of an acute or chronic inflammation of a joint. Exploratory aspiration, with bacteriological examination of the fluid, is the only means of recognizing the pneumococcic nature of

the inflammation. The gonorrhœal arthritis and peri arthritis have to be carefully excluded, as well as the arthralgias following pneumonia.

8. The prognosis is grave; mortality 65 per cent., largely because of the accompanying bacteriemia and involvement of other more vital parts of the body (meninges, pleura, pericardium, etc.), yet spontaneous recovery occasionally follows, even when there is a purulent exudate.

9. The cases of suppurative pneumococcic arthritis should be treated by immediate incision and drainage. Serious arthritis may often be healed by aspiration, rest and compression.—*Maryland Medical Journal*.

HEREDITY IN CRIME.

The record case to use in illustration of heredity in crime has long been the complex one supplied by the history of the famous "Jukes" family—which was made the subject of a monograph by R. L. Dugdale:—"The Jukes: A Study in Crime, Pauperism, Disease, and Heredity," which was published in 1877 by Putnam's, New York. The ancestor of this family of gloomy celebrity was born in an approximately inaccessible locality in the State of New York, in the third or fourth decade of the Eighteenth Century. He was a descendant of early Dutch settlers, and lived the life of a backwoodsman—hunting, fishing, loafing, drinking, etc., by fits and starts. This is the mode of life to which the instinctive criminal naturally gravitates. He left a numerous issue, of which a large proportion was illegitimate. Two of the sons married the "Jukes" sisters—probably illegitimate. There were five of the "Jukes" sisters; and, of their numerous descendants, 709 have been traced—occupying a period of five generations. Of this large number there was a certain proportion of honest workers; but it has been "on the whole a family of criminals and prostitutes, of vagabonds and paupers." There were 76 convicted criminals, and, of the females, 52.40 were prostitutes; the normal average has been estimated at 1.66 per cent.; 180 had received outdoor relief during an (approximate) aggregate period of 2,300 years. Dugdale estimates the total cost to the State, during 75 years, at a million and a quarter dollars. Of the men, not 20 were skilled workmen; and 10 of these had learned their trades in prison. Mrs. M. J. Annable, State Superintendent of the Rescue Work of the Women's Christian Temperance Union, New York, has discussed the same subject in the *Boston Medical and Surgical Journal*, and gives the essence

of the family history of a woman—the keeper of a house of ill-fame—who died in 1827, at the age of 51. Her descendants have been numbered at 800, of whom 700 have been convicted at least once. There were 342 drunkards, 127 women of immoral character, and 37 murderers—all of whom have been executed, so that the descendants of that one woman have cost the State 3,000,000 dollars—for trials, imprisonments and executions!—*The Medical Press*.

STRYCHNINE IN TREATMENT OF PROGRESSIVE DEAFNESS.

Berezovski announces that the subcutaneous administration of strychnine practically cured 2 patients with progressive deafness and annoying subjective sounds in the ears. It also attenuated or completely banished the sounds in 17 out of 22 other cases of various forms of aural affections. He remarks that he has never known in his own experience nor heard from others, nor been able to find in literature, a single instance of complete cure of progressive deafness by any means. Consequently, he believes that the cure of the 2 cases he reports, even if they were only 2 out of 2,000 instead of being 2 out of 2, should suggest further trials in this line.

He has found strychnine useful also in amblyopia and other affections of the eyes. He injects the strychnine in the usual hypodermic dose. Other methods of administration proved ineffectual.—*Journal of the American Medical Association*.

TREATMENT OF BUNIONS.

Much more can be done for this painful affection than most text-books mention or physicians practice. In the early stages, before the bony structures have become deformed, the soft parts may be brought to their normal healthy condition, and even extensive osseous change may be remedied without operation. A shoe with a straight inside border and rounded toes, which will be roomy enough to give free play to the foot, is a necessity. The deformed toes may be drawn inward by passing a strap of adhesive plaster between the first and second toes, around the phalanges of the first and then carrying it along the inner border of the foot and around the heel to the center of the outer side, where it is held in place by circular bandages around the foot. Cotton wool pledgets are worn between the first two toes. Pockets may be made for the first toe and for the heel, and then attached by a strip of elastic along the inner side of the foot. Metal sole plates and “bunion springs” are of service in many cases, and may

be obtained from any instrument dealer. If the case has not passed beyond the primary stages of effusion and thickening, it may be treated by repeated applications of mild blistering agents, like tincture of iodine, fly blisters, or nitrate of silver (a dram to the ounce). A wet dressing of lead water and laudanum makes one of the best agents to reduce inflammation and relieve pain. Frequent hot foot baths aid any of the treatments greatly.

If the case fails to yield to warmth, constant elevation of the foot and the above measures, operation may be considered. The confinement incidental to the operation is its worst objection, as it is generally successful if properly done.—*Medical World.*

RADICAL CURE OF HYDROCELE.

From a large experience of the value of two or three drop injections of pure phenol into an emptied tunica vaginalis testis, Drs. Coley and Satterwhaite have been so pleased with the results they obtained that they recommend the use of phenol in small doses for the radical cure of hydrocele. Their procedure consists in the use of a double trocar and cannula, the inner trocar tightly fitting and projecting slightly beyond the outer and bearing a thread at its proximal end, so that it can be attached to any ordinary hypodermic syringe. The inner cannula, being attached to the syringe, is first filled with liquid phenol, and two or three drops injected. Such a small quantity of phenol could not affect the whole of the surface of even a moderate sized sac; but the sac of a hydrocele is never completely emptied by tapping, and the remaining fluid is quite sufficient, with the added phenol, to excite the necessary adhesive inflammation over the lining membrane of the tunic. The use of pure phenol in this disease is not new, but in the past it fell into disrepute from the untoward results that followed from its use in excessive quantities. But to the authors we are indebted for demonstrating its utility and safety in small doses.—*Dublin Medical Press, Sept. 10, 1902.*

THE EARLY DIAGNOSIS OF PARESIS.

General ill health, with a general resemblance to neurasthenia, is first noticed, but the typical fatigue syndrome of neurasthenia is wanting. The friends of the patient notice that he no longer attends to his business as well as formerly. He may look somewhat tired or a little sleepy. His attitude and movements suggest a general loss of tone.

Sometimes he is troubled with various vague, distressing sensations about the head, such as fullness, pressure or constriction, or ringing of the ears, giddiness or vertigo.

Rheumatic or tabetic-like pains are felt, or headaches of great severity. In the neurasthenic patients, the symptoms are almost exclusively subjective. In paresis, it is the friends who usually bring the patient to the physician and detail the symptom. The patient complains little except of the pain.

A neurasthenic is at his best in the evening, at his worst in the morning. The reverse is true of the paretic, who early shows qualitative mental changes, especially in loss of memory. Unwonted profanity, coarseness or irritability may be noted. Mental depression may develop, confusing paresis with melancholia.

After the physical signs have made their appearance, the diagnosis of paresis is relatively easy.—F. X. Dercum M. D., in *Amer. Jour. Insanity*.

SPECIFIC FOR TONSILLITIS.

A few years ago I was called to see a patient who was supposed to be choking, and I judged from what the messenger said had swallowed something, and it had lodged in the throat; but when I got there, in the night, eight miles from my office, I found a very bad case of tonsillitis. She could not speak or scarcely breathe.

