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CANADA

# MEDICAL RECORD

OCTOBER, 1900

## Original Communications.

### SYPHILITIC GUMMATA OF SPINAL CORD TREATED SUCCESSFULLY BY VERY LARGE DOSES OF IODIDE OF POTASH. \*

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

Dean of and Professor of Medicine, Faculty of Medicine, University of Bishop's College, Montreal.

The notes of the following case have, for obvious reasons, not been hitherto published. I do not propose now to do more than briefly outline the salient points of the case.

A few years ago I was consulted by R. C. S., who, for the previous 15 years, had been general financial manager for a large manufacturing firm, while, at the same time, he held an interest in a factory outside of Montreal, for which he also did the financing. His family history is highly neurotic, his mother having been extremely emotional and hysterical, dying from softening of the brain. She was subject all her life to chronic diarrhoea, which was always aggravated under anxiety, joy or grief. To her family she communicated her temperament in a very marked degree. The patient had always been well developed, strong and hearty looking. About three years previous to the present attack he suffered from insomnia, which resisted every remedy prescribed. He was under treatment for about three weeks, and never got more than two hours' sleep upon an occasional night. I ordered him to Old Point Comfort, and, on the first night of his arrival, he slept for ten hours. His improvement there was rapid, and after a sojourn of a month

\* Read before the Canadian Medical Association, Ottawa, Ont., Sept. 14, 1900.

he returned home in perfect health. From this date till he consulted me for the present illness, he continued well, and performed all the duties pertaining to the position he occupied. He consulted me on April 1st for a pain which he felt over the region of the right kidney, and the following day I was called to see him at his house. I found him complaining of the same pain in the same region, which was severe and spasmodic. It was neither increased nor diminished by pressure. A hypodermic of Battley gave some relief. He was ordered a mixture containing five grains of iodide of potash and twenty minims of wine of colchicum to each dose, upon the idea that the pain was neuralgia of a gouty character, the patient's habits being free. This gave him very considerable relief, and in eight days he was able to return to work. From this up to the beginning of August his health seemed fairly good. I met him occasionally on the street, when he said that at rare intervals he had a feeling of numbness in his feet, particularly his right. Soon after, I went to Europe, and during my absence he consulted my friend, Dr. Perrigo, for a somewhat persistent numbness in both feet and legs, and a want of sensation in the rectum when a motion was passing, though he had perfect control of the sphincter. Under the medicine prescribed he made some little improvement. On my return, the end of September, his wife being ill, I saw him occasionally. They were living at one of the summer resorts near Montreal. He said that the pain had returned, and was, at times, very severe, while he felt sure the numbness was increasing. He promised to place himself under treatment when the family returned to the city. Soon after he received a severe mental shock by the burning of the factory, in which I have already said he was interested, and by which fire he lost heavily. For some days afterwards he was quite unfit for work, and the pain and numbness markedly increased, evidently due to nervousness, as they both improved by simple rest. Early in October I was called to visit him at his house for intense pain again over the kidney. It required two hypodermics of Battley's solution gtt xx in each, given an hour apart, before he got even partial relief.

These had to be repeated for several days, but, under the mixture of iodide of potash and colchicum, which was again prescribed, he was at his office toward the end of the month. He then left the city on a week's business trip, which was fatiguing both mentally and bodily. The day following his return, November 9th, I was sent for to relieve the same pain. Hypodermics of Battley were useless, and I got him under the influence of opium by giving it by the mouth, and he gradually got ease. On the 15th of November he was so much better that a trip to Nassau was arranged for. Up to this time he did not complain of any increase of numbness in the feet and limbs, and he had perfect control over them. On the 22nd November the pain returned, and opium was given in full doses by the mouth. In the early morning of the 26th November I was called for the purpose of drawing off his urine. I attributed its retention to overdistension due to a blunted sensibility caused by the large amount of opium he had taken. In the forenoon the late Dr. R. P. Howard and Dr. Perrigo saw the case in consultation. We then noticed for the first time a distinct loss of power in the lower limbs. He was, however, able to get out of bed unaided, but, when seated on a chair, it required a determined effort to cross them. The patella reflex was about normal. Irritation of the soles of the feet showed slightly diminished reflex action while the patient was seated on a chair. When lying in bed the reflex action was normal. The diagnosis was some affection of the cord, but no absolute diagnosis was made. Patient put on ten grains of iodide of potash three times a day. Two days later the loss of power in both limbs was absolute. The paralysis of the bladder continued, and, a trained nurse being placed in charge, the urine was withdrawn four times in the twenty-four hours. From the commencement of the illness the pulse has varied from 80 to 96, and the temperature has never risen above 99. Notwithstanding the large quantity of opium which had been taken, the stomach remained in fairly good condition. On December 1st severe lightning pains were felt in both limbs, but the pain over the region of the kidneys had not been felt for several days. The

bowels constipated and considerable tympanites, relieved at times by passing flatus. Paraplegia still continues. The friends of the patient suggested bringing on some well-known specialist on Diseases of the Nervous System from New York, and I selected Dr. Seguin. On December 5th this gentleman met myself, the late Dr. R. P. Howard and Dr. Perrigo. After hearing my notes of the case he made a thorough examination of the patient, and gave it as his opinion that we had to deal with a tumor of the spinal cord situated about the first lumbar vertebrae. Its nature might be sarcomatous, but he was inclined to consider it syphilitic, although I had not been able to make out a specific history. I may say that subsequently I was able to satisfy myself that Dr. Seguin was correct in his opinion. His advice was to push iodide of potash to the limit of five hundred grains a day, commencing with a drachm three times a day, and increasing the dose by thirty grains daily. It was to be taken in Vichy water, two bottles daily, half the dose being dissolved in the contents of each bottle, and used as a drink. If, within the following two weeks, there was not any improvement, he thought the issue would be fatal, unless the spine was opened and an exploratory examination made. If the diagnosis was confirmed, he would then advise that the spine be further opened and the tumor removed. Although this operation had never been performed he strongly advised it, and believed the prospect of success was good. Dr. Weir, of New York, had expressed his determination to perform such an operation when a suitable case presented itself, and Dr. Seguin believed such a case was the present one.

*Same day, 10 p.m.*—Lightning pains in both legs all day. Spots of non-nutrition; bed sores are evident over maleolus and heel of left foot, and at several points on right foot and leg. Fifteen minims of Battley gave a fair night's rest.

*December 6th.*—Bed sore over sacrum threatening, and the patient was ordered to lie as much as possible on either side. Non-nutritious spots on leg decidedly increased in size. Lightning pains in both legs at intervals—urine has still to be drawn off.

*December 9th.*—Under the influence of Battley's solution patient has slept fairly well. The lightning pains or jerks in legs are almost gone. Threatened bed sore on back no worse, and the same may be said of the threatened sores on the legs. Had a natural motion.

*December 12th.*—Says he feels a more natural feeling in both legs. Spots on legs improving, but bed sore on back is worse, as he has not been able to rest on his sides nearly as much—a slough is threatening. Complains that he feels most uncomfortable at the rectum, and that a motion would relieve him. He was given a large injection of soap suds and olive oil, which came away without any fæcal matter. On examination the rectum was found loaded with fæces, which was removed by the finger, giving great relief. Patient is now taking 240 grains of iodide of potash daily; no acne or nasal irritation.

*December 15th.*—As stomach is somewhat irritable (he has been taking light diet freely and digesting it well) the iodide of potash was discontinued. Has not had any motion since fæces were removed on the 12th, so the rectum was again emptied by finger, the fæces being softened by hot soap suds and olive oil.

*December 18th.*—Patient feeling better, spots on legs show decided improvement, bed sore on back has sloughed and was dressed. Iodide of potash, which was stopped at 300 grains, was to-day resumed at same dose.

*December 22nd.*—For the first time there is a movement perceptible in the toes of both feet, and the bladder shows signs of returning power by forcing the stream about an inch from the catheter. Non-nutritious spots on legs rapidly disappearing. Bed sore on back improving.

*December 25th.*—Patient in good spirits. There is a decided improvement in left leg, which to-night he was able to flex, raising popliteal space three inches from bed. Made a vigorous but unsuccessful attempt to do same with the right—movement in toes of both legs is very marked. Is now taking 400 grains of iodide of potash. The increase in dose from 300 grains has not been so rapid as up to that point.

*January 1st.*—Legs continue to improve; is able to flex left considerably, right slightly. Bed sore improving.

*January 7th.*—Non-nutritious spots disappeared entirely, legs improving slowly. Is able to raise both legs several inches off the bed, marked movement in toes. Is now taking 500 grains of iodide daily; two doses of 250 grains are dissolved morning and evening in a bottle of Vichy, and he sips it when wishing to relieve thirst.

*January 10th.*—Legs still improving and gaining in strength; is able to move them about the bed. Had a natural motion and passed water three times to-day.

*January 16th.*—Up to this date patient has been steadily improving, but towards afternoon became very restless, and complained of a sharp shooting pain down the left leg. Complained also of pain in right buttock, where I detected deep seated; fluctuation, ordering it to be poulticed. Temp. 102½, pulse 120.

*January 17th.*—Passed a restless night; refuses food, but temp. has fallen to 101 F., and pulse to 110.

*January 20th.*—Patient has had bad nights; opened abscess on right buttock, getting fully 8 ounces of matter. To-night, temperature has fallen to 99 F. and pulse to 98.

*January 22nd.*—Was very restless last night, with some delirium, but took good breakfast of light diet and says that he feels well.

*P. M.*—Was restless and somewhat excited all day. At bed time was ordered xx m of Battley's solution. This afternoon 250 grains of the iodide of potash had just been dissolved in a pint of Vichy, when the nurse's back was turned he seized the glass and drank its entire contents. No effect from this enormous single dose was evident.

*January 23rd.*—Was very delirious all night, had but little sleep. Takes food well. Temp. normal. Pulse 86. Fairly quiet all day.

*January 24th.*—Was very delirious all night. Delirium distinctly maniacal. Temp. normal, pulse 88. Takes food well, but refuses his medicine. Has now fair power in both legs. Ordered half a drachm of Battley every 4 hours by mouth.

*P. M.*—Battley has no soporific effect ; on the contrary seems to excite him. I may state that patient's mother never could take opium, as it produced great excitement. Has been very excited all day, tearing away the dressing from the abscess, also tearing bed clothes. Ordered sixty grains of bromide of potash and twenty grains of chloral, and to repeat half this dose in four hours if necessary.

*January 25th.*—At 3 this a.m. Drs. Howard, Perrigo and myself were called to his house, and found patient furiously delirious, requiring three powerful men to restrain him. The two doses of bromide and chloral had been given without effect. Gave two hypodermics of fifteen minims each of Battley. In fifteen minutes he went asleep, sleeping steadily till 10 a.m., when he awoke as delirious as ever. Had a cup of beef tea, a hypodermic of 20 minims of Battley and went to sleep again.

*January 28th.*—Since last report patient has slept fully three-fourths of the time under the influence of a hypodermic of 20 minims of Battley night and morning, waking occasionally, and very delirious. For a short time to-day seemed more rational, speaking of his illness and some business matters, but soon relapsed into delirium. Takes food well. Legs are not so well to-day—seem to have decidedly less power.