I did not have my usual remedy for tonsillitis with me, but knew I must give relief, as the patient could not swallow. I thought of what Dr. Ben Brodnax said about acetanilid, and poured some out on a piece of paper, and for fear it would not relieve quickly enough, I added as much soda salicylate, mixed them, and rolled a piece of paper on a lead pencil, put some powder in the roll, opened the mouth as well as I could for the swelling, and blew in the powder. In five minutes I used it again. In five minutes more I was able to blow it all over the tonsils, roof and back of mouth, when in a few minutes more she said: "Why, I can breathe all right." She could not speak before, and was surprised and delighted. I instructed them how to use the powder every three-fourths to one hour, until the other medicine could be brought from my office, a good sixteen-mile trip.

When I got there next morning she said she was almost entirely well. I have used the powder in some scores of cases, and it never has failed me in any case of tonsillitis.

The way I use it is this: Mix equal parts

acetanilid and soda salicylate, and put some of the powder into an insect powder-blower, press down the tongue, and blow the powder over the tonsils. I fill the nozzle three times to cover the throat well, and if very bad I repeat every hour until relief; in mild cases once or twice only. Then give the following mixture, which I have used over twenty years :

R_y Tincture Aconite 2 drachms.
 Tincture Guaiac 7 ½ drachms.
 Glycerin 5 ½ drachms.

M. Sig.: Twenty drops for adults every hour till relieved, then three times a day only; for children according to age.

Since I have been using the powder I give only half an ounce of this last mixture for a case, and abort every case. Try it, brethren. I use the powder now in every case of sore throat, whatever the name, and it gives relief.—E. C. Davies, M.D., Letcher, S.D., in *Alkaloidal Clinic*.

ORGANIC EXTRACTS.

Dr. O. T. Thomas in the *Medical News* refers to the marked value of thyroid feeding in cretinism, myxedema and operative myxedema, as a proved fact. In exophthalmic goitre it has also been tried. He believes, however, that Graves' disease is due to a hypersecretion, and that the thyroid extract would be contraindicated during the continuance of the active symptoms. Clinically, this position is borne out, as all of the symptoms are increased by thyroid treatment during the activity of the disease. Certain cases, however, may be benefited by the extract, and his rule in regard to such treatment in Graves' disease is: if there are cerebral excitement, palpitation and progressive loss of weight, thyroid treatment is contraindicated; if the patient is sleepy, apathetic with but little palpitation, has no headache, and is putting on weight, thyroid treatment will probably benefit the case. As regards obesity, he believes it is dangerous to use large doses or persistently medium doses of thyroid for the reduction of weight. The loss of weight continues for a considerable time after the cessation of the treatment. If the thyroid is used to reduce the weight, the dose should be small and not too often repeated. The dry eczemas of old age can be due to the diminished secretion of the thyroid, and he has found that feeding thyroid to patients when the skin was in this condition has been of benefit. As regards the thymus gland he has found that in Graves' disease, in which feeding of thyroid would aggravate all of the symp-

toms, good results have followed the use of the thymus, and this in repeated cases and repeatedly in the same case. In treating pulmonary tuberculosis he has for several years given thymus gland, and is prepared to say that combined with the best hygienic, hydrotherapeutic and fresh air surroundings he can give his patient, thymus gland treatment will always make the condition better. The patients put on weight and the curable cases get well faster under thymus than without it. He recommends, as of all organic extracts, small doses, namely, two or three grain tablets a day of Armour's preparation.

AN EARLY SIGN OF PLEURITIC EXUDATION.

Przewalski stated that, on careful examination of the thorax, in very early stages of pleurisy with exudation, he has in a number of cases—14 of pleuritis serosa and 5 of pleuritis suppurative—invariably observed a narrowing of the intercostal spaces and a marked resistance of the intercostal muscles on the affected side. The approximation of the ribs on the side of the chest containing the exudation is, the author states, very characteristic and seems to present some analogy to the muscular contraction observed in the affected limb in cases of arthritis. This, which is regarded as a constant and typical anatomical sign of pleurisy with exudation, is attributed to a fixed attitude of the ribs corresponding to the seat of disease, the immobility being very probably due to reflex contracture of the internal intercostal muscles.—*British Medical Journal*.

POTASSIUM NITRATE IN ARTERIAL TENSION,

The writer argues that arteries lose their elasticity in old age and offer an increased resistance to the blood stream. As a result the heart hypertrophies. The increased resistance and hypertrophy of the heart lead to an increased tension within the arteries. Angina pectoris may develop and the brain become less nourished, and the rupture of the cerebral vessels follow. When the heart is most attacked, the increased tension can be rapidly reduced by amyl nitrite or nitroglycerin. But in order to reduce the tension for a sufficiently long time, so that the cerebral vessels may be kept safe, neither of these drugs is of avail. The potassium nitrate (saltpeter), on the other hand, is capable of dealing with the situation. This action of decreasing heightened arterial tension is more efficiently carried out by a mixture of the nitrate with the nitrite. The following prescription

is recommended for cases of arterial decay, with hard pulse, when one wishes to depress the cardiac activity, and to favour the permeability of the arteries :

Ry Potass. Bicarb.....28 grains.
 Potass. Nitrici.....18 grains.
 Sodii Nitrosi.....4½ grains.

M.

This is to be taken in the morning, dissolved in a tumblerful of water. The two salts stimulate the kidneys, and in this way help to get rid of those harmful substances which act directly on the arterial walls, causing constriction.—Lauder Brunton in *Deutsche Med. Woch.*

ENLARGEMENT OF BRONCHIAL GLANDS IN CHILDREN.

Officer calls attention to the large number of children who are affected with enlarged bronchial glands, which are so often the starting point of tuberculosis. In the diagnosis of the condition, if it be found that there is a definite enlargement which persists for more than a fortnight or so, it should be assumed in the majority of cases that it is tuberculosis, and the patient should be treated by open air, forced feeding, careful attention to hygiene and cod liver oil. For the spasmodic, jerky cough, the author uses 30 drops of creosote, with or without menthol, burnt on a hot shovel in the patient's room at night. At any time sudden dissemination may take place, such as pulmonary infection, or even a general tuberculosis. Caseous glands have been known to rupture into a bronchus, with perhaps immediate suffocation from caseous material aspirated, or by hemorrhage into the bronchial tube. The author appeals for an early recognition of a pathological process which has been largely overlooked in children, and which has an important effect on their lives.—*D. M. Officer, Med. Record.*

DILATATION OF THE HEART IN CHILDREN.

Smith holds that cardiac dilatation to a moderate extent is far from uncommon in early life; indeed in childhood the heart may be said to dilate with ease. The dilatation may be found out apart from any valvular affection. It is due to blood pressure in a flabby, ill-nourished or degenerate heart, and may occur without any resistance to the passage of blood from the heart. Acute infections, such as broncho-pneumonia, diphtheria and acute rheumatism are particularly liable to cause this. In any such case of acute disease,

where the dilatation is rapid, a recumbent position should be enforced, and on no pretence should the patient be allowed to lift his head from the pillow. The diet should be regulated so that those foods which tend to ferment and fill the stomach with wind should be forbidden. The patient should be fed with milk, custard, yolk of eggs, etc. In the matter of drugs, if the case be a rheumatic one, and sodium salicylate is taken, it is well to combine with it 5 to 10 grains of iron ammonio-citrate. Strychnine in full doses is very valuable, as well as alcohol.—*Eustache Smith in Practitioner.*

ALBUMINURIA AND EXERCISE.