*January 29th.*—The hypodermic of Battley last night had little effect. Patient was very noisy and ugly most of the night, but takes food well ; in fact, asks for it. Abscess cavity filling up well, and bed sore healing rapidly under very adverse conditions. Pulse has risen to 116, but temperature remains normal. Tongue clean and wonderfully moist considering the quantity of opium patient has taken.

*P. M.*—It was decided in consultation to try the effect of hyoscine, as patient has been very boisterous all day. At 10 p.m. gave 1-80th of a grain hypodermically. At midnight patient as boisterous as ever, gave 1-40th of a grain. At 3 a.m., there being no result, I gave 40 minims of Battley in two hypodermics. In twenty minutes patient was asleep.

*January 30th.*—Patient slept steadily till 10 a.m., when he awoke very rational ; took a good breakfast. When seen at 11 a.m. was very rational.



*P. M.*—Was very quiet all day, a little mild delirium. About 8 o'clock without warning became maniacal, requiring some considerable effort to restrain him from injuring himself and others. I was sent for, and had hardly reached his bedside when he seized his penis with his right hand and extended it to a far greater length than I thought it was possible for a human penis to be extended, at the same time exclaiming loudly, "you are the cause of all my trouble." Unfortunately, his wife heard this remark, and it gave me endless trouble afterwards. It was, however, the ground-work for that subsequent investigation which enabled me to establish the specific character of the disease. Forty minims of Battley was given, producing sleep in less than half an hour, which continued till 4 a. m., when he awoke and became noisy, when 40 minims of Battley were given and he fell asleep in a short time, sleeping well till 9 a. m. Blue ointment was ordered to be rubbed into each groin night and morning.

*February 5th.*—The history of the case during the past five days has simply been a repetition of the previous eight days, with the exception that the delirium was not quite so violent. Sleep was obtained most of the time by Battley's solution, but, having again failed, hyoscine (Merck's crystals) was again tried. It did not produce sleep, but it evidently made the patient quieter. Has steadily taken the 500 grams of iodide of potash daily. The blue ointment was discontinued to-day.

*February 7th.*—Patient slept well last night under a single dose of Battley. Is decidedly better; very little delirium.

*February 8th.*—Slept well last night after a 15m dose of Battley, and is fairly rational. Battley discontinued to-night, and to have 1-25 gr. of hyoscine.

*February 9th.*—Had an excellent night, and is mentally quite himself. The last few days, in spite of his general condition, power in the legs has been gaining. To-day is able to lift his left leg extended straight off the bed at least six inches and right about four inches. Can draw up both legs and place sufficient force on them, with aid of

his hands; to lift his body off the bed. For the last three days urine was passed involuntarily, *i.e.*, he knew when he was about to make water, but could not retain it till the nurse brought a vessel. To-day he can do so. To have 1-25 of a grain of hyosciné every night. Bed sore almost well and abscess cavity contracting rapidly. The latter to be washed out with Edinburgh red wash.

*February 19th.*—Patient has made steady progress. Legs gaining in strength; can lift left leg off bed three feet; can flex and extend it twice without touching bed, and then, without any rest, hold it extended and elevated for a good minute. Can do same with right leg, except that power is not so great, and the movements are done more slowly. Has had several natural motions. Can retain his urine for several hours and give timely notice of his desire to urinate.

*February 27th.*—During past eight days patient has made wonderful progress. The bed sore has closed; has now good control over both legs and bladder. Abscess cavity, not showing any improvement of late, was to-day brushed out with solid stick of nitrate of silver. Has been taking 500 grains of iodide of potash daily since Jan. 7. To-day it was reduced to 400 grains daily. Sleeps well. Hyosciné discontinued.

*March 5th.*—Still improving; was to-day able to get out of bed without assistance, but required a little help to keep him on his feet. Continues to sleep well. Iodide of potash reduced to 250 grains daily.

*March 10th.*—Was to-day placed on sofa, and wheeled into the sun, where he remained for two hours. Abscess cavity about entirely closed. Iodide of potash reduced to 150 grains.

*March 15th.*—To-day is able to move about room with slight assistance from a pair of crutches. Began the use of the Faradic current. Legs hypersensitive to a mild current, which causes some pain in legs.

*March 20th.*—Faradic current stopped, as patient is now able to move about room fairly well with the aid of a stick. To-day received a letter from Dr. Seguin, of which

the following is an extract: "I am delighted to hear such good news of our case; it now looks as if there would be complete recovery, which is rare, as you know. What would you think of giving him alternate courses of mercury and iodide—say 1-30 grains of bi-chloride, three times a day for two weeks; then 75 to 100 grains of iodide of potash three times a day for two weeks. That is the way I usually manage the convalescent of my cases of cerebral and spinal syphilis. I have treated several cases with the large doses, such as our patient has been taking, and with marked success, and have never had in any case gastric irritability, acne or coryza. My case of cerebral sarcoma, operated on by Weir, went home to-day well, except a slight degree of right side paresis (much less than before operation). The wound was completely healed by the fourth day. Now for a spinal tumor."

Patient was accordingly placed on the treatment suggested by Dr. Seguin, giving the full dose of iodide of potash 100 gr. three times a day.

*March 25th.*—With a little assistance patient was to-day able to walk down the stairs to the first flat, and then 12 steps into the street, enter a sleigh and go for a drive.

From this date the improvement was steady, and by the 15th of April patient was able to go for a short walk without any assistance. Mercury and iodide still continued.

*May 1st.*—Patient is practically well, and thinks of soon returning to his work. Treatment still continued.

*May 15th.*—Patient went down to his office for the first time.

*June 1st.*—The iodide of potash was to-day reduced to 50 grains.

*July 1st.*—The iodide to-day reduced to 25 grains. There never has been any sign of ptyalism. Patient resumed his full work on the 15th of June.

*August 1st.*—Iodide reduced to 15 grains.

*September 1st.*—Iodide discontinued and the mercury continued night and morning. This was continued for several months, stopping now and again for a few days. Patient is alive to-day and has never had an hour's illness.

since. Connection with his wife was forbidden for two years, and I believe was faithfully carried out. About 3 years from date of illness I confined his wife of a fine healthy male child, now alive.

This case is especially interesting on account of the enormous doses of iodide of potash which the patient took. At the time I was treating this case, my son, Dr. Rollo Campbell, was clinical clerk to Dr. Stephen McKenzie at the London Hospital, and had under his care a similar one. He mentioned my case and the dose of iodide of potash I was giving, to which Dr. McKenzie replied that it was impossible for the system to assimilate such enormous doses. I told this to Dr. Seguin, who said he did not care whether the system assimilated them or not, they cured the patient. This is the theoretical and practical sides of the question. An interesting point also was the delirium, which greatly complicated matters, and greatly alarmed the friends. During the progress of the case I was in constant communication with Dr. Seguin, and his opinion was, that it was either septicemic or embolic. Concerning it he advised me as follows: "I took the liberty of telegraphing you to try hyoscine again, your dose having been too small for an active delirium. In the active delirium of general paralysis I give from the 1-33 to the 1-25 of Merck's crystalized hyoscine with wonderful effect."

So far as I can ascertain, no one has before or since in Canada taken such enormous doses of iodide of potash. The result in this case certainly justified them, and, if a similar case should present itself to me, I would not hesitate to adopt similar treatment.

1006 Sherbrooke St., Montreal, Sept., 1900.

## PROCEDURE IN POST-MORTEM MEDICAL LEGAL EXAMINATION.

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### CASE 5.

The body is that of a male aged fifty-three, stoutly built and muscular; height 5 ft. 8 in.; dark hair, bald over vertex, on which was a small wen half an inch in diameter; moustache and beard brown; face and head much swollen and discolored, lips black, protruding and greatly swollen, tongue clenched between the teeth, some sand and mud on the face and beard, a small quantity of grumous fluid escaped from the mouth on moving the body; rigor mortis present in wrists and lower extremities, skin of surface of the body detached or detachable over arms, legs and abdomen. The thighs showed fair skin somewhat suggestive of cutis anserina, bullæ were noticed over lower part of back and abdomen, skin of hands white, corrugated and partly separable, nails undetached, decomposition most advanced over upper part of head, neck, chest and shoulders, with emphysema of the subcutaneous tissues, lower part of abdomen green discoloration, superficial veins of trunk and outer side of thighs mapped out by purplish discoloration, no signs of ecchymosés (verified by superficial and deep sections) hands half clenched, no carpedal contractions, no sand or foreign substance under nails or in the hands; penis retracted, left side of body and scrotum much distended by gas.

Trunk and limbs protected by clothing, head and hands bare.

**HEAD.**—Scalp removed, no ecchymosés or injuries noticed, no fracture of skull, meninges nothing noticeable, brain substance greyish color, soft and decomposing, no apparent congestion of vessels, no sign of previous hemorrhage, medulla and pons in fair state of preservation, and apparently normal, no fracture or injury of neck.

**THORAX.**—On opening thorax the viscera were found in a normal position, the pericardium being uncovered and the lungs not unduly prominent.

**HEART.**—The pericardium contained about an ounce of

blood stained fluid; all the cavities of the heart contained a small quantity of black fluid blood, the walls were flaccid and dilated, muscular tissue fairly good color and firm, endocardium dark red color, valves normal, no atheroma of the aorta, coronary arteries showed a slight atheromatous condition, but the openings were patent. Lungs, no adhesions, about half a pint of blood stained fluid in each cavity, mucous membrane of trachea, larynx and bronchi was dark red, soft, and showed commencing decomposition; no froth or fluid in the tubes; lungs were of a universal dark color, almost black, and on section some dark bloody fluid exuded, no froth in the main divisions of bronchi, though a little could be pressed out of the smallest tubes.

STOMACH.—Contained from five to six ounces of food, consisting of mutton, green peas and potatoes; the peas were mostly intact and the mutton had hardly been exposed to the digestive process; a very small amount of food was in the stomach. There was no perceptible odor beyond that usually found. Walls of intestine normal, small amount of semi-fluid fæces in both small and large intestine; bladder contained about three ounces of clear urine; walls were normal. Kidneys, right capsule adherent, cortex diminished, surface granular, color dark red; left, similar condition though less marked; adrenals normal; liver congested, but otherwise apparently normal; spleen enlarged and congested.

#### COMMENTS.

It is well known to medical jurists that often a difficulty arises in determining the exact cause of death in cases of supposed drowning.

The first assumption when a body is found in the water is that the individual has come to its death by drowning, especially when there are no external marks of violence, but in the careful investigation of the cause of death it must be recognized that there is no one sign, which is always present, and every case has to be decided on its merits, that is, on the whole picture suggested by the details.

The first question is, did the body enter the water alive?

In cases of commencing putrefaction, many of the signs are lost, such as pallor of the surface, mottling and reddish patches, etc., but there may be still evidences present of cutis anserina on the extensor aspect of the thighs and arms and retraction of the penis, and these two signs were sufficiently recognizable in this case to decide in the affirmative.