The occurrence of albuminuria in health is always a possibility to be remembered, and in no case should a physician be satisfied with one examination of the urine when he has to base an important decision on the presence or absence of albumen. The association of the excretion of proteid with severe muscular exercise has been investigated by Leube, Stirling, Levison and others, and their observations go to show that albumen very commonly appeared in the urine immediately after exertion, while no relationship with the food taken could be established. A very valuable investigation of the same nature has been concluded recently by Messrs. Dunhill and Patterson, medical students at Melbourne (*Intercolonial Medical Journal*, July 20), who made a systematic examination of the urine of a boat's crew under severe training and of a hare-and-hounds team after a long race. In the latter set a distinct quantity of albumen was present in the urine of each competitor, while in a control experiment in the absence of exercise on the urines of the same persons no albumen whatever was detected. Most of the rowing men also excreted albumen after exercise, and the quantity bore a very marked proportion to the work done. The authors of the paper quoted are to be congratulated both on the value of their results and on the excellent manner in which they are published.—*Dublin Medical Press*, Sept. 29, 1902.

SURGERY.

IN CHARGE OF

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AND

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THE RESULTS OF WOUNDS OF THE LARGE JOINTS MADE BY MODERN MILITARY PROJECTILES.

In this article the author endeavours to clearly indicate the general principles of treatment in different classes of gunshot wounds. He draws his conclusions from his own experience in our recent war and the experience of others in the Boer War. His study is from the clinical rather than the statistical side of the question. He decries the fact that some modern text-books still make statements which are not borne out by actual experience and by recent statistics. For instance, it is asserted by text-books that it matters little whether a joint is traversed by a large ball or a fragment of a shell or merely opened by a fissure extending from a wounded long bone, unless amputation or excision is primarily performed, death or months of suffering with a crippled joint will result.

The author then states the data on which such statements are made, emphasizing the fact that they resulted from an exaltation of statistics over clinical observation. The author thinks it is unfortunate that these old views still tincture modern practice.

From the data which he gives in this article, he believes that conservatism, even then, gave a better showing than the text-book quotations would indicate, and believes that the large death rate prior to 1876 and even to 1898 was due largely to meddlesome surgery and lack of knowledge of the treatment of such wounds.

He finds reported 161 wounds of the shoulder, elbow, wrist, hip, knee and ankle-joints occurring during the past four years in the United States army; paralleling those quoted in the Civil War statistics. In this class of cases exactly similar results were obtained in the South African War.

Conservatism was practiced ; that is, antiseptic occlusion and fixation were the rule, but deaths after both operative and non-operative treatment were rare.

Six wounds of the hip-joint gave five recoveries and one death from infection after removal of bullet and fragments of jacket or bones. Sixty-seven cases of knee-joint wounds gave five deaths. Two fatal amputations for infection followed the removal of the bullet or some fragments. Ten cases in all only apparently demanding extraction of the bullet, fragments of bone or shell. Twenty wounds of the shoulder-joint with two deaths, one after amputation, and in a third case a successful extraction of the bullet was done. Of twenty-five wounds of ankle-joints, two died after amputation, one being for gangrene and in one other case a bullet was successfully extracted. Thirty-five wounds of the hip-joint, one death, one typical resection being required. Bullet or ball and bone fragments removed in four more. In three, amputation became necessary later for infection, which infection almost certainly resulted from previous exploration or operation. Nine wrist-joint wounds, no death and only one amputation, making in all only ten out of a total of 161 cases.

The author then quotes from the experience of Mr. Makins in South Africa as follows :

“ During the present campaign, direct clean wounds of the joints were little more to be dreaded than uncomplicated wounds of the soft parts alone. No more striking evidence of the aseptic nature of the wounds, and the harmless character of the projectile, as a possible infecting agent, than that offered by the general course of these injuries in this campaign, is to be found in the whole range of military surgery.”

The chief factors in producing this result the author believes to be the fact that the wounds were not interfered with, modern methods of drainage are complied with, antiseptics are carried out, and that the modern projectile of rapid velocity tends to make a cleaner wound. Probing and the gratification of the curiosity of the surgeon as to the extent of the tissues injured is a thing of the past.

The idea that a ball in itself is a menace of life and health has led to the infection of joints that would otherwise have recovered.

Treatment: The author again quotes from Mr. Makin as follows: “ The general treatment of wounded joints was simple. The old difficulties of deciding on partial as against full excision or amputation were never met with by us. We had merely to do our first dressings with care, fix the joint

for a short period, and be careful to commence passive movement as soon as the wounds were properly healed, to obtain, in the great majority of cases, perfect results." On the knee-joint he says: "The injuries to this joint gave less anxiety and attained a more favourable prognostic character than is the case in civil practice."

The author carefully avoids any examination of the tract of the bullet, thoroughly disinfects the neighbouring parts with sterilized soap, nail brush, alcohol and chemical germicides after shaving the parts. He then applies an abundant dry antiseptic of aseptic dressing and fixes the joint until the wound is healed. Where a hæmorrhage has taken place, or there is a probable lodgment of infected objects or great comminution, the wound must be carefully explored under rigid antiseptic precautions, the bones sutured or wired in position and free drainage established. Even if the ball is lodged in the joint, if uninfected, he believes in delay in removing it. He urges all surgeons to beware of primary exploration until the wounds have healed. When infection has taken place already incision and free drainage and scrupulous disinfection should be first tried before amputation is resorted to.—*C. B. Nancrede, M. D., in Annals of Surgery, St. Paul Med. Jour.*

SURGICAL INTERVENTION IN CHRONIC NEPHRITIS.

The writer has had six cases of chronic nephritis, in which he has operated six times. Of these six cases, two died, but both were in the last stages of chronic nephritis, and one had barely recovered from a previous operation. The four other cases have been considerably ameliorated—in fact, one of them may be said to be cured. The operator only operated in those cases of chronic nephritis where the symptoms were of the gravest character, whereas other surgeons, Edebohls in particular, urge operation as soon as the disease is recognized in the hope of stopping the pathologic process.

Fousson holds that Harrison, of London, was the first to call attention to the disappearance of albumen and the other characteristic signs of nephritis after puncture and incision of the renal parenchyma. Harrison intervened in the first stages of the disease, and attributed the results to the relief of intrarenal tension. Newman, Wolfe and Ferguson contributed cases showing that decortication and fixation of the kidney caused albumen to disappear from the urine. Edebohls has done the most important work on the surgical cure of Bright's disease, and has given a different interpretation of

its mode of action from that upheld by Harrison and others. Edebohls has operated eighteen times without a single death. Of these cases, thirteen can be traced at the present time. In seven cases nine years have elapsed since operation, and now no trace of albumen, casts or other signs of disordered renal function can be found, so they can be considered as permanently cured. In four cases operated on about six months ago, two have been already greatly improved, while the others show no traces of albumen or casts. In two months, which in words of Edebohls were "practically moribund" at the time of operation, though only three months has elapsed, yet they were considerably improved.

Summarizing the results of thirty-three cases in which operation was done for chronic nephritis, there were only two deaths. In the remaining cases complete recovery has ensued if a sufficient time has elapsed, and the other cases have been greatly improved. As regard the location of the affected side, there are some clinical points of interest—the lesion is often unilateral, a point on which all the great kidney surgeons agree, Edebohls finding one kidney only affected in eight of his sixteen cases. Often catheterization of the ureters is of value in determining the affected side, and in such cases there is but little danger associated with the process. Again, close questioning often reveals that the patient has had crisis of pain on one side or deep palpation elicits slight tenderness over one side. Some observers have noticed in unilateral chronic nephritis that there was an increase in the edema of the affected side.

These signs, taken in conjunction, often allow a positive diagnosis of unilateral chronic nephritis to be made. In any case, even if the lesion be bilateral, there is little danger to be feared from operative interference. The chief authorities on kidney surgery all agree on this point.