The next question was death due to drowning. Death is the complete cessation of the functions of the brain, heart and lungs, the so-called tripod of life. It must ensue primarily by : 1. Asphyxia, total interference with respiration; 2. Syncope, or failure of the heart's action ; or 3. Shock to the nervous system, the neuroparalysis of Casper. Any one of these conditions may be found in the bodies of the drowned, the most frequent being asphyxia, This is caused by the mechanical interference by the water of the proper entrance of air into the lungs and the consequent non-aeration of the blood. The signs in such a case are, first, a great congestion and increased volume of the lungs ; this increase of volume is sometimes so great as to quite overlap the heart area and even bulge outwards on opening the chest cavity, and this sign is said by Casper, and his statement is in accordance with my own experience, to persist even in cases of advanced decomposition of the internal organs ; secondly, engorgement of the right side of the heart, with fulness of the whole venous system, the blood being a dark red or black color. There is also much frothy and reddish mucus, on the lips, in the mouth, larynx, trachea and bronchi down to the smaller divisions caused by the efforts to breathe during partial or total submersion. It has been noticed in bodies which sunk at once to the bottom, though to a lesser extent. There is also redness of the membrane of the air passages. These signs are more evident in cases of robust men making a supreme effort for life, and even a suicide, however determined, must at the time of losing consciousness instinctively struggle to breathe. If a person be submerged while unconscious the signs would be similar to those sinking at once, and evidence of asphyxiation, though present to some extent, would not be pronounced.

In the next series of death by drowning, the walls of the heart are flaccid and contain about an equal quantity of

blood in each side. There is little or no increase of volume of the lungs and no marked congestion of the nervous system.

In the third series, the brain is frequently much congested, but the heart and lungs show nothing special.

I have narrated the above case as illustrative of some of the difficulties encountered by the medical jurist, in cases of bodies found in the water and presumably drowned.

The indication was that the death was due to drowning, as the lungs were congested though not increased in volume, nor showing any frothy mucus in the air passages. This latter would probably be absent in the upper passages, on account of the length of time in the water (3-4 days), but one would have expected to see more evidence in the smaller divisions of the bronchi or section of the lungs. The heart, too, showed flaccid walls with a small amount of blood in the cavities, and were not engorged on the right side.

The most reasonable theory is that a man so strong and muscular and so capable of making an effort for life, if conscious of his danger, must have been insensible at the time of submersion. I think the above facts justify me in disposing of either accident or suicide, as, in either case, I believe there would have been more distinct evidence of drowning by asphyxiation, and in believing that the presumption was that of the homicide of a man previously rendered unconscious.

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## ABSTRACT OF PAPER ON THE OPERATIVE TREATMENT OF COMPLETE PROLAPSE OF THE UTERUS IN ELDERLY WOMEN.\*

By LAPHORN SMITH, B.A. M.D., M.R.C.S., Eng.

Surgeon-in-Chief of the Samaritan Hospital for Women, Montreal ; Clinical Professor of Gynecology, Bishops College, Montreal.

The author comes to the following conclusions :

1st. That a woman suffering from procidentia or prolapse of the uterus, out of the body, though not in much pain, is yet very miserable.

2nd. She is in some danger, owing to the cervix becom-

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\* Read before the Canadian Medical Association, Sept. 14, 1900, at Ottawa, Ont



ing ulcerated and the ulceration frequently becoming cancerous.

3rd. It is a mistake to think that she is too old to undergo an operation because she is forty-five or fifty or even seventy-five years of age.

4th. Elderly women support these operations remarkably well; they only require from twenty to thirty minutes for their performance; and, even if we knew that the patients were only going to live one year afterwards, it would be well worth while operating for the sake of the comfort it affords them.

5th. The operation of vaginal hysterectomy is especially easy and safe in these cases, having not more than one per cent. of mortality, and probably not even that.

6th. Ventrofixation gives good results when the uterus is short, but fails when it is long. In some cases the vagina and bladder pull down and elongate the cervix, after the fundus has been firmly attached to the abdominal wall.

7th. In either case, whether hysterectomy or ventrofixation be employed, it should always be followed by an anterior and posterior colporrhaphy.

8th. These patients should remain in bed for six weeks after their operation, in order to give time for the new tissue to become strong.

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## Selected Articles.

### A RELIABLE AND HARMLESS WAY TO DIMINISH AND CURE OVER-FATNESS.

By WILLIAM T. CATHELL, A M., M.D., of Baltimore.

*[Read at the Ninety-Ninth Annual Meeting of The Medical and Surgical Faculty of the State of Maryland.]*

MR. CHAIRMAN AND GENTLEMEN:

Before all else, I shall state that I have neither medicine to sell, secret to extol, nor scheme to make money out of the public, as "Eureka" titles like this are apt to suggest, but,

agreeing that every addition to true knowledge is an addition to human power, I intend to lay before you to-day the results of nearly five years' observation upon a reliable and harmless way to remove over-fatness and the evils it creates.

That you may have a clearer conception of what is to follow, I shall first remind you that, by the natural law of proportion, fat should constitute about the one-fifteenth or one-twentieth of one's weight, and that a person's heft may vary ten or fifteen pounds either way, from the standard of weight to height, without its being significant of either discomfort or disease; also, that a certain quantity of fat is a blessing, at it not only improves personal appearance, but is necessary to protect the various organs and to maintain their temperature; and also to serve as nutrition in time of need. For these purposes it is stored in cells in various parts of the body, but more plentifully in some regions than in others.

If any one has a much less proportion than one-twentieth, leanness, lankiness or emaciation is observable; a very much greater proportion than say one-ninth or one-sixth constitutes corpulence, obesity or over-fatness, and although stoutness, to a moderate degree, is considered an element of good health and indicative of the successful working of one's physiology, yet, fatness alone is a very poor criterion of health, but, on the contrary, it is an element that possesses the power for serious mischief, because a very great amount of fat necessarily creates heaviness, impedes respiration, circulation, locomotion, digestion and other vital functions to such a degree that the person who carries such a load of bulky ballast is more burdened than blessed.

In very fat persons all the cellulose-adipose structures are filled to distension, more noticeable about the subcutaneous tissues, the breast and the abdominal walls; also in the omentum and mesentery, on the surface of the heart and about the kidneys, and, if this morbid accumulation grows to be excessive, these all become buried in fat, which mechanically interferes with both function and nutrition.

According to my observations, there are four common causes of over-fatness:

*Congenitally small lungs* with defective oxygenating capacity.

*Eating excessively of all kinds of food.*

*Want of lung-expanding exercise.*

*Alcoholics to excess.*

There are numerous well-known agents that more or less effectually reduce surplus fat, and also counteract its return. Among these, Iodine, Bromine, Mercury, Lead, Arsenic,

Liquor Potassium, Lemon Juice, Sour Wines, Vinegar, purgatives, sweating, semi-starving, baths of various kinds, smoking and chewing, fish diet, Bladder Wrack, Phytolacca, Gulf Weed, and various quack nostrums, each have more or less reputation for diminishing weight.

Some of these, when taken sparingly or for a brief while, have a proper place and a useful power, but, unfortunately, when used in quantities sufficiently strong, and long enough continued, to destroy any considerable amount of fatty tissue, they likewise injure other structures ; therefore, are necessarily dangerous to health. Besides, they all act either by saponifying the fat or by producing numerical cell-atrophy, either of which exerts powerful influence on the lymphatic and absorbent systems, not only cause re-absorption and destruction of olein, stearin, margarin, protoplasm, nuclei and other physiological constituents of the fat-cells, but go further, and annihilate myriads of cell-membranes, red blood globules, and other normal and essential elements of the economy ; and as these perish, all histologists know, vitality is reduced and health is impaired.

It is also well known that, while affecting the fat, many of these articles also act as slow poisons, and damage or ruin the alimentary mucous membranes and the functions of digestion, and thus cause mal-assimilation and mal nutrition, with repugnance to food. These, therefore, are all doubly injurious ; and, if used too heroically, or continued beyond a certain period, anemia, general debility, marasmus, consumption or other fatal affections may be induced.

None but an idiot, however fat, wishes to endanger his health by unwise efforts to reduce it, and many overweighted persons, anxious to throw off their fleshy burden, and aware of the danger of using anti-fat drugs, determinately avoid them, and resort to pedestrianism, bicycling, gymnastics, rowing, massage, electricity, restricted sleep, thyroid extract, skimmed milk and other popular means ; while a few begin a regular dietary system : Banting's, Ortel's, Ebstein's, Bruen's, or others, which all aim to limit the supply of elements that form fat, and to increase its re-absorption ; and I am glad to say, to the honor of their founders, that every dietary system with which I am acquainted seems to be based on rational principles.

But ball-and-chain rules and iron-clad regulations requiring daily discomfort, long suffering, semi-starvation, abstemious dieting, etc., no difference by whom recommended, are rarely persevered with to a successful degree by persons with simple over-fatness, and we rarely meet anyone wretched

in fat who has not begun on one or another, or several different plans, and after awhile become either careless or disgusted, and—quit.

Neither with cases of enormous obesity, nor with celebrities of fabulous proportions, nor with over-fat invalids or semi invalids have I had any special experience, but if any healthy person, whether male or female, weighing less than 300 pounds, with *simple, uncomplicated over-fatness*, wishing to make a fair, honest and faithful trial of my plan to diminish over-fatness, will begin and drink a large glass of Kissingen Water twenty or thirty minutes after each of the three daily meals one day, and a similar glass of Vichy Water after each of the three daily meals the next day, and persistently continue to take them thus, week after week, he will begin and gradually lose fat, until he comes down to medium weight and stoutness, and be correspondingly relieved of the discomforts and the dangers of obesity; after which their use should be discontinued.

The natural Kissingen and Vichy waters, when fresh, answer our purpose equally well, but I have learned to prefer the artificial compound made by the chemist's ingenuity to imitate the natural waters when the springs (Rakoczy and Grande Grille) are at their best, because, to be successful, both waters should be used while still fresh, and, as the natural waters are brought from afar by the cargo and carload, there is danger of their becoming so stale and altered before use as to be wholly unreliable, and in actual practice I have found the artificial waters, made from the Kissingen and Vichy powders to be equally or even more definite in quality than the natural waters, therefore more certain in their action on fat.

Kissingen and Vichy Salts, taken in ordinary water, are said to reduce fatness, but in a lesser degree, owing probably to the absence of carbonic and other gases; with them, given this way, I have no experience.\*

It is useless to take either Kissingen or Vichy alone, as they act only when both are taken, and taken alternately. The temperature at which they are used is immaterial.

While using the Kissingen and Vichy, the person should, as a necessary guide, keep tally on his girth and weight; by taking his measures, and by carefully weighing his body, in the same clothes, and on the same accurate scales, every two or three weeks, and if he has lost more

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\* Since the above paragraph was written, I have been furnished with abundant proof that Kissingen and Vichy Salts, both plain and effervescing, do act efficiently.

than a couple of pounds for each week, take a smaller glass of each at every drink, and if he has lost less than a couple of pounds for each week, *squeeze a few teaspoonfuls of lemon juice into each glass of the Kissengen, to increase its acidity, and also add one teaspoonful of the Aromatic Spirits of Ammonia to each glass of the Vichy, to increase its alkalinity.* He can further aid them by using acidulous food and drinks on the Kissingen days, avoiding them with the Vichy.

He should also lend assistance to the action of the waters, not by a too restricted diet, which is not good even for the obese, but by using starches, sugars, fats, alcoholics and all other fat-forming food, but sparingly; avoid over-eating, and use neither food nor alcoholics except at the regular meals; also take early and light suppers, so that from that time until breakfast, the longest of the three intervals between meals, there may be but little pabulum for fattening, and favorable conditions for reduction; and especially that there may be complete emptiness of the stomach during sleep, so that nature may then utilize some of his surplus fat as fuel for the ceaseless wear and tear. He should also take moderate out-door exercise, on foot or wheel, or in any other way that will increase and deepen his respiration and promote tissue oxidation.

After drinking these waters and following these rules for awhile, he will find that he is losing part of his girth and a couple of pounds of avoirdupois every week; and that the loss consists entirely of useless fat; and that his appearance, activity and feelings will all be improved—just as if there exists some natural antagonism between these waters, taken thus, and adipose tissue; more especially that located in the great fat-centres already mentioned.

Now, while it is extremely difficult to search out the ultimate of anything in physiology—for instance, why opium relieves pain, and colchicum benefits gout—yet, after studying this subject thoughtfully, I am quite sure there exists either a specific physiological action or some definite chemical affinity between Kissigen and Vichy, taken by this rule, and abnormally fat human tissues, that results in a lessening of the fat, with neither purging nor sweating, or injury to brain, blood, muscle or general health; but how, or why, I cannot yet explain.

They may reduce adipose and prevent further infiltration or storage, in either of several ways: One is, by merely inhibiting or controlling the disproportionate activity of fat-cell nutrition; thus placing less fatty pabulum and more blood, brain, muscle, nerve and gland elements, at the dis-

posal of the absorbents, while the fatty tissue and oily material of the body, being the most lowly organized, are naturally the first to be removed by the corrected physiological processes.

Or, we may find that they act as alteratives, and restore equilibrium to the nutritive processes, by destroying or neutralizing some morbid fat-forming agency, occult derangement of digestion, or perversion of assimilation, that have been causing diminished oxidation, and a consequent accumulation of fat.

Again, when we study their analysis, and consider the complexness of the potent medicinal ingredients that lie hidden in each glass of these waters, another rational hypothesis arises: Kissingen being an acidulous *saline*, and Vichy an *alkaline*, and both containing salts of calcium, magnesium, potassium, sodium and other minerals, in decided and definite quantities, united with carbonic acid and other gases, it seems logical to suppose, that when *alternately* mingled with the food-pulp or chyme in the stomach and intestines, day after day, their special combination of ingredients brings about reduction by some chemico-physiological readjustment of the alkalinity and acidity of the blood and the visceral fluids, or possibly of both humors and solids; and that this readjustment makes the fat-yielding pabulum less plentiful and less favorable for fat-creation, and metabolically explains why increase of fatness ceases, and why reabsorption of the surplus contents of the fat-cells begins, and also why this physiological reduction and reconstruction results, all uniting to prove that Kissingen and Vichy, taken by this plan, are a reliable combination for preventing increase and reducing surplus fat to the normal proportion of one to fifteen or twenty.

But, whatever their exact mode of action may be, there certainly exists some natural and well-marked antagonism between these two waters taken thus, and adipose material, that tends to restore normal balance between the quantity of it and of other tissues. This has been proven again and again. In some cases, however, the direct and immediate effect of Kissingen and Vichy is more perceptible than in others, because some types of fatness reduce more easily and more rapidly than others. The more firm and solid the flesh, and the longer one had been fat, the more slowly it yields. Such a one, if quite fat and belonging to a constitutionally fat family, with proportionately small lungs, might require a persistence with Kissingen and Vichy methodically for six months or even longer, unless the ammonia and lemon juice

are added regularly. Ungovernable appetite, failure to exercise, tipping, etc., may also retard or prevent success.

In some of these "stubborn" cases, a considerable decrease of size with but little lessening of weight has been observed.

In addition, Kissingen and Vichy not only reduces over-fatness, but also tend to permanently correct the irregular and excessive fat-making activity on which it depends without injury to health. The person gradually becomes thinner, looks healthier and feels younger and more active, as his (or her) superabundance disappears. At the same time, the skin, being an elastic and active tissue, contracts correspondingly, leaving neither flabbiness nor wrinkles, bagginess nor crow's feet, while train, muscle, nerve, blood and glandular nutrition and strength all remain normal, proving that this method does not cause either pathological diminution or morbid shriveling from inanition or loss of strength, or constipation with cachexy, from impaired digestion, as the various "anti fat" blood depuratives and glandular eliminatives are notoriously apt to do.

To properly appreciate this fact, it must be remembered that a person in normal flesh has as much blood, and usually better blood, than a similar person whose weight has been ever so much increased by fat, and that Kissingen and Vichy act on the fat and not on either the blood, the glands or the bowels.

My attention was first called to the peculiar power of this combination over fat fully five years ago, in this way: Mr. McK——, a hearty looking, middle-aged gentleman, who was consulting me for an unimportant affection of the throat, informed me that, in addition to this, he had lost about thirty pounds of flesh within the last half year, without sickness, loss of appetite or any other apparent reason, and that he was mystified and unable to discover the cause.

On inquiry I gleaned nothing important, except that for several months he had been following the habit of drinking artificial Kissingen and Vichy waters daily, under the belief that, being called for so often by soda water patrons, they must be good for one's health.

His throat being better, he soon passed from my care, with his loss-of-weight mystery unsolved.

The following year, Mr. J. H. H——, a young man of thin visage and notable leanness in general, asked me the cause of his losing nearly nine pounds in weight. Among other things, I learned that for a year or more he and a companion had been daily visitors to a near-by soda water

fountain, and tiring of the various syrups, they had changed, five or six months before, to Kissingen and Vichy, and that shortly thereafter they both noticed that they were getting thinner and thinner.

Remembering Mr. McK——'s decrease, and putting this case and that together, I told him of the resemblance, and caused him to discontinue Ki-singen and Vichy immediately. Emaciation shortly ceased, and under tissue-building tonics he gradually regained what had been abstracted from his scanty stock of fat.

Feeling quite sure that I now had a clue to the mystery, I sought out Mr. McK—— to tell him, but suspecting the waters himself, he had long since quit them, and his loss of weight ceased, making him quite sure as to the cause.

A few months after this, friend McK—— called at my office with a young Canadian, Mr. W. D. W——, a bartender, whom he had incidentally met, and wished me also to see him. His weight, under the liberal use of Kissingen and Vichy, had fallen, during the past summer and fall, from 223 to 180 pounds. He explained to me that, being a bartender, he was kept in constant contact with liquor drinking, and, being pledged against all intoxicants, yet, not wishing to offend customers, he would take a dozen or more small shell glasses of either Kissingen or Vichy daily, drinking whichever they had most of in stock.

He further informed me that his decrease in weight, and a striking rejuvenescence in his appearance, activity and feelings, began shortly after commencing this habit. His lessening in weight had also ceased promptly after Mr. McK—— had caused him to quit them.

This was more than three years ago. His size still remains at comfortable stoutness, and his weight keeps below 200 pounds.

Anxious to utilize this discovery, and determined to neglect nothing in pursuit of the truth, Kissingen and Vichy have since been experimented with by me, and by others, on different fat-laden persons at various hours and in varying quantities, and, as the result, I would recommend their use in the quantities and at the hours already mentioned, since these, in my opinion, constitute the most effective time and quantity.

At a recent interview Mr. W. D. W——, the bartender, told me that constantly fearing his superabundant fat may again force him above ordinary stoutness, he has adopted the habit of drinking a few glasses of Kissingen and Vichy daily, for ten or fifteen days, several times a year.

Governed by this and other cases, I would advise those



with the smaller degree of over-fatness, who wish to effect a slight and gradual reduction of size; and also, those merely seeking to reduce unsightly chin, facial, bust, hip or abdominal fat, or to keep their general bulk down to the natural to drink Kissingen and Vichy now and then, instead of adhering rigidly to the regular system.

When the excess is chiefly below the waist, causing what is called "large stomach," wearing a snug abdominal supporter or a moderately tight abdominal binder, while pursuing the method, makes the fat disappear much more promptly from this locality, and also braces up the reduced form as absorption progresses.

My father, Dr. D. W. Cathell, has recently, at my request, tested this method on nearly a dozen cases of over-fatness with favorable results, and I hold in my hand now the records of eleven cases, seven males and four females, who have used Kissingen and Vichy, more or less methodically, with the following positive results: A fat grocer, reduced from 310½ to 289 pounds in eleven weeks; bar-keeper, reduced from 223 to 180 pounds in nineteen weeks; a lawyer, reduced from 191 to 173 pounds in fourteen weeks; young real estate agent, from 173 to 151 pounds in twelve weeks; clergyman reduced 16 pounds in nine weeks; lady, aged 28 years, from 286½ pounds in thirteen weeks; stout actress, from 173 to 166 pounds in seven weeks; young English lady, from 149 to 142 pounds in five weeks; conductor on steam cars, from 183 to 174 in six weeks; lady, aged 41, from 173½ to 160½ pounds in eleven weeks, and that of a well-known physician, who was reduced by an irregular use of Kissingen and Vichy from 211 to 196½ pounds in nine weeks.

Fortified by such observations, I do not hesitate to assert, that the *heavy laden*, who are suffering with the fat-forming diathesis, and wish to reduce their surplus to healthy limits, and to regulate its further formation do so by avoiding over-eating, limiting the use of sugary and starchy articles, fatty and oily food and the alcoholics, and using Kissingen and Vichy Waters by the rules already mentioned.

Based on equally clear proof, I am also equally convinced that the lean, the puny, the slim, the pale and the flabby; those with weak hearts, irregular circulation, poor vitality or limited health; together with all that numerous class of *feather-weights*, whose percentage of fatty tissue is so scanty that they should either try to increase the number and fulness of their fat-cells, else let them remain as they are,

should seek good, nutritious food, fresh air and moderate exercise, and avoid mineral waters in general, and Kissingen and Vichy in particular.

My sole object, Mr. Chairman, in bringing before you a subject so far separated as this from the specialty to which I limit my practice—the Nose and Throat—is, that having observed what I believe to be a valuable therapeutic fact, I feel it to be my duty to lay it before the profession.

1308 N. Charles Street,

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## THE TREATMENT OF DIARRHŒA.

By JOHN V. SHOEMAKER, M. D., LL. D.,

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The residue of incompletely digested food acts as a foreign body and irritant to the mucous membrane of the bowel, augmenting the secretion of the follicles and exciting peristaltic movements. These represent nature's efforts to remove offending material. They are in so far conservative that, after expulsion of the irritating mass, its pathological consequences, and the symptoms to which they give rise, tend to subside.