There are two operative methods at the choice of the surgeon—either incision of the renal parenchyma, with prolonged drainage, or decortication of the kidneys after the manner of Edebohls. The writer believes that the latter is the operation of choice, offering better advantages for a permanent cure. It is unnecessary to describe the technic of the operation, as it has been well described in many recent publications.

The manner in which incision and drainage or decortication acts on the pathologic process in chronic nephritis is as yet not completely understood. Theories have been advanced which in a measure appear true. Of these, the first advanced by Harrison is that there exists an intrarenal

hypertension—a renal glaucoma—which is relieved by incision and bettered by the development of new vessels. Edebohl thinks that, even if it exists, this hypertension is but a secondary factor in the production and continuation of chronic nephritis. He rather believes that its genesis ought to be attributed to an insufficiency of the irrigation of the parenchyma. Stripping of the capsule allows the formation of newblood-vessels in the adhesions. Edebohl apparently has been able to verify this fact by an examination of the kidneys of three patients upon whom decortication had been previously practiced. The creation of this complementary circulation favours the progressive resorption of the interstitial and intertubular inflammatory products and exudates, relieves the tubules and glomeruli from compression, and permits the re-establishment of circulation in their midst. Consequently, a new epithelium regenerates, which is capable of carrying on the secretory function of the organ. Whatever may be the mode of action, clinically, it is certain that decortication in chronic nephritis improves the condition of the patient, and often causes a complete disappearance of albumen and casts which persist for some years.—*Annale de Maladie des Organes Genit. Urinaires.*

SURGICAL INTERFERENCE IN SO-CALLED GRANULATED EYELIDS.

If we were called upon to state what branch of ophthalmology the ophthalmologists were most deficient in, we would most certainly say diseases of the lining of the eyelids. It is astonishing how many ophthalmologists fail to recognize the difference between granular lids, trachoma and papillary hypertrophy, and yet there are no three diseases affecting any organ of the body more widely different in their pathology.

The true granular lid is nearly always of traumatic origin. To say the least of it, in the true granular lid there is always a breach of continuity in the lining of the lid. With this knowledge of the cause and actual condition, it is needless to say anything concerning the treatment of such cases further than to say that a liberal supply of carbolized oil and frequent massage of the lids will prevent adhesions between the palpebral conjunctiva and the covering of the eyeball.

Trachoma is a disease that is contagious and difficult to cure and very dangerous to vision in many cases, even where the disease is promptly recognized and properly treated. This disease is neoplastic in its nature; the little frog spawn-

like bodies are entirely foreign to any of the tissues entering into the construction of the lining of the lids. The disease being contagious may become epidemic, and to that end special legislation has been enacted in many localities to prevent its spread.

In the treatment of trachoma, surgical interference and therapeutic agents is demanded. In all cases kappizing is demanded, and in many cases where there is spasm of the orbicularis palpebrarum muscle canthotomy is absolutely essential if the best interest of the patient is to be obtained.

Papillary hypertrophy is by far the most frequent of the three conditions; it is frequently confounded with trachoma, and to us without any apparent good reason. The absence of the frog-spawn-like bodies and the elevated papillæ and the more decided scarlet hue of the conjunctiva enables us to differentiate. The application of a solution of adrenalin chloride, one to five thousand, will define the trachomatous bodies if there be any present, and in this way a diagnosis is readily made. In papillary hypertrophy we have simple enlargement of the papillæ which are scattered over the surface of the conjunctiva. There is nothing in the way of neoplastic deposits, such as is found in trachoma, and there is no reason for confounding them.

In this, above all other forms of lid disease, is surgical interference demanded. Spasm of the orbicularis palpebrarum muscle exists in nearly all cases, and it is safe to say that canthotomy is of more real value when properly performed in these cases than all the drugs that can be applied. It relieves friction and enlarges the palpebral space, and when that has been accomplished little else is needed, as the tendency of such cases is to get well when the tension of friction has been removed.—*Amer. Practitioner and News.*

THE DIAGNOSIS OF TUBERCULOUS PERITONITIS IN CHILDREN.

The author, after reviewing this subject, concludes:

1. Tuberculous peritonitis is more common in children than is generally believed to be the case.
2. Many of the cases of so-called "spontaneous ascites" are in reality cases of ascites, the result of a tuberculous peritonitis.
3. In many cases of tuberculous peritonitis the exudate will become absorbed under an appropriate tonic treatment, and eventually the patient will entirely regain his health.

4. In the majority of cases the onset of the disease is unnoticed. The first thing usually noticed is that the child has become thin and pale without apparent cause.

5. The presence of a serous pleurisy at the same time as a tuberculous peritonitis markedly facilitates the diagnosis.

6. The most valuable diagnostic symptoms are those caused by the presence of adhesions.

7. Examination of the fluid removed from a case of tuberculous peritonitis will show that it is rich in albumen and of high specific gravity.

8. The diagnosis is especially difficult in cases of chronic ascites accompanied by tuberculous pericarditis.

10. It is very exceptional that the onset of tuberculous peritonitis is anything but insidious.—*Kipil. Arch. f. klin. Chir.*

**THE SUCCESSFUL TREATMENT OF GONORRHEA AND
ALL INFLAMMATORY DISEASES OF THE URETHRA
BY PACKING IT WITH AN ANTI SEPTIC
OILED DRESSING.**

Finding the injection, irrigation and internal treatment of gonorrhoea unsatisfactory, the author has devised the following technique: After the patient empties his bladder completely, the urethra is irrigated with a hot solution of potassic permanganate, about one to three thousand. The packer which he has had constructed is then introduced into the urethra as far as the inflammation extends, and through it the urethra is lightly packed with one inch continuous gauze strips, or loosely spun cotton cord, saturated with one of the following solutions:

R_y Iodoform.....gr. xcv
Balsam of Peru..... $\bar{3}$ iv
Castor oil.....q. s. ad. $\bar{3}$ iv

Rub iodoform in castor oil, then add balsam of Peru. Or:

R_y Ichthyol,
Resorcin.....aa gr. xl
Balsam of Peru..... $\bar{3}$ iv
Castor oil.....q. s. ad. $\bar{3}$ iv

M Ft. sol.

The patient is now instructed to go as long as he possibly can before urinating, when the cord is slowly removed. It is necessary to pack the urethra ordinarily once, but in some cases twice a day until the discharge ceases, then every

other day for ten days or two weeks. Four cases with favourable results are reported.

All cases of gonorrhœa, whether acute or chronic, yield promptly to this treatment. The discharge ceases in from two to five days, and in ten days or two weeks more the patient is dismissed as cured. The antiseptic oiled dressing renders the field unfavourable for germ development and promotes healing of the inflamed mucous membrane.—*Rucker (J. A. M. A.)*.

TREATMENT OF ACCIDENTS UNDER CHLOROFORM.

In the course of an editorial on this subject the "Medical Press" of September 4, 1901, says that the indications for treating such accidents are threefold—to remove the anesthetic-laden air from the lungs, to encourage the flow of blood to the nerve centers, and to stimulate the circulation and respiration. The various methods which are used to attain these ends Mr. Wilson groups into five classes: (1) external reflex respiratory stimulants; (2) direct mechanical or electrical stimulation of the heart; (3) the mechanical performance of natural functions such as artificial respiration; (4) mechanical measures designed to counteract the effects of the failure of the circulation by raising the general blood pressure; (5) drugs administered to stimulate the depressed nerve centers. Of the first group, the best that can be said is that they do no harm unless persevered in to the detriment of more important measures, and of the second, that they are either impracticable or positively harmful. Faradic stimulation of the precordial area, if any of the current reaches the heart, probably inhibits its action. Acupuncture of the heart is equally useless, and direct manipulation of the heart, after opening the heart-chest, is a remedy which requires more evidence of its utility before it can be recommended. Mr. Wilson believes that as good, if not better, results can be obtained by intermittent pressure on the chest wall, accompanied by alternately raising and lowering the patient so as to empty and fill the heart. The difficult question has first to be decided whether the circulatory failure is the result of paralytic dilatation of the heart, or of paralysis of the vasomotor mechanism.

The methods of treatment suitable for each of these cases are absolutely antagonistic, and it is by no means easy to say which is the cause in any given case. It would appear that sudden failure of the circulation, accompanied by pallor of the face and accelerated or gasping respirations, denotes

vasomotor paralysis and requires inversion of the patient with pressure on the abdomen. On the other hand, if the dangerous symptoms are preceded by struggling, and the face is suffused with signs of venous engorgement, the patient should be alternately raised to nearly the vertical position in order to empty the heart, and then returned to the horizontal position. Artificial respiration should be systematically persevered in in each case. If there is actual failure of the circulation, little that is useful can be done by efforts to raise the blood pressure by such means as transfusion, etc. The same objection also applies to the use of drugs. Where there is failure of the respiration or circulation the difficulty is to get the drug to the nerve center which it is to stimulate. In those cases in which this can be effected hypodermic injections of strychnine and the extract of suprarenal capsule, with inhalation of ether, are probably the most useful. — *Therap. Gaz.—Am. Practit. News.*

SOME POINTS IN THE TREATMENT OF CRUSHING INJURIES INVOLVING THE LARGE JOINTS.

The writer argues against thorough drainage of the joint cavity in crushing injuries involving large joints. After thorough disinfection of the entire injured surface, including the skin and joint cavity, the joint cavity is completely covered in by suturing ligaments or muscles, and the tissues outside of the joint itself are suitably drained.

The argument advanced in favour of this method is that it is generally possible to render the deep structures sterile, and in many cases impossible to clean the skin and superficial tissues sufficiently to prevent suppuration; and, therefore, if deep drainage were established, the deeper clean tissues would be infected by the superficial suppuration.

The writer cites two cases where suppurative arthritis occurred following deep drainage, and three cases in which the technique noted above was followed, resulting, in two of them, in movable joints and superficial suppuration only and in the remaining case the entire wound healed aseptically. — *J. C. Sheldon, in Phila. Med. Jour.*

Jottings.

TENDER NIPPLES.

Tender nipples can be relieved by washing them in a mixture composed of equal parts of olive oil and subnitrate of bismuth. It makes a preparation that does no harm to the infant, and is cooling, refreshing and healing. Try it in your next case of tender nipples.—*Denver Med. Times.*

BANDAGING.

When bandaging a limb where there may be a possibility of swelling, it is well to remember that the reverse spiral is more elastic, and will stretch more than the simple spiral, and that the figure of eight bandage is still more elastic than the reverse spiral.—*International Journal of Surgery.*

GETTING RID OF RATS.

Common green copperas, pulverized, and thrown pretty plentifully about where the rats travel, and also in their holes so they must walk over it, will effectually drive them away, where traps, poisons and cats fail to dislodge the pests. The copperas makes their feet sore, and they will speedily leave. This remedy has proven so entirely successful that it is a pleasure to make it known.—*Country Gentleman.*

RULES FOR BATHING.

Cold baths should never be taken when the body is fatigued, even during the summer. A warm or hot bath will always relieve fatigue, or muscular or nervous irritability and restlessness. Baths of any kind should not be taken within two hours after finishing a meal, and a meal should not be taken within one hour after a bath. In the latter case, it takes an hour at least for the complete reaction to take place and the circulation to become evenly distributed again. Bathing too soon after eating interferes with the digestive processes.—*Suggestion.*

HELPFUL IN DYSENTERY.

I wish to direct attention to the fact that the hot hip-bath greatly relieves the tormina and tenesmus so troublesome in dysenteric cases. It also undoubtedly contributes to the recovery of the patient. A small tub or large pan should be partly filled with water as hot as can be borne by

the patient, and he should be directed to sit in the hot bath each time that the bowels move. Let the discharges pass into the hot water. In most cases the relief will be pronounced. I have practiced this method for years.—DR. L. J. WOOLEN, in *Southern Clinic*.

BURNS.

As a local application, I know at the present time of no more promptly and permanently beneficial drug than picric acid for burns of the first and second degrees. Applied in a one per cent. watery solution it has the effect of giving almost immediate relief from pain, and healing takes place rapidly under its use. After the burned area has been coated once or twice with the solution, a thin layer of absorbent cotton may be applied dry, over this a layer of impervious tissue, then as much cotton as is required for warmth, protection, exclusion of air, and germs, etc., and over this a loose bandage.

At subsequent dressings all may be removed excepting the layer next the skin, which may be made wet with the picric solution, and the dressings be applied as before.

Not only is the pain greatly diminished by not removing the dressing next the skin, but the danger of outside infection, leading to complications, is decidedly decreased.—*Pediatrics*.

Heat relieves the pain of inflammation, but increases that of suppuration. This is a valuable diagnostic aid in appendicitis.—*Med. Times*.

Dr. Rena Mastio, a woman, has been appointed Professor of Anatomy in the University of Milan.

Ringer says that in biliousness, if the stools are dark, podophyllin is the best remedy, but if the stools are light calomel should be given.

Eight or ten drops each of tincture of cannabis indica and nux vomica in an ounce of chloroform water will often produce a "voracious" appetite.

DaCosta says that iodide of ammonium is a reliable remedy in rheumatism, but it must be given in large doses—60 to 80 grains a day—well diluted.

In the nervous disorders common at the menopause the bromides should be combined with valerianate of ammonium and given in moderate doses.

ULCERS.—Indolent ulcers, even when painful and due to varicose veins, may be made to cicatrize comfortably if dusted daily with antipyrin and boric acid (1 to 3).—*Ex.*

In chronic catarrh of the bladder, when the urine is loaded with phosphates, benzoate of ammonium, in doses of 10 to 30 grains is a useful remedy to render the urine acid.

In acute laryngitis full doses of sodium bromide should be given, and embrocation of oil of amber, one part to olive oil, three parts should be rubbed in thoroughly over the larynx.

In attacks of angina pectoris, if accompanied by high arterial tension, nitrate of amyl is a quick and reliable remedy. Crush a pearl on a handkerchief and inhale a few whiffs.

Many reports maintain that severe neuralgia headache is curable by small daily doses of castor oil. It probably acts by reducing the toxemia which causes the nervous irritation.

Hare thinks that physostigma is a valuable drug in atony of the bladder or intestines and in catarrh of the bowels; also in gastric and intestinal dilation when it is combined with nux vomica.

When purpuric spots come and go on the abdomen or lower extremities, without assignable cause, or other symptoms indicative of purpura proper, ascertain if the patient is addicted to the use of chloral.

In hepatic cirrhosis and jaundice Bartholow places great reliance on phosphate of sodium, but he gives it in large doses of 20 grains to 2 drachms once, twice or thrice a day, according to the laxative effect desired.

Many physicians have reported that urotropin is a valuable remedy in ammoniacal cystitis in which the urine is strongly alkaline, loaded with urates and phosphates and purulent. The ordinary dose is 3 to 7 grains.

The Cincinnati College of Medicine and Surgery did not reopen last fall. The reason assigned is the great falling off in attendance since the requirement for entrance became more rigid. The School had been in existence since 1851.