Fermentative changes, especially in amylaceous articles of food, cause pain and aggravate the mischief. Indigestion is the starting-point of ordinary cases of diarrhœa. Prominent causes of indigestion are irregular and hurried meals, active bodily or mental exertion directly after substantial meals, nervous agitation or depression, insufficient mastication, and the influence of summer-heat. With the exception of the last-named factor, they are operative every day all the year round. High temperature favors the occurrence of indigestion and diarrhœa by its powerfully depressant action on the nervous system. Indiscretions which would produce little result in colder weather may provoke a severe attack of diarrhœa in summer. Beyond doubt the rapid and frequent drinking of ice-water assists in the development of intestinal disorder. It goes without saying that all these morbid elements act particularly upon infants and young children, and summer is pre-eminently the season of infantile diarrhœa. Furthermore, along with diminution of digestive power, the milk supplied by dealers may have itself undergone changes which render it a direct cause of disease. The fermentation of the intestinal contents is due to the activity of bacteria, which abound in the canal.

These brief considerations already furnish us with some guiding points relative to the prevention of diarrhœa. The first thought which suggests itself relates to the importance of careful hygienic and dietetic habits. The active and persistent efforts of the medical profession have brought about a great and beneficial improvement in the nature of our milk supply. It is now generally possible for citizens to obtain a pure, unadulterated, and sterilized milk. The artificial rearing of infants has received close study within the same period, and conspicuous advances have been made in our methods. Together with these alterations, it has become much more customary for people to make holiday excursions to the country or sea-side. It is now within the means of most persons to take such summer trips. A sojourn of only a few days in the purer air of the country accomplishes great good, both as a prophylactic and remedial agency. A ride to the park on open trolley-cars or a trip on a river steamboat are other short outings which can be taken at a moment's notice and which soon transport ailing children and wearied mothers to more favorable surroundings. For such reasons, alluded to thus cursorily, and others which act in a similar direction, severe cases of infantile diarrhœa and cholera infantum are, I think, considerably less numerous, in Philadelphia at least, than during the earlier years of my practice in this city.

Scrupulous cleanliness of the integument and attention to the gastro-intestinal mucous membrane are of much avail in the prophylaxis of diarrhœa. The utility of bathing or sponging the body with cool water is unquestionable. The direct abstraction of heat quiets the nervous centres and invigorates resistance to deleterious influences.

Our patients, however, generally come to us when disease is already established. The time for prophylaxis is past. A regulated diet has much remedial influence. If an acute case is seen early, and, above all, if particles of undigested food are passed with the discharges from the bowel, I adhere to the old, but sound, practice of giving a dose of castor-oil and laudanum. A laxative dose of the oil is ordered together with five or ten drops of laudanum or a proportional fraction in case of young children. This combination sweeps away offending material, reduces turgescence of the intestinal mucous membrane, and assists in checking the discharges. In severe cases it paves the way for the administration of other agents.

In infantile diarrhœa, and more especially in the graver forms, or cholera infantum, it is necessary to restrict the

diet. It is at all times too much the custom for parents to allow young children to "have the run of the table," as they express it, or, in other words, to partake of the same food as their elders. In numberless instances this pernicious practice is the foundation of indigestion and diarrhœa. Those of tender years should be fed upon simple, nutritious and easily digestible food in accordance with the physiological laws of digestion. In such cases I forbid the use of bread, meat and potatoes. If a babe is at the breast, it is, of course, getting the sustenance which nature designs for it, provided that the mother's milk is of normal quality and sufficiently abundant. In artificially reared infants I restrict the little patient to sterilized cows' milk, modified as regards the water and sugar according to the age of the child, to barley-water, rice-water, or rice-water and milk; the white of egg whipped up with milk and slightly sweetened; to junket, or the expressed juice of meat. A good variety of artificial food also often answers a useful purpose in this class of cases.

In the medicinal treatment of diarrhœa the combination of an opiate and astringent was long the accepted method. To a large extent this plan has been abandoned with our altered conceptions of the pathogenesis of inflammation. It is now generally regarded as a more rational procedure to disinfect the alimentary canal, to check the development of bacteria, and neutralize their deleterious products.

Ipecacuanha is a drug which I often employ in small doses, particularly in the diarrhœa of infants and young children. Used in this way it possesses a stimulating influence on the functions of stomach and liver, acts upon the intestinal glands, and strengthens the digestive functions. It should be remembered that the digestive fluids themselves are inimical to the growth of bacteria. Bismuth has a valuable sedative action upon the intestinal mucous membrane, and is of decided service in diarrhœa. Its influence is directly local, and to a certain extent mechanical. On account of its comparative freedom from toxicity it can be given to young subjects in appreciable doses. The subnitrate is the salt most frequently employed, although the subcarbonate is also an excellent preparation. The salicylate of bismuth is likewise serviceable in summer diarrhœa, and is more decidedly antiseptic than the subnitrate or subcarbonate. One or other of these salts may be effectively given in conjunction with ipecacuanha. In cases accompanied with much pain the last drug may be advantageously prescribed in the form of Dover's powder. Some of the preparations of calcium are also of benefit, especially when the feculent discharges are unusually acrid.

Liquor calcis, creta preparata, the carbonate, phosphate, or salicylate of calcium may be beneficially added to some such combinations as have just been indicated. Salol is an efficient disinfectant of the intestinal tract and is of undoubted value in diarrhœa. By reason of the proportion of carbolic acid which it contains and the consequent possibility of damaging the kidneys the urine should be watched while a patient is taking salol. I customarily order it in the dose of five or ten grains for the adult, and in amounts graduated to the age of young children. Salicin is an analogous remedy which I often employ. It is well tolerated by the stomach, is tonic and antiseptic. It can be given in doses of one grain to children one year of age. Naphthalin and naphthol, both the alphanaphthol and betanaphthol varieties, also antagonize diarrhœa in a similar manner to the salicylates. I have myself generally given the preference to betanaphthol. This preparation is of rather exceptional antiseptic power, though comparatively innocuous.

Camphor is a valuable remedy in diarrhœa. It checks the growth of germs, dispels flatulence, arrests discharges, and combats the debility which has been caused by excessive drain. Carbolic acid or creasote may likewise be employed with advantage. They act by disinfecting the intestinal canal and by arresting fermentation. Another agent which possesses a distinctively favorable influence in most forms of diarrhœa is coto-bark. This remedy has proved of value in functional diarrhœa, cholera infantum, and gastro-intestinal catarrh, but is contra-indicated where there is decided hyperæmia or ulceration of the bowel. A number of mineral and vegetable astringents have been employed from time immemorial. Many of these are endowed with antiseptic properties, and are, perhaps, as efficient for this reason as on account of their astringency.

Chloral is an efficacious drug, particularly where the lower bowel is affected and tenesmus is present. In this substance likewise we have an excellent antiseptic. Chloral reduces the excessive peristalsis which is one of the factors in diarrhœa. I have generally used this remedy in the form of a suppository, and in the class of cases which I have indicated it is undoubtedly of decided value. It is often well to associate a little opium with the chloral. In severe cases an efficient method is the irrigation of the bowel with large quantities of plain or medicated water. This procedure is capable of producing an antiperistaltic movement whereby the fluid passes through the ileo-cæcal valve and obtains admission to the small intestine. In this manner we are able to exert a

powerful and direct impression upon the inflamed gut. For an adult the quantity of water used is four pints, in which is incorporated from two to four drachms of tannic acid, one and one-half ounces of pulverized gum arabic, and thirty drops of the wine of opium. For children the amounts must be proportionately reduced.

There are many more substances which I might enumerate and which have been used with more or less success, but the foregoing outline-sketch includes those upon which I have been accustomed to rely. They are synergistic, and may be often variously combined with much benefit.—*The Medical Bulletin.*

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## Progress of Medical Science.

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### MEDICINE AND NEUROLOGY.

IN CHARGE OF

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#### UROTROPIN AS A URINARY ANTISEPTIC.

At a recent meeting of the Leeds and West Riding Medico-Chirurgical Society, Cammidge (*British Medical Journal*, March 17, p. 641), after briefly referring to a case of cystitis complicating enteric fever in which urotropin had proved beneficial, gave details of investigations that he had carried out with regard to the action of urotropin on the urine from patients who had taken it, on the bacillus typhosus, the bacillus coli communis, and the staphylococcus pyogenes aureus under various conditions. He also described some chemical experiments designed to determine the mode of excretion of the drug in the urine, and the cause of its marked antiseptic and inhibitory powers over the growth of micro-organisms possessed by such urine. The result of these experiments seemed to show that, although this action is in part probably due to the urotropin itself, excreted unchanged in the urine; another and more powerfully inhibitory substance is present. This was not thought to be free formaldehyde, but possibly a sodium compound of this substance. There is both clinical and experimental evidence tending to show that one condition necessary for success in using the drug as a urinary antiseptic is that the urine should

be acid in reaction, as it is secreted in the kidney. Stress was laid on the marked inhibitory action of urotropin, and still more of urine containing urotropin on the typhoid bacillus, and it was pointed out that there is a wide field of usefulness for this drug, both in the treatment of cystitis and other conditions liable to complicate enteric fever, and as a preventive against the dissemination of typhoid bacilli by the urine. It was suggested that all patients suffering from enteric fever should receive ten grains three times a day from the end of the second week on, during convalescence. Reference was also made to the usefulness of the drug in the cystitis accompanying enlarged prostate and stone, as well as the benefits to be derived from its administration in the presence of bacteriuria, some cases of nocturnal enuresis in children, and as a preparation for operations on the urinary tract.—*The Journal of the American Medical Association.*

### DIET IN NEPHRITIS.

According to David, when cases of acute nephrectomy first come under treatment, it is best to enjoin rest in bed, withhold all food for twenty-four to thirty-six hours, give water freely, and cleanse the alimentary canal by purgation. Milk should then be given, first in small quantities at intervals of two hours, the amount gradually increased until two quarts are taken daily. It is best given in small amount, one or two ounces at a time, especially if there is any distress on taking it. Where the patient can not take it, either plain or flavored water-gruel may be given, but there is really no substitute. When the urine becomes copious, farinaceous foods may also be prescribed, and, when albumin disappears, egg can be tried. Close watch must be kept on the addition of albuminous foods in the diet. Red meats should not be eaten until recovery is complete. When the stomach is intolerant at the beginning, water should be given hypodermatically by the rectum, to insure renal elimination, but as a rule, when the bowels are well emptied, the kidneys begin to act and vomiting ceases. In chronic diffuse nephritis the indication for milk diet is similar, but the disease is so prolonged that it can not be maintained continuously and may be given intermittently, or sometimes modified by the addition of bread, starches, fruits, etc. Vegetables can generally be given, but rhubarb, sorrel and tomatoes should be excluded, perhaps also cabbage, asparagus, spinach and artichokes, on account of the oxalates they contain. Eggs are the least harmful of albuminous foods. The effect of

fish is questionable, but, if fresh, it is probably as little harmful as any. Salt and smoked meats, excepting ham, should be avoided, and fried articles generally. In chronic interstitial nephritis an abstemious diet is advisable; even simple animal food should be used in small quantities, excepting milk. Tea, coffee and chocolate can be used in moderation. Water is the beverage; alcohol is forbidden.—*Four. Am. Med. Association.*

### INTESTINAL INDIGESTION, DIET IN.\*

In prescribing a special diet one principle should always be kept in mind, which is that a well-adjusted mixed diet, when it can be perfectly digested and absorbed, is the height of perfection.