The indications for blood letting are states of the circulatory apparatus denoting high arterial tension and excitement and weakness; low tension and circulatory depression are contraindications. In pneumonia, pleurisy and meningitis of the sthenic type, and in apoplexy, it is a useful procedure.

In fetid bronchitis the patient should inhale constantly the fumes of nascent chloride of ammonium. Place a soup plate containing 3 ounces of sulphuric acid on the floor of the room. Into a saucer placed near, pour 2 ounces of strong ammonia. When a tablespoonful of common salt is sprinkled upon the acid, the room is filled with dense fumes of chloride of ammonia. This is also a valuable procedure in the treatment of chronic bronchitis.

OPIUM NARCOSIS.—In opium narcosis first empty the stomach with stomach tube to prevent further absorption; then give a cup of strong, hot coffee. The latter allays nausea and acts as a physiological antidote. Keep the patient aroused by walking and the application of water, and give atropine sulphate, gr. 1-50, and strychnine sulphate, gr. 1-30, hypodermatically.

NEURASTHENIA.—Rest, regulated diet and exercise are indicated; bathing is of great value, as increasing elimination and for its tonic effect upon the nervous system. The salts of lithia are of service; Vichy or Hunyadi water may be used in some cases. Of tonics, the phosphorus containing compounds are our main stays. Strychnine is of value, but must be used with care. Suggestion and psychotherapy often accomplish a great deal. Morphine should not be used.

SOME APPLICATIONS OF HOT WATER.—Headache almost always yields to the simultaneous application of hot water to the feet and back of the neck. A towel folded, dipped in hot water, wrung out rapidly and applied to the stomach acts like magic in cases of colic.

There is nothing that so promptly cuts short congestion of the lungs, sore throat or rheumatism as hot water when applied promptly and thoroughly.—*Med. Mirror.*

According to *Medical News*, a Philadelphia oculist of wide fame was recently traveling homeward from Pittsburg, when he noticed a fellow passenger, a lady, in evident distress with her eyes. Thinking that she was suffering from the presence of a cinder or other foreign body, he went to her seat and offered his services, saying that he was an oculist. She replied, quite haughtily, that she could wait until she reached Philadelphia, when she expected to consult a specialist "of some repute." The doctor humbly asked her pardon and resumed his seat. Within a few minutes of reaching his office the same young lady walked into his consulting-room.

The most sensitive part of the human body is the tip of the tongue. Next come the lips and then the tips of the fingers.—*New York Medical Times*.

A practical way of tying the umbilical cord (*New York Medical Journal*) is to place an artery forceps on the cord near the umbilicus and allow it to remain a few minutes, tightly clasped. On removing the forceps a deep groove of hard, semi-transparent tissue can be seen. The ligature is placed in this canal and tied with a jerk. It is then impossible for it to slip off.

ENGLISH EYES DEGENERATING.

Recent inquiries in England and on the Continent show a great increase in the number of people wearing eye-glasses. Opticians are selling twice as many pairs of glasses as they did ten years ago. The cause of this seems to be the dust and fog, together with travelling underground, the hurried reading of small print, etc. An optician believes that the English nation will soon be as bespectacled as is the German.—*Philadelphia Medical Journal*.

MEAT AND URIC-ACID FORMATION.

Investigation appears to strengthen the belief that eating too much meat is responsible for the formation of uric acid in disease producing quantities. To dispose of meat satisfactorily, gastric digestion must be active, the constitution well supplied with fluids, and the organs more or less actively engaged in growth and development. These conditions cease to exist when adult life is reached, and the requirements of the constitution are chiefly for food to supply energy, heat and vital stimulus. At this period in life a small amount of meat or other albuminous food will suffice, especially in torpid systems or persons of sedentary habits. The symptoms caused by an excess of uric acid depend upon the degree of saturation, and whether these morbid products are circulating in the blood or are precipitated in the tissues or joints. The susceptibility of the various organs, and the constitution of the individual also help to determine the symptoms; one person may have asthma, another an irritable bladder, and another sick headache or rheumatism. In the treatment diet is highly important. Meat once a day is often enough. Fresh fruit, especially apples, should be eaten in abundance. Tomatoes are excellent; so is asparagus. Baked bananas and well done rice are excellent substitutes for meat. Pure

honey is always allowable. In uncomplicated cases lithiated hydrangea will be the only remedy needed in addition to dietetic reform and plenty of water.—*Health.*

Therapeutic Notes.

BRONCHITIS FROM ADENOIDS.

Méry, according to an abstract in *American Medicine*, states that the inflammation of the naso-pharynx, which exists in patients suffering from adenoids, may spread to the bronchi and give rise to a severe bronchitis, accompanied by signs of emphysema. The curative treatment is removal of the adenoid vegetations. He recommends the following medication in addition :—

R. Syr. ipecac, ʒiiss.
 Sodii benzoatis, gr. xv.
 Sodii bicarb., gr. viij.
 Syr. polygala (venega), ʒv.
 Decoct. polygala, ʒiv.

M. Sig : One teaspoonful every hour.

Mustard poultices should be applied to the chest and hot drinks given; morning and evening a small quantity of the following pomade should be introduced into the nares by means of an applicator :—

R. Acidi borici, ʒj.
 Resorcin, gr. iij.
 Vaselini, ʒj.

M. Sig. : Apply locally. The patient's mouth must be closed; he will then draw the pomade through the nose.

Instead of the introduction of the foregoing, a few drops of mentholated oil 1 to 100 may be used in the form of a spray. Later, stimulating expectorants, such as terpin hydrate, in doses of $\frac{1}{2}$ to 1 grain, will be of use.

During convalescence 1 to 2 teaspoonsful of the following may be taken every morning :—

R Sulphuris sublim., ʒiiss.
 Mellis rosæ, ʒiij.

M. Sig.: One to two teaspoonfuls in the morning.

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Editorial.

BOVINE TUBERCULOSIS.

The *Dublin Medical Press* of November 12 says:— Professor Koch has once more asserted his belief in the innocuousness of bovine tuberculosis to the human being. Few men are better entitled to a patient hearing on the subject than the distinguished scientist, and he is all the more deserving of consideration from the fact that his view on the question is not the popular one. Briefly stated, Dr. Koch does not base his argument so much on bacteriological grounds as on that of common experience. It is common knowledge that cattle in the state of domestication are very subject to tuberculous disease, and that in them the disease tends to become generally disseminated—bone, muscle and gland tissue all suffer, and the majority of cattle in herds, even under most favourable conditions, become infected with the disease to a greater or less extent. The flesh is eaten and the milk drunk of such animals without any marked evidence of its transmitting the disease. There is not, however, perfect immunity to the user of the milk or flesh; nor does Koch claim absolute immunity, for he states that he has collected twenty-eight cases of transmission of the disease to man. The danger of human infection is probably greatest when the udder of milch cows is affected, and the milk of such animals should be declared unfit for sale. Happily, the udder is not often tuberculous, and when it is the disease is

easy of recognition. Nocard, who examined a hundred diseased cattle, found tubercle in the lung and pleura in forty, in the lungs alone in twenty-five, and in the serious membranes in twenty, the lesions in the remainder being generalised or located in the lymphatic ganglia, the genital organs, the osseous system, or other parts. The characteristic bacilli have not frequently been found in the fluid expressed from infected muscular tissue; they have also been observed in the blood and in the secretions of diseased organs. Cooking does not render such meat sterile, as Woodhead's experiments have shown, and in this connection it is well to remember that roasting has the least and boiling the most effective method of destroying the bacilli. Woodhead, however, took no notice of the sterilizing power of the intestinal secretion, which French bacteriologists have shown has an antiseptic power of great value. The question is not one of yesterday. In 1888 the French Government forbade the sale of tuberculous meat: (1) If the lesions were generalised; (2) if the lesions, though localised, had invaded the greater part of an organ, or were manifested by an eruption on the walls of the chest or of the abdominal cavity, such flesh was not to be used even for feeding animals. In Austria, when the disease is localised the remaining meat is passed as healthy. On the other hand, in Russia the presence of tubercle, even though localised, is looked on as rendering the whole carcase unfit for food. This Russian edict is, however, never enforced when the extent of the disease is small; indeed, its enforcement would mean the total or almost total prohibition of animal food in European Russia. We may just mention the interesting fact that, although wild animals are, as Paget long since showed, subject to many of the diseases of domesticated ones; nevertheless, tuberculosis is unknown in wild animals of the bovine species. The wild cattle of Chillingham know it not; it has not been found in the Yellowstone Park; and among the many thousands of herds of bisons that roamed from the Canadian lakes to the Gulf of California it was never once seen. In the partly domesticated herds of Uruguay and Argentina it is practically unknown; while in cattle, as in man, it is a disease of modern civilization.

DINNER OF THE FRENCH CANADIAN MEDICAL PROFESSION.

The second annual dinner of the French Canadian members of the medical profession in Montreal, under the auspices of the Société Médicale de Montreal, was held on the 27th January, in the Place Viger Hotel. About one hundred and fifty guests were present, Dr. Dubé occupying the chair. The Hon. R. Prefontaine, Minister of Marine in the Dominion Government, sat on the right of the chairman, and the Hon. Mr. Gouin, Minister of Public Works in the Quebec Ministry, sat on his left. Dr. Rottot, the Dean of the Montreal Medical Faculty of Laval, was present as its representative, and replied to a toast in its honour. Dr. F. W. Campbell, the Dean of Bishop's Medical Faculty, attended as its representative, and made a speech as one of the guests. Dr. Birkett, President of the Medico-Chirurgical Society, spoke as its representative, and Dr. Sharkey, the new Professor of Hygiene at McGill, responded for that Faculty. The dinner was excellent, and the speeches of introduction and the responses to toasts were far above the average of dinner speeches, and reflected infinite credit on the speakers, although we confess we think both were, as a general rule, too lengthy. Still, the beauty of the language often held the large audience spellbound, broken now and then with most appreciative applause. We never have been at a dinner where so large an audience listened to every speaker with such wrapt attention, and where so few left the room. It was a function most creditable to the Society, under whose auspices it was given, and markedly creditable to every man who was present. It was an object lesson to every English-speaking guest.

THE LACTOPEPTINE CALENDAR.

We thank the New York Pharmacal Association of Yonkers, N.Y., for a copy of their Lactopeptine Calendar. It contains portraits of such eminent medical men as Virchow, McDowell, Simms, Laennec, Malpighi, Harvey, Jenner, Loomis, Gross, Sydenham and Bright. Copies can be obtained by sending a postal card request.

**A NEW WORK DISCUSSING THE CAUSES OF
DISEASE FROM A NEW STANDPOINT.**

Dr. C. E. de M. Sajous will publish during the coming February a volume to be followed by a second volume, in which some new problems as to the causes of disease are discussed. He suggests that the ductless glands affords elements for future labours, which may lead to a new era in practical medicine. From the author we have received a copy of its preface and summary of contents. In a few lines it is impossible to adequately convey even a reasonable idea of the basis upon which Dr. Sajous founds his theory of the important part played by these glands in the economy of man. Nevertheless, we are satisfied that he is about to produce a couple of volumes which will prove not only interesting but profitable reading. The outline of his theory, as given in the preface, would lead us to believe that he is working it out towards a practical end, and, without this, all theory is useless. When we receive the volume it will be noticed at greater length.

"THE DOCUMENTS IN THE CASE"

We hope that every physician who receives the somewhat graphic description of the case of Mrs. S——, and notices the marked and rapid improvement in her condition as evinced by the differential blood counts, may apply to The Palisade Manufacturing Co. for information in regard to the treatment which proved so distinctly successful in this marked case of chloro-anemia. Those who have not as yet received this unique portfolio of legal-looking documents should apply for a copy at once before the supply is exhausted.

W. B. Saunders & Co. have opened a branch of their business in New York city, and shall have on file there catalogues of all the leading medical schools. Their offices are conveniently appointed for the use of physicians visiting the city, where they may receive and answer their correspondence and obtain any information they may desire.

Dr. Reed B. Granger, for many years managing editor of the *New York Medical Journal*, will be in charge of the office, together with a representative from Philadelphia.

Book Reviews.

Manton's Obstetrics. A Manual of Obstetrics for Students and Practitioners. By W. P. Manton, M. D., Adjunct Professor of Obstetrics and Professor of Clinical Gynecology, Detroit College of Medicine. In one 12mo volume of 265 pages with 82 illustrations. Cloth, \$1.00. Lea Brothers & Co., Publishers, Philadelphia and New York, 1903.

The use of epitomes seems to be growing among students, and unless found of value would not probably be printed and sold in such large quantities. They are no doubt of value, provided they are not used instead of standard text-books, but only in preparation for examination in conjunction with them. The obstetric epitome by Manton seems to be one of the best we have yet seen and is very well up to date. A student knowing it by heart could pass any ordinary examination. If an epitome is desired on obstetrics we can heartily recommend Manton's obstetrics.

H. L. R.

Progressive Medicine, Vol. IV, December, 1902. A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by HOBART AMORY HARE, M.D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia. Octavo, handsomely bound in cloth, 412 pages, 54 illustrations. Per volume, \$2.50, by express prepaid. Per annum, in four cloth-bound volumes, \$10.00. Lea Brothers & Co., Publishers, Philadelphia and New York.

The concluding volume of 1902 begins with a remarkably thorough consideration of the most recent advances in the diagnosis and the treatment of diseases of the digestive tract, including the liver, pancreas and peritoneum, by Dr. Einhorn. His discussion of affections of the gall bladder and pancreas will be found of especial value to the general practitioner. The study of these subjects has recently received an enormous impetus, and many hitherto obscure clinical manifestations are now found to be connected with pathological conditions of these organs. Dr. Bloodgood's section on anesthetics, fractures, dislocations, amputations, surgery of the extremities and orthopedics is a thorough discussion of all these important topics, accompanied by a large number of valuable illustrations. Dr. William T. Belfield writes upon genito-urinary diseases, giving especial attention to the much-discussed treatment of prostatic hypertrophy. Dr. John Rose Bradford, in the section on diseases of the kidneys, discusses very fully the many manifestations of renal diseases, their complications, and the most recent methods of treatment. The section on physiology by Dr. Brubaker will prove of more than usual interest

and value to the general practitioner. He describes fully the wonderful experiments and discoveries concerning life and vital reactions which have been made by Professors Loeb and Mathews. These have been so generally exploited in popular magazines, and have attracted such widespread interest that a scientific resumé of their real value is a necessity to every medical man. Dr. Harrington's chapter on hygiene relates the wonderful results attained by the practical applications of recent investigations into the cause and prevention of such diseases as yellow fever and malaria. The Therapeutic Referendum presents all the facts regarding the most recent remedies and methods of treatment. This feature alone would suffice to make the volume indispensable to the up-to-date physician.