In almost every instance of intestinal indigestion the mixing of the various kinds of foodstuffs will not be tolerated by the enfeebled and already-defective digestive apparatus. So long as this plan is pursued the case will not improve. In all cases of intestinal indigestion, from the mildest to the most intense type, it is absolutely necessary to limit the diet to a greater or less extent, both as regards quantity and the kind of foodstuffs taken. In many instances it may be necessary to limit the diet to a few articles of food, as milk, barley-gruel, or broths, and even these in very limited amounts, so much so that, at times, the patient may even lose flesh, while the digestive function is being slowly, but surely, re-established. The fancy of the patient must not be considered, but that form of diet must be chosen which will be most effectually digested and yield the largest amount of nutrition.

The mixed diet which most effectually meets the foregoing demands, as soon as it can be tolerated, is one composed of milk, eggs, meat and toast, or stale bread and butter. The ideal mixed diet, as personally arranged, makes very good working standard:

For breakfast.—Two eggs, 8 ounces of milk, 2 ounces of wheat-bread and butter.

For the midday meal.—From  $\frac{1}{4}$  to  $\frac{1}{2}$  pound of beef-steak, 8 ounces of milk, 3 ounces of wheat-bread and butter.

For the night meal.—From  $\frac{1}{4}$  to  $\frac{1}{2}$  pound of beef-steak, 8 ounces of milk, 2 ounces of bread and butter.

At bed-time.—Eight ounces of milk.

Beefsteak is taken as the working standard among the

\* From the Monthly Cyclopedia of Practical Medicine, June, 1900.



meats, as it is the most easily digested of all the foodstuffs. Under the heading of meat is included lamb, mutton, occasionally veal (the word "occasionally" refers to the frequency of use); all kinds of fish, including the shell forms, such as oysters, clams, lobsters and crabs; poultry and game of all kinds.

The meats to be broiled, boiled or baked.

The fish to be boiled or baked.

The oysters and clams to be eaten raw or stewed in their own liquor.

A little crisp bacon may be taken from time to time, also ham and corned beef, without cabbage.

Eggs may be boiled, poached or scrambled.

The milk is best taken warm or with a little lime water added.

Wheat-bread is taken as the standard, because it is the most easily and perfectly digested. It should be at least twenty-four hours old or toasted; rye, graham, zwieback or the health-food breads may at times be substituted.

Weak coffee, without milk or sugar, or with a dash of milk, may be taken freely as a beverage.

Coffee taken clear aids digestion, but with milk and sugar often disturbs digestion.

To enlarge the above diet the following may be used:

In the line of vegetables: string beans, green peas, Lima beans, spinach, lettuce, asparagus and cauliflower. They should be well cooked, and only one vegetable at a meal.

When a vegetable is taken with the meal there must be a reduction in the quantity of meat or milk as given in the above table.

In case one particular form of meat cannot be tolerated, another kind must be substituted. In like manner, if milk or eggs cannot be tolerated, another kind of food must be substituted. The same rule holds true in the selection of the vegetable substances.

The following foodstuffs are excluded:

All fruits, either cooked or raw; all cereals and breakfast foods; nuts, sweets and pastry of all kinds; potatoes in all forms; onions, tomatoes, turnips, parsnips, carrots, celery, radishes, cabbage, egg and oyster plant, corn, etc.; pork in all forms, except as before stated. Rich gravies, and all forms of soups are excluded.

The medicinal treatment of intestinal indigestion and its sequences is equally as varied and important as the dietic management. W. H. Porter (*Phil. Med. Jour.*, May 26, 1900.

## THE TREATMENT OF ACUTE INTUSSUSCEPTION.

When in a previously healthy infant we observe severe abdominal pains occurring in paroxysms, each paroxysm being attended by vomiting and more or less collapse, and when there are present tenesmus and mucous or bloody stools, we most probably have to deal with an acute intestinal intussusception. When, in addition to these symptoms, we can make out an elongated tumor on abdominal palpation, or can feel a protrusion on rectal examination, the diagnosis of this condition can be made with almost absolute certainty.

What should the general practitioner do to relieve this condition? If the symptoms are urgent, it will probably be impossible to reduce the intussusception by injections when the condition has lasted for many hours. If we try this method of treatment, the child had better be anesthetised and inverted, and hot salt solution injected into the colon under a pressure of only three or four feet. The amount the colon will hold differs very much in different cases. There is certainly some danger of rupturing the gut, even with slight hydrostatic pressure, if it be gangrenous. Whether it is gangrenous or not at the time of the injection, we can only judge by the acuteness and duration of the symptoms. The actual number of cases in which rupture of the intestine from hydrostatic pressure has occurred is very small; nevertheless, some excellent authorities state that this method should never be employed in acute cases when the disease has lasted more than twelve hours. A great objection to it is that it is apt to lead the timid into placing too much confidence in it, and so cause most valuable time to be lost. When the situation of the obstruction is in the small intestine, reduction by hydrostatic pressure need not be attempted, as water will not pass the ileo-cecal valve, except in the rare instances when it is congenitally deformed. Air is more apt to be successful in these cases, and has been particularly advised here because it is more likely to pass the valve. Dr. Rotch has pointed out that, as the invaginated portion of the intestine is not on a line with the axis of the canal, but at an angle to it, hydrostatic pressure when persisted in may tend to push the different layers of the intestine together, and so actually prevent reduction.

Intussusception must be regarded from the beginning as a surgical and not a medical affection. By some surgeons injection is only tried in very recent cases, and then only after every preparation has been made for laparotomy should

the former method fail. Others do not attempt reduction by injection at all, but proceed at once to operate. Injection is only of value when it is easily successful, so that, like taxis in strangulated hernia, it should not be persisted in. Operation is far more likely to result favorably if done early, before adhesions have formed or gangrene occurred. Even the occasional operator is more likely to be successful early in the affection than if, beguiled by ultra-conservatism, he continue to try the injection treatment until inflammatory changes have occurred. Firm adhesions greatly increase the difficulties of the operation, while gangrene makes the prognosis almost hopeless.

Again, it is often impossible to tell with certainty whether the intussusception has been reduced when the injection method has been employed. It is highly probable that the so-called recurrence after reduction is only a recurrence of the symptoms, due to partial or complete failure to effect reduction. It would seem then that early operation is indicated both because the operation is much simpler and more likely to be successful at this time, as well as because it is the only method by which we can be absolutely certain that reduction has been accomplished. That young children stand abdominal operations badly is denied by excellent authorities, and, even if true, should not deter operation in what is nearly always a fatal affection when reduction is not accomplished easily by injection or early surgical interference.—*Pediatrics.*

### A STUDY OF LESIONS OF THE LIVER IN YOUNG CHILDREN.

Rowland Godfrey Freeman, M.D. (*Archives of Pediatrics*, 1900, xvii., p. 81), in a paper on this subject concludes as follows :

1. Descent of the liver down the right side of the abdomen, so that the right lobe reaches below the crest of the ilium, occurs not very rarely in infants, and particularly in those whose liver is enlarged.

2. Fatty liver occurs very frequently in the infants and children which die at the Foundling Hospital, or in about 41 per cent. of all cases.

3. The condition of nutrition of the child, as expressed by the absence of fat in general and wasting of tissue, apparently has no connection with the fatty condition of the liver, the condition of nutrition in the cases having fatty livers averaging about the same as in the whole number of cases.

4. Fatty liver occurs rarely in the following chronic

wasting diseases: Marasmus, malnutrition, rachitis and syphilis, unless such condition be complicated by an acute disease.

5. With tuberculosis fatty livers occur not more often than with other conditions.

6. Fatty livers occur most often with the acute infectious diseases and gastro-intestinal disorders.

7. The two cases of cirrhosis of the liver examined by the writer ran a comparatively acute course. The livers on section showed a marked hyperplasia of the so-called new-formed bile-ducts.

8. Focal necrosis of the liver may be a lesion of measles.

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## SURGERY.

IN CHARGE OF

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### GENITO-URINARY TUBERCULOSIS.

The introduction to this lecture contains some general references to genito-urinary tuberculosis, primary and secondary. The affection may be of the "ascending" or "descending" type, and as regards relative frequency of tuberculosis in each system, Guyon found in 264 cases that the genital system was affected alone in 41, the urinary system alone in 88, and both together in 135. Tuberculosis of the urethra appears to be rare, but may occur in the upper part secondary to disease of the prostate, and to tuberculous cystitis.

The epididymis in the male seems to be the part of the genital organs most frequently affected with tuberculosis, and in adults it seems probable that in the majority of cases the disease commences in the epididymis.

The lesions in almost all cases are, or ultimately become, bilateral. Bacilli may reach the affected organ in various ways, as from the urethra (though Cheyne regards this as doubtful), from the blood, from the lymphatics or by descent along the vas, or from the peritoneum, especially in in-

fants, where often the testicle is invaded before the epididymis. In the epididymis and testis acute tuberculosis may be part of a general acute tuberculosis, or may be a limited disease, and then usually involves the testicle first, and leads to the rapid destruction of this organ, with early extension to the epididymis. In the other local form, which is more common, the process is chronic, affects the epididymis, either invading the connective tissue outside the vas, or commencing in the interior of the duct. Beginning in *globus major* or *minor*, it spreads quickly to testis and to cord, involving later the *vesiculæ seminales* and prostate. The treatment of tuberculous epididymitis may be nonoperative or operative. It is certainly the case that a considerable number of cases of tuberculous epididymitis become quiescent, either without suppuration, or after suppuration has occurred, and the thickening may after a time completely disappear. This is, however, difficult to fortell in any given case, and it is to be noted that there is a tendency in all for the disease to spread to other parts of the genito-urinary system, or to the other side, even where the primary disease is improving.

Non-operative treatment is indicated in very chronic cases, or when other parts of the genito-urinary system are already affected. It consists in good hygiene, support to the testicle, and avoidance of injury. Cod liver oil, guaiacol and iodoform may be given. Operative treatment consists of scraping and epididymectomy, and of castration. In early cases epididymectomy may be classed as a radical operation. This method was first advocated by Bardenheuer, and Cheyne gives a description of the technique, and advises that the vas deferens should always be removed as high as possible. The relative merits of castration and epididymectomy are discussed at some length in this paper, and Cheyne thinks that the latter operation is well worthy of more consideration than it has yet received in this country, though it is by no means applicable to every case.

Tuberculosis of the prostate is described next, and its treatment by antiseptics and injections detailed; and it is pointed out that surgical intervention is practically limited to those cases where suppuration is occurring.