F. W. C.

Lea's Series of Pocket Text-Books—Anatomy. A manual for Students and Practitioners. By Wm. H. Rockwell, M.D. Series edited by Ben. B. Gallandet, M.D. Illustrated with seventy engravings. Lea Brothers & Co., Philadelphia and New York.

We have been told of an artist who was anxiously waiting for a criticism of a picture, not without merit, but not of a high class order, that he received the answer from the possible purchaser. "The frame is very handsome." This book has certainly an attractive binding. The author modestly admits that he does not *design* (God save the mark!) to supersede the larger text-books. For the relief, much thanks.

The book is a summary of Gray's Anatomy such as generally prepared by every diligent student. An earnest student would probably wish to compare Gray's anatomy with other text-books and would not be content with the bare relations of facts, which is the feature of Gray's anatomy as edited by Mr. Pickering Pick.

That text-book, meritorious as it was when first issued by Mr. Henry Gray, has now fallen into the 3rd rank, and we fail to see why it has been selected as a guide, *by proxy*, to so important a study. Quain's Anatomy is still first, *monumentum ære perennius*; the text-books edited by Morris and Cunningham are most admirable expositions of philosophical, practical and exact anatomy, and come next in rank. We doubt if a work like the one under review, a mere collection of bare details, culled from Gray, is of any value or fulfils any present requirement, and we certainly cannot recommend it to students who are really desirous to learn their profession. It may serve the purpose of such students who have little regard for the surest foundation of their chosen profession or for those who are eager, by the earnest means to begin their trade, for trade it is in the mind of the man who ignores the fact that the profession of medicine can only be studied, learnt and acquired by the most patient labour and application to each and every detail, however apparently minute, and most especially these apply to the careful study of anatomy.

Sir Samuel Wilkes once said of Dr. Moxon, the eminent pathologist, that he knew anatomy as a cabman knows London, meaning that he, the cabman, knew all the roads, channels and by-ways as well as the large arteries of the great city. Such a knowledge is most devoutly to be wished, but cannot be gained by the reading of a mere compendium. We do condemn these attempts to aid a backdoor entrance into our important and distinguished profession.

C. A. H.

Lea's Series of Medical Epitomes. Schalek, on Dermatology. Diseases of the skin, a Manual for students and Practitioners.—By Alfred Schalek, M.D., Philadelphia Published by Lea Bros. & Co., Philadelphia.

This work is very compact and covers the field of skin diseases in a brief and clear manner. Type and plates are excellent, and the group of questions at end of each subject is a novel idea placing before the student the salient points on the disease. It is a book that all medical students should read, as the knowledge of skin diseases is very limited in the graduating medical student.

J. M. J.

A Pocket Text-Book of Dermatology.—By Joseph Grindon, M.D. Published by Lea Bros. & Co., Philadelphia.

This work is well worth a place in the medical library; it is well written, and covers the subject of skin diseases in a concise and clear manner; the illustrations are very instructive, being so well selected. I would recommend students in medicine to make themselves acquainted with this pocket text-book.

J. M. J.

Szymonowicz-McCallum.—A Text-Book of the Histology of the Human Body. Lea Brothers, Philadelphia and New York, 1902.

Dr. McCallum is to be congratulated upon making available to English-speaking students of histology the text-book of Prof. Szymonowicz, who is at the head of the department dealing with this subject in the University of Lemberg.

The sequence in which the different divisions of the work is taken up is a rational one, viz., the animal cells are first described, then the tissues, and lastly the different organs of the body.

The descriptions are clear and well exemplified in the illustrations and plates with which this work is liberally supplied.

The section dealing with the nervous system gives the results of the advances made, owing to the improved methods recently employed in investigating the nervous tissues.

The publishers have carried out their portion of the production of this work in their usual creditable manner. The letterpress is large and clear, while the plates and illustrations are well executed.

R. F. R.

PUBLISHERS DEPARTMENT

SANMETTO IN ENLARGED PROSTATE COMPLICATED WITH CYSTITIS.

Dr. J. M. Minick, of Wichita, Kans., President of the Kansas State Board of Health, reporting his experience with Sanmetto, says: "I do not explain the action of Sanmetto from any ulterior motive or for publication any further than I candidly believe it is a God-send to men who are afflicted with enlarged prostate gland complicated with chronic cystitis, with a constant desire to micturate, especially at night."

SANMETTO IN PROSTATIC HYPERTROPHY WITH VESICAL COMPLICATIONS

I have waited to express my opinion until I had a case in which I might apply the critical or crucial test to Sanmetto. Finally, one of prostatic hypertrophy, with serious vesical complications, was presented, in which, having employed Sanmetto, both my patient and myself are much more than pleased with results. Henceforward Sanmetto goes into my armamentarium for all such and similar cases.

J. NEWTON SMITH, M. D.

Barto, Fla.

SANMETTO IN URETHRITIS AND ENURESIS.

Having had elegant results from the use of Sanmetto in genito-urinary diseases for quite a time, I am more fully convinced of its curative properties since having had a boy, aged twelve, call at my office, who had been suffering from an obstinate case of urethritis with enuresis. He stated that he had consulted two or three doctors with no relief, and if he could be cured, cure him, and if not, not to give him anything. So I put him on the following:—

℞ Oil Santali ʒii.
Sanmetto Q. S. ʒiv.
Sig. ʒi.

every four hours, with rest in bed and proper diet, and in ten days he was well and had no symptoms of either of the above troubles. Henceforth I shall know where to get a specific for such causes. I have always had good results from Sanmetto.

WYATT C. HATCHER, M. D.

Brunswick, Ga.

The N. K. Fairbank Company are now sending out the Fairy Plate Calendar for 1903, which has been so widely advertised for a month past. This is the sixth year that The N. K. Fairbank Company have taken this method of calling attention to the product from which the calendar derives its name, "Fairy Soap." This calendar is made up of five large plaques, four of which do not contain any type matter whatever, but are exact reproductions on heavy plate paper of the originals painted on royal Vienna china in twelve colours and gold, with the centre counter-sunk and the border embossed, and all this beauty emphasized by magnificent heads by Ryland. This artist, it should be explained, devoted himself almost exclusively to designing and engraving, and although educated in Paris, he secured his reputation in London, where he was born at the beginning of the second third of the eighteenth century, having attained the

distinction of being the exclusive designer and engraver to his Majesty, George the Third. While holding such an appointment he made a large portrait of the king and two portraits of the queen.

He has left over two hundred other pieces of his work, among them being The Graces Bathing, Jupiter and Leda, Charity, Patience, Perseverance, Venus on Her Car, The Judgment of Paris, Cupid Asleep, and the figure and four heads shown on these exquisite plates now offered to the public by The N. K. Fairbank Company. Such a record as that of Ryland is the more remarkable because of the short duration of his active career. It was cut short by his execution in 1783, for forgery, which resulted from stress of circumstances created through dissipation.

To appreciate fully the Fairy Plate Calendar, one must realize that these works of Ryland had to be copied with the greatest care by the best artists, then photographed and engraved on stone. After this delicate operation a certain grade of plate paper had to be used, which would show the finest finish and most readily heighten the beauty of the colours which were put on through twelve successive printings.

It is fortunate that this calendar comes at this season of the year, when the masses of the people can avail themselves of it as a holiday gift. The Fairy Plate Calendar will be mailed postpaid upon receipt of 10. fronts from Fairy or Copco Soap Box Fronts, Fairbank's Glycerine Tar Soap, Fairbank's Sanitary Soap, Fairbank's Scouring Soap, or Gold Dust Washing Powder, or, if you prefer, for twenty cents in stamps.

Address the N. K. Fairbank Co., Montreal, Department I.