Tuberculosis of the bladder, usually secondary, may occur primarily, and is more frequent in males than in females, and attacks by preference young adults, and then most commonly in the region of the trigone. The bladder capacity is diminished and its walls thickened. Treatment may be medical or surgical, but a cure by either method is not a matter of certainty though much may be done to alleviate suffering. Operative measures consist in opening

the bladder and draining it, in attempting to remove the tuberculous ulcerations, or in applying antiseptic substances to them. The essential point is to obtain rest for the bladder. About 80 per cent. are much relieved by the operation, and about 20 per cent. apparently cured. Tuberculosis of the kidney may be primary or secondary, and is not uncommonly unilateral in the early stage. Surgical treatment is becoming more and more frequent, and the various measures that may be adopted are:—

1. Nephrotomy and lumbar drainage to prevent infection of the urinary passages.
2. Nephrotomy combined with scraping out as much as possible of the tuberculous material.
3. Nephrectomy often associated with removal of part of the ureter.
4. Partial nephrectomy in which only the diseased portions of the kidney are taken away.

Nephrotomy in such cases must be looked on as a preliminary operation, with the view of getting rid of the fever and generally bad condition of the patient, and after a time the question of nephrectomy as a curative procedure must be considered. To justify nephrectomy one must be pretty sure that the other kidney is intact, and also that the bladder is free from disease. It is by no means easy to make certain of these points, even with the aid of a cystoscope and urethral catheter, or by means of laparotomy and palpation of the kidneys through the wound.

Of late some good results have attended partial nephrectomy.—*W. W. Cheyne, Brit. Med. Jour; Med. Chronicle.*

## A NEW METHOD OF STERILIZING THE HANDS AND THE FIELD OF OPERATION.

R. Kossman, of Berlin, in *Centr. fur Chir.*, November 23, 1899, proposes a method which may be described as a substitute for the rubber gloves. It is, more correctly speaking, a very thin, yet accurately fitting glove, since it is a really impervious covering applied to the hands by soaking them in a substance which quickly dries by evaporation, leaving a smooth, flexible, yet sufficiently durable, coating, as thoroughly protective as any rubber glove can be, without its disadvantages. It remains only for further experience of other surgeons to say whether the claims of the inventor shall be substantiated.

The material is a fluid holding in solution certain hard resins and fatty oils in a mixture of easy-boiling ether and alcohol. The substance has been patented under the

name Chirol, which name has also been protected by law. The fluid is applied to the hands by immersion after they have been first thoroughly cleansed and disinfected, and then well dried. In two to three minutes it is quite dry, and the hands are covered over with a beautifully fitting glove. It is easily removed by soaking in spirit.

We sum up the following advantages of the plan :

It has all the advantages of the rubber glove without its objections; it is very thin, very soft and pliable, and therefore does not so much interfere with the sense of touch, and does not in any manner constrict or cramp the hand, and yet it is so resistant and adhesive that it will withstand the manipulations of the longest operation without flaking off; it takes no longer to apply than the ordinary glove, since it dries in about the time it would take to get a well-fitting rubber glove on, and yet it is absolutely without stickiness; and finally it seems not to be at all irritating while on, or in the subsequent taking off with the spirit.

It has a further advantage over the glove in that it may be just as easily applied to the prepared field of operation, protecting this, and at the same time making it much easier to pick up the skin with the fingers.

Hands covered with this coating may without smarting or damage to the skin be washed in a five-per-cent. solution of formalin, which is not an inconsiderable advantage in disinfection.

A further recommendation is the employment of the material in the holding of post-mortem examinations or in doing any thing which would be apt to infect the surgeon's or the accoucheur's hands. It ought to be found very useful in obstetrics.—*American Practitioner and News.*

## TREATMENT OF COMPLICATED FRACTURE OF THE NECK OF THE HUMERUS.

Farquhar Curtis (*Annals of Surgery*, March, 1900) reports three cases of fracture of the neck of the humerus with dislocation of the upper fragment treated by operation. Careful consideration, based on his own and previously recorded cases of the relative merits of reduction, has led the author to the following conclusions: (1) In fracture of the upper end of the humerus with displacement of the upper fragment from the glenoid cavity, when proper attempts at simple reduction under general anesthesia have failed, operative measures should be resorted to, unless shock, other injuries, or extensive damage to the soft parts about the shoulder justify delay; (2)

anterior displacements require an anterior incision, and subglenoid or posterior displacements require a posterior incision, probably by Kocher's method; (3) the head of the humerus should, if possible, be restored to its place, and resection should be resorted to only when reduction is impossible or likely to cause such extensive damage to the parts, or such prolongation of the operation, as to increase the risks of wound infection or of shock; (4) resection will probably give a better result in fracture of the anatomical than in that of the surgical neck of the humerus, but reduction is to be preferred in both cases; (5) asepsis is an indispensable requirement for a good functional result, and operative interference in this class of injuries should not be undertaken except under aseptic conditions; (6) motion should be begun in the joint as soon as the wound has healed—in ten to fourteen days after the operation.—*The Medical Age; American Practitioner and News.*

#### SOME REMARKS UPON THE TECHNIQUE OF OPERATIONS DESIGNED TO CURE, RADICALLY, OBLIQUE INGUINAL HERNIA.

F. D. Bird lays stress on the following points: the skin incision to be made well above Poupart's ligament and well away from the pubes, the separation of the fibres of the external oblique aponeurosis at a suitable spot, the separation being carried well toward the muscular portion; the sparing of the external ring; the dislocation but partial of the cord from its bed, and the elimination of the sac from above and therefore the preservation of the nerves, the whole to be accomplished with little or no bleeding—an advantage to be attained with great gentleness and the use of dissecting forceps. Apart from the unworkmanlike appearance of a sloppy operation area, bleeding much inconveniences the surgeon and damages the tissues. It obscures the view, necessitates constant sponging, and irritates the delicate areolar planes, which become more or less loaded with blood not capable of being removed. The serous exudation is much greater and the tissues are much weaker and sodden. In addition to these immediate disadvantages there is the grave though unlikely occurrence of thrombosis in the veins of the cord with its possibilities of pneumonia and other distant disasters. The absence of the deep sutures is a gain in two directions: the unimpeded muscle acts as nature meant it to, and there is no foreign body at all in the depths of the wound, no silk with tension on it, and no over-chemicalized catgut.—*Lancet. N. Y. Med. Rec.*



## ANKLE SPRAINS.

Edward H. Ochsner recommends a method of treatment which consists in careful and systematic strapping with rubber adhesive straps. These are cut from half to three quarters of an inch in width, and the proper length, the width depending upon the size of the limb. The foot is held at slightly less than a right angle and a trifle everted. One end of a long strap is applied to the inner surface of the foot near its posterior end, brought under the heel, and up on the outer posterior surface of the leg to within a few inches of the knee. At the lower end this falls into the depression just posterior to the external malleolus. A shorter strap is now applied by placing one end to the inner surface of the heel near the sole of the foot, then bringing it around over the tendo Achillis to the outer surface of the foot, making it cover the first strap at a right angle, and passing along parallel to the under border of the sole of the foot, then over the dorsum of the little toe. Another long one is now applied, anterior to the first, overlapping it about one-third of its width; then a short one, and so on alternately until the outer anterior aspect of the ankle is reached. A hard-rolled bandage is placed over all, and the patient directed to lie still with the foot elevated until the warmth of the body has caused the plaster to adhere firmly. As a rule, the patient can walk with reasonable comfort after a few hours.--*Medicine.*

## METHYLENE BLUE IN GONORRHEA.

Methylene blue administered internally will cure gonorrhoea in from four to seven days. It is specially fatal to the diplococcus which is the specific cause of the disease. The pyrogenic bacteria that make gonorrhoea a mixed infection succumb very rapidly to this germicide. It should be given in one-grain gelatine capsules three times a day, and after the fourth day reduce to twice a day. If it causes an irritation of the neck of the bladder, combine with oil of nutmeg. The following may be used:

R. Methylene blue..... gr. I.  
 Oil of nutmeg..... gtt. I.  
 Oil of sandalwood..... gtt. II.

M. ft. Caps. No. I.

S. One capsule three times a day.

It should not be continued for more than ten days. During this time instruct the patient to drink plenty of water.  
 —J. A. O'Neil in *Medical Record.*

# Therapeutic Notes.

## CYSTITIS.

℞ Liquor potassæ..... ʒ ij.  
Mucil. acaciæ..... ʒ i.  
Tinct. hyoscyami..... ad ʒ iii.

M. S. Teaspoonful every four hours.

—BURNSIDE FOSTER.

## PRURITUS ANI.

℞ Sodii hyposulphit..... 30 parts.  
Acid. carbol..... 5 "  
Glycerini..... 50 "  
Aquæ..... 450 "

Apply frequently by means of wet compresses.

—*Practitioner.*

## MOUTH WASH AND GARGLE FOR SWEETENING THE BREATH.

℞ Acid. salicylici,  
Sodii bicarb.,  
Sacchari..... āā gr. xv.  
Spt. vini rect..... ʒ i.  
Spt. menth. pip..... gtt x.  
M. S. Teaspoonful in a small cupful of hot water.

—PALMER.

## HEMORRHOIDS.

℞ Chrysarobin..... gr. xij.  
Iodoformi..... gr. v.  
Ext. bellad..... gr. viij.  
Petrolati..... ʒ i.

M. S. Apply.

—*Four. de Méd.*

## PAINFUL MENSES.

℞ Codein..... gr. i.  
Chloral  
Ammon. brom..... āā gr. xv.  
Aq. camphoræ..... ʒ i.

M. S. From a quarter to half the quantity before retiring.  
Repeat as indicated.

## CREOSOTE WINE.

R Creosote.....	5 ss.
Tinct. gentian.....	5 i.
Spir. vini rect.....	5 viij.
Vini xerici.....	.q.s. ad Oij.

In tuberculosis a dessertspoonful several times a day unless much fever is present.

—*Nouveaux Remèdes.*

## DYSENTERY IN CHILDHOOD.

R Cocain muriat.....	.05 cgm.
Ergotin .....	.50 "
Ext. opii.....	.10 "
Aristol.....	.25 "
Ol. teobrom.....	q.s.

M. ft. supposit. No. x. S. One every two to three hours.

—*Medical Times and Hospital Gazette*, June 9.

## PRURITUS.

Alkaline baths; starch and linseed meal baths; the continuous bath; Turkish and vapor baths.

R Ac. carbol, liq.....	5 i.
Liq. potassæ.....	5 ss.
Aquæ .....	ad 5 viij.

M. ft. lotio. S. Apply as required.

—EVANS.

## GASTRIC CATARRH.

R Ac. hydrochl. (C. P.).....	2.5 gm.
Ac. azotic.....	0.8 dgm.
Spt. vini rect.....	18. gm.
Aq. font.....	150. "
Syr. limonis.....	100. "

M. S. Teaspoonful in half a glass of water after meals.

## Jottings.

## ERYSIPELAS,

Apply mercurial ointment either in its full strength or diluted with other ointments according to the nature of the case.—DEMATTEIS.

MEASLES with unconsciousness, delirium, carpalgia, involuntary evacuations, etc., was markedly improved by an injection of 10 c. c. of antistreptococcus serum.—EDGAR GILLRIE.

#### MYOCARDITIS.

Caffeine in small dose varying from day to day may be kept up for years with benefit in a great variety of chronic heart affections. It is especially indicated in weakness due to disturbance of pulmonary circulation.—LEMOINE.

#### ECLAMPSIA.

In coma introduce a stomach tube and inject a solution of chloral (gr. xlv. to lx.) directly into the stomach. If given by the rectum it is often expelled. When the mouth cannot be opened, pass through the nasal fossæ.—FOCHIER.

MORPHINE is depended upon at the Willard Parker Hospital to maintain the heart's strength in diphtheria. Small doses hypodermatically (gr.  $\frac{1}{8}$  -  $\frac{1}{6}$ ) are given. Strychnine, alcohol and nitroglycerine are also employed.

#### REFLEX COUGH IN CHILDREN.

Treat the cause. Hacking night-coughs are mostly due to nasopharyngeal obstruction. Paroxysmal hacking cough in emaciated children with normal temperature is held by Warner, of London, to be due to unbalanced central nerve action.—*Pediatrics*.

#### ENTERIC FEVER WITH EXCESSIVE DIARRHŒA.

Give compound tincture of bezoin beginning with  $\text{ʒ} \text{v}$ . in water every two hours, and double the dose if the diarrhœa does not markedly decrease within twelve hours. Besides the antiseptic there is supposed to be an antipyretic action.—J. C. POTTER.

#### TO BRING ON LABOR.

The use of the Krause sound or the Farnier balloon are means largely employed. They prepare for rather than provoke labor. The Farnier divulsor at times gives good results when the part presses upon the neck. Manual dilatation is the method of choice, for it permits of complete and rapid dilatation, and should be adopted in all cases in which it becomes necessary to terminate labor quickly.—LÉON WEIL.

# THE CANADA MEDICAL RECORD

PUBLISHED MONTHLY.

*Subscription Price, \$1.00 per annum in advance. Single  
Copies, 10 cents.*

Make all Cheques or P.O. Money Orders for subscription, or advertising, payable to JOHN LOVELL & SON, 23 St. Nicholas Street, Montreal, to whom all business communications should be addressed.

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## Editorial.

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### FRIGHTENING CHILDREN.

People who have the care of little children vary in opinion as to the best means of punishing them, for even the best of little people need correction at times. The mother is without doubt the person to whom this duty belongs, and it is her paramount duty to see that it is never deputed to any one who will frighten the child. Nurses who are properly enough forbidden to administer corporeal punishment are very apt to fall back on some such methods if not carefully warned against them and due supervision exercised to see that these admonitions are not neglected. It is true, perhaps, that the imaginary person who was supposed to be always coming after naughty children—the bogeyman, in fact, of our own childish days—is a being of the past. But he has many relations closely resembling him, and on so important a matter mothers ought to be watchful,

If a child is constitutionally nervous it is no use to think that it can be made different by force. Argument, too, in many cases, only intensifies the terrors which children often feel if left alone in the dark, and gives definite expression to fears which are purely imaginary. Many people argue that a child who is afraid to be left alone or to go into a dark room

ought to be made to do either of these things in order to find out that no harm will come to him. Now, children are seldom really afraid unless they have been made so, and it is a curious fact that the most timid child shrinks from disclosing his fears to any one. In such a case some one has certainly warned him that worse things will happen if he dares to disclose the reason of his alarm. Very often it is the simplest thing which has been made to appear so terrible under certain conditions.

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### TAKING COLD.

Colds are probably the most common ailment in the world. They are always disagreeable and oftentimes dangerous. A person in good health, with fair play, easily resists cold, but when the health flags a little and liberties are taken with the stomach or with the nervous system, a chill is easily taken, and, according to the weak spot of the individual, assumes the form of a cold or pneumonia, or it may be jaundice. Of all causes of "cold" probably fatigue is one of the most efficient. A jaded man, coming home at night from a long day's work, a growing youth losing two hours' sleep over evening parties two or three times a week, or a young lady heavily "doing the season," young children overfed and with short allowance of sleep, are common instances of the victims of "cold." Luxury is favorable to chill taking; very hot rooms, feather beds, soft chairs create a sensitiveness that leads to catarrh. It is not, after all, the "cold" that is so much to be feared as the antecedent conditions that give the attack a chance of doing harm. Some of the worst "colds" happen to those who do not leave the house or even their beds, and those who are most invulnerable are often those who are most exposed to changes of temperature, and who by good sleep, cold bathing and regular habits preserve the tone of their nervous system and circulation. Probably many chills are contracted at night or at the fag end of the day, when tired people get the equilibrium of their circulation disturbed by either overheated sitting or underheated bed-rooms and beds. This is specially the case with elderly

people. In such cases the mischief is not always done instantaneously or in a single night. It often takes place insidiously, extending over days or even weeks.

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### LAUGHTER AS MEDICINE.

For every good hearty laugh we indulge in there is a day taken off our age. Why should we take life so seriously? Cannot we labor as well, or better, accomplish as much and enjoy life as we go along, if we keep on the watch for every possible opportunity for a good, blood-stirring, pulse-tingling laugh? Let us try it for a year. Let us put away all those wrinkle-producing, skin-withering, blood-drying, heart-narrowing feelings of envy, spite, jealousy and secret hatred; those petty, penny-grasping, soul-contorting, narrow-minded ambitions and desires, and make up our mind to live to enjoy living as long as we do live, and to live as long as we can. Joy is the sunshine of the heart, and cheerfulness and honest mirth bring forth the blossoms and unfold the leaves, and their fragrance sweetens all our lives and the lives of others. Let us not worry. Worry drains the system of its vitality and shortens our lives. Fun is better for a sickly child than medicine, has been said. Are we not children grown a little older? and is not mirth the best of medicines?

Let us laugh, then, as we go along, and enjoy every moment of time as it passes, keeping with us eternal youth.

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### CANADA A HEALTHY COUNTRY.

The result of the Dominion Census has proved long ago that Canada was one of the healthiest countries in the world to live in. Some, however, were inclined to doubt the data upon which this fact was based. It has, however, quite recently been established by one of our largest Canadian Life Companies—the Canada Life—that the Census was correct. The data which forms the foundation for this statement consists of tables, recently published, in which 35,287 lives are considered. Of this number 19,419 were living at the close of the observations.

## Book Reviews.

**Saunders' Question-Compends—Essentials of Diagnosis.** By Solomon Solis-Cohen, M.D., Professor of Clinical Medicine and Therapeutics in the Philadelphia Polyclinic, etc., etc., and Augustus A. Eshner, M.D., Professor of Clinical Medicine in the Philadelphia Polyclinic, etc. Illustrated. Second edition. Revised and enlarged. Philadelphia, W. B. Saunders, 1900. Canadian agents, J. A. Carveth & Co., Toronto. Price, \$1.00.

This volume, which represents the second edition of "Essentials of Diagnosis," is a neat work of four hundred pages. It is well bound and well printed. It is reliable, concise and up to date.

It opens with a very complete chapter on the general principles and methods of diagnosis. Then follows a special description of each disease by which it may be distinguished. This is followed by the differential diagnosis. The different diseases resembling the one in question, and the points of difference are clearly pointed out.

It is a little book that will be found exceedingly useful to the practitioner as well as the student.

W. G. S.

**Annual and Analytical Cyclopædia of Practical Medicine.** By Charles E. de M. Sajous, M.D., and one hundred associate editors, assisted by corresponding editors, collaborators and correspondents. Illustrated with chromolithographs, engravings and maps. Volume V. The F. A. Davis Company, publishers, Philadelphia, New York and Chicago, 1900.

This volume includes a consideration of subjects between "Methyl Blue and Rabies" in alphabetical order. The editor states that this fifth volume "has proved the most arduous one to prepare of the entire series, involving as it does almost every specialty—otology, laryngology, ophthalmology, neurology, pædiatrics, obstetrics, therapeutics, etc., besides the sections usually classed under general medicine and surgery."

It contains a number of excellent articles; in these and throughout, in all, the chief features are pointed, terse descriptions, giving all the newer aspects of the various questions, and only that which has a practical bearing. Morphomania, by Norman Kerr, is ably treated. The symptoms and treatment are given fully, as well as the bearing of such cases towards life insurance. He is of opinion, contrary to Mattison's view, that heredity has something to do with these cases, and that every variety of inebriant, inherits either the inebriate diathesis or some germane neurosis; myxoedema is exhaustively treated by Chas. E. de M. Sajous, the article being illustrated by a beautifully colored plate showing the physiological importance of the thyroid gland as illustrated by its vascular relation.

"Nursing and Artificial Feeding," by L. Emmett Holt, and Linmaus Edfard La Feira, is an exceedingly valuable article, giving the latest points in regard to modification of milk, sterilization and pasteurization rules, for artificial feeding, etc. Other important articles are: The Disorders of Pregnancy, by Dr.



Currier, and Abnormal Parturition, by Drs. Grandin and Marx; Pleurisy, by Dr. Alex. McPhedran, Toronto; Catarrhal Pneumonia, by Dr. Solomon Solis-Cohen; Lobar Pneumonia, by Dr. Thos. G. Ashton; Orthopædic Surgery, by Gwilym G. Davis, etc. This volume more than sustains the claims of this Annual and Cyclopædia, to be an exhaustive yet condensed presentation of the most modern views and advances in all the branches of medicine.

J. B. McC.

**Simon's Clinical Diagnosis.** A Manual of Clinical Diagnosis by Microscopical and Chemical Methods. For Students, Hospital Physicians and Practitioners. By Charles E. Simon, M.D., late Assistant Resident Physician Johns Hopkins Hospital, Baltimore. In one very handsome octavo volume of 563 pages, with 136 engravings and 18 full-page colored plates. Cloth, \$3.50 net. Lea Bros. & Co., Philadelphia and New York, 1900.

Clinical diagnosis interests every practising physician, and the more proficient he is in the various methods employed towards this end the greater will be his success. This new edition of Dr. Simon's popular book deals with the latest and most approved methods of employing the microscope and chemical tests in recognizing disease, and, as might be expected, with the thorough revisal and new matter added, is much more complete than either of the previous editions issued during the last four years. The description of methods is clear and readily comprehended, so that, with the reagents and the instruments indicated and this work a physician can, with a little practice, apply these latest methods for precise diagnosis.

The blood is first studied in regard to its general characteristics, its chemical examination, then its microscopic examination, its bacteriology and parasitology; this chapter has received more additions than any other, and represents the most recent aspect of the methods now approved. Chapters are devoted to the secretions of the mouth; the gastric juice and gastric contents; the feces; the nasal secretion; sputum; urine; transudates and exudates; cystic contents; cerebro-spinal fluid; semen; vaginal discharge, and the secretion of the mammary glands. The book is embellished by numerous colored plates, and cuts, illustrating instruments, organs, tissues, secretions, parasites, micro-organisms, blood, crystals, etc. It is perfection itself as a guide to student, practitioner or teacher in this important department of daily work.

J. B. McC.

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## PUBLISHERS DEPARTMENT.

The *Quarterly Review* for October—published in London October 24—will contain an important article on "The Coming Presidential Election," analysing the issues of the campaign and forecasting its result. The article will be reprinted entire in *The Living Age* (Boston) for November 3—ready November 1. According to the custom of *THE QUARTERLY* the article is unsigned, but it is written by Mr. Edward Stanwood, author of "A History of the Presidency."